



# RESILIENT COMMUNITIES

OF EAST GEORGIA

**Resilient Communities of East Georgia  
Annual Report 2022  
November 2022**



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## About the Resilient Georgia Regional Grants

[Resilient Georgia](#) has been working with 16 regions across Georgia to provide an emphasis on trauma-informed awareness and care, Adverse Childhood Experiences (ACEs) and child sexual abuse prevention training as a basis to transform systems and procedures crossing both public and private sectors.

- Resilient Georgia serves as a supportive and guiding resource during each region's planning and implementation process.
- These regional action plans each address the behavioral health needs of individuals birth through 26 years old and families in the community and surrounding counties using the Collective Impact framework (a diverse, robust and well-planned public-private partnership).
- Trauma-Informed Care, ACEs and child sexual abuse prevention can be the basis for systemic changes in a community. Each region has identified how one or more of these content areas are delivered to diverse community members through formal training, education, marketing and communications.
- Round 1 grants were awarded in Nov 2019 to regional coalitions based out of Athens, Augusta, Macon, Savannah and surrounding areas. Round 2 grants were awarded in July 2020 to regional coalitions based out of Albany, Columbus, Rome, Thomasville and surrounding areas. Round 3 grants were awarded in March 2021 to regional coalitions based out of Clayton, Cobb, Gwinnett, Valdosta and surrounding areas. Round 4 funding was awarded in December 2021 to regional coalitions based out of Atlanta, Brunswick, Gainesville, and Waycross and the surrounding areas.
- In their third year of partnership with Resilient Georgia, Round 1 coalitions have bolstered their work to create bold, systemic, sustainable change in consistent ways across statewide issues, to affect policy, systems and environmental (PSE) change and incorporated a Justice, Equity, Diversity, and Inclusion (JEDI) lens in their action plans.

## Coalition Mission

*As the Augusta regional work commenced, our initial mission was to "To lead a regional coalition of collaborative, community-based partnerships to prepare Augusta and the surrounding counties to address Adverse Childhood Experiences (ACES), Trauma Informed Care and Resilience. Key components to be implemented by our partners include serving teens 13-19 in the 14-county area by (A) promoting coordinated Trauma-Informed Practices across Systems; (B) advancing workforce through recruitment, education, and development, and (C) building awareness and a common language and understanding about adversity and resilience."*

After the year 1 Resilient Teens program met with success and community engagement, our coalition decided we needed to focus our efforts on expanding



community impact and enhancing brand recognition. As such, we moved from a very focused mission to a broader mission to meet the needs of more community sectors and needs. In November 2021, our leadership team met to refine our work together and created a mission, vision, and values for the Augusta Coalition. In addition, we renamed ourselves Resilient Communities of East Georgia which encompasses Resilient Teens, the Summit, and new endeavors. Visit our websites to learn more:

<https://www.resilientcommunitiesga.org> and <https://www.resilientteens.org>.

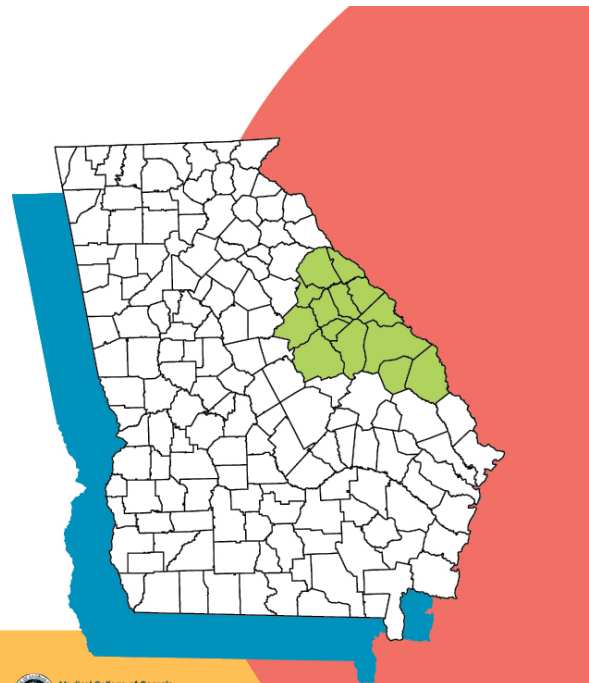


## A REGIONAL RESOURCE FOR PARTNERS AND STAKEHOLDERS

Sign up to be a part of the Resilient Communities of East Georgia regional coalition and learn about resources and training opportunities.



SCAN HERE  
TO GET IN TOUCH





## RESILIENT COMMUNITIES OF EAST GEORGIA

Resilient Communities of East Georgia is a regional collaborative of community stakeholders, partners and leaders working across a 14-county region to identify ways to prevent childhood trauma and address how trauma impacts lives.

### HISTORY

In late 2019, the CSRA Foundation was invited by Resilient Georgia to submit a grant application that would fund efforts to raise awareness around Adverse Childhood Experiences and to build a trauma-informed region. Augusta University and Georgia Family Connection worked with community partners to form the framework for this initiative. As the pandemic began to take hold in 2020, it became evident that teens were experiencing an increase in high levels of stress, anxiety, and isolation. Additionally, an increase in emergency room visits for teen suicide attempts were observed. In response, Resilient Teens was created to provide support to young people who needed a safe place to talk about their feelings and learn new ways to cope with the many changes in their lives. The 8-week virtual program, facilitated by Medical College of Georgia students, has helped more than 200 teens since its launch in spring 2020 and provided direct service experience to 94 future doctors. Using the Family Connection collaboratives, trauma-informed approaches are being established to meet the specific needs and resources of each of the 14 counties to include training, networking, and regional events to engage all members of the community.

### WEBSITE

To learn more about the work happening across the region, visit [resilientcommunitiesga.org](https://resilientcommunitiesga.org).

To find out about Resilient Teens, go to [resilientteens.org](https://resilientteens.org).

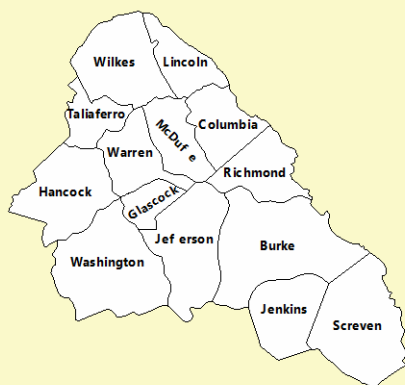
### CONTACTS

Dr. Kimberly Loomer,  
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Julie Miller, [juliem@gafcp.org](mailto:juliem@gafcp.org)

Dr. Melissa Bemiller,  
[mbemiller@augusta.edu](mailto:mbemiller@augusta.edu)

### COUNTIES WE SERVE



### PARTNERS AND FUNDERS





## RESILIENT COMMUNITIES OF EAST GEORGIA



### PROGRESS TO DATE

- Annual Resilience Summit to engage East Georgia communities in the trauma initiative
- Websites created for Resilient Teens and Resilient Communities of East Georgia that include upcoming trainings, ways to get involved, and available community resources.
- An 8-week Resilient Teens program developed to teach coping skills to teens ages 13-19
- Engaged 94 medical students in facilitating Resilient Teens program
- AU physicians, faculty, and staff contributing to Resilient Teens curriculum
- Filmed Resilient Teens promotional video
- Partnership formed with Augusta Locally Grown, AU Health and American Heart Association to open a Food Farmacy to provide nutrition education, cooking classes, and healthy food to two underserved neighborhoods.
- Grants provided to Family Connection collaboratives to implement trauma-informed training and practices
- Training opportunities in each of the communities on the Basics of Trauma, Connections Matter, Darkness to Light, Bridges Out of Poverty, Justice, Equity, Diversity and Inclusion, Mandated Reporter and Partnerships for Healthy Communities
- Regional Advisory Council formed to guide work in local communities

### GET INVOLVED

#### As Resilient Communities of East Georgia expands, WE WANT TO HEAR FROM YOU!

If you are looking for a speaker or a training for your organization, contact Julie, Melissa, Kim, or your local Family Connection coordinator.

If you would like to serve on the Regional Advisory Council or volunteer in some capacity, contact Julie Miller at [juliem@gafcp.org](mailto:juliem@gafcp.org).

If you want to refer a teen to Resilient Teens, contact Teresa Carter at [tcarter@cisbcfc.org](mailto:tcarter@cisbcfc.org).

If you would like to contribute financial support, please send contributions to the Trauma Informed Care Fund, c/o CSRA Community Foundation, 720 St. Sebastian Way, #160, Augusta, GA 30901.

### KEY WORDS

#### TRAUMA

An event or series of events that an individual experiences as physically or emotional harmful and that have lasting negative effects on wellbeing

#### ADVERSE CHILDHOOD EXPERIENCES (ACES)

Potentially traumatic experiences occurring between ages 0 and 17 that negatively impact feelings of safety, stability, and wellbeing later in life

#### RESILIENCY

The ability to “bounce back” or recover following a traumatic event

#### TRAUMA-INFORMED

Shifting the perspective on care from “what’s wrong with you?” to “what has happened to you?”, acknowledging a potential history of trauma

### KEY OUTCOMES

#### RESILIENT COMMUNITIES OF EAST GEORGIA SEEKS TO:

- Increase regional collaboration and communication among partners
- Address the systemic root causes of trauma in prevention efforts
- Create and sustain a strong regional advisory council to lead and guide work throughout the region
- Expand opportunities for youth to participate in Resilient Teens
- Engage parents and caregivers in Resiliency training
- Use data on reach and outcomes to measure regional success





**Mission:** The mission of Resilient Communities of East Georgia is to create a network of leaders trained on building resiliency in their regions to improve mental health and



ACES awareness and resources. This network will empower people to improve the health and well-being across both public and private sectors and transform the East Central region of Georgia.

