



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

National  
Responsible  
Fatherhood Clearinghouse



## NRFC Webinar Series

# *Understanding Trauma-Informed Programming*

## Transcript

**June 8, 2016**

**Moderator:**

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

**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.

**Operator:** Good day, ladies and gentlemen and welcome to the National Responsible Fatherhood Clearinghouse Webinar conference call. Please note this conference is being recorded. At this time, I will give this conference over to Nigel Vann. Please go ahead sir.

**Nigel Vann:** Thank you very much. Good morning and good afternoon everybody. As you see on your screens, today's webinar is entitled *Understanding Trauma-Informed Programming: A Primer for Responsible Fatherhood Programs*. We've got a very interesting conversation coming up I think. Those of you who have joined us before know we provide these webinars and other resources as part of a learning community that you can contribute to and learn from. And as always we welcome and encourage your input and participation.

Just want to do a few housekeeping things in terms of what you're seeing on your screens here. You'll see a chat box on the left there where you can chat among each other. In the bottom-right hand corner we have the Ask a Question box. And that's where you can pose a question for the presenters. So we encourage you to do that. And at the end of the webinar we will have a short Q&A period so the presenters can respond to as many of those questions as possible. If we don't get to all of the questions, we do post some additional answers online afterwards. In the box next to that we have some downloadable resources that we'll say a little bit more about when we go through and then to the left of that is various web links. There's the fatherhood.gov website for the clearinghouse and the All Dads Matter and the Dannon project, represented by our presenters today, and then, Dr. Gordon and his link at the Yale School of Medicine. You'll also see a link to join us on Twitter down there as well.

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Yeah, I think that's all I need to say in terms of the housekeeping. So again, welcome, and before we move forward, I'm going to ask Lisa Washington-Thomas who has already welcomed you in the chat box there. Lisa is our leader at the Office of Family Assistance who make all this possible. So let me turn it to you Lisa for a few words of welcome.

You're not on mute are you, Lisa?

Lisa Washington-Thomas: I am on mute. Thank you, Nigel. Thank you for introducing me. I am Lisa Washington-Thomas. I'm the Branch Chief and the federal link for the National Responsible Fatherhood Clearinghouse. This topic is very interest—of interest to many of the programs that we work with at the Office of Family Assistance. Not only do we have Healthy Marriage and Responsible Fatherhood grants (we have 91 grantees this time), we also are the Federal agency that administers the Temporary Assistance for Needy Families program. As well as the Health Profession and Opportunity Grant.

Today's webinar will continue our conversation that we began [in] February of 2015, in the webinar *Let's Talk About Mental Health*. When we focus on helping Fathers identify and address mental health and post-traumatic stress disorder issues, it's likely that many participants in Fatherhood programs have been exposed to trauma. Perhaps as a result of violence in their families or communities, as a result of poverty, as a result of experiences before, during, and after incarceration, or military service. These experiences can impact key executive functioning skills such as, how one thinks, feels, behaves and relates to others. I know I was at a seminar recently in which service providers from the Washington, DC area were talking about their trauma-informed programs, and one of the ways that they're trying to change the thinking of their case managers is that they want to stop people from asking "What's wrong with you?" and to start thinking about "What has happened to cause you to act this way?"

I think if we keep that in the back of our minds it will help us if we encounter a sales clerk or another person in the public that may not be responding to us the way we want. It will help us to think differently about having another negative reaction. That has really resonated with me and I hope it does with you.

According to the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA), a trauma-informed approach can be implemented in any type of service setting and is distinct from trauma-specific interventions that are designed specifically to address the consequences of trauma and to facilitate healing.

We are providing today's webinar to help you think about how trauma-informed your program is and to share resources that could help you look at ways to integrate more trauma-informed knowledge into your program policies, procedures, and practices.

I hope that you find this webinar informative and helpful. We'll be asking two poll questions during the webinar to get an idea of what do you think you could do in your program. This helps our presenters frame their comments to fit your experiences. We also will ask for your feedback about today's conversation at the end of the webinar. And we want to also ask you to please continue to send any ideas for future webinars or any questions that you might have about this webinar or any other Clearinghouse programming to [info@fatherhood.gov](mailto:info@fatherhood.gov). Again, [info@fatherhood.gov](mailto:info@fatherhood.gov).

Again, we're particularly interested in feedback about the information today and any other topics that are of interest to you so that we can cover them in future webinars. Thank you so much and I hope you enjoy our dynamic speakers that we have for you. Nigel?

Nigel Vann: Thank you very much, Lisa. So I'm just going to move through a few opening slides here and then we'll have that first poll question that Lisa mentioned. This is just a reminder of how to ask a question. Again, use the Ask a Question box for the presenters. For those of you joining us for the first time, this is just a brief overview of the kind of things we do at the National Responsible Fatherhood Clearinghouse. You can see the website there and we have a toolkit that's very helpful for folks that are just starting a new program. And you can go to the webinars link there to see archives of all the previous webinars and the slides from this webinar. Along with a recording. You can actually listen to it again. And all the materials at the bottom there. They will be available for download in a few weeks' time.

We've had some problems with the [info@fatherhood.gov](mailto:info@fatherhood.gov) email link and if you do send an email, and don't get a response in a few days, please use that alternate email there for Enzo Ferroggiaro, who's behind the scenes at the moment making all this work for us.

I also want to stress the toll-free number there. Any father or mother or practitioner can call that number and it's staffed, not 24 hours, but it's staffed on a regular basis during the week with English and Spanish speakers. They can help connect you to programs in your community. They can particularly help with co-parenting issues that a couple may be having. They can get both folk on the line if need be. They are trained counselors.

You'll also see our Facebook and Twitter handles and again Lisa's name at the bottom along with Kenneth Braswell, our Project Director, and Patrick Patterson, our Project Manager and their email addresses there.

These are our goals today. And if you saw the announcement for the webinar you'll be familiar with these. Basically, what we want to do is talk about some of the things that Lisa mentioned in our opening remarks. In terms of what we need to know in order to be more trauma-informed. We're particularly talking here about being trauma-informed so that we sort of interact with people in an understanding way. As Lisa said, you know so that we can understand where other people are coming from and we don't make these judgments that there is something wrong with them. It's more about what may have happened to them and so we're not talking about how you help people fix some of these things. We're not talking about trauma-informed service or intervention. We're talking about being more trauma-informed in how you provide your services.

Our three presenters today will be Derrick Gordon from the Yale University School of Medicine in New Haven, Connecticut, and Lamar Henderson from the All Dads Matter program in Merced, California, and Kerri Pruitt from The Dannon Project in Birmingham, Alabama. I'll say a few more words about each of them as we move towards their presentations.

