

WCCI 2020-2021

Upcoming Meetings

Meeting Dates for 2020-2021 year:

Until further notice, WCCI meetings are by Zoom beginning at 9 am on the second Thursday of each month. Meeting dates are below. The Zoom link and password are as follows:

https://zoom.us/j/92959886225pwd=TkJaUGFMTUY2aG13K2ZQMmdmNjlFU

<u> 109</u>

Meeting ID: 929 5988 6225

Passcode: 262131

WCCI meeting will be held from 9:00-11:00 am.

NO MEETINGS JUNE OR JULY

August 13

Sept 10

Oct 8

Nov 12

Dec 10

Jan 14

Feb 11

March 11

April 15 (April 8 is WCS spring break)

May 13



Social Media! FOLLOW US!

WCCI - Watauga Compassionate Community Initiative

Watauga County North Carolina Aces Connection

@wcci_2020







HTTPS://WWW.WATAUGACCI.ORG/FOLLOW-US.HTML

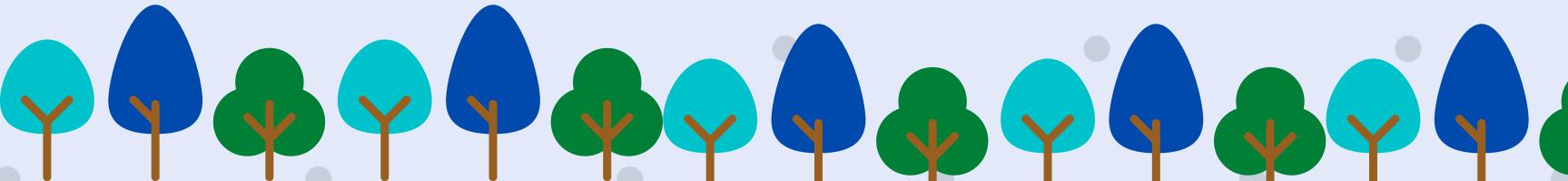
WCCI WEDNESDAYS

Upcoming Schedule

Beginning in August 2020, WCCI will be hosting monthly conversations by Zoom about trauma and resiliency. These conversations will be with people impacted by ACEs, as well as agency staff and providers. They will be held every third Wednesday on Zoom until further notice. They will begin at 12:00 noon.

Zoom Link: https://zoom.us/j/93894662207?
pwd=Wjc3eU9SL3JMOXJpQSs5UkxYaUd3UT09
Meeting ID: 938 9466 2207
Passcode: 440689

Date	Who is Joining	Topic
Oct. 7.	Caitlin Massey	Community Care Clinic – Identifying and Supporting People from Trauma
Oct. 14.	Donna Hill, Elizabeth Kerley	App Health Care – Community Trauma, Resources and Support
Oct. 21.	Kat Dolan	Understanding Mental Opportunity & Preventing Suicide in Your Community
Oct. 28	Heidi Campbell	Appalachian Counseling and Psychological Services
Nov 4	Angela McMann and Charlene Grasinger	WYN Mentoring: A Resource to Increase Resiliency
Nov. 11.	Susan Weinberg in conversation with Misty.	"The Bad': One Family's Story of Meth in the Mountains" as featured in FROM THE FRONTLINES OF THE APPALACHIAN ADDICTION CRISIS (McFarland Books, 2020).
Nov. 18.	Chad Slagle	Foundations of Child Protective Services
Nov 25	holiday	holiday