**Vision:** To give all people a voice in creating a resilient community across East Georgia so that every individual has the support and services they need to thrive and be successful.

**Values:**

**Compassion:** We will show care and concern for each person's challenges and help to alleviate those burdens.

**Integrity:** We will be honest and hold steadfast in morals striving to do the right thing in a reliable way.

**Diversity:** We will represent and respect everyone's uniqueness varying from racial, ethnic, socioeconomic, and cultural backgrounds and various lifestyles, experience, and interests.

**Empathy:** We will be aware of the feelings and emotions of all people showing kindness and a sincere interest in others.

**Support:** We will provide comfort and support through resources, prevention, and advocacy to all people.

**Respect:** We will listen and appreciate differences and admire each person's abilities, qualities, or achievements.

## **Leadership Team and Contributors**

**Dr. Kimberly Vess Loomer**

Medical College of Georgia, Augusta University

**Ms. Julie K. Miller**

Region 7, Family Connection

**Dr. Melissa Bemiller**

Augusta University

**Ms. Rebecca Best**

M3 Marketing





## Current Coalition Partners

### Our Community Partners



**Academic & Healthcare:** Augusta University: Medical College of Georgia, Department of Social Sciences (Loomer & Bemiller)

**Community Organizations & Non-profits:** Family Connection– Regional Manager -7 (Julie K. Miller), Child Enrichment – Executive Director, Safe Homes – Executive Director, 100 Black Men of Augusta – Vice President of Programs, Boys and Girls Clubs of CSRA – Chief Operations and Strategy Officer, Family Y (YMCA of Greater Augusta) – District VP, SafeHomes, Executive Director.

**Private:** The Community Foundation of CSRA, Medical College of Georgia Foundation, In examining our work for Resilient Teens, we believe our current partnerships are excellent. However, when we think about ensuring full engagement for community transformation, it becomes apparent that we have gaps we need to fill. Our Augusta coalition November planning retreat identified a rebranding strategy complete with mission, vision and values. Additionally, we have identified contacts in sectors typically underrepresented to approach as members of our Advisory Board. The sector list below demonstrates this work and future direction.

- *Juvenile Justice: Richmond and Columbia County contacts engaged*
- *First Responders - gap needing attention*
- *Early Childhood Education Dr. Judi Wilson, Dean, School of Education, Augusta University, DECAL, Debbie Alexander - Regional Education Services Agency (RESA), Get Georgia Reading campaign communities, Burke County Literacy Task Force, HeadStart and Day Care agencies*
- *Parents & Caregivers - connect through home visitation programs and parent education programs in our target area*
- *Housing and Food Shelters: Golden Harvest food bank engaged, Augusta Housing Authority, rural housing authorities*



- *Schools and Educational Centers: Richmond County and Columbia county engaged in Handle with Care. Other county school boards/leaders need attention. Conversations have begun in Burke and Washington counties.*
- *Elected officials representing rural counties*
- *Sheriffs and other law enforcement officials, including judges*
- *Business and Industry leaders such as Georgia Power and Amazon*
- *Youth - engaged through Resilient Teens*
- *Faith - influential leaders throughout the region*
- *Other Partners: Augusta Locally Grown, American Heart Association engaged*

## Message from the Principal Investigators

We are thrilled to be part of Resilient Georgia's efforts to create a Trauma Informed Georgia. The incredible support within the Resilient Georgia leadership team, the other regions, and the state are unparalleled and reflect the commitment of the Pittulloch Foundation and Resilient Georgia's to bettering our state. Data and feedback from our Resilient Teen participants and our medical student facilitators indicate we are touching on relevant and crucial topics in our communities. Our second Trauma Informed Care summit broadened our participation from a multitude of sectors and led us to create Resilient Communities. We look forward to continuing to work together.

## Key Impacts/Accomplishments

- Hosted the second community-wide summit with 140+ people in attendance. The summit, "Transforming our Community: From Trauma to Resilience" provided initial community wide conversations and training.
- Created a Resilient Teen program that has now had a pilot study and 5 cohorts (6 total groups).
- Designed an innovative way to involve medical students in the delivery of Resilient Teen curriculum.
- AU physicians, faculty, and staff contributing to Resilient Teens curriculum
- Filmed Resilient Teens promotional videos
- Partnership formed with Augusta Locally Grown, AU Health, and American Heart Association to open a Food Farmacy to provide nutrition education, cooking classes, and healthy food to two underserved neighborhoods.
- Grants provided to Family Connection collaboratives to implement trauma-informed training and practices.
- Training opportunities in each of the communities on Basics of Trauma, Connections Matter, Darkness to Light, Bridges out of Poverty, Justice, Equity, Diversity an Inclusion, Mandated Reporter, Suicide Prevention, and Partnerships for Healthy Communities
- Collected valuable data that will inform future work on trauma and resilience.
- Created a logo, Instagram account, toolkit, and website to communicate with teens and the community about this initiative.



- Built Regional Advisory Council to advance the message of trauma and its impact on communities with resilience being the antidote.
- Provided training on trauma and resilience to a variety of partners; added two new trainers for Connections Matter.

## Description of Trauma-Informed Care (TIC) and Adverse Childhood Experiences (ACES)- Related Efforts

### TIC/ACES Services – General

- We hosted two meetings with our community partners.
- We partnered with Augusta University’s Institute of Public and Preventive Health through the Resilient Augusta, a multidisciplinary group.
- We added trauma-informed approach to Family Connection annual community plans for implementation in 2021-2022. Included TIC/ACES on Collaborative meeting agendas.
- We provided Connections Matter training for all Family Connection coordinators in our region.
- We provided Darkness to Light Stewards of Children training to all Family Connection coordinators in our region.

### Prevention/Intervention

#### Resilient Teens

[https://drive.google.com/file/d/1fjl\\_ReEJB0cE6ewUUIE7vdSkWgsO9U--/view](https://drive.google.com/file/d/1fjl_ReEJB0cE6ewUUIE7vdSkWgsO9U--/view)

- We addressed Adverse Childhood Experiences (ACEs), resilience, and trauma-informed care in teens 13-19 in the 14-county area of the Central Savannah River Area of Georgia, through our Resilient Teens program. We hosted two cohorts of teens who completed six (spring cohort) and eight (fall cohort) weekly virtual sessions called “**Resilient Teens.**” In 2022, this program placed 97 teens, participating from all 14 counties in our area, into small groups which were facilitated by 56 medical students. Fourteen additional medical students helped with other aspects of the program. Incentives were built into the program to encourage full participation for the six and eight week program.
- **Curriculum:** The Resilient Teens curriculum was adapted from two evidence-based sources and is based on the 5 Pillars and 7 C’s of Resilience as outlined



below:

### 5 Pillars of Resilience

Resilience is made up of five pillars. By strengthening these pillars, we in turn, become more resilient.

[Learn more by clicking each pillar below.](#)

[Self-Awareness](#)

[Mindfulness](#)

[Self-Care](#)

[Positive Relationships](#)

[Purpose](#)



### 7 C's of Resilience

You too can master the [7 C's of Resilience](#)

**Competence**

**Confidence**

**Connection**

**Character**

**Contribution**

**Coping**

**Control**

- In addition, the program provides suicide prevention training for the teens.
  - The seven Cs of Resilience are
    - **Competence:** When we notice what young people are doing right and give them opportunities to develop important skills, they feel competent. We undermine competence when we don't allow young people to recover after a fall.
    - **Confidence:** Young people need confidence to be able to navigate the world, think outside the box, and recover from challenges.
    - **Connection:** Connections with other people, schools, and communities offer young people the security that allows them to stand on their own and develop creative solutions.
    - **Character:** Young people need a clear sense of right and wrong and a commitment to integrity.
    - **Contribution:** Young people who contribute to the well-being of others will receive gratitude rather than condemnation. They will learn that contributing feels good and may therefore more easily turn to others and do so without shame.
    - **Coping:** Young people who possess a variety of healthy coping strategies will be less likely to turn to dangerous quick fixes when stressed.
    - **Control:** Young people who understand privileges and respect are earned through demonstrated responsibility will learn to make wise choices and feel a sense of control.



Want to know how to...  
**BOUNCE BACK  
& MOVE FORWARD?**

If you are a teen, sign up for  
**THE ROAD  
TO RESILIENCE**



 it's **FUN**  
it's **INTERACTIVE**  
it's **VIRTUAL**

**NO COST TO ATTEND**

If you attend all sessions,  
you get **\$100**

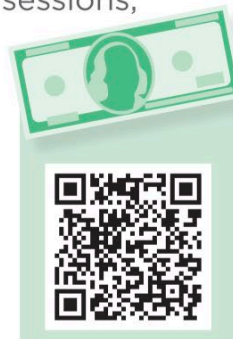


RESILIENT TEENS

REGISTER ONLINE:



[www.resilientteens.org](http://www.resilientteens.org)







### Resilient Teens Program Summary

To address Adverse Childhood Experiences (ACEs), resilience, and trauma informed care in teens 13-19 in the 14-county area of the Central Savannah River Area of Georgia, we completed six weekly virtual sessions called **"Resilient Teens."** This program placed teens into small groups which are being by medical students at the Medical College of Georgia.

