

NJ Statewide Network on Cultural Competence Annual Conference – November 9, 2015

Improving Trauma-Informed Care and Services for
Diverse Populations: Best and Promising Practices

Sandra Bennett-Pagan, LCSW
HHS Region II Women's Health Coordinator





HHS Region II Office of the Assistant Secretary for Health

- ▶ Michelle S Davis, PhD, Regional Health Administrator
- ▶ April Smith-Hirak, PhD, Deputy Regional Health Administrator
- ▶ Programs Offices
 - Women’s Health – Sandra Bennett-Pagan and Genet Vega
 - Minority Health – Marline Vignier and Justina Lawrence
 - Reproductive Health – Delores Stewart, Karina Aguilar, and Anna PuertoReal
 - HIV/AIDS Outreach – Angelica Ramirez
 - Environmental Justice – Kedesch Altidor





HHS Office of the Assistant Secretary for Health Region II



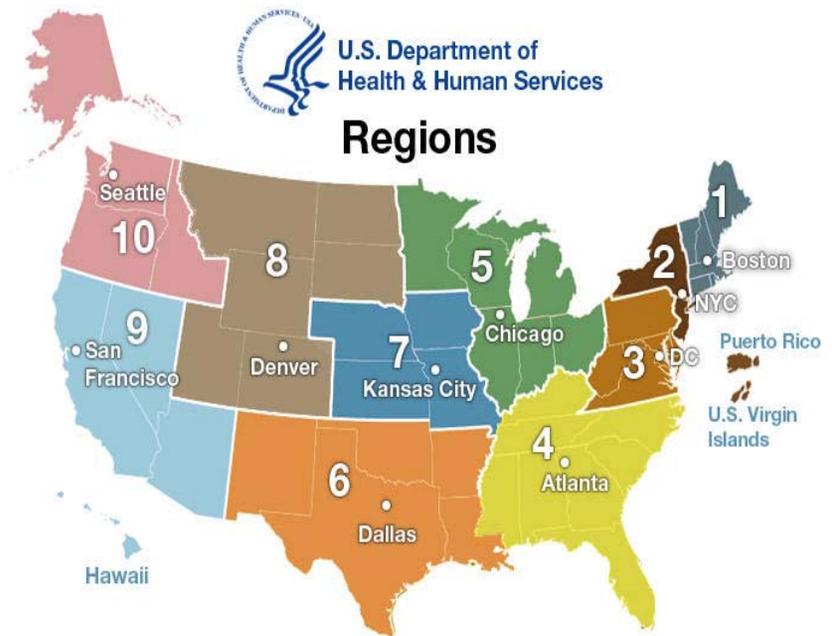
- ▶ Jurisdictions –
NJ, NY, PR, USVI, and
8 Tribal Nations
- ▶ Mission –
Empowering Region II
communities to promote
and attain optimal health
and wellness
- ▶ www.hhs.gov/oash
- ▶ R2RHA@hhs.gov





HHS Office on Women's Health

- ▶ Vision: All women and girls achieve the best possible health.
- ▶ Mission: The Office on Women's Health provides national leadership and coordination to improve the health of women and girls through policy, education, and model programs.
- ▶ Ten Regional Offices on Women's Health across the USA





FY 2016 Program Priorities of HHS Office on Women's Health

- ▶ Improving women's health across the lifespan
- ▶ Reducing and mitigating the impact of violence and trauma
- ▶ Reducing health disparities
- ▶ Websites:
www.womenshealth.gov
www.girlshealth.gov



Public Health Approach

- ▶ The Public Health Approach seeks to improve the health, safety, and wellbeing of all individuals and populations by addressing underlying risk factors. It aims to provide the maximum benefit to the largest number of people.
- ▶ Education and Prevention
- ▶ Screening and Assessment
- ▶ Care and Treatment
- ▶ Research and Evaluation
- ▶ Policy and Administration
- ▶ Emergency Preparedness and Response

My Perspectives

- ▶ My work
 - community-based organizations
 - people with disabilities
 - cultural competence
 - trauma and trauma-informed practice

Grounding Exercise





Presentation Overview

- ▶ Grounding Exercise
- ▶ Overview of HHS Region II OASH and OWH
- ▶ Impact of Trauma on the Individual
- ▶ Key Elements of a Trauma-Informed Practice
- ▶ Enhanced CLAS Standards
- ▶ Best and Promising Practices
- ▶ Resources
- ▶ Closing Exercise



What do we mean by “trauma?”

- ▶ Catastrophic life events which overwhelm an individual’s and/or a community’s capacity to cope. Generally involves threat to life or bodily integrity, or close encounters with violence or death. Confronts us with helplessness and terror.

