Community Impact Fair 2020

Groups:

Public Health: Epigenetics

Business of Illness: Sugar

Patient & Relationship

Police & Community Relations

Mass Incarceration

We are in the Community and of the Community

- Without you and your guidance, our science may not be of full service
- We invite you to provide us feedback and direction on our Community Projects and the Presentation.
- Thank you for being here and sharing your insights
- We are the next generation of helping professionals and we wish to partner with you in everything we do
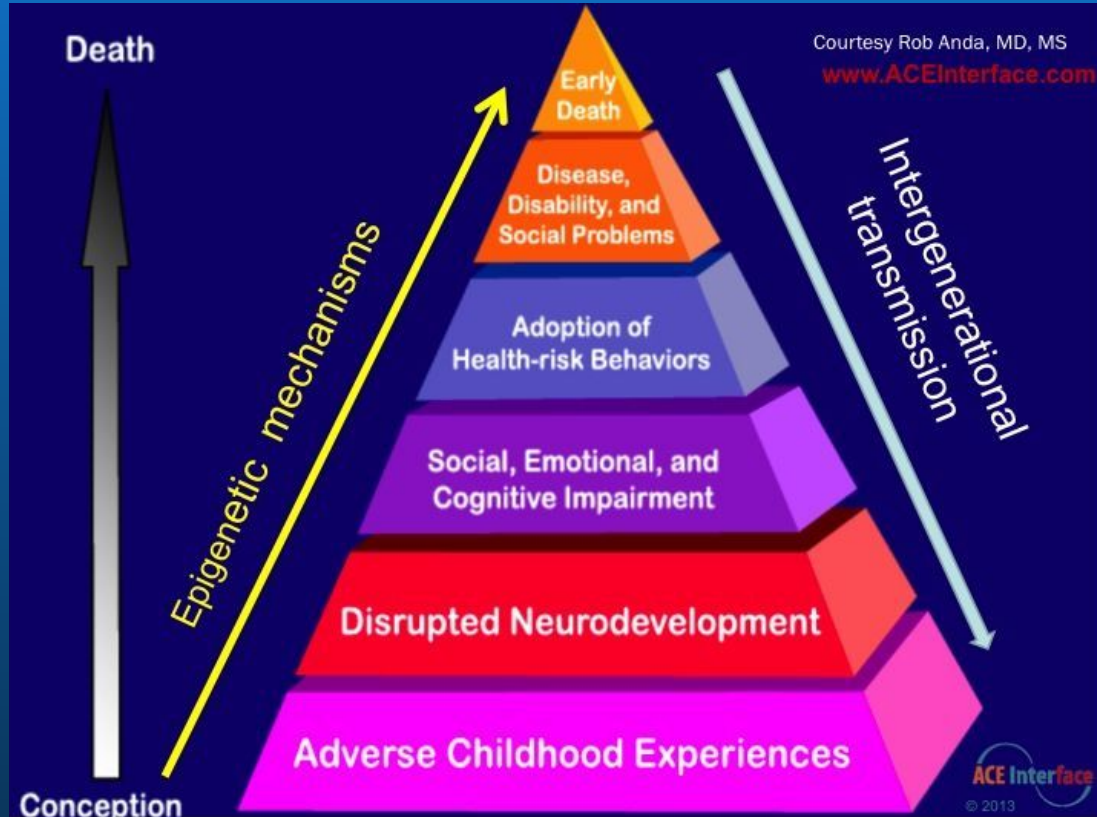
Public Health: Epigenetics - ACEs

Mitch Carlson, Caitanya Cook,

Sahar Khatami, & Antonio Teon Gil

Alliant International University

Epigenetics & Adverse Childhood Experiences

Resiliency

Hard Things & Stressors:
- Not able to pay bills
- Not enough food to eat
- Violence
- Health problems
- Housing that does not feel safe

Good Things & Resources:
- People that you can count on
- Dependable transportation
- Safe housing
- A doctor you trust
- Having enough money

Things about You:
- Genetics and DNA
- Resiliency/ACE score
- Life story
- Personality

Resiliency is when the scale tips toward the good even when there are stressors and hard things.

(www.buncombeaces.com)

Key Components

- Transdisciplinary Approach

- Stress Hormones/ACE

- Growth From Adversity.