I just wanted to point out a few things you'll actually see in the resources there. There's a resources file - we misspelled trauma on that. I do apologize for that. In that there is a couple of resources from the Substance Abuse and Mental Health Administration (SAMHSA). I've got three slides here just pulled from one of those just to point out some of the key aspects of what we're talking about as trauma-informed programming.

I think actually as we go through this conversation a lot of you who work indirectly with fathers, you'll see that you do do a lot of these things. You maybe don't use the word trauma-informed. In terms of these four R's. It's just sort of realizing that there is a widespread impact of trauma. It's being able to recognize what trauma is and it's not just something that is wrong with the person. And you know how to respond but not necessarily by providing direct services. And definitely not trying to re-traumatize people. You create this welcoming environment where you recognize that we're all in this together and we're trying to help each other.

These are some of the key principles that again I think a lot of you probably do in one way or another. You create a safe environment for fathers to come to and you create this sort of sense of trust that keeps them coming back.

Peer support is obviously a key thing that helps dads bond and help each other. This feeling that we're not just telling you what to do, we're helping you. We're preparing you. And we're also doing that in a way that totally recognizes where individuals come from.

Also according to SAMHSA - these are some things that a trauma-specific intervention program does. These may not be things that you necessarily do if you're trauma-informed. In terms of working with survivors of trauma, they certainly need to be respected and there needs to be some kind of relationship between the symptoms of trauma and the other things that could be presenting issues. If someone is really trying to help people deal with these kind of things, but you can't do it just with the survivors. You need to involve others. Our presenters are going to talk about some of these things as we move forward.

So before we start Derrick's presentation I would just like to bring the first poll question up. If you could just take a minute to respond to this: Have members of your program staff received any formal training to increase understanding of trauma-informed programming? We ask these questions just so the presenters have a bit of a sense of who they're talking to and what kind of things you've been doing so far. It's looking like approximately less than 2/3 have had some trauma-informed programming.

I'll just leave that up for a minute as I introduce Derrick. Again, Derrick is an Assistant Professor at the Yale University School of Medicine. As part of his work with men he focuses on enhancing men's health, increasing their positive involvement in family and community life, and identifying factors that enhance the access and use of preventive and indicated healthcare services by men on the fringes. He served as an investigator on various federal and state-funded projects, including some analysis of factors that either support or undermine men transitioning from prison back to the community and the engagement of low-income, non-custodial fathers. You can read more about Derrick in the bios that you can download from the resources box. But he's a very knowledgeable chap and he's got some great stuff to share with you. So with that, let me turn it over to Derrick. Derrick, the time is yours.

Derrick Gordon: Thank you so much, thank you so much, Nigel. I want to say welcome to everyone and begin by sharing with you that it is a pleasure to be talking to you about this issue. I will come back to this—I was trained as a clinical psychologist but I function as a clinical community psychologist. I try to ask questions in my work and in my research that are relevant to the community of interest and answer questions that the community wants to have answered.

My interest in this area actually spawned from evaluation projects I did with Connecticut's department of social services on the Fatherhood Program that we had here. I was curious about what factors will play a role in men reporting that they had limited access to their children. What I meant by that was, some court or some other judicial system saying you can't have access to your kid. When we looked at it we saw that the biggest factor that was there was their own report of a history of childhood abuse and childhood trauma.

And so this question began to percolate in the back of my head about, how might this issue of trauma be continually impacting the lives of the men that we're serving. I just wanted to give you that as a contextual introduction on how I got to thinking about these issues because I think it's something that was present in our work, but prior to me, asking that question was a little bit missing. I use the word a little bit there kind of hedging my bets there but actually missing.

I want to begin by kind of talking a little bit about what this program presentation will be from my perspective and what this presentation is not. The first piece is that most of us know kind of walking in to the space we live to trauma requires us to have some good skills that doesn't cause more harm than that. From my perspective, this presentation is not sufficient to make one an expert in trauma. It is not designed to give the skills to treat individuals who present with trauma histories. Rather, what I hope that we will get to do is—it begins as either an introduction or for those of you who have gone through some formal training, a reminder of the factors that are impact[ful] and important in thinking about this issue in trauma. It encourages us to do a little bit of self-assessment. Not only as agencies but actually as individuals because the issue that comes up as we do this work is that our own stuff also gets triggered as we work to address these issues. And then the last thing is to push for a more comprehensive approach as an agency and as individuals as we work with a clients [sic] to think about these folks from a more holistic perspective.

In one of the resource lists that Nigel and the folks at the National Responsible Fatherhood Clearinghouse will give you is some of the work that we've been doing.

All of us talk about the importance of engaging men and fathers and being healthy assets to their families. But this one didn't come out of the altruistic "Oh yeah, guys are or fathers are really important; we want to engage them," it came out of under the spirit of "We have to make these men start to pay for their kids." And so we recognize that that might be an end result, but the beginning is more so—what's the more so bottom line or more so connectedness that we need to create for folks that can actually buy into their role and show meaning that extends beyond dollar signs. And so, in some of the resources that are attached there is some work that we've done in Connecticut that speaks to how we think about these issues in that way.

We'll begin by broadly talking a little bit about—When we talk about trauma, what are we talking about? First and foremost, the thing that I think becomes really critical is that for there to be—trauma is kind of an interesting phenomenon. Most of the materials that I'm going to be drawing on, I would actually encourage you guys to refer back to these as you think about engaging sources. [It] is a document put out by the American Psychological Association in 2015, that lays out some guidance on competencies for education and training for folks who are thinking about doing some work in trauma. I think it will be helpful to you all as you think about how do you connect with service providers in your community, who might say to you "I have the skills and ability to actually do what it is that you are asking."

We're getting there. So when we talk about trauma, there needs to be an event or something that happened that is either directly experienced, witnessed, or you learned about and may be repeated over a time, that causes the individual to see the difference there. Life is threatened, injury is threatened or sexual violence is threatened, sexual and/or physical violence.

The issue that's here is sometimes we think about trauma as it could be embedded in that is some consideration for each of our individual thresholds for what it is that we can or are able to tolerate. For some folks, the trauma-triggering event might be at a lower threshold than other folks. So recognizing the individual variation that might play a role in how folks either experience or respond to a trauma-inducing event.

Related to that is understanding the broader definitions. Which include issues related to inter-generational trauma, trauma that is passed on from one generation to another. One of the ways we think about that is that if you think about men going in or men being incarcerated, we often times think about how that might impact the individual who's being incarcerated. But if you think about the children that are attached to that man, then we have to think about what might that inter-generational transmission of risk—how would that play out with the generation of original folks that are coming out there.