Trauma and Recovery

by Judith Herman

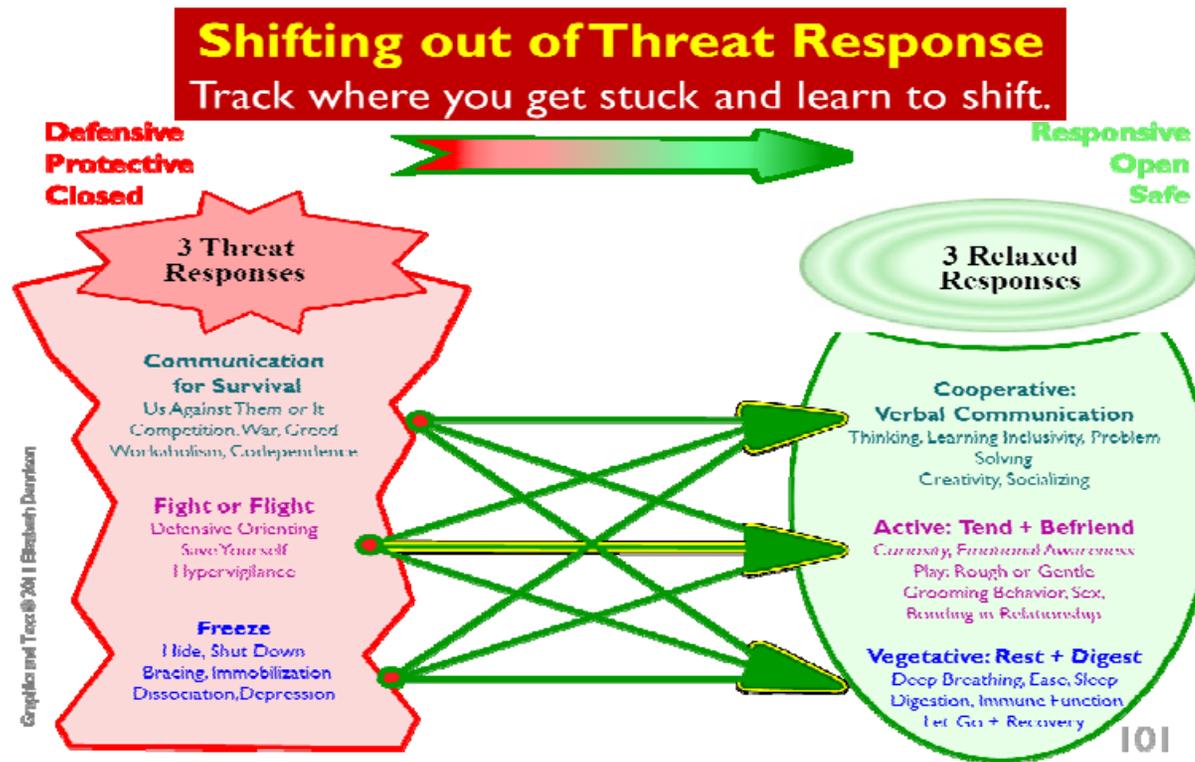


Who are Trauma-Affected?

- ▶ Individuals, families, or communities with experiences or histories of domestic violence, sexual violence, child abuse or neglect, mental illness, suicide survival, addictions, HIV/AIDS, incarceration, war, social, cultural, or religious conflict, natural disasters, emergencies, and human-caused disaster, such as community violence or terrorism.
- ▶ ANYONE can be affected by trauma. Vulnerable populations, especially children, girls and women, youth, LGBT persons, persons with disabilities, and older adults are disproportionately affected by trauma.
- ▶ “Trauma survivor” or “peer” is a person with a lived experience of trauma