- ACEs in the Education System

- Trauma Informed System

  Factors

- Community Resources

- Cultural Variations

- Transitions of Care

- Environmental Factors

- Ecology

Driving Perspectives

-The past didn't go anywhere-

-We have a collective responsibility to respond-
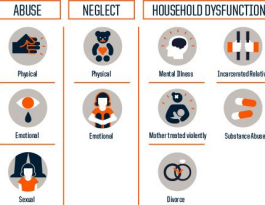
-Now that I am aware I must engage-

Policy

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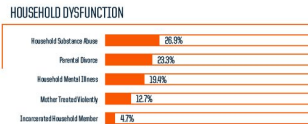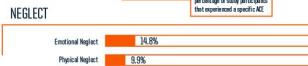Sahar Khatami

THE TRUTH ABOUT ACEs

WHAT ARE THEY?

ACEs are **ADVERSE CHILDHOOD EXPERIENCES**

The three types of ACEs include

ABUSE	NEGLECT	HOUSEHOLD DYSFUNCTION	
Physical	Physical	Mental Illness	Incarcerated Relative
Emotional	Emotional	Mother treated violently	Substance Abuse
Sexual		Divorce	

HOW PREVALENT ARE ACEs?

The ACE study* revealed the following estimates:

ABUSE

Physical Abuse	28.3%
Sexual Abuse	20.7%
Emotional Abuse	10.6%

percentage of study participants that experienced a specific ACE

NEGLECT

Emotional Neglect	14.8%
Physical Neglect	9.9%

HOUSEHOLD DYSFUNCTION

Household Substance Abuse	26.9%
Parental Divorce	23.3%
Household Mental Illness	19.4%
Mother Treated Violently	12.7%
Incarcerated Household Member	4.7%

Of 17,000 ACE study participants:

- 36% have experienced 0 ACEs
- 26% 1 ACE
- 16% 2 ACEs
- 9.5% 3 ACEs
- 12.4% 4+ ACEs

64% have at least 1 ACE

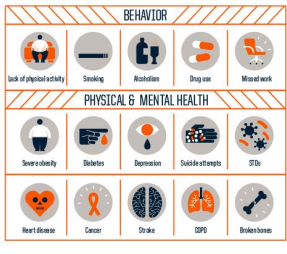## WHAT IMPACT DO ACEs HAVE?

As the number of ACEs increases, so does the risk for negative health outcomes

RISK

0 ACEs   1 ACE   2 ACEs   3 ACEs   4+ ACEs

Possible Risk Outcomes:

BEHAVIOR

Lack of physical activity | Smoking | Alcoholism | Drug use | Missed work

PHYSICAL & MENTAL HEALTH

Severe obesity | Diabetes | Depression | Suicide attempts | STDs

Heart disease | Cancer | Stroke | COPD | Broken bones

Universal Screening

- Mandatory ACE screening part of school registration

"Outside of the home, schools are the largest part of a child's social environment," said Shelley Hitzel, senior case coordinator, Child Advocacy Center of Niagara. "Therefore they are in a unique position to provide children with an ongoing stable, safe, supportive, and trustworthy environment that fosters positive post-traumatic adjustment and mitigates the lasting impact of adverse childhood experiences."

Practice

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Caitanya Cook

Weekly Check-Ins

- Students are required to submit a well-being assignment every monday.
- Alerts teachers of stress students may be experiencing so that they can reach out and provide resources for students and their families.

Name: _____ Date: _____

1. Describe how you are feeling right now (cannot use the words good, bad, okay, or alright. Cannot use physical describing words such as sleepy, tired, or hungry):

   _____

2. What was the worst thing that happened to you last week?

   _____
   _____
   _____

3. What was the best thing that happened to you last week?

   _____
   _____
   _____

Peer Check-ins

- **Pair older students with younger students.**
- **Older student checks in with younger student multiple times a week.**

(Kim, 2017)

Language

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Antonio Teon Gil

What is Emotional Literacy?

- The first stage in developing Emotional Literacy is usually for a child to become comfortable exploring and discussing their feelings
- Emotional Literacy involves being self-aware in recognizing one's own feelings and knowing how to manage them.
- Emotional Literacy also includes recognizing other people's feelings and at the same time expressing one's own feelings.
- Being literate with emotions leads to better behavior, more maturity, being more happy, and having higher self-esteem.

