



Let's Spark a Revolution



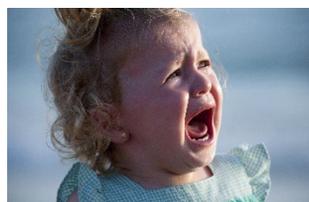
By Debi Mahler, LCSW

In Spring of 2018, the DCRC team read the book, [*The Deepest Well: Healing from Long-Term Effects of Childhood Adversity*](#), by Nadine Burke Harris. Prior to reading this book, I certainly had some knowledge about the Adverse Childhood Experiences (ACEs) Study and ACEs. Burke Harris's stories and experiences as a medical professional and practitioner in a high-risk neighborhood in San Francisco, CA brought my understanding to a whole new level. She clearly explains the true IMPACT that trauma can have on children, adults, communities and systems. This book is backed by science, but is written in a way that allows readers to absorb the gravity of this very real social issue. In one of the last paragraphs, Burke Harris writes:

“When we understand that the source of so many of our society’s problems is exposure to childhood adversity, the solutions are as simple as reducing the dose of adversity for kids and enhancing the ability of caregivers to be buffers. From there, we keep working our way up, translating that understanding into the creation of things like more effective educational curricula and the development of blood tests that identify biomarkers for toxic stress – things that will lead to a wide range of solutions and innovations, reducing harm bit by bit, and then leap by leap.

The cause of harm – whether that’s microbes or childhood adversity – does not need to be totally eradicated. The **revolution** is in the creative application of knowledge to mitigate harm wherever it pops up. Because when you know the mechanism, you can use that understanding in countless ways to drastically improve the human condition. That is how you spark a **revolution**. You shift the frame, you change the lens, and all at once the world is revealed, *and nothing is the same.*”

Powerful! Nadine Burke Harris, I want to be a part of your **revolution**! Anybody else out there with me? I bet the answer is “yes”!



DCRC’s study of and work in the resilience arena spans over 20 years. While we have learned so much, I am always quick to see there is still so much to learn. I try my best to read and review current literature and articles on resilience, and more recently, articles that make the natural connection between building resilience in children, adults, communities and organizations, and how this can support the process of healing from trauma. To share yet another good read, I encourage you all to read the article, [“How to Implement Trauma-Informed Care to Build Resilience to Childhood Trauma,”](#) by Jessica Dym Bartlett and Kate Steber. Once again, in a concise but comprehensive way, the authors speak to the definition of childhood trauma, the impact and behaviors that might emerge from trauma, how what is known about resilience can support the process of bouncing back, and of course, what is needed to create trauma-informed environments.

To me, it is clear how resources developed by the Devereux Center for Resilient Children can help those working with children and families who have experienced trauma. In the early years of our work, we didn’t often explicitly make the connection between resilience as one of the many solutions to trauma. But, today, it is clear ... an investment in promoting social-emotional health and resilience of young children is critical to the health and well-being of our society AND is a way to mitigate the impact of trauma. Resources can help the **revolution**, but exponentially more important than the resources are the teachers, caregivers and families who are in the trenches, supporting and caring for young children each and every day.

I worry about this task we have before us. I think some of our **revolutionaries** (our caregivers, teachers, parents) might be tired. REALLY tired. Fatigued. Exhausted. I would imagine some of our **revolutionaries** might have experienced (or be experiencing) their own trauma. I would imagine that many might be experiencing compassion fatigue or secondary traumatic stress. The [National Child Traumatic Stress Network](#) defines secondary traumatic stress as “the emotional duress that results when an individual hears about the firsthand trauma experiences of another.” We know that we can’t support children without also taking into consideration the adults who care for them.

Once again, I came across an article on the topic of secondary traumatic stress and compassion fatigue that resonated with me. In "[Dealing with Compassion Fatigue](#)," Mary Fowler speaks from her experience in the field and the realities of working in a high-need community. As a resident of New Jersey, she also writes about her experiences after the devastating impact of Hurricane Sandy. The article reads as if she is talking to all of us, and brings an authenticity to the experience of this tough work. She also offers simple ideas to consider when turning the focus onto self-care, something that adults sometimes don't always feel like they can take the time to do. Whether you want to learn more about secondary traumatic stress, think you may be experiencing secondary traumatic stress, or just want a few simple ideas you can do **RIGHT NOW** to take care of your own wellness, I encourage you to take a look!



The Devereux Center for Resilient Children, along with many others in this field, continues to stress the importance of both child AND adult wellness as part of the overall equation in the creation of resilient children, families and communities. We encourage you to explore DCRC's resources to help look more closely at within-child protective factors of [infants, toddlers](#) and [preschoolers](#). We encourage you to explore the resources available to support [adult wellness](#) in your work with families and with or as a teacher/provider. If you are supervising or leading teams, explore resources that can help you reflect and take action around [leading teams in resilient ways](#).

Come on, friends! Let's join together and forge forward in this **revolution**. Children deserve it, and so do we.