

**2017 Mississippi Trauma Informed Care Conference**  
**“Standing in the Eye of the Storm”**  
**Jackson Convention Complex**  
**September 27 - 29, 2017**

**Call for Presentations**

For the past 3 years, several state and local agencies have hosted a Trauma Informed Conference. Each year, the premiere conferences have brought together over 600 participants representing mental health and substance abuse professionals, first responders, crisis staff, educators, homelessness, domestic violence, human trafficking and other advocacy agencies, peer support specialists, family members and young adults, social workers from child welfare and other agencies, juvenile justice, colleges and universities, and many more.

The 2017 Mississippi Trauma Informed Conference planning committee is seeking presentations for 60 - 90 minutes keynote presentations **AND** 90-minute breakout sessions that are diverse, practical and address critical issues of importance in creating a trauma informed system of care. The goal of this conference is to build skills, knowledge and awareness in order to respond effectively and appropriately to various aspects of child, adolescent and adult trauma on introductory, intermediate and advanced levels.

**Invited Session Topics Include but not limited to:**

Child, Youth and Family • Mindfulness • ACE Study • Organizational Policies and Practices • Underserved Survivors • Trauma and IDD Populations • Trauma in the Elderly Population • Trauma Sensitive Schools • Trauma in the Workplace • Chronic Disease, Public Health and Trauma • Homelessness • Veterans • Secondary Trauma and Self-Care • Generational Trauma • LGBTQ • Child Welfare • Trauma Informed Approaches to Suicide Prevention • Domestic Violence • Best Practices • Cultural Responsiveness • Creative, Arts and Trauma Healing • Evidenced Based Practices • Human Trafficking • Community Development • Criminal Justice/Juvenile Justice Substance Use • Early Childhood • Personal Stories of Recovery • Trauma and Social Media

Each presenter is provided with free conference registration. **Conference related expenses will be decided on an individual basis by the committee.** Each room will have a laptop, projector, sound system and internet access.

<b>Important Dates</b>	
<b>2/28/2017</b>	<b>Conference Presentation Deadline</b>
<b>3/17/2017</b>	<b>Notice Of Conference Presentation Acceptance/Rejection</b>

**2017 Mississippi Trauma Informed Care Conference**  
**“Standing in the Eye of the Storm”**  
**Jackson Convention Complex**  
**September 27 - 29, 2017**

***Call for Presentations***

Title of Presentation: \_\_\_\_\_

*Please Note: Please type or print the Call for Presentation.*

Presentation Type

Keynote

Breakout

Both

**ABSTRACT:** *Please limit abstract to 100 words or less. This will be reprinted the Conference Program.*

Provide a minimum of (3) scholarly citations/references in APA Format.

Name \_\_\_\_\_ Title \_\_\_\_\_  
Organization \_\_\_\_\_ Phone (work) \_\_\_\_\_  
Address \_\_\_\_\_ Phone (home/cell) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Email \_\_\_\_\_

---

Name \_\_\_\_\_ Title \_\_\_\_\_  
Organization \_\_\_\_\_ Phone (work) \_\_\_\_\_  
Address \_\_\_\_\_ Phone (home/cell) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Email \_\_\_\_\_

---

Name \_\_\_\_\_ Title \_\_\_\_\_  
Organization \_\_\_\_\_ Phone (work) \_\_\_\_\_  
Address \_\_\_\_\_ Phone (home/cell) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Email \_\_\_\_\_

---

Name \_\_\_\_\_ Title \_\_\_\_\_  
Organization \_\_\_\_\_ Phone (work) \_\_\_\_\_  
Address \_\_\_\_\_ Phone (home/cell) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Email \_\_\_\_\_

---

Name \_\_\_\_\_ Title \_\_\_\_\_  
Organization \_\_\_\_\_ Phone (work) \_\_\_\_\_  
Address \_\_\_\_\_ Phone (home/cell) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Email \_\_\_\_\_

# Planner/Presenter

Title of Presentation: \_\_\_\_\_

Planner/Presenter: \_\_\_\_\_

*Please Note:*

1. Please type or print Planner/Presenter Form.

2. **Please submit a separate form for each presenter. Duplicate for additional presenter information.**

3. Title of Presentation cannot be changed once submitted. Title should clearly indicate the content of the presentation.

Select the option that best describes your role:      Lead      Planner      Presenter

## VESTED INTEREST

1. Have you received anything of value from a commercial supporter, which may have been perceived as a direct or indirect interest in the subject(s) you are addressing in this educational activity?