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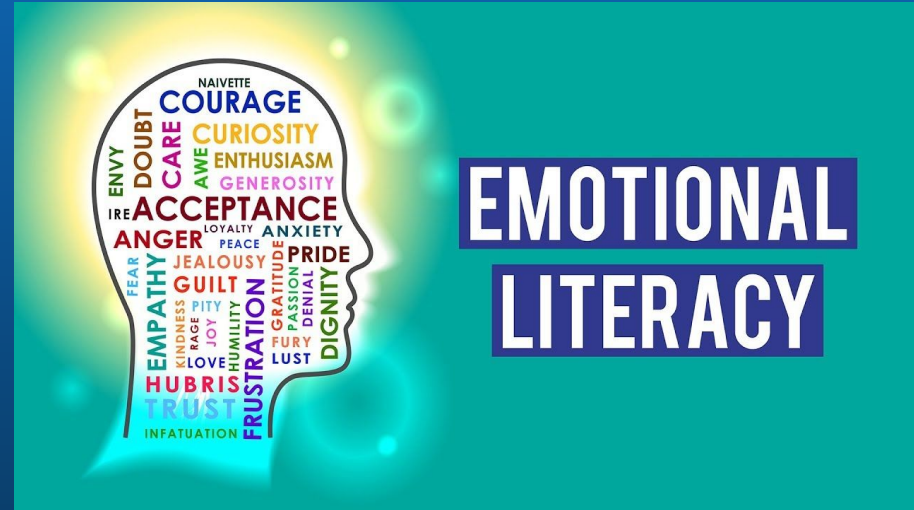
Vygotsky's Theory of Cognitive Development

- Social learning comes before cognitive development.
- Children's cognitive development is advanced through collaborative social interaction with other people, particularly those who are more skilled.

Place

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Mitch Carlson

Mindful Interaction

- Increase in online platforms of communication
- The rise of Zoom
- Increasing online presence in recent years
- COVID-19 Impact
- A place for mindful interaction

Inclusion

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Mitch Carlson

Intentional Interpersonal Communication

- Communication with compassionate intent
- Authentic online communication
- A chance to explore the creation of new values
- Two Eyed Seeing

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Thank You

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Business of Illness: Sugar

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Jose Jimenez, Christina Schultz, Sirena Shar

Key Components

- Compassion
- Community Resources
- Environmental Factors
- Mental Health
- Social Economic Variations

- Statement of Ecology
- Transdisciplinary Research & Approach
- Three Pieces of Current Research
- Trauma Informed Systems
- Wellness-Care

3 Pieces of Current Research

- *The "Sugar Pack" Health Marketing Campaign in Los Angeles County, 2011-2012.*
  - *Experience based marketing*

- *Sugar Consumption produces effects similar to Early live stress exposure on hippocampal Markers of Neurogenesis and stress Response.*
  - *Sugar effects neurogenesis and hippocampal dependent memory*

- *FDA Changes to Nutrition Facts Labels*
  - *Added sugars are now required to be added.*

Socioeconomic Variations

- Neighborhood food environment have drawn research attention
  - how supermarkets, convenience stores, and fast-food restaurants relates to obesity risk.
- "food desert" to refer to neighborhoods with limited access to full-service grocery stores or supermarkets.
- If small stores changed the food they stock, they could have a positive influence on community members' diets and obesity risks.

Environmental Factors

- Marketing/ Media Influence

- Food and beverage industry

- Aimed at children and specific groups

- Power of the media

- Marketing tactics

- Market targeting

Policy & Language

Identified Issues:

- Currently the United States has no law enforcing taxes on sugar drink companies (WHO, 2017).
- Food Labels for food is confusing for consumer (FDA, 2020).
- Language on nutrition labels need to be clear.
- Laws enforcing tax and label change must be clear and leave no room for interpretation.

Recommendations:

- Policy needs to move to tax sugary drink.
- Policy should also move to demand more information provided on sugar drinks and added sugar in labels.
- Language on labels should be clear and not confusing.
- Start teaching children in health class how to read labels.

Place & Practice

Identified Issues:
- The higher rates of obesity found in low income and racial/ethnic minority groups in the United States
- Environmental barrier to healthy eating are often greater for people who have lower incomes, less education, language barriers.
- Traditional healthy diet education campaigns often fail to reach them.