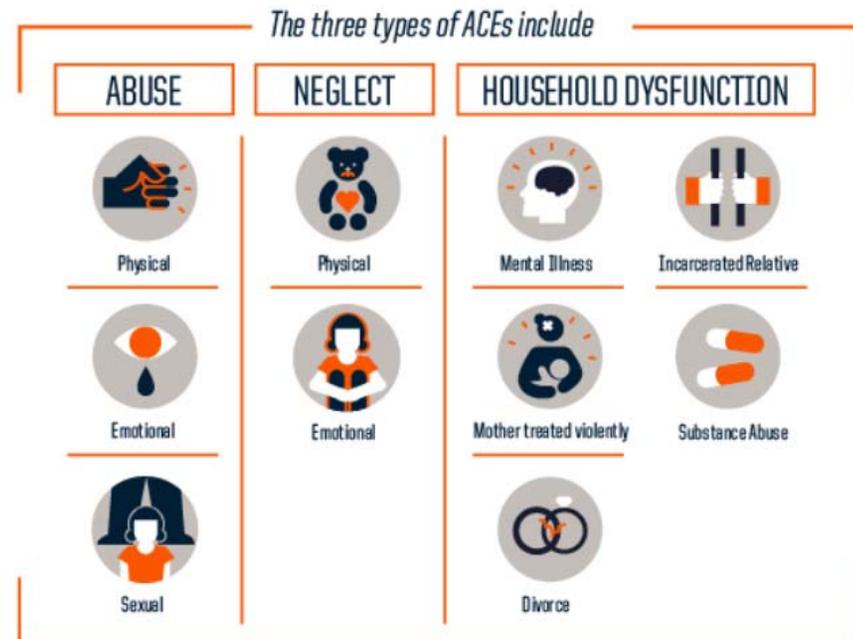


Individual's Response to Threat or Trauma



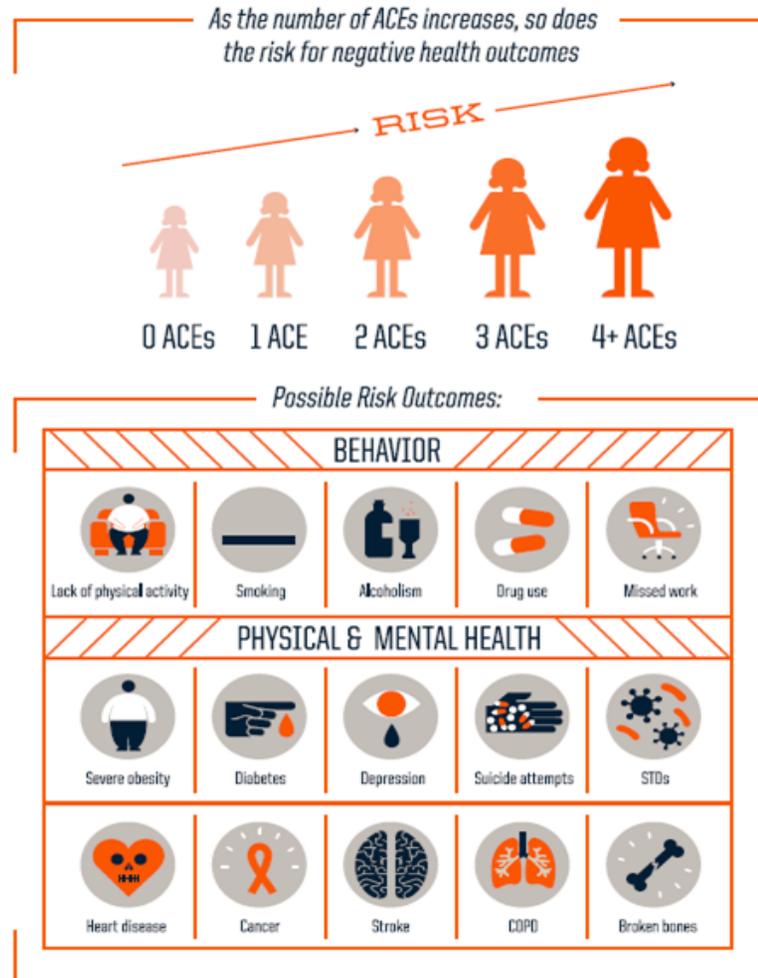
Adverse Childhood Experiences or ACE Study

- Principle Investigators: Vincent J Felitti, MD of Kaiser Permanente and Robert F Anda, MD, MS of the CDC
- 1995-1997 study of 17,000 participants on childhood maltreatment, family dysfunction called Adverse Childhood Experiences (or ACEs) before age 18 and current health status and behaviors as adults
- Individual completes survey questions which generates an ACE score of 0-9.



ACE Study Findings

- The higher the ACE score, the greater likelihood of long-term health consequences, extreme emotional responses, health risk behaviors, serious social issues, adult disease and disability, high health care costs, and poor life expectancy.
- Adverse childhood experiences are vastly more common than recognized or acknowledged.
- Adverse childhood experiences have a powerful relationship to adult health.
- Childhood trauma has staggering health, social, and economic impacts





ACE Study Findings

The higher the ACE (adverse childhood experiences) score, the greater health risks as adults for:

- Alcoholism and alcohol abuse
- Chronic obstructive pulmonary disease (COPD)
- Depression
- Fetal death
- Health-related quality of life
- Illicit drug use
- Ischemic heart disease (IHD)
- Liver disease
- Risk for intimate partner violence
- Multiple sexual partners
- Sexually transmitted diseases (STDs)
- Smoking
- Suicide attempts
- Unintended pregnancies
- Early initiation of smoking
- Early initiation of sexual activity
- Adolescent pregnancy



Post Traumatic Stress Disorder or PTSD

- ▶ Post-Traumatic Stress Disorder (PTSD) is an anxiety disorder that may develop after exposure to a terrifying event or ordeal in which severe physical harm occurred or was threatened.
- ▶ PTSD is diagnosed when the stress symptoms following exposure have persisted for at least a month.
- ▶ Exposure therapy and other psychotherapy, and medication, all have a role in treating the flashbacks, anger outbursts, physical distress and other signs of the disorder.