Since the beginning of the Resilient Teens Program and including the current cohort that is in process, we have had five cohorts and a pilot group (six total groups). Cumulatively, we have had 200 teens representing all 14 counties successfully complete the Resilient Teens Program. We have also had over 100 medical school students serve as facilitators in our program. These numbers will increase soon as our current cohort has 115 teens and 44 facilitators participating. However, we are unable to calculate successful completion until the end of the program.

The Resilient Teens Program consists of eight lessons:

- 1) Overview of the program and expectations
- 2) Stress



- 3) Relaxation and Mindfulness
- 4) Body Image
- 5) Suicide Prevention
- 6) Self-Care
- 7) Goal Setting and Purpose
- 8) Planning for Resiliency

For our evaluation purposes, we give a pre-program survey and a post-program survey. The pre-program survey is given to both the teens and facilitators during the first session of the program. These serve as a baseline to understand the current level of knowledge and perceptions that the teens and facilitators have and allow us to ask about the training for the facilitators. The post-program survey is given to both the teens and facilitators at the end of the last session. This is given to assess if there is a change in attitude or perception. Our post-program survey completion rates are 73% from teens and over 90% from facilitators. We have had a total of 146 teens and 94 facilitators complete the post-program surveys.

Table One: Demographics of Resilient Teens Program Participants				
	Teens (N=146)		Facilitators (N=94)	
Age				
Mean	15		23	
Median	15		25	
Range	12 - 18		21 - 30	
	n	Percent	n	Percent
Gender				
Female	104	71%	57	61%
Male	35	24%	37	39%
Non-conforming	7	5%	-	-
Ethnicity				
Black	97	66%	23	24%
White	43	29%	33	35%
Asian	-	-	33	35%
Other	6	4%	5	5%

We have had 200 teens successfully complete the program and 146 completed the post-program survey. The teens were between 12 and 18 with the average age being 15 years old. Seventy-one percent (104) of the teens identified as female, 24% (35) identified as male, and 5% (7) identified as gender nonconforming. The teens were also asked to self-identify their race/ethnicity; 66% (97) identified as Black or African American, 29% (43) identified as White or Caucasian, and 4% (6) identified as Other.





We have had over 100 medical students serve as facilitators and 94 completed the post-program survey. The facilitators were between 21 and 30 with the average age being 23 years old. Sixty-one percent (57) of the facilitators identified as female and 39% (37) identified as male. The facilitators were also asked to self-identify their race/ethnicity; 24% (23) identified as Black or African American, 35% (33) identified as White or Caucasian, 35% (33) identified as Asian, and 5% (5) identified as Other.

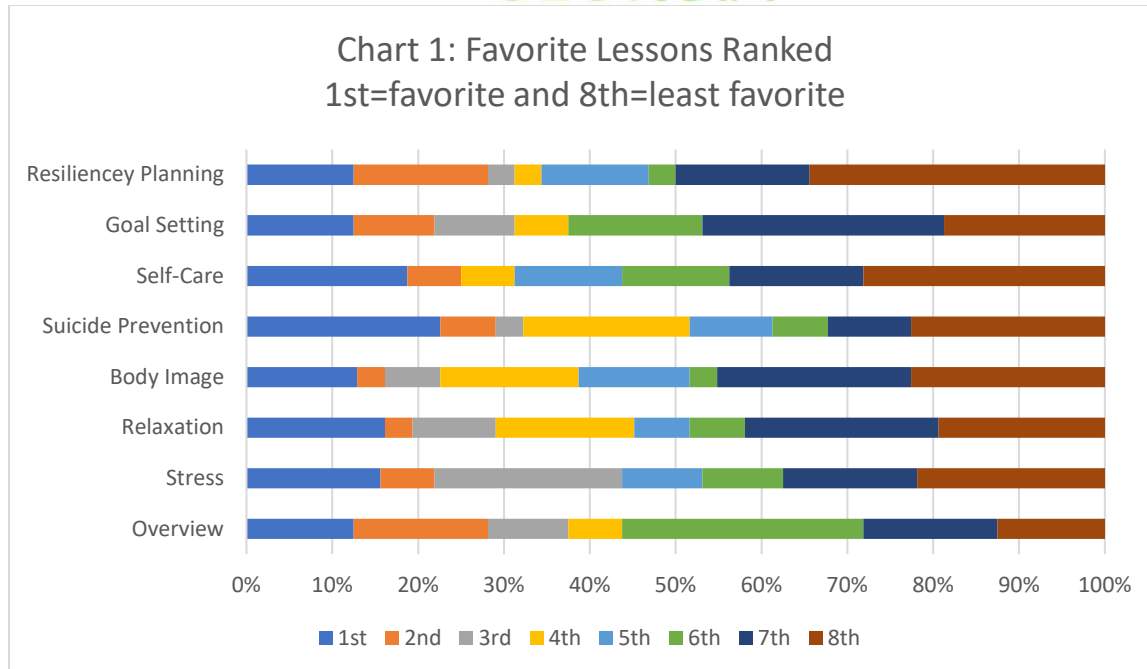
Almost all the teens (95%) mentioned that the small group portion of the sessions were their favorite part of the program. Notably, during the pre-test survey, over seventy-five percent of the teens indicated that they did not know how to properly express their feelings. After completing the program, nearly all the teens mentioned that they feel the program helped them to better understand (81%) and express (76%) their feelings. Additionally, 80% of the teens (an increase of about 38%) said that they now “talk to somebody” when they are feeling upset, anxious, or sad after completing the program. Ninety-two percent of teens indicated that after completing the Resilient Teens Program, they have a better understanding of ways to care for their mental Health. Additionally, teens mentioned that they feel more comfortable discussing depression (94%), anxiety (94%), and suicide (90%) after completing Resilient Teens Program. Finally, 96% of teens said they would recommend this program to other teens.

#### ***Post-Program Survey Results for 2022***

In 2022, we have had one cohort complete the Resilient Teens Program and are nearly finished with another cohort. We just completed session seven (on Monday 11/14) out of eight sessions for our fifth cohort. In our current cohort, we have 115 teens and 44 facilitators. Combining these two cohorts, we had 161 teens and 48 facilitators complete the pre-program survey. We collected a total of 43 post-test surveys from Cohort Four in Spring 2022. Overall, we received results from 32 teens and 11 facilitators.

We had 12 facilitators for spring 2022 and 11 completed the post-program survey. We had 40 teens successfully complete the program and 32 completed the post-program survey. Below are some highlights from the cohort.

Favorite Lessons ranked, as seen in Chart 1, shows that Suicide Prevention was ranked as the favorite lesson by 23% (7) of the teens. Thirty-five percent (11) of the ranked Resiliency Planning as their least favorite lesson.



We asked the teens what they remembered learning about resiliency, adverse childhood experiences, positive childhood experiences, and trauma-informed care. The teens were varied in their responses. Concerning resiliency, they appeared to have a good grasp of the topics and building blocks. Some comments discussed self-love, self-forgiveness, it being okay to be sad or mad, and bouncing back. They also seemed to understand the differences and importance of adverse and positive childhood experiences and were able to provide concrete examples: a mother showing love, stable childhood homelife, being rewarded, family trips, and having a role model/mentor versus abuse, neglect, experiencing family violence, parental separation, and being put out of your home. However, they struggled to discuss trauma-informed care. Many gave examples of trauma which were similar to adverse childhood experiences. Only three teens left a comment that showed a level of understanding. The comments were:

- The presence of trauma symptoms and acknowledges the role trauma may play in an individual's life.
- This can cause a big change in a person's life so we never know what some people are going through so we would have to bare with them.
- It can diminish your ability to accurately feel what's going on in your body in the present moment, to process information and make decisions, and to stay present and attentive in your life.

At the end of the program, 69% (22) of the teens strongly agreed that the topics were useful. Sixty-six percent (21) of the teens strongly agreed that they understood the material, the sessions were interesting and kept their attention, they learned new things, and that they feel better prepared to manage issues after participating in the program. Additionally, 59% (19) also indicated that the topics made them think about things that they have not thought about before. Concerning challenges, they faced when attending the sessions, half (50%, 16) claimed



that they did not experience any challenges. Those who did experience challenges to attend the meeting, 25% (8) discussed that there was weak internet in their area, 19% (6) indicated that they did not have adequate data for their phone, and 9% (3) said that they did not have internet at their house. Nearly all, 94% (29), of the teens said that they enjoyed the Resilient Teens Program as a whole and that they would recommend it to other teens. We asked the teens to tell us in one or two sentences what their big take-a-ways from the program were. Responses included:

- I learned that it's ok to speak up for yourself when you need to. Also, whenever you need a shoulder to lean on or someone to talk to you guys will be there.
- I learned how to better take care of myself, and I also learned how to look at things from a different perspective
- I learned that I am my own person. These meetings have really made me notice a lot of things about myself that I never did.
- I really learned more about how I can calm my thinking. I even learned how I can change my thought process on certain subjects.
- My biggest takeaway was that self-care is extremely important to fully rejuvenate from your life.
- Bravery
- When we do fail, we bounce back, we have the strength to learn the lessons we need to learn, and we can move on to bigger and better things.
- I learned that I am love and it starts with me.
- Resilient Teens helps teens understand things that are happening in their lives. They also help teens avoid bad choices.