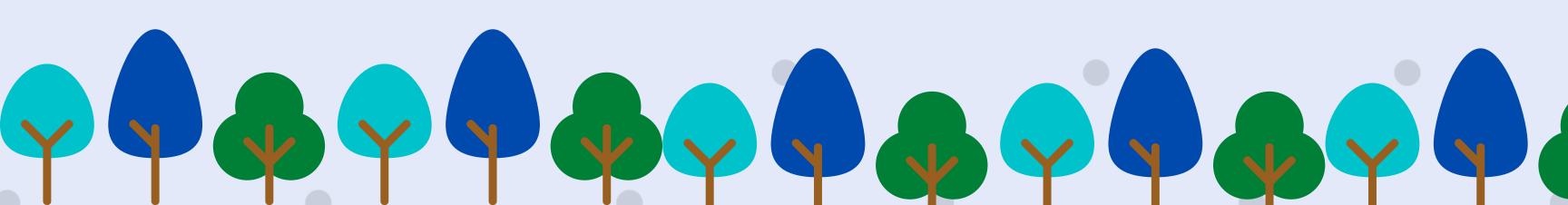
MEMBER SPOTLIGHT

Kellie Reed-Ashcraft

Kellie Reed Ashcraft is a Professor with the Department of Social Work at Appalachian State University. She received both her MSW degree & Ph.D. in social work from the University of North Carolina at Chapel Hill. Kellie's research, teaching, and service revolve around macro social work practice including community practice,



community-based participatory research, program evaluation, policy, and administration. Kellie first learned about ACEs from local community leaders, and she has been involved with the WCCI since its inception. She currently serves as co-lead of the WCCI Data Subcommittee. Learning about ACEs, trauma, and resiliency has changed Kellie's outlook professionally and personally. She is passionate about working collaboratively through the WCCI to positively transform Watauga for all of her community members. When not working, Kellie loves to spend time with her dog, hike, bike, garden, do yoga, read, and enjoy time with friends and family.



RESILIENCY SKILL

Emotional Wellness Toolkit

Link to this resource: https://www.nih.gov/health-information/emotional-wellness-toolkit

BRIGHTEN YOUR OUTLOOK
People who are emotionally well,
experts say, have fewer negative
emotions and are able to bounce
back from difficulties faster. This
quality is called resilience.
Another sign of emotional wellness
is being able to hold onto positive
emotions longer and appreciate
the good times.





RESILIENCY SKILL

Everyone feels stressed from time to time. Stress can give you a rush of energy when it's needed most. But if stress lasts a long time—a condition known as chronic stress—those "high-alert" changes become harmful rather than helpful. Learning healthy ways to cope with stress can also boost your resilience.

GET QUALITY SLEEP

To fit in everything we want to do in our day, we often sacrifice sleep. But sleep affects both mental and physical health. It's vital to your well-being. When you're tired, you can't function at your best. Sleep helps you think more clearly, have quicker reflexes and focus better. Take steps to make sure you regularly get a good night's sleep.



RESILIENCY SKILL

Emotional Wellness Toolkit

Link to this resource: https://www.nih.gov/health-information/emotional-wellness-toolkit



BE MINDFUL

The concept of mindfulness is simple. This ancient practice is about being completely aware of what's happening in the present—of all that's going on inside and all that's happening around you. It means not living your life on "autopilot." Becoming a more mindful person requires commitment and practice. Here are some tips to help you get started.

COPE WITH LOSS

When someone you love dies, your world changes. There is no right or wrong way to mourn. Although the death of a loved one can feel overwhelming, most people can make it through the grieving process with the support of family and friends. Learn healthy ways to help you through difficult times.





STRENGTHEN SOCIAL CONNECTIONS
Social connections might help
protect health and lengthen life.
Scientists are finding that our links
to others can have powerful effects
on our health—both emotionally and
physically. Whether with romantic
partners, family, friends, neighbors,
or others, social connections can
influence our biology and well—
being.

This past week a WCCI intern, Brittney Craven, sat down (virtually) with Mary McKinney, a Licensed Marriage and Family Therapist located in Boone, NC. She spoke with us on the importance of fostering connections, having and sharing hope, and the prevalence of trauma in our lives and the lives of others. Below is the transcript of the conversation:

Brittney: Hello. This is Brittney Craven and I am being joined today by Mary McKinney. Thank you so much for joining me. Would you mind introducing yourself and explaining your various roles in the community?