PTSD Risk Factors vs. Resilience Factors

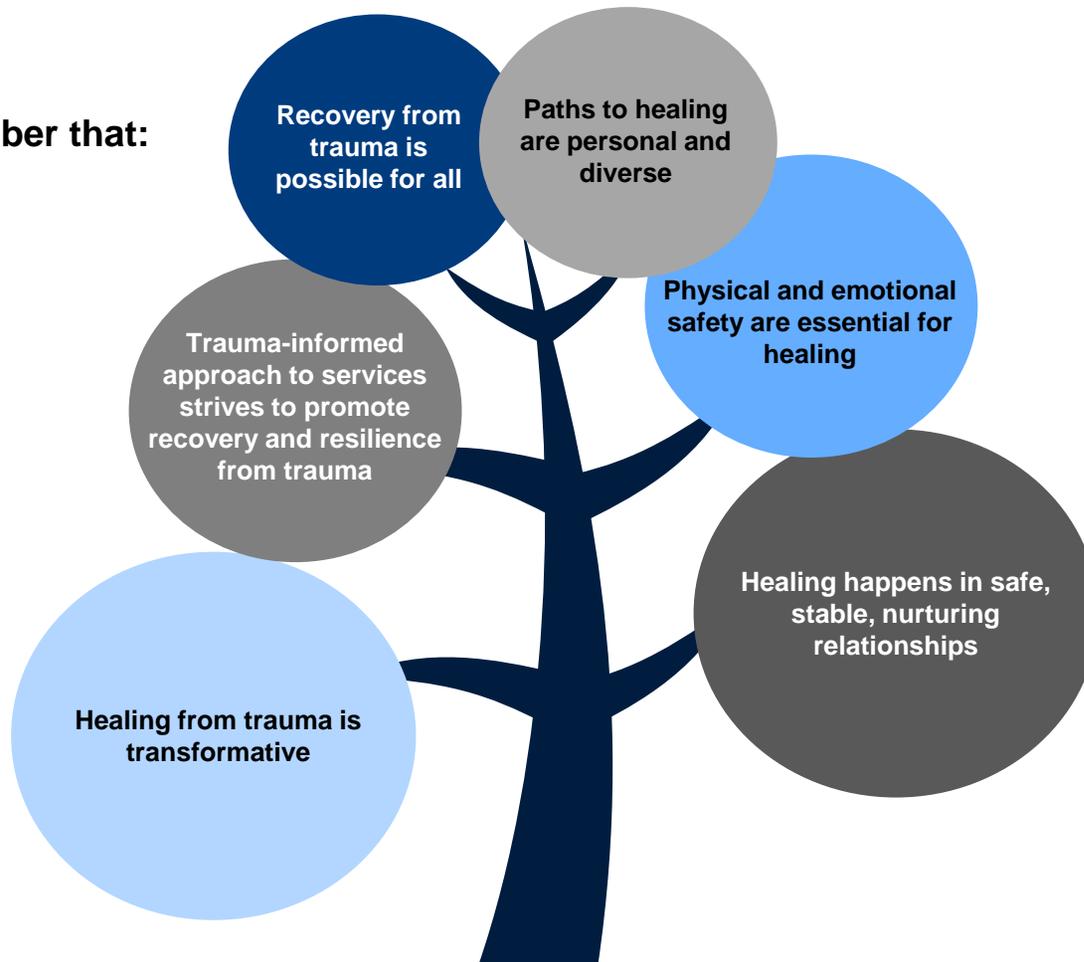
It is important to remember that not everyone who lives through a dangerous event gets PTSD. In fact, most will not get the disorder.

- Risk factors for PTSD include:
 - Living through dangerous events and traumas
 - Having a history of mental illness
 - Getting hurt
 - Seeing people hurt or killed
 - Feeling horror, helplessness, or extreme fear
 - Having little or no social support after the event
 - Dealing with extra stress after the event, such as loss of a loved one, pain and injury, or loss of a job or home.
- Resilience factors that may reduce the risk of PTSD include:
 - Seeking out support from other people, such as friends and family
 - Finding a support group after a traumatic event
 - Feeling good about one's own actions in the face of danger
 - Having a coping strategy, or a way of getting through the bad event and learning from it
 - Being able to act and respond effectively despite feeling fear.



Healing and Recovery from Trauma

It's important to remember that:



Making Meaning of Trauma

- ▶ “Wounded Healer” of Carl Jung, Psychologist
 - Our wound is teaching us something about ourselves
 - Continually unfolding dynamic process
 - Going through our wound, we can allow ourselves to be re-created by the wound
 - As our old self “dies” in the process, a new, more expansive and empowered part of ourselves is potentially born



W

Trauma-Informed Practice



Terms

- ▶ Trauma-specific vs. Trauma-informed
- ▶ Trauma-informed care vs. trauma-informed approach



Impact of Trauma on the Individual

The 3 E's

- ▶ Event – single experience or repeated over time
- ▶ Experience – an event may be experienced as traumatic for one individual and not for another
- ▶ Effect – high-risk or destructive coping behaviors

Trauma-Informed Approach: 4 R's

- ▶ Rearizes the widespread impact of trauma and understands potential paths for recovery;
- ▶ Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
- ▶ Responds by fully integrating knowledge about trauma into policies, procedures, and practices; and
- ▶ Retraumatization - seeks to actively resist re-traumatization.

What is Trauma-Informed Care Approach?

- ▶ Engages people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives.
- ▶ Promotes trauma-informed environments in the delivery of a broad range of services including mental health, substance use, housing, vocational or employment support, domestic violence and victim assistance, and peer support.
- ▶ Changes the paradigm from "What's wrong with you?" to one that asks, "What has happened to you?"

Six Principles of a Trauma-Informed Approach

- ▶ Safety
- ▶ Collaboration and Mutuality
- ▶ Empowerment, Voice, and Choice
- ▶ Cultural, Historical, and Gender Considerations
- ▶ Trustworthiness and Transparency
- ▶ Peer Support

Trauma-Informed Practice

- ▶ Reflected in organization's policies, programs, services
- ▶ Core principles of Safety, Voice, and Choice
- ▶ Establish trusting relationships that are respectful, collaborative, and inclusive
- ▶ Establish and maintain transparency in actions and interactions
- ▶ Share information in an ongoing, consistent manner

Role of Peers in Trauma-Informed Approach

- ▶ Trauma Survivor or Peer – person with a lived experience of trauma who is a staff person, board member, program participant or consumer
 - “survivor” vs. “victim of trauma”
 - “survivor-centered” vs. “victim-centered” services
- ▶ Trauma-informed approach
 - Engages peers with empathy, respect and support
 - Provides meaningful opportunities for peers to facilitate, organize, and coordinate activities
 - Offers peers with choices and honors their decisions



Retraumatization

Health, social services, legal, law enforcement, and other service systems can inadvertently re-traumatize the consumer.