When we asked the facilitators about challenges they faced when facilitating the sessions, 36% (4) claimed that they did not experience any challenges. Those who did experience challenges mentioned a lack of teen participation (5, 45%), technology issues for the teens (3, 27%), or having additional responsibilities that conflicted with the session's time (1, 10%). At the end of the program, while 73% (8) facilitators felt that the teens had a good understanding of resiliency and 64% (7) felt that the teens had a good understanding of Adverse Childhood Experiences, only 36% (4) felt the teens understood Trauma-Informed Care. All 100% (11) of the facilitators said that they enjoyed the Resilient Teens Program as a whole and that they would recommend it to other facilitators. Some of their comments regarding their experience include:

- I think it is a great experience to be able to mentor and get to learn how to teach resiliency. I think these are topics that help the students look further inward, and I hope that our discussions can not only help them personally, but that the students can also take their learnings and share them with others. I think that this will help me become a better physician, because physicians need to act as teachers/ mentors to our patients and need to sometimes have difficult conversations.
- I think it's a really good way to connect with teens and help them build their problem solving skills and resiliency.
- Resilient Teens gives teens an outlet to talk about their feelings. I think it is great for that reason.



- Great way to have an impact on youth and provide mentorship.

### Demographics

Demographics of both the facilitators and teens can be seen in Table 1. We had 12 facilitators for spring 2022 and 11 completed the post-program survey. All of our facilitators were between the ages of 21 to 25 with the average age being 23 years old. Seventy-three percent (8) identified as female while 27% (3) identified as male. The facilitators were also asked to self-identify their race/ethnicity; 36% (4) identified as Black or African American, 36% (4) identified as White or Caucasian, 18% (2) identified as Asian, and 10% (1) identified as Hispanic/Latinx. Additionally, we had 40 teens successfully complete the program and 32 completed the post-program survey. The teens were between 12 and 18 with the average age being 15 years old. Sixty-six percent (21) of the teens identified as female, 25% (8) identified as male, and 9% (3) identified as gender nonconforming. The teens were also asked to self-identify their race/ethnicity; 81% (26) identified as Black or African American, 19% (6) identified as White or Caucasian, and 3% (1) identified as Hispanic/Latinx.

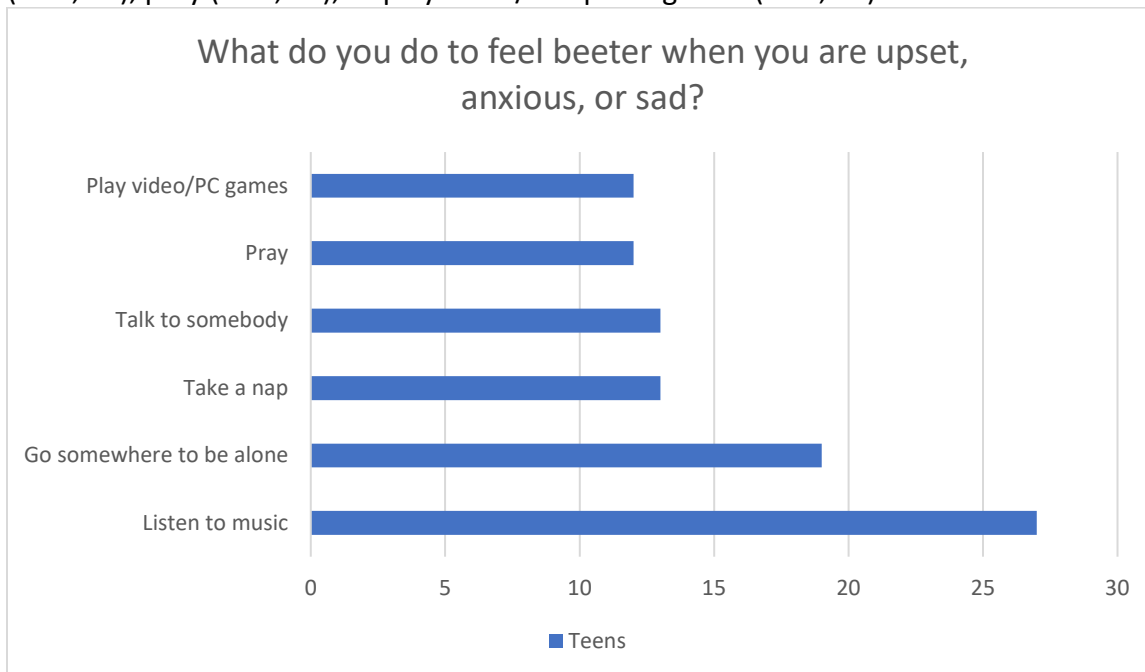
Table Two: Demographics of Resilient Teens Program Participants Cohort Four				
	Teens (N=32)		Facilitators (N=11)	
Age				
Mean	15.28		23	
Median	15		23	
Range	12 – 18		21 - 25	
	n	Percent	n	Percent
Gender				
Female	21	66%	8	73%
Male	8	25%	3	27%
Non-conforming	3	9%	-	-
Ethnicity				
Black	26	81%	4	36%
White	6	19%	4	36%
Asian	-	-	2	18%
Hispanic	1	3%	1	10%

In addition to demographics, we asked the participants a few other socio-demographic type questions. Eighty-two percent (9) of facilitators said they were religious or spiritual. Eighty-six percent (28) of the teens said they were religious or spiritual. Concerning living conditions, 31% (10) teens indicated that they lived with both their mother and father and all 100% (32%) of the teens had siblings. While 75% (24) teens mentioned that they received free or reduced lunches, only 31% (10) mentioned that their family received SNAP benefits.



### Outcomes

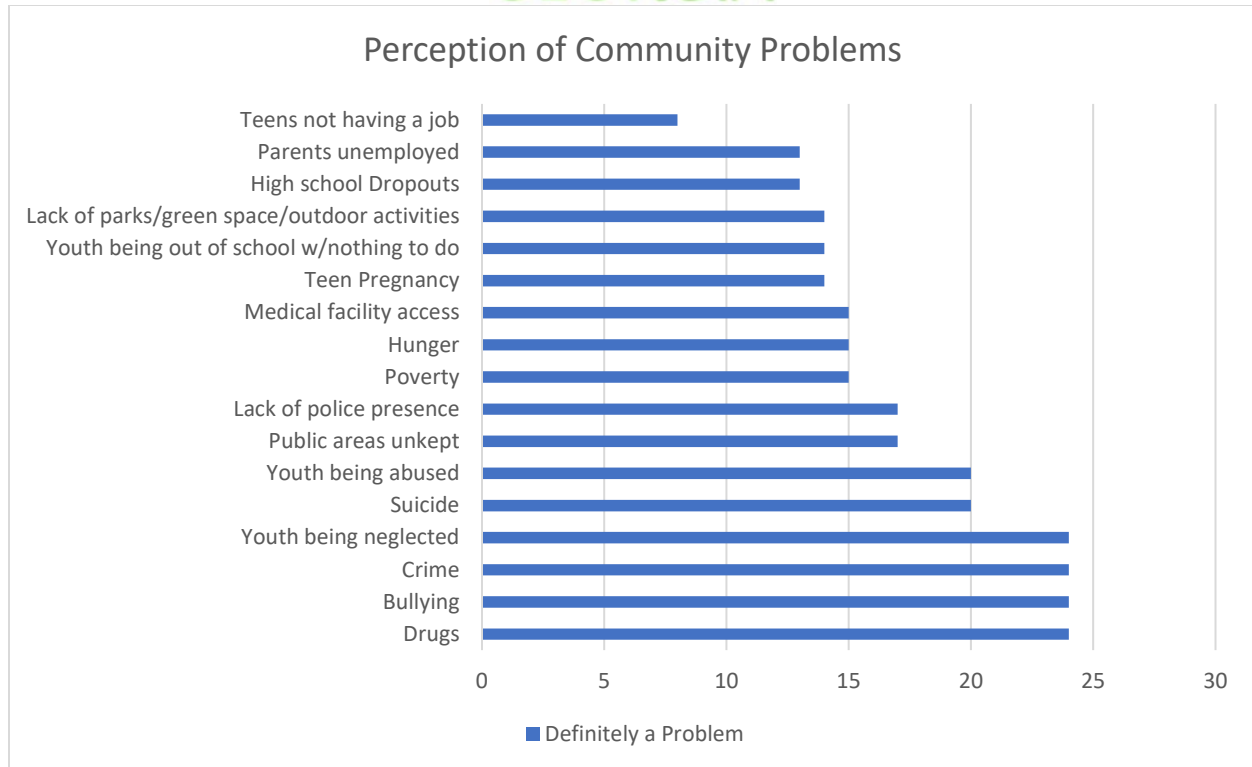
Most teens indicated that completing the Resilient Teens Program helped them to better understand, 78%, 25) and express (75%, 24) their feelings. In the pre-program survey, when asked how they express their feelings when they are upset, anxious, or sad, 25% (8) of teens said that they talked to somebody. After completing the program, 41% (13) of teens indicated that they now talk to somebody when they are feeling upset, anxious, or sad. The top six responses for what they do when they feel upset, anxious, or sad were that they: listen to music (84%, 27), go somewhere to be alone (59%, 19), take a nap (41%, 13), talk to somebody (41%, 13), pray (38%, 12), or play video/computer games (38%, 12).



We asked the teens to elaborate on how the program helped them to better understand and/or express their feelings. Some of the responses included:

- It helped me understand that I am not the only person that feels certain ways and that I should express my feelings in a positive way.
- It taught me healthy ways to do so.
- I understand that it is okay to have off days but not okay to sit in pity.
- I understand now that everyone doesn't have to agree with how i feel even though i may feel as though i am right.
- Talking about Self-Awareness. They helped me nud [sic] my confidence and really have an one on one with myself

Additionally, the teens asked also to assess a list of community Issues and tell us if they thought they were a problem in their own community. They all (100%, 32) indicated that this program helped them to become more aware of community issues and the their impact.