And related to that are the issues we looked at in historical trauma, and thinking about how history, how the trauma histories of the folks that we are working with play a role in their ability to be the kind of parents we are working with them to be and in the way in which that impacts the children that they are working with; the children that they might be attached to, sorry.

And then the other piece that's there. Thinking about oppression-based trauma. Within the communities that we might serve, there are different subgroups that play a role in how we think about this issue of trauma. Folks who come in who are in communities where there is violence that might be enacted because they are from a specific ethnical cultural group that is marginalized or stigmatized because of politics or other contributions that are going on, we might see that the trauma that they might experience based on that can impact how they put their world together.

Then the question becomes, so why are we thinking about this? I began by telling you guys a little bit about my beginning thinking about this issue. The reason why we think this becomes critical is because men will come to this work with different experiences. And they actually impact the goals of fatherhood programming. If I can't get past the issues that are there, that kind of impact on me, what you're trying to train me to do then becomes that more difficult. So there's a whole body of research out there demonstrating that trauma negatively impacts one's health outcomes and impacts health disparities. So I come in and I see you and I'm indicating that "You know that I have hypertension, and these things are going on." Some of the factors that might be playing a role in my expressions of these issues might be that long standing history, I mean, long standing trauma history that have now manifesting itself in a more physical health perspective.

Related to that, there are a number of folks that begin to identify and look at the relationship between how mental health plays a role in how physical health functioning comes out. I might come in to you saying "I have this stomach ache that is going on" and when you actually dig a bit deeper you realize that my stomach ache is related to my trauma history. Or I might come in with a complication from diabetes and more expression of the complication from diabetes realigns that mental health plays a role in whether or not I can actually effectively manage my diabetes, and so it can help you be able to manage that. There's a way in which you have to think about how our mental health plays a role in that.

The other way that comes up too is that as we've worked to address this issue of trauma, there is a clear indication that a bias, an assumption, and a reaction to the folks who present with trauma history impact how we relate to them. Sometimes if there is a little bit of a push and pull piece that's there. I come in angry mood, all over the place and you then begin to punish me because you're saying "I am not actually wanting to be—how should I say—cooperative with what it is that you're trying to work with me on." Now the good news about fatherhood work is that, and I think my two colleagues that will follow me demonstrate how you guys have been more than champions in saying to systems—and I use that kind of broadly, as well as the community that we have to create a space for these men to talk about what's going on with them. These are the challenges that they're experiencing, and you advocate for them in a very good way.

So I think that this work and the things that we'll be talking about today very much align with the way in which you guys do think about your work, the practice that you're engaged in, and support that. There are pieces around thinking about that also the extended network that might be attached to these men. As we talk about how we work with the partners (current or past), the family networks, the social services agencies, we have to think about how that instance of trauma permeates our impact, how they enter those different systems, and what the systems responses to them are.

This issue of trust becomes really critical because I think that while you guys do your work that you do, and why you guys are so expective [sic] at what you do, that you're able to build really good trust with the men involved in our work. Thinking

about those things becomes really, really critical and then thinking about that from a life span perspective and thinking about how/when the impact becomes really critical. As we think about this work, we have to think about how what these survivors strengths or what are the strengths that they bring, what are the strengths they have been able to demonstrate? And where do we think about there's a possibility for them to grow?

And we should also incorporate in this context issues of decision making. How do you engage them in a conversation about what makes sense to them and how that relates, or does not, to what is it you're trying to work with them around. We should always be considering our self-reflection skills. "Ok, what am I trying to do, how does this make sense?" Our own ability to assess the skills in effective content management. So how we're managing what the clients are giving us or how they're interacting with us and to what is our ethical responsibility for the care of them and their extended family network. And again going back to this: How our own history plays a role in impacting them.

So why is fatherhood work? Currently, the reason why is because men who present for services do so with trauma histories. And they come from a number of vulnerable groups. So there's also research showing that as we think about folks exposed to the trauma, there are some things that exacerbate the experience of trauma including being/coming from a low socioeconomic status, being a person of color and how that plays into that, having low education or academic acumen, age plays a role, disabilities, coming from a military background, or even and sexual orientation. So thinking about how all these issues or these factors compound to mushroom the experience of trauma within a folk's life is really critical. And so why [sic] is fatherhood work? This becomes really critical because if we can begin to think about how the experience of trauma can make the men that we're working with challenging to work with and we can understand how trauma might play a role in this, it might help us begin to think about how we might approach it differently, how we might ask different kinds of questions, and how we might get around these barriers in a different way.

And also, because of their trauma, because of folks' trauma history, it might make it a little more difficult to engage in. One of the things I know that as a psychologist, if you can find a way to think about the person in a more sympathetic way, it makes it easier to engage with them even when they're a bit challenging. Thinking about how their trust issues might play a role in that, how we have them figure out how they can do stuff around emotional regulation, how we understand the interception between their physical health and their mental health and trauma, and how trauma can play a role in negatively impacting that.

What we know is that men who have trauma histories may have used violence in their lives in the past and might resort to violence as a way of managing stressful situations. How do we then recognize that and think about how we change work with that. They might present in poor physical health or poor mental health and how do we think about working with those issues. And they might use substance [ab]use as a coping strategy to manage that experience of trauma. And then there's [sic] pieces around poor social functioning. "I don't know how to interact with others in ways that can help actually fulfill to the things that I most want" [or] "I might not know to relate too well to an employer because of my perceptions about what is it that they may or may not be trying to do to me." There's also an issue in thinking about how that might decrease the quality of life for the individuals.

And going back to my initial introduction to this topic is thinking about how this might play out in having them have limited access to their children in real ways. The last but actually more challenging piece is recognizing that empathy that plays a role here. There is some research showing that folks who've experienced trauma may be challenged with the idea of empathy. And so the question that then comes up is that "how do I connect with providers, what do I need to be thinking about that?" I would argue, going back to the American Psychological Association report that I talked about, is that providers

should demonstrate competence in some scientific knowledge, skills, and attitude around the scientific knowledge around trauma. Do they understand that? You know, do they understand the knowledge, skills, and attitudes that are related to assessment of trauma?

It's not sufficient for us to know that someone had a trauma experience in their life, it is also important for us to understand where [or] what area that this plays a role in. How do we think about what does that mean for that individual, and then what the natural next step is. How then do we intervene around doing that? Do they have the knowledge for intervention? Do they have the skills? Those are the attitudes that relate to that. And issues around professionalism. Thinking about how I practice as a provider and then understanding the relational assistance issues that might impact the person, the work, and their infinite network. When we think about how we engage for fathers we have to be very cognizant to think about these issues of knowledge, skills, and attitudes across a number of domains as we interview around that.

