



U.S. Department of Health and Human Services
Administration for Children and Families
Office of Family Assistance



NRCF Webinar Series

Understanding Trauma-Informed Programming

Response to Questions

June 8, 2016

Moderator:

- Nigel Vann, National Responsible Fatherhood Clearinghouse (NRCF).

Presenters:

- Derrick Gordon, Yale University School of Medicine, New Haven, CT.
- Lamar Henderson, All Dads Matter program, Merced, CA.
- Kerri Pruitt, The Dannon Project, Birmingham, AL.

This document addresses questions presented, but not addressed, during this NRCF Webinar. For questions addressed during the webinar, please refer to the Webinar Transcript. For more information contact NRCF via email at info@fatherhood.gov.

Submitted Questions:

Have you got any advice in terms of how one can connect to a culturally aware provider in the community who you can send your fathers to with confidence that they're going to get the treatment they need?

Lamar Henderson: We work very closely with Mental Health, Sierra Vista Family Services Center, as well as with Castle Family Help. One of the things that we do before we even refer, or recommend one of our fathers to those services, is that we have a conversation with the service provider and really understand the importance of the culture in which we provide our services, and understand the importance of not re-traumatizing. So our practice is, when we make a referral for someone and because we understand they've already invested trust in us, is to take them over there and do a one-on-one introduction. Even if they want us to sit in for a little bit until they get comfortable and then do a general hand-off approach. And then, we continue to follow up with the client and see how things are going. Sometimes it requires that we step in and be an advocate for that client. In regards to maybe some challenges that may be coming up within the therapeutic process. So it's a continued relationship. We don't just hand them off and cut ties. We continue to build that relationship and continue to be there to support them through the therapeutic process.

What kinds of recommendations would you offer for trauma-informed programming with teen fathers?

Kerri Pruitt: We do work with juvenile offenders as well as young adults in Youth Bail and our Out of School Youth programs. And we do have our issues with that. We do have to address those types of things. But again we reach out to our public health agency as well as the mental health authority. We're blessed in that our local mental health authority has treatment providers that's for young children, young adults, as well as adults. So it's broken down by category like

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that and so when we work with them it's actually a team-based approach. It starts out initially with a referral. And then the service provider will follow back up with us. We do participant profile, where we talk about where we are able to share results from the assessment that we've provided.

We do gain assessment on our youth. And then, the service provider that's actually providing the counseling will have a team-based approach meeting with us as well as juveniles and/or their parents or whomever their guardians are. We talk about treatment options as well as what's allowable, what's not allowable, what's desired, what's not desired of the parents. So it's a whole bunch of things that you have to negotiate up front. But it's not just an overnight process. It is something that takes time.

I don't want to say that it's a lengthy process but it does take a time. Every service is initiated through the case manager. Every participant has their own case manager. And it is driven initially by the case manager. But it's driven from conversation one-on-one, as well as the assessment. So that's what initiates everything.

Derrick Gordon: I think that the other thing that we need to consider, as we think about working with teen dads more specifically, is not only their histories through assessment, but thinking about where they are at developmentally. Recognizing that not every fifteen-year-old is at the same place in their own development and considering the issues related to adolescent brain development as we do this work. We have to be thinking about that because there is some evidence that, depending on the kind of trauma the kid has been exposed to, it can have negative effect on biologic functioning too. Thinking about how development, either psycho-social or even biological, are impacted by this experience. Making sure that that's a part of our consideration at a minimum. And our assessment more appropriately when we think about working with these individuals.

If you identified that a man is suffering from the effects of trauma, do you talk directly to them about that or do you simply identify that for yourself and just let that inform the interaction that you have with them going forward?

Lamar Henderson: After meeting one-on-one, I have a conversation with our clinician before we go into our men's support group. And then I will defer to our clinician in regards to what will be the best strategy for us moving forward to support this particular dad and dealing with the particular trauma that he's dealing with. But my role in that is just to create an environment where that dad feels safe. Create an environment where he feels welcome and he feels safe. And nobody's going to be freaked out by what has happened to you. And then, engaging him in some conversation in regards to his resiliency. And the fact that he has survived these things and he's here today says a lot about him and his character, and who he is as a survivor. Still, as it relates to the therapeutic process, I do defer to our clinician and consult with him before we move forward. Because when we bring that person to our men's group, and even if we meet with them one-on-one, we want to be very conscious not to re-traumatize and also to create an opportunity for the maximum potential for healing.

Regarding changes in policies and practices, can you give me an example of what was changed on a staff or organizational level to present that secondary trauma and burnout?

Kerri Pruitt: When going back to the one question "What is wrong with you?" we're asking "What's going on with you?" We just change and we actually go back to our policies, our procedures, as well as our job descriptions. We talk about that despite how a person may be behaving or reacting to a question that you ask. Or just walking in that day and they're already in a bad mood.

You cannot, as the staff, re-traumatize them by showing that you're upset or that you're physically upset or mentally upset as well with them. You stop, you take a pause and you then turn around and ask the question differently so that it, one, it dials down fears, it dials down them being angry and upset because it's really not you that they're angry and upset

about. So we change the way that we talk to the staff about how they respond to our participants. And then, if you need to get another person to stand in and observe somebody else's behavior or whatever, do what you need to do so that one, that the client feels safe; two, that you feel safe; and three, that we're all protected. You know you can reduce fights, if you will and, reduce a whole lot of other alternative behaviors if you will.

But just the way that we talk to them. You cannot raise your voice at them despite if you want to and despite if they're raising their voice at you or physically assault anybody. If it happens, we still want to get it documented. Watch, you know, especially social media, the way they text, if they start texting, or if they start coming back or if they start hanging out in the parking lot. We put policies and procedures in place on how to respond to when something is going down or going on with your client or your participant.

Do you recommend having a participant complete a trauma survey at program intake?

Derrick Gordon: I think that it might be helpful to get some information. I think the question that comes up for me is, what are you going to do with that information when you receive it? Researchers have talked about the importance of keeping the full faith. One of the ways that can happen too is if you ask me about folks past trauma history it might signal them. So the question that comes up for me is, do you have the resources on hand so when you ask that question and something adversely happens you can manage it in the moment so that you can then actually deal with it. I would say that asking a question is never a problem. But the issue for me that comes up is, if you ask the question, are you equipped to deal with the repercussions of asking a question. I'm not saying you should shy away from it, but I'm saying put supports in place to be able to do so

Lamar Henderson: We don't do a questionnaire or things of that nature when they come in for that reason. We don't have a clinician on board, or staff on board to deal with a situation that may trigger crisis. But we do have that initial one-on-one conversation and then bring that client into the men's support group or meet with them one-on-one with the clinician as a way of asking those questions and then being able to effectively respond to their responses.

One of the things that we ask for when we start the men's group is that after you've been there for the first time, after you've been here a participant in the group for a month or so. We ask that because we want this to be a productive group for you and address your specific needs. We can either work one-on-one with that dad to establish a plan to meet his needs or he can work on them and then share them with us. It is a way for us to guide the service process for him.

Kerri Pruitt: We do ask about issues that may have occurred prior to you getting to us. One, because we have a lot. The majority of our participants are coming from prison. It's very important for us to know what we're dealing with. Because at that initial one-on-one what we're doing is we're not only going back over and verifying and validating that this is something that happened to you. Now, how can we work together? First off, do you even want help? But then, how can we work together to start working on some of these things that are, that have impacted your past, your current, and your future. And then, what we do is we immediately put an action plan together to start working towards addressing some of those issues. So yes, we do ask those questions at intake, and we start on a plan immediately; an individualized service plan immediately on addressing those things.