The teens indicated that completing the program helped them to understand and feel more comfortable talking about depression (94%, 30), anxiety (91%, 29), and suicide (88%, 28). They also all indicated that they are now more aware of the availability of community resources (88, 28%) and where to find them (91%, 29). Ninety-four percent (30) of the teens said they now understand better ways to care for their mental health.

### *Suggestions*

We also asked the facilitators if they had any suggestions for future cohorts. While nearly all indicated that they enjoyed the setup/training, weekly structure, and topics, there were a few suggestions. Their suggestions are as follows:

- Sometimes it felt that the students were not as interactive and it felt like it was just the facilitators talking, so I think that having more activities that would engage the students more than just answering questions would be better.
- Maybe giving suggestions on how to build rapport/simple conversation with the teens instead of just the questions we have laid out.
- Maybe participating in a mock sessions during the training.

The teens were also asked what they thought could make the program better. Half (50%, 16) discussed that they wouldn't change anything about the program. Other suggestions included:

- More enthusiasm from the facilitators
- In person sessions.
- Different approaches to talk about touchy subjects. (ex-we just had a student suicide in our county right before the suicide meeting).



- More activities
- Put us in groups based on comparisons so we are more comfortable

Further, we asked the teens which topics they would have liked to discuss. Some suggestions included:

- Time management
- More self-care
- Sexualities and support for those afraid to show their truth
- A little more of the sensitive side of dealing with someone who is suicidal or self harming and how to be able to connect and understand what are ways that may seem like helping but might be a really bad thing for someone dealing with that
- Relationships
- The community issues that are mentioned in the survey
- Critical thinking

Finally, we asked the teens to tell us there biggest takeaway from the program. All of the comments were positive and most discussed positive thinking and emotional well-being. Below represents tha most common words used.



### ***Next Steps***





## 1) External Evaluation

We submitted an IRB proposal in the summer to have an external evaluation completed. Our proposal was to add a follow-up survey at six months post program completion and to link respondents' results with their pre- and post-program surveys. Therefore, we wanted to keep the teens' names attached and provided detailed documentation on how we would protect the identifying variables by using a numerical code to represent each teen and deleting the names after aggregating the surveys. Unfortunately, our proposal was denied. This was because those under the age of 18 are considered a special population which means that Augusta University's IRB requires consent and assent. Therefore, the parents or guardians of each teen would have to sign the consent form in front of a witness. Since Resilient Teens is a virtual program that spans 14 counties, this was not feasible.

We held meetings with the IRB Chairperson and explained our program. We were encouraged to change our proposal and resubmit. Under their guidance, we are in the process of submitting another proposal where we will still have a follow-up survey, but we will link and deidentify the surveys before providing them to be externally evaluated. This will allow for an expedited review, and we expect approval to be given.

### **Second Annual Trauma Informed Care Summit**

<https://drive.google.com/file/d/1OxNC7WtcqHpKjFqP4S2rPV6aotpF0y-s/view>

Our community-wide Summit featured various sectors of the RG Training Roadmap and led to a call to action for local leaders to join the coalition as well as to implement trauma informed practices and encourage training for staff and the community at large.



## TRANSFORMING OUR COMMUNITIES: FROM ADVERSITY TO RESILIENCE

Learn what you can do to implement trauma-informed practices in your family, organization, and community.



**SCAN HERE TO REGISTER**

9:00am – 4:00pm  
Thursday, September 29th  
WOW! Club @ SRP Park



**TRANSFORMING OUR COMMUNITIES:**  
*From Adversity to Resilience*  
**WOW! Club @ SRP Park**



Scan here to take the Pre-Summit Survey



Scan here to access speaker bios



Scan here to take the Post-Summit Survey

## 2022 SUMMIT AGENDA

- 9am - 9:30am • **Registration**
- 9:30am - 9:40am • **Why Are We Here?**  
*Dr. Kim Loomer*
- 9:40am - 9:50am • **ACES Video and Remarks**
- 9:50am - 10:20am • **Leading Radical Change**  
*Dr. April Hartman*
- 10:20am-10:30am • **10-Minute Break**
- 10:30am - 11am • **MCG Foundation**  
*Ian Mercier*  
**The Community Foundation of the CSRA**  
*Rebecca Wallace*  
**Augusta Locally Grown**  
*Rebecca van Loenen and Brennan Meagher*
- 11am - 11:30am • **The Basics**  
*Lindsey Heritage*
- 11:30am - 12pm • **Resilient Teens Presentation**  
*Dr. Kim Loomer and others*
- 12pm - 12:10pm • **Resilient Teens Data**  
*Dr. Melissa Bemiller*
- 12:10pm - 12:30pm • **How is TikTok Affecting Our Youth?**  
*Dr. Kevin Allen*
- 12:30pm - 1pm • **Lunch and Learning Card Discussions**
- 1pm - 2:10pm • **Youth Justice Panel**  
*Alfonzo Williams, Kari Viola-Brooke, The Honorable Amanda N. Heath, and Yannik McKie*
- 2:10pm - 2:25pm • **15-Minute Break**
- 2:25pm - 3pm • **The Search for Mental Health Parity**  
*Dr. Eric Lewkowitz*
- 3pm - 3:20pm • **Resilient Georgia**  
*Dr. Emily Anne Vall*
- 3:20pm - 4pm • **Closing Remarks and Networking Reception**



### Summit Data:

We had our second annual summit on September 29<sup>th</sup>. We asked attendees to fill out a pre-summit survey and a post-summit survey. We had 178 attendees and 76 responses for the pre-summit survey and 56 responses for the post-summit survey.

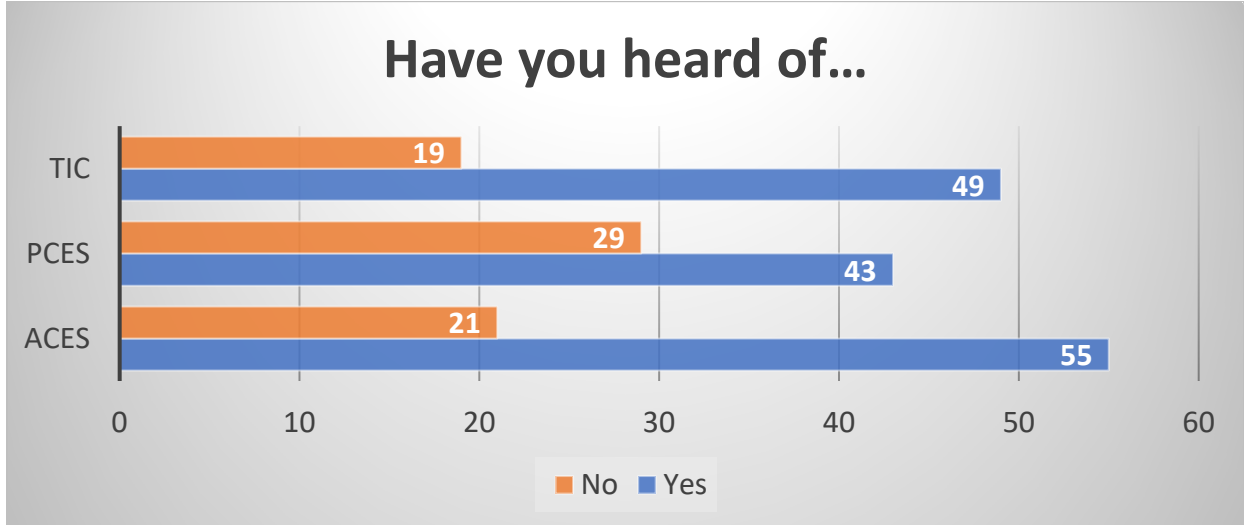
Table Three: Demographics of Summit Attendees				
	Pre (N=76)		Post (N=51)	
Age				
Mean	44		49	
Range	15 - 69		24-72	
	n	Percent	n	Percent
Gender				
Female	53	70%	35	69%
Male	12	16%	6	12%
N/A	11	14%	10	20%
Ethnicity				
Black	40	53%	23	45%
White	21	28%	15	29%
Asian	1	1%	2	4%
Other	2	3%	1	2%
N/A	12	16%	11	22%

The attendees represented various sectors with many focused on children. Some of the denoted positions/roles were:

- Child and Adolescent Psychiatry,
- Child Abuse Prevention
- Community Development/Relations
- DFCS
- Education
- Advocacy
- Medical
- Ministry
- Health Insurance
- Nonprofit
- Social Work
- Waitress
- Retail



One of the first questions asked if they have heard of Trauma-Informed Care (TIC), Adverse Childhood Experiences (ACEs), or Positive Childhood Experiences (PCEs). While most had heard of them, 28% had not heard about TIC or ACEs and 40% had not heard about PCEs.



Some of our favorite remarks about the summit were:

- “Today was Goose Bump Worthy!! Just Awesome!!”
- “I realized how important reaching out to multi sectors including law enforcement is.”
- My lightbulb moment was:
  - “Realizing the power of one”
  - “Do for one what you wish you could do for many.”
  - “Learning to detach the barriers and create effective ways to help more children become resilient.”
  - “Seeing how these students are really learning how to express themselves in a positive way.”

Concerning our objectives for the summit, notably, all averaged to be between good and excellent. Additionally, many commented that they hope to see more teens from the areas attend our summit so they can see how impactful the Resilient Teen Program is to their peers.