Now all of this conversation might suggest that "Oh, what do I do?" The good news is that there are some treatments that are out there, and I've listed a couple of them, that have been shown to be effective with individuals. These are just three. But the list continues to grow and so the issue then becomes "How do we think about these issues?" but also as we think about the fidelity of our thing "How do cultural issues impact or adapt our connection with service providers and their adaptation and use of these?" For example, if I'm a low-income Latino male, bilingual coming into services, what do I need to think about in that way to make sure that we are using a treatment services that is actually in sync with how that individual puts their world together. Is the provider culturally sensitive sufficiently enough to actually engage an individual and work with them in a good way? Given all of that, I will say that as we move this work forward, these are things that we need to be thinking about as we think to engage men who come through our doors in any way.

I'd like to end by that and say thank you for your time. I've pressed the wrong arrow and you can get ahold of me if you have any questions. There.

Nigel Vann: Thank you very much, Derrick. You've certainly set the stage for the conversation and we're now going to hear from two practitioners who've really been sort of taking these kind of words to heart and so we're going to learn a little bit about how they and their programs have become more trauma informed. So our next presenter is going to be Mr. Lamar Henderson. He's the program coordinator and a parent educator for the All Dads Matter program in Merced County. He works for the Merced County Services Agency there in Merced. He's been facilitating the Nurturing Parenting program, the Positive Discipline and Boot Camp for New Dads, working with a variety of fathers there in the urban area of Merced and the outlying rural areas. He's a certified trainer for the Adverse Childhood Experience Overcomers program. They have a secular and a faith-based training, and Lamar and his colleagues went through the secular version of that. He was recently invited by the California Attorney General to participate in a changing minds and creating trauma-informed communities convening. He's very knowledgeable in this area and he's going to tell us a bit about how the All Dads Matter program has incorporated some of these ideas. Lamar, take it away.

Lamar Henderson: Good Morning and thank you very much. I echo a lot of the sentiment that Dr. Gordon shared exactly in regards to this very important work. As Nigel shared, my name is Lamar Henderson and I am a Program Coordinator for Merced County Human Services Agency's Fatherhood Program, All Dads Matter. But I'm also—I have to be very transparent and share that I am Virginia's husband for 26 years, Marla and Maria's dad for 26 years, we have a 26-year-old, an 18-year-old and a perfect 19-month-old granddaughter, Malia Simone. That is who I am.

I would like to share with you our program and a little bit of some of the services that we offer and how we offer these services from a trauma-informed perspective. The All Dads Matter Fatherhood program. About a little over 10 years ago and it was a response to—by our, then, Human Services Director, Ana Pagan—in regards to the fact that there was very little to no services being offered to fathers in our community via the child welfare system other than anger management. So we started with the Boot Camp for New Dads fatherhood program. Boot Camp for New Dads is a one-day, three-hour workshop for first-time or expectant fathers. We bring in guys who are expecting babies in the next 90 days. We bring them in with veteran dads. A veteran dad is a father who has completed the workshop that has [a] baby that is zero to six months. Their father brings the baby to the workshop and during that time we get to coach or orient those rookie dads on everything from how to hold a baby correctly, how to change a diaper, what to pack in your diaper bag, but even more significantly we start the workshop of with two very provocative questions.

The first question we ask is, “Give me a word to describe your dad.” Now, for some this may be a very easy question to field, but for a lot of the dads that we serve, it’s a very deep and profound question; as it relates to their relationship with their father. Now the second question we ask is, “15 years from now and I’m talking to your child. And if I ask your child, give me words to describe your dad, what will your children say?” So it allows that father to be, to kind of project forward and dream forward in regards to the kind of relationship that he wants to have with his child. It also offers an opportunity to explore, “what are the kind of things, what are the issues that I may need to address now so that 15 years from now I write the narrative that I want as it relates to my relationship with my child?”

We also offer a men’s support group. We offer it in Spanish on Monday nights from 5:30 to 7:30, and then in English on Tuesday and Thursday nights. The support groups are both facilitated by an All Dads Matter staff and a licensed clinical social worker. The model for the group specifically, and this is directly coming from our clinician, Rich Brown, who I work side-by-side with to facilitate the men’s group. The model for the group specifically written to provide an emotional curative experience so that men can unlearn the negative responses they have to their current life trauma. That is the goal of our men’s support group.

We also offer a program called Leadership for Life, which is ten one-week workshops where we offer an opportunity for men to learn how to navigate the different systems of our community, how to communicate within those systems, aggressive, assertive, passive, and then how to advocate for themselves and their children. While designing the curriculum for Leadership for Life, one of the things that we were very conscious of is the trauma that men have experienced with different systems within these communities, and how that presents when we show up to access this systems. And I gave the example of where a gentleman in our community that might have experienced some trauma in regards to the court system may get a “fix it” ticket. But because their experience with the court system is “when I get a ticket, I go to jail,” a “fix-it” ticket can quickly turn into a failure to appear warrant, and how that continues to traumatize that gentleman and then also affect his family.

Then we have male engagement activities. This is a collaboration with our school districts, specifically Head Start, where we go into every Head Start site within our community and we do male engagement activities. Either focused on—and the focus of this is to bring men and children together in an academic environment that does not re-traumatize or bring up insecurities that as it relates to a father’s ability to enhance his child’s education based on his own experience in the education system. So all male engagement activities focused on enhancing the strengths of their father, to bring them in and feel invited, empowered, and to understand that they play a critical role in the way that their children interpret their experience with education.

We do a Man Plays with Food workshop, we do a Silly Slimy Science workshop, a Man and Kids Moving and Learning, a Digging in the Dirt, and we're creating one right now around literacy where dads get to create a storybook for their children and then use that as a way to engage in their children's academic experience. Every year, we celebrate fatherhood within our community. This is an opportunity where we have a free event to really promote and celebrate fatherhood within our community.

Now these programs that we're offering, including the fatherhood celebration, is an opportunity not only for us to impact and provide services and support to our families, but it also has an effect on the different systems and services that are being offered within our community as a way of creating a father-friendly and safe environment for our dads. And then we have an All Dads Matter Resource Center which is a one-stop where dads can come in and get support accessing any services that they may need within our community.

