The science of adverse childhood experiences (ACEs) and a large body of related research demonstrate that exposure to toxic stress and trauma, especially in childhood and adolescence, increases the likelihood of a number of poor outcomes, including substance use, mental health problems, anti-social behavior, learning problems, and a host of chronic illnesses later in life. The biological mechanisms that underlie these developmental consequences are increasingly understood, and involve the “biological embedding” of experiences through their effects on the nervous, endocrine, and immune systems.

Over the past decade, this science has increasingly been applied beyond the individual level and adopted as the conceptual basis for building healthier, more inclusive, and more resilient communities. This conceptual basis—what we are calling the ACEs/Trauma/Resilience (ATR) framework—provides a way to understand the root causes of many community problems. The ATR framework also provides guidance on how to organize, conduct and manage change in a way that addresses the impact of adversity and trauma and supports resilience among all participants.

Several structured “trauma-informed approaches” have been developed, each using ATR science as the basis for a set of principles and practices for change. Most can be adapted to fit a wide variety of settings, and can be applied to community networks and coalitions. Importantly, the ATR framework can be integrated with other existing collaborative models to accelerate development of cross-sector networks and to address the complexity underlying many community problems. The ATR framework also embodies principles to help individual stakeholder agencies modify their operations.

What makes this different from all the failed efforts in the past? It gives us a framework for understanding WHY problems exist, to look below the surface so we can get to a real solution.”

-Father Paul Abernathy, FOCUS Pittsburgh
WHAT DOES EFFECTIVE COLLABORATION LOOK LIKE?

Virtually every federal policy initiative since the 1970s has emphasized the importance of interagency collaboration. Early efforts focused on reducing duplication of services, filling gaps, and improving service coordination.

“We’ve been working in single systems, and you cannot solve problems that way. What good does it do to send a caseworker out to fix a problem in one system when the problem spans multiple systems and multiple generations?” -Paul DiLorenzo, Casey Family Programs

However, it has become increasingly clear that having an appropriate array of discrete services—even if effective and well-coordinated—is not enough to meet the complex problems facing communities today. In order to effectively promote community health and well-being, services and supports must share a common understanding of the root causes of the problems and actively work across boundaries through a shared, collective mission.

HOW DOES THE ATR FRAMEWORK FACILITATE CROSS-SECTOR COLLABORATION?

To investigate the ways in which the ATR framework may facilitate the development of strong collaborations, we conducted a series of interviews with experts who were familiar with the framework and with the common challenges in collaborating. We have summarized and organized their comments in relation to each of the eight commonly identified challenges and present these observations below.

CONSTRUCTING A STRONG FOUNDATION

Building Trust

One of the essential ingredients in successful collaboration is the development of trust at both individual and agency levels. In the ATR framework, behavior is conceptualized as an adaptive response to circumstances rather than the result of personal failings. Taking this perspective makes it easier to establish authentic partnerships. Understanding trauma also makes it clear that building trust is the first step toward healing, and explains why some people may be wary of trusting others. Trust becomes fundamental in all interactions—so it’s important that people and organizations are willing to take extra time and energy, if needed, to establish trusting relationships.

“The trauma-informed lens reminds people that they could respond differently—maybe collaborate on a grant proposal instead of compete.” -Renée Boynton-Jarrett, Vital Village
Engaging the Community

A society that blames and shames individuals for the impact of structural violence—including historical trauma and ongoing racism—can create a vicious cycle of internalized oppression, making it hard for those who have been deeply affected by trauma to believe that their voices will ever be heard. However, “connecting the dots” between early history and current problems increases compassion toward oneself and others, and can help people recognize and exercise their own power.

Traditional modes of professional behavior can also make it difficult to incorporate community voice. The ATR framework helps break down distinctions between “us” and “them,” opening the door to more inclusionary practices. For example, the focus on “What happened to you?” rather than “What’s wrong with you?” centers personal stories rather than problem statements, and allows people to decide for themselves what is important and what isn’t. Not only are stories a powerful communications tool, but the act of becoming your own storyteller is an empowering practice.

By amplifying community voice through meaningful engagement, the ATR framework helps us build the public will and capacity to undo structural violence and stigma.

Finding a Common Purpose and Vision

In the typical community, education systems focus on academic achievement, behavioral health on treating mental illness and addiction, criminal justice on reducing crime, child welfare on children’s safety and family functioning, and so forth. Differing mandates and outcomes often reflect differences in perceptions regarding the roots causes of the problems at hand, undermining efforts at coordination and collaboration.

ATR science helps us understand the impact of adversity and trauma on all aspects of life, the cumulative nature of traumatic exposure, and the potential for inter-generational transmission through biological and social mechanisms. It fosters a more engaged and coherent conversation about root causes, and moves us towards an integration of efforts across systems. In addition, it helps people see how each sector contributes to the overall health and well-being of the community, leading to a genuine sense of common purpose and mutual responsibility.

Establishing a Common Framework for Action

Differing data systems and accountability structures can frustrate cross sector efforts. Once a common understanding is achieved, the ATR science can help “translate” the language, data systems, and practice models employed in different systems. This process may take time, since all terms in current usage have limitations and data systems were developed to serve agency specific administrative purposes.