Please evaluate the effectiveness of achieving each outcome/objective for this educational activity (list the outcomes/objectives for content).	Scale:			
	1= poor	2 = fair	3 = good	4 = excellent
The content was relevant to the summit topic.	Range: 3 – 4		Average: 3.8	
My personal objectives were met.	Range: 3 – 4		Average: 3.8	
The content level was appropriate for me.	Range: 3 – 4		Average: 3.7	



I intend to make a change in practice from what I learned today.	<b>Range: 2 – 4</b>	<b>Average: 3.6</b>
I will be able to implement high-quality measures upon returning to my work setting from information learned today.	<b>Range: 2 – 4</b>	<b>Average: 3.6</b>
Overall rating of the summit.	<b>Range: 3 – 4</b>	<b>Average: 3.9</b>

**Summit Materials:**



TRAUMA INFORMED INDIVIDUAL		Meets	Needs work	Not Sure
1.	Can define trauma and its different types.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Can explain the trauma's effect of the brain and brain development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Can explain trauma's effect on a behavior.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Can define a trauma-informed approach.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Understands the importance of mindfulness and has begun the process of reflecting on childhood and identifying their own parenting style, triggers and approach to relationships.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Understands the importance of attunement to others needs and works to be more attuned during interactions with struggling children and families.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Understands the stages of child development and appropriate behavior at each.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Understands the stages of brain development and potential effects of trauma.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Can define resilience and best practices in creating resilience in children, adults and families.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Understands the importance of relationship building and best practices in building healthy and appropriate relationships.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Know the best practices in reducing the effects of trauma and decreasing the potential for additional traumatization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TRAUMA INFORMED ORGANIZATION		Meets	Needs work	Not Sure
1.	Program/direct service staff can define trauma and its different types.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Program/direct service staff can explain the trauma's effect of the brain and brain development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Program/direct service staff can explain trauma's effect on a behavior.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Program/direct service staff can define a trauma-informed approach.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Program/direct service staff understand the importance of mindfulness and has begun the process of reflecting on childhood and identifying their own parenting style, triggers and approach to relationships.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Program/direct service staff understand the importance of attunement to others needs and works to be more attuned during interactions with struggling children and families.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Program/direct service staff understand the stages of child development and appropriate behavior at each.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Program/direct service staff understand the stages of brain development and potential effects of trauma.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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11.	Know the best practices in reducing the effects of trauma and decreasing the potential for additional traumatization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RESILIENTCOMMUNITIESGA.ORG



# Adverse Childhood Experiences (ACEs)

## Definition

"ACEs" stands for Adverse Childhood Experiences. The term ACEs is used to describe experiences that occur before the age of 18.

3 out of 5 Georgians have experienced at least 1 ACE. This can lead to:

- difficulties in school
- poor health outcomes
- economic instability



## 3 Realms of ACEs

According to the CDC, ACEs have been linked to risky health behaviors, chronic health conditions, low life potential, and even early death.

### HOUSEHOLD

- Divorce
- Incarcerated Family Member
- Homelessness
- Physical and Emotional Neglect
- Parental Mental Illness
- Alcoholism and Drug Abuse
- Bullying
- Domestic Violence
- Maternal Depression
- Emotional and Sexual Abuse

### COMMUNITY

- Genocide
- Mass Incarceration
- Slavery
- Under-Resourced Schools
- Systemic Racism
- Community Violence
- Poor Water and Air Quality
- Poverty
- Poor Housing Quality and Affordability

### ENVIRONMENT

- CLIMATE CRISIS**
  - Record Heat & Droughts
  - Wildfires & Smoke
  - Record Storms, Flooding & Mudslides
  - Sea Level Rise
- NATURAL DISASTERS**
  - Tornadoes & Hurricanes
  - Volcano Eruptions & Tsunamis
  - Earthquakes

*"Our ACE number does not define us. It is simply an entry point to our own personal story"*

Source: <https://youmbeastory.org/>

## Why It Matters



ACEs are common & interrelated.



ACEs negatively affect health and well-being.

20

Childhood experiences can take 20 years off life expectancy.



Toxic stress from ACEs impacts brain development and affect how the body responds to stress.

Source: <https://youmbeastory.org/>

## Resources

- [CDC: Adverse Childhood Experiences \(ACEs\)](#)
- [CDC ACEs Prevention Strategy](#)
- [Georgia Essentials for Childhood: ACEs One-Pager](#)

## Take Action

- Visit [ResilientGeorgia.org](https://ResilientGeorgia.org) and view our [Training Roadmap](#).
- Become ACEs aware by taking a [Connections Matter Georgia Training](#).

## Learn More

Scan with your camera to learn more.



**9.5%**

of GA children had a guardian with substance abuse.

**10%**

of GA children had a parent serve jail time in 2017-18.

**30%**

of GA kids live in housing that is more than 30% the household income.

**21%**

of GA children live in poverty.

Source: Georgia Essentials for Childhood



**Summit Merch/Collaterals**



## How to do The Basics with Bubbles!



### Maximize Love, Manage Stress

Blowing bubbles can be very stress relieving.

**Try this:** take a slow deep breath in, count to 2, and slowly blow your breath out into the wand to form a bubble! Talk to your child about using breathing to manage stress and emotions.



### Talk, Sing, and Point

When you talk, sing, and point with your child you are increasing their vocabulary and language development.

**Try this:** as you blow bubbles, talk about the shape, point to the as you talk about the colors in the bubbles.

Sing the song included

### Bubble Song:

One little, Two little, Three little bubbles  
Four little, Five little, Six little bubbles  
Seven little, Eight little, Nine little bubbles  
Ten little bubbles  
Go Pop! Pop! Pop!



### Count, Group, and Compare

Everyone can be a math person when they practice Count, Group, and Compare.

**Try this:** count bubbles as you pop them, talk about the spherical or circular shape of bubbles. Compare bigger bubbles to smaller bubbles. Compare the circular shape of the bubbles with other shapes near you.



### Explore Through Movement and Play

Movement and Play encourage physical well being as well as critical thinking skills.

**Try this:** chase the bubbles as you pop them. Pretend you are an animal and then move like that animal to pop the bubbles (hop like a frog or jump like a kangaroo). Use your imagination!



### Read and Discuss Stories

Reading and discussing stories with your child (even babies!) builds early literacy.

**Try this:** make up a story about where the bubbles go using the bubbles to set the scene for a story about a boat ride! You don't need to book to build early literacy skills. Oral storytelling works too!



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*"Our ACE number does not define us. It is simply an entry point to our own personal story"*  
Source: <https://www.traumainform.org/>

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Source: <https://numberrstory.org/>

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of GA children live in poverty.

Source: [Georgia Essentials for Childhood](#)

## DISCUSSION QUESTIONS: ADVERSE CHILDHOOD EXPERIENCES (ACEs)

1. What have you heard today that you want to know more about?
2. What changes can you make within your own family to make it more trauma sensitive?
3. What changes can you make within your own organization to make it more trauma sensitive?
4. Did you have a light bulb moment today? What came into focus for you?
5. What is one action you plan to take after you leave today to spread awareness within your circle of influence?
6. How has trauma (adverse childhood experiences) impacted your life?
7. How have you developed resilience to bounce back?

[resilientcommunitiesga.org](http://resilientcommunitiesga.org)

## Early Brain Development

### Definition

A child's brain grows rapidly before birth and during early childhood. Many factors impact healthy brain development including nutrition, safe environments, low stress, and positive interactions throughout life.

Source: Resilient Georgia

### Trauma-Informed Approach

The early stages of childhood are very important for later health and development. A child's brain is the foundation for an adult brain. A nurturing and responsive home, free from neglect and toxic stress is key for early brain development and growth.



### Why It Matters



Children grow and learn best in a safe environment, and with many opportunities to play and explore.



Children need to make connections with people for their brains to grow. What builds those connections are caring, nurturing relationships.



Meeting basic needs like eating, resting and breathing helps the brain heal from stress.

Source: Centers for Disease Control and Prevention

### Learn More

Scan with your camera to learn more.



### Resources

- [Georgia Department of Early Care and Learning Developmental Milestones](#)
- [Brains: Journey to Resilience](#)
- [CDC: Early Brain Development](#)
- [Brain 101: Impact of Trauma on the Brain](#)
- [Talk With Me Baby](#)
- [TooSmall.org](#)
- [Better Brains for Babies](#)

### Take Action

- Contribute to creating positive nurturing interactions with the young children in your lives.
- Carve out uninterrupted time for play with caregiver & child.
- Spend time reading together.
- Enjoy parks, playgrounds, and outdoor activities.
- Participate in group activities such as playdates, library story time, etc.

## DISCUSSION QUESTIONS: EARLY BRAIN DEVELOPMENT

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7. How have you developed resilience to bounce back?

[resilientcommunitiesga.org](http://resilientcommunitiesga.org)



# Positive Childhood Experiences

## Definition

Positive Childhood Experiences (PCEs) are activities and experiences that improve a child's life, resulting in positive mental and physical health outcomes.

Source: Resilient Georgia



## Contributing Factors

Research has identified a common set of factors that leads children to positive outcomes in the face of significant adversity. These factors include:



Being in nurturing, supportive adult-child relationships (i.e. parents/caregivers).



Building a sense of self-control.



Providing opportunities for social and emotional development.



Participating in faith, hope, and cultural traditions.

Source: Center on the Developing Child, Harvard University. This language was taken from their [Concept Note on Resilience](#).

## Why It Matters

It is important to develop and implement programs and policies that support PCEs to make life better for everyone and promote long-term health and well-being.

The more positive experiences, the stronger a child's resilience muscle becomes. Positive experiences can offset adverse childhood experiences.