Our men's support group is really an opportunity for us with the trauma and past traumas and present traumas has an opportunity to really be addressed. Very quickly, when men come to our men's group they find that it's a safe environment. It's a nurturing environment. And very quickly they get to unpack some of those traumas, those barriers that are creating unwanted outcomes in their relationships. Most men who come to our men's group for the first time—and just to preface that with our men's group and all of our services are completely open to the public. You don't need to be a Human Services Agency client to receive our services. There is absolutely no charge for any of our services and we ask for no identification. So you don't have to be documented. This is important when you consider the demographics of our community where we're fifty-four percent a Latino population. Sometimes that can be a barrier to accessing services. But we don't ask for any of that so it creates an opportunity for everyone to access our services.

Many men that I've met that come to the men's support group, as they're preparing to come, and some trying to get referrals from child welfare systems, and also family court, will tell me before they come to the group "I'm going to tell you right now, I'm going to show up because I need to get my kids back but I don't participate in men's group and I'm a bit of jerk when it comes to participating in any kind of groups like that." My response is "Great, that's just how we like them, come on in. And the fact that you show up already tells me what I need to know what relates to your motivation to be the kind of father that you want to be and your children deserve." This is some of the things that come up within our men's group. We have a curriculum that we use within our men's group, but it's a true support group format so that the issue of the day drives the topic of the men's group. And organically, all these different topics come up, and it relates to the curriculum and being able to address those issues within that men's support group.

The value of having Rich Brown there, a clinical social worker, as well as myself or an All Dads Matter staff, is you get two life experiences. You get the clinical approach from the NCSW who is there to really acknowledge and address any potential mental health concerns that may be coming up and then you have another staff that's really what we consider—we use the terms brings the reel, what's really going on. To have that conversation with the gentlemen in regards to,

"You know the fact that you were using drugs, you spent up all the rent money and services have been shut off. Your woman had to leave you and take the kids. It was a matter of her survival and those children's survival. So let's work on what we need to work on so that we can address those issues that you may be self-medicating, so we can work and help you to get the family experience you want for you and your children."

How we became trauma-informed? It's interesting that we would use that term, trauma-informed, because from the birth of the All Dads Matter fatherhood program we were always very aware of the sensory stimulation as it relates to how men

respond to difference issues, how men respond to different concerns or barriers. Depression may present differently for a man than it may for a woman. What was that man's childhood experience and how is that showing up in their relationship with their children?

But even before that, we look at ourselves as practitioners, as facilitators, and really examine what is it about me that makes me respond to this person in this particular way, and, is my response creating a barrier to the healing process for this father, for this person? So if a person comes in a very agitated and maybe someone aggressive—why is my first inclination to respond in an aggressive manner as well or is it more therapeutic for this man for me to dial it down a little bit and check myself?

One of the things that we always do, is as soon as a person walks into our doors, our staff, our receptionist is they're very welcoming. Acknowledging them and then celebrating them for being there. We always have water and some kind of refreshment on board so we can address those challenges before they even walk in. Just as a way of practicing these skills of being trauma-informed is something that we were practicing way before we had the language trauma-informed. It was just the way, it was just the spirit in which we wanted to do business. That would be welcoming to dads, that would create an opportunity where not only what they get a healthy experience with us, but when they go out and share this with their peers, their peers will want to come in and get support as well.

Some of our community partners. Through this work, we've been able to partner with several different agencies and different partners within our community. Child Support is right across the parking lot from us so whenever there's a dad that comes in and maybe he's very agitated in regards to his child support issues. Maybe he's not getting the visitation with his children that he would like. Then, they always come over to us and what we do is, we don't do legal services, but we help them to understand the process and also help them to understand and refocus on what is your *[sic]* goal.

Through the Human Services Agency, because we're [a] Human Services Agency program and we do offer all of those human services, we can have an impact, an influence on creating a father-friendly environment throughout our county. So that when a dad or a family shows up to apply for services, they'll see posters in the lobby that depict fathers in a positive light. So that men don't come in feeling defeated by the fact that they have to seek support and ask for help. And one of the things that we always share with our dads is that one of the most critical and most healthy skills that a man can establish is the ability to ask for help when you need that and then still maintain your masculinity and feel good about it.

Family Court. Family Court recommends dads to us all the time. Especially when there's a mediation issue going on and mediation has transcended into a war. And with every war there is a collateral damage and, for Family Court, the collateral damage are the children. So we bring dads in and have a chance to discuss with them and help them to refocus what they're there for in the first place. Don't spend two-and-a-half or three years fighting for an hour and a half on Tuesday when what you really want is a healthy loving relationship with that child throughout the duration of your life. So those are some of the things that we talk about and also work with as far as our community partners.

Probation refers dads to us. First Five is one of our partners. They help to fund the diaper bags that we offer to Boot Camp for New Dads. Health organizations always refer to us. So throughout our ten-year existence, nearly eleven-year existence, we've been able to build a trust equity, not only with our community and the fathers that we serve, but also with the different agencies within our community. So that they can refer dads to us or even give them our information, have the dad contact us on their own.

This work is extremely important and I think it speaks to exactly what Dr. Gordon was sharing in regards to the way it affects our families and our children. And it's really talking about resiliency. And talking to dads about resiliency. And seeing them as a positive influence in their children's life. Because I have dads that come into my office all the time. And when I have a dad that comes into my office and they've been struggling either with substance abuse or use of incarceration and absences within their child's life, the first question I ask them is, what was your relationship like with your dad? And overwhelmingly, those dads share with me "You know when I was a kid coming up, I always said I never wanted to be like him. But now I look in the mirror, guess who I see?" That offers that opportunity to discuss "what can we do to change that narrative for you in the long run and change that experience for your children. And the fact that you came in here today already tells me what I need to know in regards to the kind of father that you want to be."

When it comes to being trauma-informed, our Aces training has been very, very helpful. The Men Helping Men in Recovery has been very, very helpful. But it's also, even before that it's within the spirit in which we do our business. With the ideal and the focus always being not to re-traumatize, to be compassionate, to be supportive, but also to be able to hold men accountable. And to create that opportunity for healing.

Nigel Vann: Well thank you very much, Lamar. I think you hit on the nail there the—you're right on time that's great. As I was saying I think you really hit on the nail there, the importance of this fatherhood program. Just the way you talked about helping guys change the narrative and focus on the important things, I think that's what it is all about. So before I introduce Kerri, we're just going to have our second poll question real quickly here. So now we're asking, does your program have a referral network to refer clients impacted by trauma for clinical counseling when needed? I'll just give you a few minutes to respond to that. Again, I'll go ahead and introduce Kerri while we've got it up there.