- Feeling shame
- Feeling guilt
- Feeling a lack of control
- Experiencing unexpected change
- Feeling threatened or attacked
- Feeling vulnerable or frightened
- Feeling self-loathing
- Feeling rage
- Feeling humiliation
- Feeling trapped
- Feeling helplessness and hopelessness



Vicarious Trauma

- ▶ Service providers may be at risk for vicarious trauma.
- ▶ Often hear detailed and harrowing stories about the unfair, undeserved and often unimaginable traumatic experiences that their clients have endured.
- ▶ Precursors to vicarious trauma are compassion fatigue or burnout.
- ▶ Vicarious trauma often carries many of the same symptoms as the individual's initial trauma experience, especially intrusions, avoidance, and hyperarousal.

Self-Care to Minimize Vicarious Trauma

- Monitor yourself – keep track of your levels of “burnout” or “compassion fatigue”
- Take care of yourself – rest, eat healthy meals, regular physical exercise
- Take time for yourself – take frequent breaks, engage in enjoyable activities
- Limit yourself – maintain proper boundaries
- Help yourself – seek professional help for yourself if needed
- Empower yourself – attend professional trainings
- Renew yourself – explore your spirituality



OWH National Training Initiative on Trauma-Informed Practice 2010-2017

► Background

- Master Trainers Rene Andersen and Maria Tarajano Rodman
- 15-member Project Work Group
- 5-member Project Advisory Group
- OWH portfolio on women, violence and trauma





OWH National Training Initiative on Trauma-Informed Practice 2010-2017

► Goals

- Educate community-based organizations from diverse sectors on the impact of trauma on the women and families they serve and on key principles of trauma-informed practice;
 - Assist community service providers to recognize the impact of gender and culture when assessing for trauma and
 - Build the capacity of community-based organizations to integrate trauma-informed practices into their organization's programs, services, or policies.
- Target: community-based organizations (CBOs) from diverse sectors serving women and girls across the US





OWH National Training Initiative on Trauma-Informed Practice 2010-2017

- ▶ Planning and Implementation
 - Phase I: Planning and developing the Training Initiative, creating and piloting the training curriculum
 - Phase II: Providing initial round of regional trainings and post-training technical assistance to community-based organizations (CBOs) in five HHS OWH regions
 - Phase III: Providing second round of regional trainings and post-training technical assistance to CBOs in four regions. Creating a Train-the-Trainer model and piloting it with four new trainers
 - Phase V: Multi-site project evaluation



OWH National Training Initiative on Trauma-Informed Practice 2010-2017

- ▶ 2010-2012 - Curriculum *A Public Health Response to Trauma: Creating Conditions, Connection and Community for Women and Their Families.*
- ▶ Information, usable tools, and strategies on how to recognize and facilitate healing from trauma. It is based on four major components of a public health model of trauma:
 - adopting a universal precautions approach;
 - creating conditions for safety in our environments;
 - focusing on resilience and prevention; and
 - developing a trauma-informed approach.

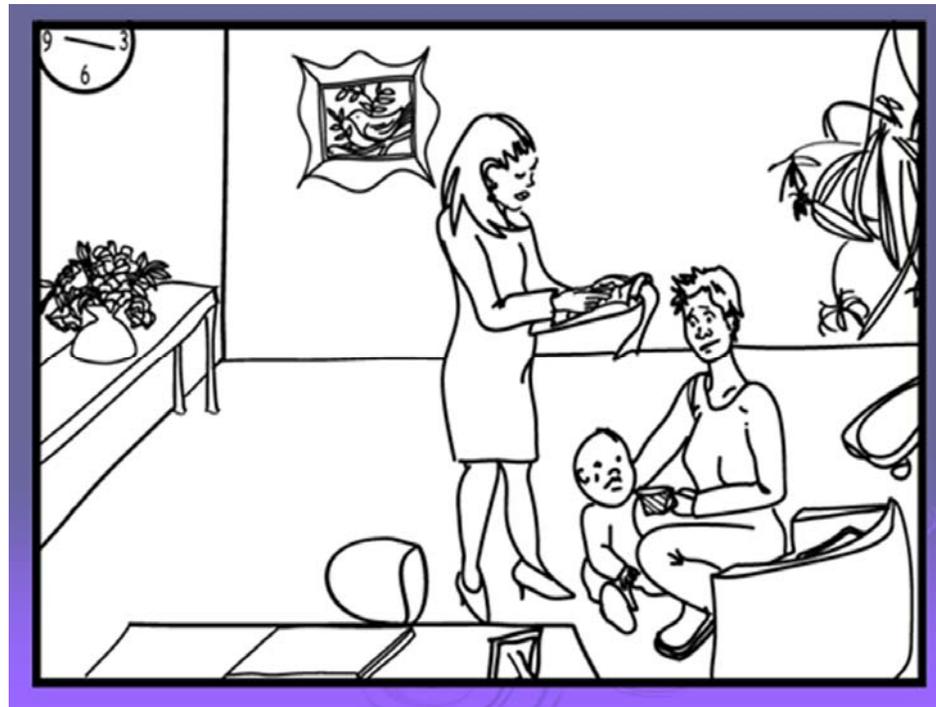


OWH National Training Initiative on Trauma-Informed Practice 2010-2017

- ▶ Training and Technical Assistance Results
 - With support of Regional Women’s Health Coordinators, diverse organizations from HHS OWH portfolio were reached
 - In Phase II and III, 2-day trainings were conducted in 9 Regions of HHS Office on Women’s Health
 - 219 participants from 49 community-based organizations were reached
 - Post-training technical assistance consisted of consultation calls, one web event, and four in-person technical assistance meetings
 - Training and post-training technical assistance reached community-based organizations in 36 cities across 16 states in the US
 - Train-the-trainer model was piloted with 4 junior trainers and reached an additional 51 participants