Source: [Healthy Outcomes from Positive Experiences \(HOPE\)](#)



## Resources

- [HOPE – Healthy Outcomes from Positive Experiences](#)
- [Resilience – Center on the Developing Child](#)
- [The Four Building Blocks of HOPE](#)
- [Balancing \(ACEs\) with HOPE](#)
- [Strengthening Families Georgia](#)
- [Raising Resilience – Teaching Kids to Be Resilient | Strong4Life](#)

## Take Action

- Having family dinners.
- Asking questions about children's interests.
- Spending quality time together (playing games, watching movies, etc.).

## Learn More

Scan with your camera to learn more.



A decorative vertical bar on the left side of the page, composed of several overlapping triangles in shades of green, yellow, and blue.

## DISCUSSION QUESTIONS: POSITIVE CHILDHOOD EXPERIENCES

1. What have you heard today that you want to know more about?
2. What changes can you make within your own family to make it more trauma sensitive?
3. What changes can you make within your own organization to make it more trauma sensitive?
4. Did you have a light bulb moment today? What came into focus for you?
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6. How has trauma (adverse childhood experiences) impacted your life?
7. How have you developed resilience to bounce back?

[resilientcommunitiesga.org](http://resilientcommunitiesga.org)

# Resilience

## Definition

Resilience is the ability to overcome adversity. Resilience is possible at any age. Anyone can become more resilient at any stage of life, but it's easiest to build resilience in early childhood. We are all born with the capacity to be resilient. It is a skill that is built overtime and is like a muscle we must exercise.

Feeling safe, connected and supported by a caregiver provides a child with a foundation for building resilience. A caregiver can include a parent, teacher, coach, pastor or another safe, stable, nurturing adult in a child's life.

## Building Resilience

Resilience can be built by improving skills to work through challenges. The resilience of an individual depends on their relationships and community. It is the systems around us that influence the ability of both children and adults to be resilient.



## Why It Matters

It is never too late to build resilience. Developing age-appropriate, healthy activities can increase the chance that an individual will better cope with stress. For example, regular physical activity, breathing techniques, and meditation can strengthen resiliency. Adults with these skills model healthy behaviors for children, thus promoting resilience for the next generation.

## Resources

- [Alberta Family Wellness Initiative](#)
- [Resilient Georgia Training Roadmap](#)
- [ResilientTeens.Org](#)
- [Community Resiliency Model](#)
- [Child Welfare Training Collaborative](#)
- [Raising Resilience – Teaching Kids to Be Resilient | Strong4Life](#)



## Take Action

- Invest in your own resilience through these four approaches:
  - [Building Connections](#)
  - [Fostering Wellness](#)
  - [Finding Purpose](#)
  - [Embracing Healthy Thoughts](#)
- Foster Resilience in Children with the [7 C's of Resilience](#): Competence, Confidence, Connection, Character, Contribution, Coping, & Control

## Learn More

Scan with your camera to learn more.



## DISCUSSION QUESTIONS: RESILIENCE

1. What have you heard today that you want to know more about?
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[resilientcommunitiesga.org](http://resilientcommunitiesga.org)

## Toxic Stress

### Definition

Toxic Stress is long-term exposure to high levels of stress and occurs when no supportive caregivers are around to buffer a child's response to repeated negative experiences.

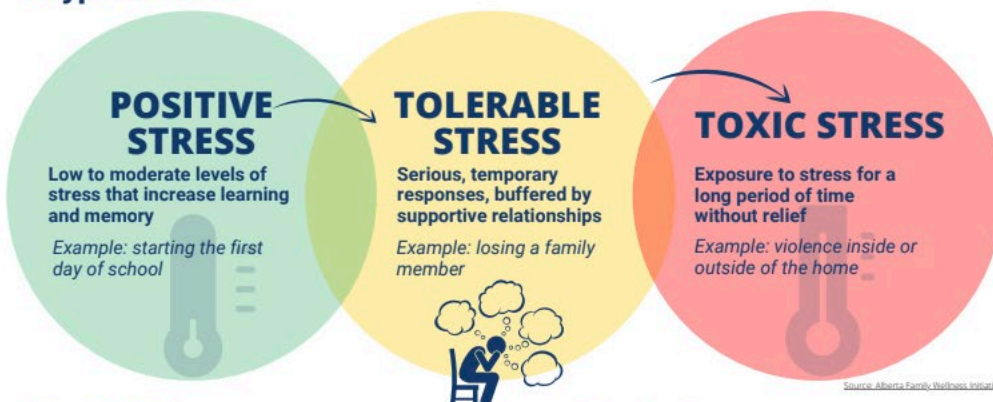
Toxic stress can cause long-term damage to the brain and body.

Experiencing multiple ACEs can cause toxic stress.

Source: Center for the Developing Child, Harvard University.



### 3 Types of Stress



### Why It Matters



Learning how to reduce or prevent toxic stress is an important part of healthy child development. This can happen through positive relationships between children and caregivers, helping children meet their basic needs, and nurturing their strengths and interests.



The small things we do as supportive caregivers prevents toxic stress in children's lives.

Source: A Guide to Toxic Stress

### Take Action

- Review [Handle With Care Flow Chart](#).
- For parents & caregivers, consider changing discipline policies: "[What's Wrong vs. 'What Happened.'](#)"

### Resources

- [A Guide to Toxic Stress](#)
- [ACEs and Toxic Stress: Frequently Asked Questions](#)
- [StressHealth.org](#)

### Learn More

Scan with your camera to learn more.



## DISCUSSION QUESTIONS: TOXIC STRESS

1. What have you heard today that you want to know more about?
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7. How have you developed resilience to bounce back?

[resilientcommunitiesga.org](http://resilientcommunitiesga.org)



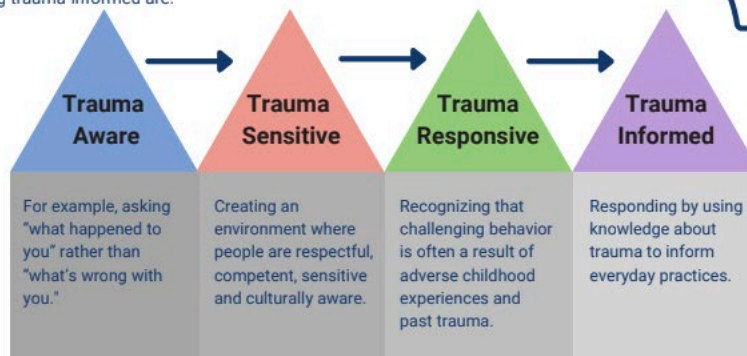
# Trauma-Informed

## Definition

Trauma is any experience that is extremely frightening, harmful, or threatening, either emotionally, physically, or both. Trauma-informed care is an approach defined by treating the whole person, considering past trauma and resulting behaviors and health outcomes.

## Trauma-Informed Approach

The trauma-informed approach is a continuum that progresses through stages. The stages of becoming trauma-informed are:

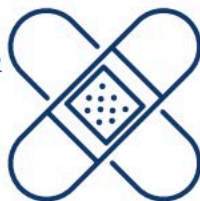


## Why It Matters

Child and family-serving organizations, programs and businesses can build trauma-informed awareness, knowledge, and skills into their everyday cultures, practices, and policies. When they work together to prevent and address adverse childhood experiences (ACEs), they improve physical and mental health for children and families, and support their ability to thrive.

## Resources

- [What is Trauma-Informed Care?](#)
- [\(SAMSHA\) Trauma-Informed Approach](#)
- [Resilient Georgia Training Roadmap](#)
- [Project GRIT](#)



## Take Action

- Increase your knowledge and understanding of trauma by taking a training.
- Develop an empathetic attitude that focuses on asking "[What Happened To You?](#)" versus "[What's Wrong With You?](#)" when interacting with others.
- Explore how to incorporate a trauma-informed approach into your workplace.

## Learn More

Scan with your camera to learn more.





## DISCUSSION QUESTIONS: TRAUMA-INFORMED

1. What have you heard today that you want to know more about?
2. What changes can you make within your own family to make it more trauma sensitive?
3. What changes can you make within your own organization to make it more trauma sensitive?
4. Did you have a light bulb moment today? What came into focus for you?
5. What is one action you plan to take after you leave today to spread awareness within your circle of influence?
6. How has trauma (adverse childhood experiences) impacted your life?
7. How have you developed resilience to bounce back?

[resilientcommunitiesga.org](http://resilientcommunitiesga.org)



## Advocacy and Policy

Members of the Augusta coalition have begun work on bringing Handle with Care to the area. Meetings have been held with school officials and law enforcement. The initial reaction has been positive. We have created a powerpoint presentation to make to the Richmond County Board of Education. The creator of the project out of West Virginia attended a virtual meeting and explained the program's history and efficacy. Work will continue to get the necessary MOUs and processes to implement. This process slowed down with the closing of schools due to COVID-19, but the Family Connection coordinators are revisiting the initiative as schools have re-opened. More community leaders will be exposed to Handle with Care as they participate in Connections Matter training opportunities in 2022.

Family Connection Regional Manager (Julie Miller) has shared the work Region 7 has been doing on trauma and resilience and has included the work in its annual strategic plan. Family Connection coordinators are including TIC/ACES in their presentations to Boards of Education, County Commissioners, City Councils and Civic organizations.

Our community-wide Summit featured various community sectors from the RT Training Roadmap and led to a call to action for participants to join the coalition to implement trauma informed practices and encourage training for staff and the community at large.