Kerri is the Co-Founder and Executive Director of the Dannon Project in Birmingham, Alabama, and she's going to tell you why it's called the Dannon Project. She's been recognized nationally for a fifteen-year career as a federal technical assistant consultant in the areas of fiscal and human resources. She developed a user-friendly software called Grant Suite and she's trained multi-funded governmental programs. She's received numerous awards and, in July 2014, the program was actually recognized by the White House as one of four most effective career readiness programs in the nation. I first came across Kerri, actually, quite recently. There was an article published talking about various trauma-informed programs and I was very impressed by what that was saying, and so [I] got in touch with Kerri and she's got a wealth of information to share with us here. So without wasting any more time, Kerri, the time is yours.

Kerri Pruitt: Thank you so much, Nigel. Good afternoon to everybody and a great job by my co-presenters and I echo, really, pretty much everything that they say. But as Nigel said, I'm the Executive Director of the Dannon project and I need everyone to understand today that our agency was actually birthed from a tragedy and from trauma that my husband's family endured at the hands of someone who himself actually was trying to exist on the outside of prison from trauma. But we were created about fifteen years ago and we're named Dannon Project because my youngest brother-in-law—I never had an opportunity to meet him because he was murdered by a young man by the name of Jermaine. And we'll talk about Jermaine a little bit throughout the presentation.

Dannon was a teenager walking home with about eleven other kids one day after school and Jermaine had been released from prison about three-and-a-half weeks earlier. He had served about four-and-a-half years in prison for selling drugs and returned to a community that was not prepared to receive him. He also returned to a community, to a family, that did not want him at home. So he was living in ditches and sleeping under people's garages, front porches, wherever he possibly could during the course of the time of his post release. Couldn't get a job. He had a distribution charge. Couldn't get public

housing because it's legal to discriminate against someone in Alabama if you have a distribution charge. Couldn't get food stamps either. So he was basically left on his own with ten dollars because that's what you get when you leave the penal system in Alabama.

So we created—I'm sorry. He met Dannon with the eleven other kids. He got into a little verbal altercation with a young man that was in the group. He pulled out a gun that he had stolen from someone's house during the three-and-a-half week period that he was out. He did not point the gun at anyone but he did raise the gun. He shot the gun one time. The bullet ricocheted off the corner of a building and as Dannon was running like the eleven other kids, the bullet unfortunately lodged in Dannon's back and he died about nine-and-a-half minutes later.

And so after I met my husband I learned quickly that my husband's family was not only in trauma, but that after speaking with Jermaine, we realized that he too was in trauma. When he committed that crime he never intended to kill anyone that day. In fact he said "I never, I never, I never pointed the gun at anyone." But from that point we realized that if we wanted to do something, if we wanted different outcomes in that community, what we had to do, was we had to start an organization to help people like Jermaine.

Our sole intention was to help the Jermaines of our community by providing resources that they needed, training that they needed, and other services that they needed to get on their feet. And also to prepare our community to receive people when they're coming home from prison. At that time, the state of Alabama had a recidivism rate of over sixty percent. And so we recognized that the state didn't even have a great response or even a half response to people that were returning home from prison. Our sole intent at that time of course was to help non-violent, previously incarcerated persons because what we learned in Alabama was that a lot of people that serve time for non-violent offenses, re-offend within about three years on a violent crime. And we were victims of that.

Since then, fifteen years later, we now also work with juvenile offenders. We work with persons who, or young adults who are out-of-school youth, between the ages of 16 and 24, who have dropped out of school for various reasons. And we also provide a youth bail program. We're a non-profit organization and we provide a number of services. Case management, re-entry, [and] wraparound Supportive Services, education, occupational training and certifications, restorative justice, the whole nine. We serve about five hundred non-violent returning citizens a year, two hundred at-risk youth, and no fewer than two hundred other high-risk populations in our community annually.

So we first became informed about trauma-informed principals after about two-to-three years of working with this population. Working with non-violent adult persons that have served time in prison. We learned, we started observing some behaviors in our participants that they were genuinely happy of course, they were very excited those first two weeks of being released. But then we started noticing it never failed between the fourteen- and sixteen-day mark that there was a depression that was very real, that was behaviors that were not normal [sic]. And so we started documenting what we were seeing, what we were observing. We were already partnering with Alabama Department of Public Health. And we provided that information to them, asking them to provide mental health services to our participants.

After [a] period of time, the Alabama Department of Public Health recommended that we, or that I, basically attend a conference that the Woman's Bureau, through the Department of Labor, was hosting. So of course I went and what I can honestly tell you is that from that seminar is, we learned a lot. I learned that attending that seminar that not only did I need to learn more, but that my whole agency needed to learn a lot about trauma-informed principles. But I can honestly tell you that I am with the Dannon Project, that we have a vested interest in understanding what a trauma-informed systems of care

approach is. And that we're working to figure out how to meet the needs of our participants as well as documenting how we have chosen to move forward to address those participants.

I would strongly impress upon each of the attendees today that a trauma-informed care organizational approach is an ever-evolving process and requires ongoing learning. Further, after attending the seminar, I walked away with the realization that traumatic events happen to all people, at all ages, across all socioeconomic strata. And have potentially causing terror, intense fear, horror, helplessness and physical strength reactions, as both of our presenters ahead of me have already said. Finally I walked away realizing that Jermaine, the one person that actually changed the course of my life and my husband's life permanently, was indeed a victim to trauma and also a perpetrator of causing trauma to us and our community. The reality is Jermaine's trauma was hiding in plain view.

Next, I realize that trauma is so prevalent that we naturally assume that many of the people we serve have in some way or another been affected by trauma. And yes, although sometimes we can detect the effects of trauma from visual perspectives and through the process of conversation, we also realize that utilizing assessments and building relationships are the most effective methods for determining traumatized participants and how to serve their needs, meet their needs.

Well, after attending the seminar we really began seeking additional training opportunities and determined that our entire agency—right down to the Environmental Services team—needed trauma-informed care training. We set aside time to complete an organizational assessment to gain an understanding of what we actually knew versus what we actually thought we knew. We realized we didn't know much about anything except for the fact that we are truly an organization with the culture of fostering positive relationships. And that we foster strong compassionate relationships. Which is half of the battle with trauma-informed care approaches.

We also realized that we were already providing services that foster a trauma-informed environment. That was yet another one fourth of the battle. Further, we gained a sense that our services are based on an optimistic strength, space, and evidence-informed approach, but that we still didn't have a cohesive—we didn't have policies; we didn't have procedures. We didn't even know how to speak to each other about. We knew what some of the symptoms were but we didn't know really what we were doing here. So overall, our general understanding of our approaches were just, they were non-existent.