Yes      No      If yes, please list the commercial supporter: \_\_\_\_\_

If Yes, please describe your relationship: (select all that apply)

Speaker's Bureau      Shareholder      Major Stockholder      Grant/Research Support

Consultant      No relationship      Large Gift(s)      Other, please describe:

2. Describe professional experience and/or areas of expertise (including publications) related to the involvement in continuing education.

3. Identify how you took part in the planning and evaluation of this activity:

Planned objectives/content	Reviewed evaluation summary	Will utilize evaluation to revise presentation as needed
Planned teaching strategies	Attended committee meetings	
Planned time frame	Other, please describe below	

**PRESENTER QUESTIONS (VESTED INTEREST)**

4. **Presenter**, during your presentation, will you include discussion of an unlabeled or investigational use of a product, device, or drug that has not been approved by the FDA? For the use being presented in this educational activity?  
Yes      No      If yes, please explain below:

If yes, you must disclose this information during your presentation. Select a method of disclosure:

Handouts      Verbally, during presentation      Audiovisuals      Other, please describe below:

Each presentation will be evaluated. Describe how presenter will utilize evaluation results.

5. **Presenter**, how will your presentation practice cultural awareness?

6. Approved training must be provided by professionals with specific expertise in the subject area. Describe subject expertise:

7. Discuss research related to this training. List a minimum of (3) scholarly references.

8. If you answered yes to # 1 and # 4, how will conflict of interest be resolved?

**EDUCATION**

**ATTACH CURRICULUM VITAE  
INCLUDE DEGREE(S), INSTITUTION(S), MAJOR AREA OF STUDY AND YEAR DEGREE WAS AWARDED**

# Presenter Educational Design

Title of Presentation: \_\_\_\_\_

Please Note:

1. Please type or print & submit one form for each proposed live presentation.
2. Title of Presentation cannot be changed once submitted. Title should clearly indicate the content of the presentation.
3. Each room will have a laptop, projector, sound system and Internet access.

**Information submitted on this form will be reprinted in the conference program.  
Please ensure this form is completed clearly and adequately describes your presentation.**

Objectives: List three (3) learning objectives for participants. Begin objectives with action verbs, i.e. discuss, define, list, demonstrate, etc. Content is specific and in outline form. At the end of this activity the participant will be able to:

**Objective 1: Content** \_\_\_\_\_

Timeframe (Time for objective): \_\_\_\_\_

Presenter(s): \_\_\_\_\_

Teaching Strategies/Resources: \_\_\_\_\_

Evaluation Tool: Post Test    Structured Interview    Attitude Scale    Direct Observation of Skill Performance    Other

Evaluation Category: Learner Satisfaction    Knowledge    Skill & Attitude Change    Change in Practice    Other

**Objective 2: Content** \_\_\_\_\_

Timeframe (Time for objective): \_\_\_\_\_

Presenter(s): \_\_\_\_\_

Teaching Strategies/Resources: \_\_\_\_\_

Evaluation Tool: Post Test    Structured Interview    Attitude Scale    Direct Observation of Skill Performance    Other

Evaluation Category: Learner Satisfaction    Knowledge    Skill & Attitude Change    Change in Practice    Other

**Objective 3: Content** \_\_\_\_\_

Timeframe (Time for objective): \_\_\_\_\_

Presenter(s): \_\_\_\_\_

Teaching Strategies/Resources: \_\_\_\_\_

Evaluation Tool: Post Test    Structured Interview    Attitude Scale    Direct Observation of Skill Performance    Other

Evaluation Category: Learner Satisfaction    Knowledge    Skill & Attitude Change    Change in Practice    Other

# *Presentation Checklist*

Call for Presentations Forms

Presenter Educational Design

Planner/Presenter Form (for each presenter)

**Vita or Resume (for each presenter)**

---

*Please sign and date below. If providing electronic signature, a statement must be included (next to signature) verifying that your electronic signature is the equivalent of your acknowledgement and verification of the information provided.*

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Click below to submit your form electronically or print and remit to the address below.

***Submit Presentation by  
February 28, 2017***

2017 Trauma Informed Conference  
Attn: Jackie Chatmon  
Department of Mental Health  
1101 Robert E. Lee Building • 239 N. Lamar St.  
Jackson, MS 39201  
Phone: 601-359-6216  
Fax: 601-576-4040  
Email: jackie.chatmon@dmh.ms.gov