Mary: I'm Mary McKinney. I am a private practice psychotherapist. I have an office on State Farm Rd in Boone. I've been working in the mental health field for about 28 years. I also do supervision with folks from ASU sometimes and I'm part of WCCI, Watauga Compassionate Community Initiative, having been a speaker for them, in various ways, doing speaking and involved in some of the prevention work on the prevention subcommittee. I've been involved in a lot of different things in the community. I also do contract work with OASIS to work with folks that they refer to me for psychotherapy after experiencing intimate partner violence or sexual assault or both unfortunately sometimes. So that's a bit of hitting a couple of the high spots of my roles.

Brittney: Okay. So how did you get into trauma work?

Mary: Well, I've been, my whole career, of course finding people coming into my office with trauma. I generally say and I am certainly not the only person who says this, folks who work in the mental health field that say they don't work with trauma, they're wrong. Those people are showing up with needs related to their trauma históries and current trauma experiences sometimes, also, of course. So if we work in the mental health field, we work with trauma, we work with addiction, those are just things that absolutely affect many of the people who show up, no matter why they come in. Even if they come in not talking about that to start with, it's often a part of what happens and so like many, many people, I shouldn't say most, but many people in the mental health field, I got into it unconsciously to figure out my own life. That's a pretty common denominator, if not universal, it's a really high percentage, I think. Then figuring out my own history of having a high ACE score and other experiences of trauma in my life that I really wanted to understand myself better and my options in life and my mental health and so forth more. So that, unconsciously, was the reason that I got into the work to start with and then of course just seeing that the need is very pervasive.

Brittney: Yes. So what is your favorite aspect of working in trauma work?

Mary: The hope. Hope for people. It is, you know when I first started working and I think this is true probably fairly universally, as well, it was pretty overwhelming and I would dream about my clients at night and fret and worry about what was going on in cases and having trouble engaging in the rest of my life because of it. For a while until I really started being able to see examples of how help really could happen, how change could happen and safety could be improved and mental health could be improved and so as I got more of that experience under my belt, it certainly became then easier, to trust that and to believe that what I was doing could make a difference and so I was able to then settle down about that some. But the hope is definitely my favorite part of being able to see people really turn things around in their lives regardless of the degree of suffering that they start with. Certainly, sometimes I work with people who are so desperate that they're thinking of ending their lives or "how do I manage to restart my life after leaving a violent relationship" or you know, other sort of incredibly pervasive issues for their life. And sometimes the needs are still very significant but not quite as pervasive because you know, certainly, people come in for needs related to depression, anxiety, while they're still béing able to manage working or parenting, you know, being able to manage daily responsibilities. So it's a range, but in all those cases, being able to see that folks really can, things can turn around. People can have more hope for better, less suffering and better outcomes and it's just amazing. Everytime I'm a part of that, it sounds so cliche and trite in some ways, but it is really such an honor and I'm pretty amazed that I get to do that everyday. Brittney: And we are very grateful for the work that you do. So you mentioned sharing with others that there is hope out there. What else would you want people to know about trauma or trauma work?

Brittney: And we are very grateful for the work that you do. So you mentioned sharing with others that there is hope out there. What else would you want people to know about trauma or trauma work?

Mary: Well, the two things, I would kind of reference back to what I was saying about it's everywhere, those two things: there is absolutely hope and if you think you don't know people who have experienced trauma or experiencing trauma you're wrong. No matter who you are, what setting, what kind of business, or neighborhood or whatever it is, people unfortunately do have these trauma histories and do continue to experience things. So those two would be the biggest things that would come to my mind. And third that connected to that hope is that there absolutely is help. There's a lot of different things that really can be offered, in practical logistical ways but also in clinical therapeutic ways to help, just to help. That people don't have to try to do things alone and that's one of the tricks that sometimes happens when people have experienced trauma is there can be that idea, that sort of, bootstrap mentality that our culture has a lot and that people can really learn that from experiences of trauma because the trauma has isolated them and the help has not been consistent or maybe has been completely absent for a period or whatever so that trick can happen of "well if I'm going to have a better life, I have to be able to just pick myself up and move on" and certainly determination is a critical piece. And there are lots of other pieces that are needed and possible of getting good community support and interpersonal support and logistical support and all sorts of other pieces, so I guess maybe those three things would be at the top of my mind.

Brittney: Okay. So we don't want to talk about trauma without talking about resiliency, so what does resilience mean to you?