Storyboard Exercise: Scene #1



Scene 2 – Following one person’s journey



Scene 3 – Following one person’s journey





OWH National Training Initiative on Trauma-Informed Practice 2010-2017

Creating Conditions for Safety: Elements of a Trauma Informed Environment						
<i>Mapping Tool</i>	Strongly Agree (1)	Agree (2)	Disagree (3)	Strongly Disagree (4)	Un-known	Not Relevant
Physical Environment						
Confidentiality and Privacy						
Space for private conversations for program participants and staff						
Staff do not talk about program participants in common areas						
Staff supervision is made available in a private confidential space						
Accessibility						
[All] Most materials available in audio versions as well as big print						
Interpreters available for the deaf and hard of hearing when requested						
Appearance						
Space kept clean and neat						
Well lit space						
Well lit parking area at all times						
Furnishings comfortable						

Andersen, R., Niedzwiecki, D., Rodman, M., 2012





Organization Self-Assessment

- ▶ Physical Environment
- ▶ Supportive Environment
- ▶ Inclusive Environment
- ▶ Relational Environment

Source: OWH A Public Health Approach to Trauma: Creating Conditions, Connection, and Community for Women and their Children





Organization Self-Assessment

Physical Environment

- ▶ Privacy and Confidentiality
- ▶ Accessibility
- ▶ Appearance
- ▶ Climate
- ▶ Review of space and environment

Supportive Environment

- ▶ Trustworthiness and Transparency
- ▶ Consistency and Predictability
- ▶ Resource availability
- ▶ Clear expectations
- ▶ Cultural-sensitivity
- ▶ Gender-specific





Organization Self-Assessment

Inclusive Environment

- ▶ Empowerment
- ▶ Voice
- ▶ Choice
- ▶ Language

Relational Environment

- ▶ Balanced
- ▶ Boundaries
- ▶ Authentic



OWH National Training Initiative on Trauma-Informed Practice 2010-2017

- ▶ Preliminary Findings: How CBOs applied TI principles
 - Internal Training on Trauma-Informed Practice
 - Community Education
 - Assess Staff Competencies
 - Conduct Environmental Assessment
 - Involve Individuals with Lived Experience or Peers
 - Change in Organization Culture
 - Change in Daily Practice
 - Sustainable Change



Stages of Creating a Trauma-Informed Organization

- 1 Commit to creating a trauma-informed agency
- 2 Create an initial infrastructure
- 3 Involve key stakeholders
- 4 Assess organization's current policies, procedures, and operations
- 5 Develop an organizational plan
- 6 Create collaborations between stakeholders
- 7 Put the organizational plan into action
- 8 Reassess the implementation of the plan
- 9 Implement quality improvement measures
- 10 Institute practices that support sustainability





New Tables from US Census Bureau American Community Survey Data 2009-2013

- ▶ 350 languages spoken in US homes
- ▶ 150 Native American languages
- ▶ In NY Metropolitan area, at least 192 languages are spoken at home.
- ▶ 38 percent of the metro area population age 5 and over speak a language other than English at home.
- ▶ One of the smaller language groups found here is Bengali, with 105,765 speakers.



Key Terms

- ▶ Culture
- ▶ Cultural sensitivity
- ▶ Cultural competence
- ▶ Culturally appropriate services
- ▶ Linguistically appropriate services
- ▶ Health disparities
- ▶ Health literacy



National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care

- ▶ The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (the National CLAS Standards) are intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health and health care organizations to implement culturally and linguistically appropriate services. Adoption of these Standards will help advance better health and health care in the United States.
- ▶ Established in 2000 by HHS Office of Minority Health
- ▶ Enhanced in 2010



CLAS Standards: 4 Major Areas

- ❑ Principle CLAS Standard -provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs. -- #1
- ❑ Governance, Leadership, and Workforce – #2 to #4
- ❑ Communication and Language Assistance – #5 to #8
- ❑ Engagement, Continuous Improvement, and Accountability – #9 to #15





Principal Standard

- 1** Provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.

Governance, Leadership, and Workforce

- 2** Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices and allocated resources.
- 3** Recruit, promote and support a culturally and linguistically diverse governance, leadership and workforce that are responsive to the population in the service area.
- 4** Educate and train governance, leadership and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Engagement, Continuous Improvement, and Accountability

- 9** Establish culturally and linguistically appropriate goals, policies and management accountability, and infuse them throughout the organization's planning and operations.
- 10** Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
- 11** Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
- 12** Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.

Communication and Language Assistance

- 5** Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
- 6** Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
- 7** Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
- 8** Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

- 13** Partner with the community to design, implement and evaluate policies, practices and services to ensure cultural and linguistic appropriateness.
- 14** Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent and resolve conflicts or complaints.
- 15** Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents and the general public.



minorityhealth.hhs.gov | ThinkCulturalHealth.hhs.gov



CLAS Standards – Governance, Leadership and Workforce

- Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
- Recruit, promote and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area
- Educate and train governance, leadership and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.



CLAS Standards – Communication and Language Access

- Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
- Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
- Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
- Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.



CLAS Standards - Engagement, Continuous Improvement, and Accountability

- Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
- Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.