So that's why we chose to have an organizational assessment but also to get additional training so that we can work on all of those issues and get those issues addressed and fixed. However, it was much more important for us to understand that if we truly wanted to move from just being a compassion field agency providing services needed, we had to embody a trauma-informed culture agency-wide. What I did not want was to be an agency where staff threw out ignorance or become an agency where we re-traumatize people and interfere with recovery during the supportive healing process.

So what do we do, how do we do it, and why do we do it? The agency realized that our trauma-informed care services didn't need to be focused on treating symptoms or syndromes related to trauma, but rather, for us to deliver primary care mental health addiction services, housing, etc. Things that we were already doing but just doing it in a manner that's welcoming and appropriate to the special needs of those affected by trauma. We also realize that we needed to develop a training on what we've learned about trauma-informed care and how to move forward client services. We determined that a paradigm shift was actually necessary to implement our trauma-informed care approaches. We then revised forms, policies, and procedures for effective dis-service delivery. And then we realized that outside of the Department of Public Health we really needed to develop new relationships for staff training as well as for service delivery.

Having an awareness of how trauma impacts people is essential to the healing process. After conducting the organizational assessment and implementing all of the changes we realized that some, not all, staff needed to undergo a paradigm shift. We began to realize that as participants share their trauma or display their trauma we know that the trauma was unexpected, the person was unprepared, and that there was nothing that the person could do to stop it from happening. You see it's not always the event that determines whether something is traumatic to someone but the individual's experience of the event and the meaning that they make out of it. What we decided was, when we pulled together this chart was that instead of us thinking about clients as being a sick, evil, or bad, that we would approach it as that clients are actually hurt and suffering. Another thing is that clients can't change and stop the more destructive behavior if they only have the motivation that's the traditional paradigm, but we realize that clients need a support, trust in safety, to decrease maladaptive behaviors.

These are just some of the things that we realized there needed to be a paradigm shift in our agency. We also defined what the four types of trauma for us—what it is. We developed cheat sheets so that people could have that at their ready disposal to determine when they identify and see behaviors that are associated with the trauma. We determined trauma-type characteristics in our clients by conducting exercises of real life scenarios that were happening with our clients. And we documented possible approaches and scenarios for each type of participant affected by the trauma. At the very core of our trauma-informed care approach we have replaced labeling participants, if you will, as resistant or uncooperative with that of being affected by injury. We believe that viewing trauma as an injury shifts our conversation from asking “What is wrong with you?” to “What has happened to you?”

So I want to talk about three examples of participant trauma that we actually experienced—pretty much on a weekly basis. One example is a heterosexual father that was raped while he was incarcerated. Another is someone was killed by mistake during a participant crime spree. And we actually know that that happens, you know with Dannon. And then we have fathers that have been incarcerated for lengthy periods of time desiring to have a positive relationship with their children. So they all have experienced trauma. It's all different types of trauma. But in the same regard, they still have to be treated and met individually. So we customize services for each of our fathers, each of our participants regardless of what led them to the trauma or through the trauma. And we respond to them based upon their individual needs.

I spoke earlier about having the need to develop additional relationships, not just for learning what this is but to keep us well informed, to keep us trained. But also so that we can have services to be able to provide to the participants as well, once we were able to determine what the effects of the trauma was, as well as treatment for those exhibiting mental health issues. Some of those relationships was [*sic*]the Alabama Department of Public Health, JBS Mental Health Authority, and Licensed Social Workers of Alabama, the association. They have been, provided a wealth of resources and training. As well as counseling to our participants.

Some of the suggestions or tips for agencies who are also working with Father's experiencing trauma, I strongly recommend that if you have not done an organizational assessment to determine what you know and what you think you know, or what your staff or your agency—everybody down to the janitor—that you look at that; you consider having an organizational assessment. You have to understand that the training is not a one-time shop. It's routine and it has to be intentional. It has to be part of your professional development plan for your entire agency.

I strongly encourage people to review and revise their policies, their protocols for their systems of care. To develop an organization of framework for an understanding and a responsiveness to the impact of trauma-informed care. And then if you don't have permissions on board or on your own team to provide these much-needed services for counseling or

anything of that nature, I strongly encourage you to seek partnership and additional resources to support clients affected by trauma. But you also need that for your own staff as well. Because realize we're all human so we have issues that go on at home as well. You don't want to have your team coming in and they're facing trauma, and then they've got to listen to trauma or deal with trauma all day as well. Here are some resources that I identified and am sharing here. I hope we use a lot of these resources ourselves and refer back to them a lot as well as some of the other resources that were already previously mentioned.

Here are some lessons learned for advocating for your clients as well as your staff. Beware of staff burnout and compassion fatigue. I mean dealing with the populations that we deal with and I'm sure a lot of you all deal with, it's very easy over eight- to ten-hour days to become fatigued and burned out about listening to other people's trauma when you have issues going on yourself. Develop a resource guide for both staff and clients. Make client and staff safety a priority. And then promote an environment of empowered staff and clients with choice and flexibility. What we learned was when providing choices to involve the client in the decision-making process, with regard to their treatment, to their service options. That's when possible.

Inquire about counseling in the past and offer referrals if indicated. Ensure that the client feels comfortable during invasive assessments and procedures. But also make adjustments to these processes when the clients request it. It often is possible. Another thing that we do is we allow the client to set the pace. Slow down and take breaks as required. We may have our agenda that we want them to get this done in an hour, but the reality is you don't want to go back and re-traumatize them if you're trying to make them do something within your time frame. I think a good thing is to continually inform the client of what's happening during encounters and assessment. And where possible give the client choices about their referrals. Involve other service providers that are already involved in the client's care. And then try to understand the meaning the client gives to the trauma from their own cultural perspective. Because our cultures are different. We can't try to impress our culture upon someone else. You know it is it doesn't work that way. But I also understand what healing means to the client within their cultural context. And I really just challenge people to be open to learning and asking questions about the client's culture.

Before our organizational and work-setting responsibilities, what we had to do was to try to step back and to create a psychologically safe workplace. This really means that we try to promote an environment that is not only trauma-informed with principles but making sure that our staff and our clients knew that our environment is safe, it's trustworthy and it's not just for those receiving the services as I said earlier, but also for those that provided the services. Trauma-informed workplaces place a high value on staff wellness as well as open and respectful communication. In doing so it really makes an important contribution to addressing the impact in healing the trauma exposure response.

One of the things that I think that you can do for your staff is to promote a team environment and work in a team environment. But more importantly, create a culture to counteract the effects of trauma. And then some of the ways that you can do that is by establishing a clear value system within your organization. Other things is, obtain supervisory and management support, but remember the general approach is to seek solutions but not to assign blame. And more importantly communicate openly and effectively. Ensure that there's transparency and expect a high degree of cohesion.