Mary: Well, resilience definitely is both individual resilience and relational resilience, as well as, you know, community resilience the ways - and this has gotten more and moré of my attention as Í get older and as Í'm in this field longe - that none of us, no matter who we are, no matter how strong we are, really can be well without being both well in ourselves as well as in our relationships and having our own coping skills individually to use, as well as, having relational coping that can happen relational resilience. Things as simple as somebody being able tolook at you kindly like with soft eyes when you're struggling something as simple as that can sometimes be just such a life saving sort of thing that, you know, for people of all ages. So resilience looks to me, it looks a lot of ways. Resilience looks to me like anything that connects a person to real hope, to support, to connect them to connection, which is obviously a weird sentence but all of those components of what a person needs in order to be resilient. The actual ability to connect to those and see even when sadness, grief, even fear still is a part of the picture – that also that can be a part of the picture, that it it can be woven into what's going on. So that so it looks like accessing and connecting to those opportunities those places of support internally and relationally

Brittney: Okay, so, you mentioned a bit about building resiliency through connections and relationships, do you have any other resiliency skills you would like to share with us?

Mary: Well, there's lots of wonderful, simple, easy to use, not necessarily always easy to remember because when folks are having a stressful day or a trauma trigger or any of that kind of stuff remembering can obviously be difficult at times. Using the breath - probably everybody you speak to is going to talk about that - simply slowing down your breathing and paying attention to that, being mindful of it. There's a lot of different ways to do that but that simple act can be enormously powerful in such a positive way and so that definitely. I always like to make sure I work with people on finding how it will work for them to do that because sometimes people can [have] an aversion to using some of those things for various reasons: it feels awkward, you know, just whatever. And so finding a way that the person can feel able to use the simple thing we have of breath because that then can actually calm what's happening in our body. So I'm always a fan of making sure right off the bat to try to find something along that line that can happen for folks. And movement is my second favorite piece of simple things. I mean, obviously, good cardiovascular exercise for general health and for stress management but even simple things like stretching or standing and kind of walking in place. I will not infrequently during my day, have between sessions, just take a moment to like push against the wall, you know, to stretch out or kind of run in place or put on music for just a minute or two and kind of dance. That those things really can go a long way, both to helping build resiliency during the day that things are more just a better foundation for the day - as well as, of course handling it when the stress level starts to rise. That looking at those two very simple pieces, I always want to look for the relational piece, too, but certainly sometimes that's not the first place to look because when people are really having a hard time, any of us, having the vulnerability to ask for something can be hard.

Brittney: And I'll say that those resiliency skills that you mentioned, especially movement, are vital in a time where we're spending a lot of time in front of the computer screen.

Mary: It is. Yes

Brittney: Thank you for sharing those. Is there anything else you'd like to share with us before we close out?

Mary: Well, I mean these conversations always can be just tons. I'm so happy to be a part of WCCI and the wonderful things that are happening, all across our community on so many levels: the business banking industry, restaurants, bars, schools, of course, therapists. The only thing I really want to add about that, I guess is how glad I am that you're doing this and that there are all these other ways that we're looking for structured ways to make sure people know about what's going on and that there's ways that people can access and when they need something, as well as, when they have something to give. You know – because that, of course helps us too– like as I give to other people, I'm really also helping myself in a lot of different ways, reinforcing healthy ideas and just having the pleasure of, like I said, it's such an honor to be able to see hope grow in a person's life. So thank you for being a part of that, making sure that in some structured ways, we have this information being able to be shared.

Brittney: Of course, so how can we learn more about the work that you do and resources that you're connected with?

Mary: Well the easiest thing is my website and/or email. My website address is my last name Mckinney and then the letters mft for marriage and family therapy which is my training and my licensure so Mckinneymft.com and my email address is mmftinboone@gmail.com I would certainly welcome anyone who wants to connect with me to ask questions or whatever else, I would be very open to that contact.

Special thanks to Mary McKinney for her work in trauma, as well as, her time working with WCCI! Join us again on October 9th, for our conversation with Jennifer Warren.