Recommendations:
- Schools incorporate lectures on nutrition label reading. (Place & Practice)
- Incorporate healthier choices for food in low-income areas (less food desserts)

Inclusion

Identified Issues:

- Lower income families are especially vulnerable
- Racial, ethic, and income disparities
- Transmitted across generations

Recommendations:

- Create a plan that is diverse, inclusive, and a collaboration
- Starts at schools
- Build a community where everyone gets involved
- Nutrition and behavior change interventions
- With spread of awareness, policy can be made
- Break the chain

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# Police and Community Relations

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Key Components

- History of Policing
- Transition of Care
- Public Opinion
- Cultural Variation
- Environmental Factors

- Influenced by Ecology
- Influenced by COVID-19
- Police and Community Involvement
- Collaboration
- Community Resources

Relevant Issues to Policy, Practice and Language

- Development of policy, practice and Language through History
  - Political Era (1830-1920) Bureaucratized model
  - Traditional Policing = "Para-military Structure" "Reaction based" integrated weapons
  - Professional and Reform (1920-1960) ="Command & Control" Due to Union/Civil Rights
  - Philosophical punishment = Cultural conflict as seen in these statements:

- "Eye for an Eye"
- "Just Desserts"
- "Lock the door and throw away the key"
- "Rehab for everyone"
- "The offender is also a victim"
- "The officer is the punishment"
- "separation from society"

Relevant Issues to Policy, Practice and Language

- Policing & Laws Influenced by Political Powers = Fear, and Inequality
  - Colonial Era - Slavery Era 1619-1865   "SLAVE PATROL"

  - Reconstruction Era- 'Convict leasing" Arresting Freed Slaves to reconstruct south's lost investment

  - Post reconstruction Era - 1890 enforcing Jim Crow Laws of Segregation

  - FDR - New Deal "reform"- 1935-1955 FHA= Redlining, Labor Law=min wage, poverty

  - Nixon Era, 1970 Law & order, "War on crime"= War on Race, Fear Racialized, Drug Addiction became a Crime

  - Ronald Reagan - 1980's "War on drugs"   Economic inequality increased

  - Bill Clinton - 1990's "tough on Crime" 3 strikes

  - War and Terror - arrest based on "fits the profile" due to the terrorist attacks of 9/11

Recommendations

Policy:

1. interpreting significant public safety trends, important lessons (past),

2. examining primary policing practices and community safety priorities (present),

3. understanding and co-constructing alternative policing priorities (future).

4. (8)"**P**"s Philosophy, Personalized, Policing, Patrols, Permanent, Place, Partnership, Problems

Practice:

- Fairness

- Integrity tests

- Restorative justice

- Arrest Methods

- Trust building methods

Language:

Verbal I Non-verbal Communication

- Voice Characteristics Tone, Pace, Pitch

- Trauma informed = Emotional Intelligence, Emotional Literacy empathizing, compassion

- De-escalating techniques 1.Presence

The SARA Model

- Identify the Problem
- Describe the Problem

Scanning

Analysis

- Identify Persons Involved
- Document Scope
- Determine Causes
- Describe Setting & Social Context