Applying CLAS Standards to Services

- Respectful of and responsive to:
 - **Cultural health beliefs & practices**
 - **Preferred languages**
 - **Health literacy levels**
 - **Communication needs**
- Employed by all members of an organization regardless of size and at every point of contact.



CLAS Communication Tools

RESPOND TOOL: CULTURALLY COMPETENT HISTORY TAKING IN A CRISIS

- R** **Rapport:** Build *rapport* with the individuals you are reaching.
- E** **Explain:** *Explain* the purpose of your conversation. Establishing clear intentions and expectations about the nature of the conversation will go a long way in making communication more efficient and effective.
- S** **Services:** Identify what community-based *services* are available to community members to help them re-establish their lives. In addition, be aware that many individuals might not understand that these services are available, let alone that they are often offered at no cost to them.
- P** **Proactive:** Encourage individuals to be *proactive* in seeking help and identifying their needs.
- O** **Offer:** *Offer* assistance for individuals in the affected communities by helping them identify their needs as much as you are able.
- N** **Negotiate:** *Negotiate* what was "normal" prior to the disaster to help an individual identify his or her needs as much as you are able.
- D** **Determine:** Finally, *determine* what the next steps are for that individual, as people affected by a disaster are likely to feel increasingly vulnerable. Providing them with the security of structure and normalcy can improve their ability to receive more quickly.



www.ThinkCulturalHealth.hhs.gov



INTERPRET TOOL: WORKING WITH INTERPRETERS IN CLINICAL SETTINGS

- I** **Introductions:** Make sure to introduce all the individuals in the room. During introductions, include information as to the roles individuals will play.
- N** **Note Goals:** Note the goals of the interview: What is the diagnosis? What will the treatment entail? Will there be any follow-up?
- T** **Transparency:** Let the patient know that everything said will be interpreted throughout the session.
- E** **Ethics:** Use qualified interpreters (not family members or children) when conducting an interview. Qualified interpreters allow the patient to maintain autonomy and make informed decisions about his or her care.
- R** **Respect Beliefs:** Limited English Proficient (LEP) patients may have cultural beliefs that need to be taken into account as well. The interpreter may be able to serve as a cultural broker and help explain any cultural beliefs that may exist.
- P** **Patient Focus:** The patient should remain the focus of the encounter. Providers should interact with the patient and not the interpreter. Make sure to ask and address any questions the patient may have prior to ending the encounter. If you don't have trained interpreters on staff, the patient may not be able to call in with questions.
- R** **Retain Control:** It is important as the provider that you remain in control of the interaction and not allow the patient or interpreter to take over the conversation.
- E** **Explain:** Use simple language and short sentences when working with an interpreter. This will ensure that comparable words can be found in the second language and that all the information can be conveyed clearly.
- T** **Thanks:** Thank the interpreter and the patient for their time. On the chart for next time, note that the patient needs an interpreter and who served as an interpreter this time.



www.ThinkCulturalHealth.hhs.gov

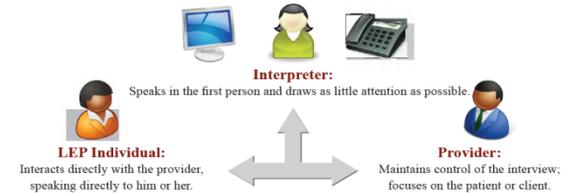


WORKING WITH AN INTERPRETER: Roles of an Interpreter and the Triadic Interview

ROLES OF AN INTERPRETER

- Conduit:** This is the most basic interpreter role (default role). The interpreter conveys in one language literally what has been said by the other, without additions, omissions, editing or polishing.
When to adopt this role: Interpreter perceives a clear potential for misunderstanding.
- Culture Broker:** The interpreter provides a necessary cultural framework for understanding the message being interpreted.
When to adopt this role: Cultural differences are leading to a misunderstanding on the part of either the provider or patient/consumer.
- Clarifier:** The interpreter explains or makes word pictures of terms that have no linguistic equivalent (or whose linguistic equivalent will not be understood by the LEP individual) and checks for understanding.
When to adopt this role: Interpreter believes it is necessary to help all participants understand.

THE TRIADIC INTERVIEW



Whether you are using a live interpreter, telephonic interpreting or video-remote interpreting, most feel that the best practice for working with an interpreter involves some form of the triadic interview.

Goal of Triadic Interview = Clear Communication

Placing the LEP individual, provider and interpreter in a triadic relationship leads to good communication. Beyond creating mutual understanding between the provider and the individual seeking care/services, the triadic interview helps to create trust and ensure confidentiality.

The focus of the interaction should always be between the provider and the patient or client. The interpreter is there to ensure that everything is communicated efficiently and effectively.