## Spotlight

- YouTube Channel launched
  - Summit 2022 Recap Video: <https://youtu.be/GUqQ-wiXbJw>
  - Summit 2022 Promo Video:  
<https://www.youtube.com/watch?v=ISiwnBZYPM>
  - 2022 Resilient Teens Impact Video:  
[https://www.youtube.com/watch?v=r\\_YhgpxH0EE&t=54s](https://www.youtube.com/watch?v=r_YhgpxH0EE&t=54s)

## Inspired Action

- ***Our communications and marketing efforts have been elevated this last year through the development of collateral materials as well as updating our websites.***
  - Resilient Communities
    - Website: <https://www.resilientcommunitiesga.org/>
      - 2022 Transforming Our Community Summit added
        - Will be updating for a 2023 Save the Date
      - Link to Georgia Food for Health added
    - Facebook: <https://www.facebook.com/ResilientEastGA>
    - Instagram: <https://www.instagram.com/resilienteastga/>
    - Created PowerPoint and Letterhead Templates



- Created Google Drive for organization of all files/collateral materials/logos
- Custom promotional items
- Transforming Our Community Summit
  - New Eventbrite Account setup
  - 210 Registered Attendees
  - See attached presentation
  - See attached collateral materials
- MailChimp
  - Email updates sent regularly to database
- Custom Sponsorship Package Form
  - See attached
- Resilient Teens
  - Website: <https://www.resilientteens.org/>
  - Facebook: <https://www.facebook.com/resilientteens/>
  - Instagram: [https://www.instagram.com/resilient\\_teens/](https://www.instagram.com/resilient_teens/)
  - Custom Swag Bags: Drawstring bags, t-shirts, stress balls
  - Created new teen-centric program flyer



## Income and Expenses/Financials

Pittulloch Grant	200000			MCG Foundation	200000	
	Funds spent thru 11/1	Remainder to be spent by 12/31		MCGF funds expended thru 11/1	Remainder to be spent by 12/31	
Advertising, Marketing, Promotional Materials Website Maintenance				35,200	6,700	to be paid in nov/dec
Medical scholarship for health disparities					33,000	to be awarded in december
Trainings/community presentations on trauma-informed practices	1,000					
Curriculum designer for enduring materials for MCG facilitators					8,000	work in progress
Program Supplies for RT \$400 per month	4,800	1,200	to be paid in december			
Family Connection Contracted Services (Resilient Teen Program/ trauma-informed training)	70,000	20,000	to be paid in december			
Teen incentives (100) x \$100	4,000	10,000	incentives for students in current cohort			
Laptops, tablets, hotspots, plus phone cards to address digital divide in rural communities	9,600					
Food Farmacy				9,000		
Summer Teen Resilience program to address mental health and exposure to MCG medical programs	8,000					
Summit planning and implementation	10,000			25,000		
Travel and registration to meetings/conferences	2,400			2,400		
Project Coordinator \$50 an hour x 40 hours per month (Contracted services)	20,000	4,000	to be paid in nov/dec			
PI (AU) plus fringe (\$6300)				33,300	3,000	nov/dec payroll
Contracted support services \$25 x 20 hours x 50 weeks				22,000	2,000	nov/dec payroll
Co-investigator (AU) \$500 per month x 12 months	5,000	1,000	to be paid in nov/dec			
AU Med Student Stipends \$1000 x 15 facilitators	5,000				15,400	to be paid in december
Program Evaluator 200 hours x \$50 an hour	8,000	2,000	to be paid in nov/dec			
PACES subscription					5,000	waiting on confirmation
Resilient Georgia (5%)	10,000					
CFCSRA Fees (2%)	4,000					
	161,800.00	38,200.00	200,000.00	126,900.00	73,100.00	200,000.00



## Other Donors/Funding Sources

We enhanced our donor/funding requests this year with a donor brochure. Additionally, the Columbia County Chamber of Commerce Leadership Class raised \$20,000 to support Resilient Teens in Columbia County. The organization received the check in May. We are in the process of developing a licensed curriculum that could extend the reach of the program and license it for other organizations and sustainability of our coalition efforts. Additionally, we applied for a federal grant that could help support Resilient Teens in the future.





## RESILIENT COMMUNITIES OF EAST GEORGIA

Resilient Communities of East Georgia is a regional coalition of community stakeholders, partners and leaders working across 14 counties to identify ways to prevent childhood trauma and address how trauma impacts our communities.

In 2019, Resilient Georgia awarded a grant to the CSRA Foundation to develop a community response to trauma from Adverse Childhood Experiences (ACEs).

Resilient Communities of East Georgia provides trainings, networking opportunities, resources and access to leading research and best practices on preventing ACEs, trauma.

The goal is to engage all members of the community. Become a part of this transformative effort at [www.resilientcommunitiesga.org](http://www.resilientcommunitiesga.org)



for the  
Central Savannah  
River Area



THE PITTULLOCH FOUNDATION



Thank you to Resilient Northeast Georgia.



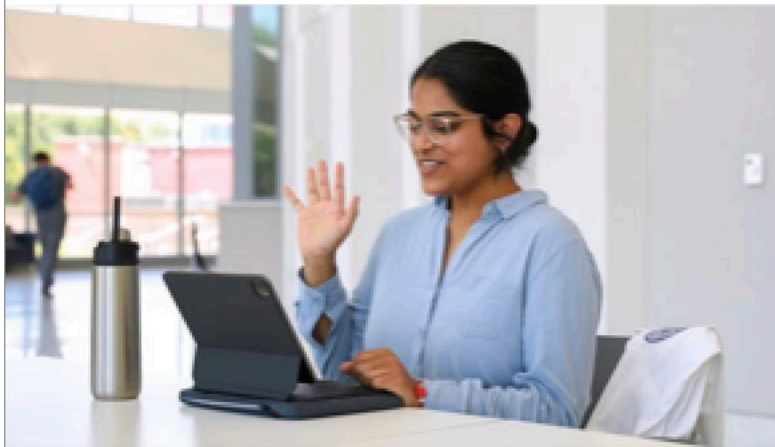


**Resilient Teens**



Sep 15 · 🌐

The online program links Augusta University medical students with teens from 14 counties in east central Georgia to provide important information about mental health, ways to cope during stressful events, and create an opportunity to build a mentor relationship with future physicians.



Boost this post to reach up to 147 more people if you spend \$10.

**Boost post**



2

2 comments 2 shares 



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Comment



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Kimmy V Georgia and 2 others



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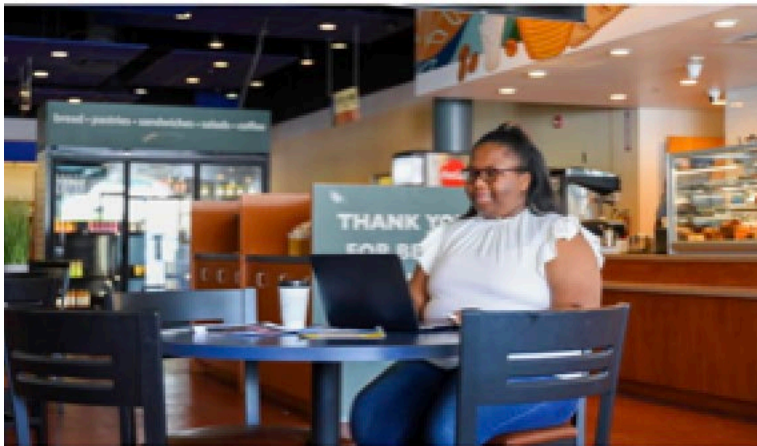


Resilient Teens



Oct 20 · 🌐

Resilience can lead to: Reduced use of risk-taking behaviors, such as excessive drinking, smoking, or use of drugs.



Boost this post to reach up to 147 more people if you spend \$10.

Boost post

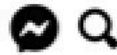


Julie K. Miller and 2 others





Resilient Teens 8



Posts

About

Photos ▾

Mentions



Resilient Teens

...

Nov 1 · 🌐

Resilient Communities Summit: To give all people a voice in creating a resilient community across East Georgia so that every individual has the support and services they need to thrive and be successful.







## Resilient Teens

...

Nov 3 · 🌐

Resilient Teens is for YOU! We offer an interactive after-school virtual learning experience for teens between the ages of 13 and 19. You will have a chance to interact with medical students from Augusta University who will be leading fun activities to help you develop the skills to BOUNCE BACK and MOVE FORWARD.





Resilient Teens 

[Posts](#) [About](#) [Photos](#) [Mentions](#)

... See Resilient Teens' About Info

### Resilient Teens's posts

Resilient Teens 

5h · 

Our Objectives: PROMOTE - Coordinated trauma-informed practices. PREVENT - Early adverse childhood events. ADVOCATE - For a trauma-informed community.



 Boost this post to reach up to 147 more people if you spend \$10.

Boost post

 Julie K. Miller 

 Like  Comment  Share



**Resilient Communities of East Georgia**

\*\*\*

Oct 27 · 🌐

Resilience is made up of five pillars: Self-Awareness, Mindfulness, Self-Care, Positive Relationships, and Purpose. By strengthening these pillars, w... See more

**SELF-AWARENESS**

**MINDFULNESS**

**SELF-CARE**

**POSITIVE RELATIONSHIPS**



**PURPOSE**



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Resilient Communities of East Georgia

\*\*\*

5h · 

Resilient Teens promotes coordinated, trauma-informed practices, prevents early adverse childhood events and advocates for trauma-informed community.



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Oct 18 · 

Resilient Teens promotes coordinated, trauma-informed practices, prevents early adverse childhood events and advocates for trauma-informed community.



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 Melissa Telzian Bennett

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**Resilient Communities of East Georgia**

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Sep 6 · 

Help us give all people a voice in creating a resilient community across East Georgia so that every individual has the support and services they need to thrive and be successful.




5 shares



 Like

 Comment

 Share