So with that being said, I turn it back over to you.

Nigel Vann: Thank you very much, Kerri. We really like Kerri's slide here to say that it's an open discussion. So then now we're going to have an open discussion here with the presenters. We've got a few questions come in. I encourage you to send any more if we don't have time for them. As I said, we will try and address them and post them online.

Just a follow up on one thing that Kerri said that I think is really important of understanding the cultural perspective of the clients and what healing means in their culture. It can be a problem sometimes to find a provider in the community who understands what you're doing in your program context. I'd just like to ask, I think mainly Derrick but perhaps Kerri and Lamar can chime in on this too. If I could start with you Derrick, though. Have you got any advice for the audience in terms of how you 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?

Derrick, are you on mute?

Lamar Henderson: Sounds like he is.

Nigel Vann: Maybe we've lost Derrick.

Operator: Derrick's phone has disconnected.

Nigel Vann: Oh wow, OK. Well hopefully he can join us again. Well then, let me pose that question for either Kerri or Lamar then.

Lamar Henderson: Could you repeat the question, please?

Nigel Vann: Sure, I'm just wondering if you have any advice for ways to connect with a culturally relevant mental health provider in the community, if you've got a father who you've seen has got some issues that you really can't handle in-house. How would you recommend you find someone in the community who can really provide those services in a culturally appropriate way?

Lamar Henderson: Absolutely. We work very closely with Mental Health and also Sierra Vista Family Services Center. As well as Castle Family Help. And 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 that we want to—the importance of not re-traumatizing. So our practice is, when we make a referral for someone to see someone outside of our office, because understand they've already invested trust in us, we don't just send a referral and send them over there. Our practice 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 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.

Nigel Vann: Great, thank you very much, Lamar. Let me pose the next question to Kerri. I see Derrick is back with us so we'll make sure we pull you back in here, Derrick, in a minute. The next question is, what kinds of recommendations would you offer for trauma-informed programming with teen fathers? Is that something you could speak to, Kerri?

Kerri Pruitt: Yes, and 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 that and so when we work with them we do something - 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 something called a participant profile, where we talk about where we are able to share results from the assessment that we've provided.

We do something called a 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. But yes, we do work with that.

Again, I don't want to say that it's a lengthy process but it does take a time and you have—every service is done, 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.

Nigel Vann: OK. Great, thanks. Derrick, did you have something you'd like to add to that?

Derrick Gordon: Yeah, I do. 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. And so, 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.

Nigel Vann: OK. Thanks, Derrick. It's good to have you back.

Derrick Gordon: Sorry about that. I went to touch the speaker and I hung up accidentally.

Nigel Vann: That's OK. Happens to the best of us. So I have a few more questions. I don't think we're going to have time to get through all of them. Let me ask this one and then we'll have our evaluation question. And then we'll come back for another question or two if there's time. But I do want to leave time at the end for everybody to just give us a quick final takeaway thought. If you want to be thinking about that.

I've got just a general question here. Let me pose this first to you, Lamar, and anyone else can chime in if they want to. The question is, 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: Well, what I usually do if I—before—most of the time that'll present itself when we meet one-on-one. And then, I'll 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 also to—I'm engaging him in some conversation in regards to his resiliency. And the fact that you have survived these things and you're here today says a lot about you and your character, and who you are as a survivor.

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.

**Nigel Vann:** Great thanks, Lamar. Let me just pose a quick question for Kerri and then we'll have our general evaluation. And then we'll come back for a few more. So Kerri, this is a question asking about the changes in policies and practices that you had mentioned. 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:** Yes. When, going back to the one question that I did pose earlier, rather than saying "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. That no one is—you know you can kind of reduce fights if you will. You can kind of 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. You cannot put your—you cannot physically assault anybody. Not that that was happening anyway. But we still wanted to get it documented. But the way—and watch, you know, especially social media—the way if they text, if they start texting, if they start coming back, 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. How do you respond in writing, orally, the whole nine? So that's one of the ways.

**Nigel Vann:** OK, well great, thanks Kerri. Enzo, can we just pull up the evaluation questions? And we'll do that and come back for some final words here. So again this is just to get your feedback on these three questions. I think you can see them on the screen so I'm not going to read them. I'm going to let you do that.

While you're doing that, there is one question that just came in that I think is pretty important. And I would just like to give everyone a chance to quickly respond to this. It may mean that you can't do your final four but I think this part [i]s more important. The question is, do you recommend having a participant complete a trauma survey at program intake? If you'd just like to offer some thoughts on that.

Derrick Gordon: Yeah, this is Derrick Gordon speaking. 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? And so the researchers—I mean my colleagues—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.

And so I would say the 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.

Nigel Vann: OK and to add to that, Kerri or Lamar?

Lamar Henderson: Well 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. What we do is, as I shared, that we 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.

Nigel Vann: OK, thanks. Kerri?

Kerri Pruitt: Yes, 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 on top of that, 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.

Nigel Vann: Great.

Lamar Henderson: If I could just kind of chime in as well. 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.

Nigel Vann: OK. Thank you very much. Lisa, did you want to have a final word here?

Lisa Washington-Thomas: Thanks, Nigel. I just want to thank everyone. This has been an excellent conversation and discussion. And hopefully you can use the information that we have here to inform your program. So thank you, thank you to our presenters and thank you to all attendees. And thank you, Nigel and your staff.



Nigel Vann: Thank you very much, Lisa. We are over time but I will give each of you just sort of ten seconds if there is one final thought you'd like to leave the group with. It's got to be real quick. Derrick, do you have a final thought?

Derrick Gordon: I just say, remember the issues of trust and safety.

Nigel Vann: Thank you. Lamar?

Lamar Henderson: I agree as well. Understand that this is most important work and that it has a tremendous effect not only on the fathers we're serving but also the legacy that father leaves as it relates to his family and children.

Nigel Vann: Yes. Wow yes thanks. Kerri?

Kerri Pruitt: I echo both of the presenters and I just want to challenge everybody to make sure that as they're developing trauma-informed care, principles, and approaches in their agency, don't just think about the client, but also think about your staff as well.

Nigel Vann: Absolutely. Yeah well, thank you very much, everybody. And thank you everyone for joining and the great work that everyone's doing out there. Let's carry on and let's keep changing the world. Thank you very much. We'll talk to you next time.

Operator: Thank you and again ladies and gentlemen that does conclude our conference for today. We thank you for your participation.