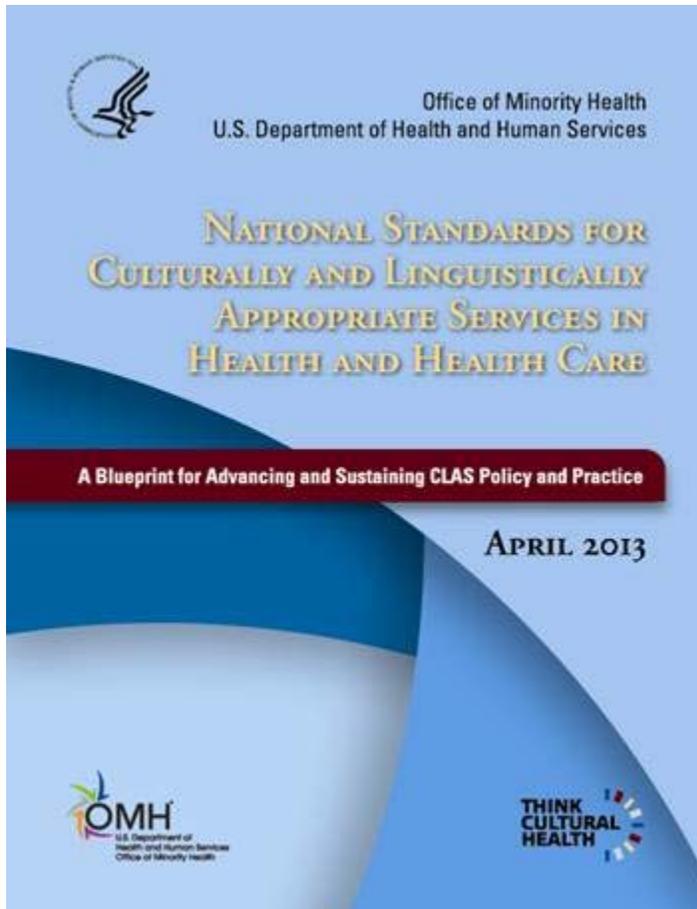


www.ThinkCulturalHealth.hhs.gov



20

Where can you find more information about the National CLAS Standards?



www.ThinkCulturalHealth.hhs.gov



SHARE |

Join The CLCCHC

Become a member of the Center for Linguistic and Cultural Competency in Health Care (CLCCHC - "click" to our friends!)

By joining the CLCCHC, you will gain access to exclusive resources and be the first to hear about the latest initiatives from OMH and Think Cultural Health team!

[Log in or Register](#)

The National CLAS Standards

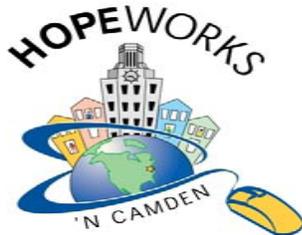
The National CLAS Standards are intended to advance health equity, improve quality and help eliminate health care disparities. Learn more about the National CLAS Standards.

Community Examples



Priscilla Project





Hopeworks



- ▶ Founder Fr. Jeff Putoff
- ▶ *Hopeworks Youth Healing Team is a group of young people that trains teachers, non profit professionals, and other helping professionals how to work with individuals who have experienced trauma. Fix the system, not our young people. Contact info@hopeworks.org for more information!*





Statewide Parent Advocacy Network

- ▶ The **Statewide Parent Advocacy Network (SPAN)** is an independent 501(c)3 organization committed to empowering families as advocates and partners in improving education and health outcomes for infants, toddlers, children and youth. SPAN is a "one stop" for New Jersey families. SPAN is New Jersey's Parent Training and Information Center; Family to Family Health Information Center; Family Voices State Affiliate Organization; Parent to Parent USA affiliate; and a chapter of the Federation of Families for Children's Mental Health.



W

**Shine a light on the problem and
act to effect change.**



Resources for Further Information

- ▶ Building a Trauma-Informed Nation Conference 9/29-9/30/15
- ▶ Federal Partners Women and Trauma Report 2013
 - <http://www.samhsa.gov>
- ▶ SAMHSA National Center for Trauma-Informed Care
 - <http://beta.SAMHSA.gov/nctic>
- ▶ SAMHSA National Center on Child Traumatic Stress
 - <http://www.samhsa.gov/nctsn>
- ▶ Adverse Childhood Experience Study (ACEs) Infographic
 - <http://www.rwjf.org/en/library/infographics/the-truth-about-aces.html>

Resources for Further Information

- ▶ Bessel Van der Kolk, MD – The Body Keeps the Score: Brain, Mind and Body in the Healing of Trauma, Penguin Books, 2015, New York, NY.
- ▶ Sandra Bloom, MD – Sanctuary Model and S.E.L.F. Assessment
 - <http://www.sanctuaryweb.com>
- ▶ Maxine Harris, PhD, and Roger Fallot, PhD – T.R.E.M. – Trauma Recovery and Empowerment Model
 - <http://www.communityconnectionsdc.org>
- ▶ Lisa M Najavits, PhD – Seeking Safety Model
 - <http://www.seekingsafety.org>

Resources for Further Information

- ▶ SUNY at Buffalo, School of Social Work, Certificate in Trauma-Informed Care
- ▶ *Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others* by Laura van Dernoot Lipsky
- ▶ *Trauma Made Simple: Competencies in Assessment, Treatment and Working with Survivors* by Jamie Marich PhD



National Women's Health Resource Center

www.womenshealth.gov





Contact information

Sandra Bennett-Pagan, LCSW
Regional Women's Health Coordinator
U.S. Department of Health and Human Services
Office on Women's Health, Region II (NJ, NY, PR, VI)
26 Federal Plaza, #3835, New York, NY 10278
E-mail: Sandra.Bennett-Pagan@hhs.gov
Main: 212-264-2560 | Direct: 212-264-4628
Websites: www.womenshealth.gov | www.girlshealth.gov
OWH Helpline: 1-800-994-9662 | womenshealth@hhs.gov



Closing Exercise

- ▶ “I can be changed by what happens to me. I refuse to be reduced by it.” Maya Angelou Poet