- Evaluate Process
- Evaluate Impact
- Assess New Problems

Assessment

Response

- Collaborate on Solutions
- Involve Community
- Action Plan
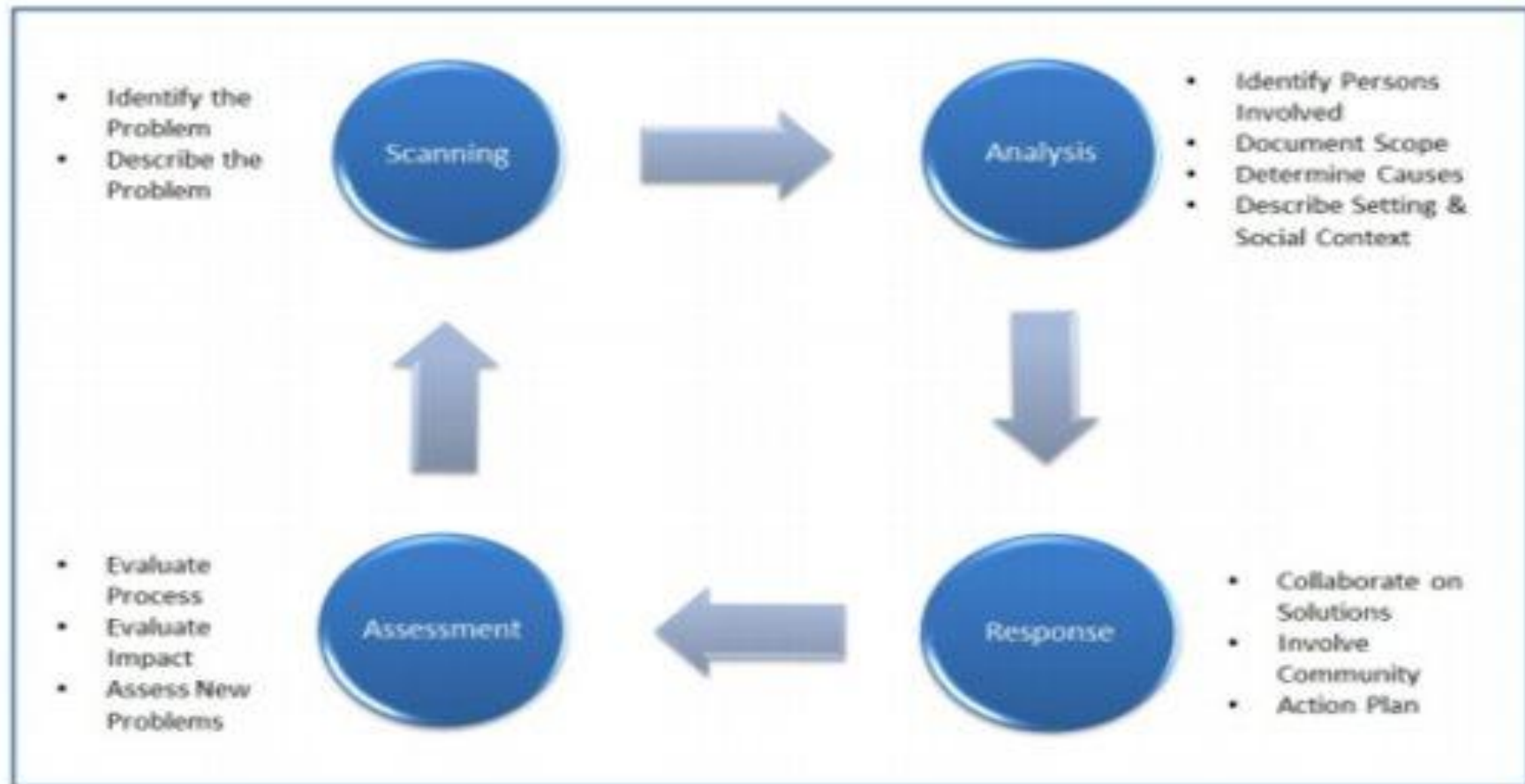
Relevant Issue to Places and Inclusion

Bias and Miscommunication

- Unconscious Bias
- Discrimination
- Stereotypes

- Unjust Authority
- Public Opinion
- Media

Recommendation

Place:
- Community
- Building or Center
- Neutrality
- Meeting

Inclusion:
- Law Enforcement
- Community
- Facilitation
- Communication

Thank You!

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Doctor and Patient Relationship

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Alliant International University

Language

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Renfeng Deng

What is the doctor-patient relationship?

The doctor-patient relationship refers to the interaction between doctors and patients. In the concept of modern medical ethics, it is the basis of trust and cooperation between doctors and patients. Most doctors must learn and maintain respect for the dignity, privacy, and needs of patients from internships, even informal hospitals(李敏. 2013).

Why is the doctor-patient relationship important?

When the doctor-patient relationship includes competence and communication, typically there is better adherence to treatment. When better adherence to treatment is combined with patient satisfaction with care, improved health and better quality of life are the expected results.The success of treatment can be greatly impacted by the doctor-patient relationship(McKinstry, B.1990).

The role of language in the doctor-patient relationship

The process of turn-taking between health care professionals and the patients has a profound impact on the relationship between them. In most scenarios, a doctor will walk into the room in which the patient is being held and will ask a variety of questions involving the patient's history, examination, and diagnosis(Brown, P. J., & Closser, S.2016).