Each service sector will develop its own unique way of talking about ATR science, but in the process of developing a collective framework, commonalities emerge that can improve cross-sector communication. Some communities have turned to using metaphors and visual symbols to communicate their sense of having a unified purpose across diverse systems. Many have found that the language of ATR “democratizes” the change process, since it doesn’t belong to any one sector. However it develops, the sense of unity in diversity provides a foundation for mutual action.

Regardless of their field, people said: ‘This is important because they are talking about the people we serve.’ ACEs research created shared language across systems and connected all the different problems.” -Heather Larkin, University at Albany-SUNY, School of Social Welfare

We took the approach of focusing on alignment—not bringing new services, but improving on what’s already there. Organizations already have their own goals. The trauma frame doesn’t replace those goals; it helps the organizations achieve them more successfully.” -Renée Boynton-Jarrett, Vital Village
**Increasing Motivation for Participation**

Staff in the helping professions are often extraordinarily committed to the people they serve. However, they work long hours, in demanding jobs, for modest pay. Even those who choose to get involved in collaborative efforts may find themselves torn between responsibilities to the agency and to the network. The ATR framework helps to address this issue by improving alignment between individual agency goals/culture and that of the network. As agencies become trauma-informed, they are likely to see improvement in their own performance as well as increased collective impact, lessening the tension between the two. Successes—and satisfaction—grow further as staff members are given freedom to act creatively and foster innovation.

*For staff, going outside the box of traditional services is liberating and rewarding.* —Paul DiLorenzo, Casey Family Programs

In addition, the ATR framework places strong emphasis on developing a culture of resilience and wellness. Many staff have experienced trauma in their own lives, and may be re-traumatized by what they confront in their jobs. The ATR framework promotes a culture where supervisors are supportive and positive management techniques are the norm. Being part of a movement that places emphasis on a healthy organizational climate is a powerful motivator.

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**Resolving Conflict**

Often, organizations that are trying to collaborate must simultaneously compete for funds or influence to survive. Competition and turf battles do not disappear when the ATR framework is adopted, but they can be lessened. Organizations that understand how trauma and adversity affect the people they serve can more easily see that they are getting something of benefit from collaboration, rather than feeling they are being asked to help with another agency’s problems. In addition, building on a common ATR framework creates the possibility of collectively addressing larger structural and socio-political issues like racism and poverty—issues that individual agencies would have difficulty tackling on their own.

*The trauma framework did help to stop arguing across disciplines, decreased turf conflict. It encouraged deep inquiry and created a better quality of discussion. People stopped using the budget as a battlefield.* —Laura Porter, ACE Interface

The sense of safety and trust generated by the ATR approach also contributes to a spirit of cooperation. If partners trust each other and feel safe, they are less likely to worry about whether or not they are getting their “fair share” of a resource, and more likely to think about how to pool existing resources—often considered one marker of a mature collaborative effort.

**Creating Sustainability**

**Building Cross-Sector Leadership**

Effective leadership is critical for sustainable collaboration. However, existing leaders from individual sectors may not automatically be accepted by community networks, either due to personal characteristics or to avoid the appearance of one sector being “in charge.” To the extent that the ATR framework is widely accepted and existing leaders are seen as champions for that approach, cross-sector leadership may become more acceptable.

*We work to support leaders wherever they are, rather than depending solely on top execs.* —Heather Larkin, University at Albany-SUNY, School of Social Welfare
Forceful leadership styles and techniques that are often effective in advancing traditional measures of agency success may not translate well to a trauma-informed approach, with its concerns about collaboration and empowerment. However, as individuals and organizations begin to put the ATR framework into practice, the need for a strong individual leader often diminishes, and multiple leaders begin to emerge at all levels of the organization and community.

**Establishing Legitimacy**

The original ACE study was a joint effort of the Centers for Disease Control and Kaiser Permanente. Subsequent research has extended the knowledge base to other age groups, sources and impacts of trauma, and has elaborated the biological mechanisms that underlie negative consequences. The sophistication of the science lends strength and legitimacy to the community work. The grounding in science and the applicability across domains also help to frame the issue as one that transcends liberal versus conservative divides.

Once individuals come to understand the basic processes involved in the stress/resilience response system and the effects of prolonged toxic stress, they have a new basis on which to discuss and devise strategies. Both the depth of the science and the breadth of application help to build legitimacy in the eyes of community and political leaders.

*Translating the science for lay audiences is critical. When tools and information are in citizens’ hands—when they can cite a rock star researcher—they have more power and clout, especially with politicians.*

-Laura Porter, ACE Interface

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**IN CONCLUSION ...**

The interviews we conducted with collaborative experts confirmed our belief that the ATR framework can mobilize and accelerate coordinated responses at the scale necessary to address complex community problems. Using the ATR framework to build stronger networks is a promising strategy for achieving the policy- and systems-changes necessary to assure healthier, more inclusive, and more resilient communities.

**ADDITIONAL RESOURCES**

The issues and findings in this brief were presented at the Mobilizing Action for Resilient Communities (MARC) National Summit in December 2017. A related manuscript has been submitted for publication and is available upon request by emailing MARC@HealthFederation.org. The manuscript’s full reference list is available here: [MARC.HealthFederation.org/Building-Stronger-Networks](http://MARC.HealthFederation.org/Building-Stronger-Networks)

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Visit [MARC.HealthFederation.org](http://MARC.HealthFederation.org) for more tools and inspiration to unlock the power of networks.