Language problem

Doctors are practicing a form of conversational dominance in which they see themselves as far superior to the patient in terms of importance and knowledge and therefore dominate all aspects of the conversation. Constant interruptions from the patient whilst the doctor is discussing treatment options and diagnoses can be detrimental or lead to less effective efforts in patient treatment(Brown, P. J., & Closser, S.2016).

What can we do?

First, we must train patients to be more assertive when obtaining medical care.

Second, more serious efforts to diversify the physician workforce in both clinical and academic roles must replace current rhetoric.

Third, we need to expand our view of the doctor patient relationship to include the entire "environment" of care. Using professional interpreters as culture brokers and using new interpreter technologies appear to be helpful. Additionally, integrating community health workers into practices has been a successful strategy.

Practice

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Chengfeng Yang

Practice

Fujian medical university offers relevant doctor-patient communication courses, as well as practical opportunities for students to improve in training. The connection part is divided into theory and practice.

Theory

We will know which doctor-patient relationship problems are prone to appear in different outpatient departments, what kind of patients we need to communicate with, and how we need to communicate with different patients. We need to learn what language to use to be contemptuous and express our opinions.

For example, in pediatrics, we are faced with anxious parents, so we need to learn to appease parents. We need to show empathy in patients who have had a major accident.

Practice

We adopt the way of role playing, group training, students acting out patients and doctors, imitate the doctor-patient relationship problem under different conditions.The students to be trained in the scene, to the facial expression, speech communication to adjust, let oneself can better communicate with patients.
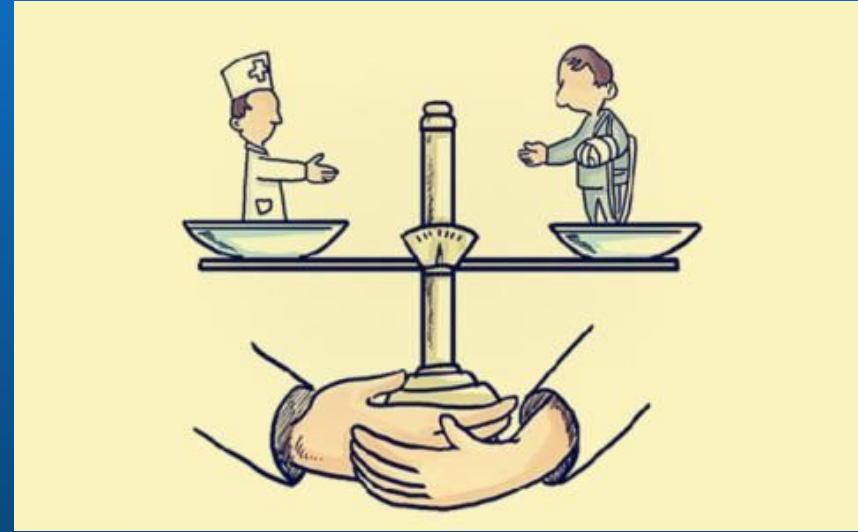
Policy

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Mengqian Wang

Current problems of government policy and corresponding countermeasures

Insufficient publicity of medical knowledge

At present, many Chinese people have old ideas and do not trust new medical technology. Painless labor, for example, were 90 percent common in the United States in 2012, but only 10 percent in China.

Therefore, medical knowledge should be widely disseminated to the public, such as the benefits of painless labor.

Current problems of government policy and corresponding countermeasures

The government financial subsidies to the public medical institutions accounted for only 14.56% of their income, medical institutions are under financial pressure, property from the nominal public welfare to essentially profit-making transformation. Doctors, constrained by the profit-seeking environment and their own considerations of income, leading to sharply rising medical costs.

Place: Remote Region

Uneven development of medical resources leads to poor communication between doctors and patients. China's medical resources are excessively concentrated in developed areas such as cities, so it is difficult to form a hierarchical medical treatment.

China should establish and improve the existing medical assistance system to provide medical assistance to low-income and other vulnerable groups. The emphasis on establishing the medical insurance system for disadvantaged groups or special groups plays a crucial role in alleviating social contradictions and doctor-patient relationship.

Inclusion

Shichao Xu

work distribution

ACEs Aware
- Screen Treat — Renfeng Deng
- Concept Heal — Shichao Xu

Forecast
- 12 core Concepts of Trauma Stress
- Sitcoms show

Chengfeng Yang
Mengqian Wang
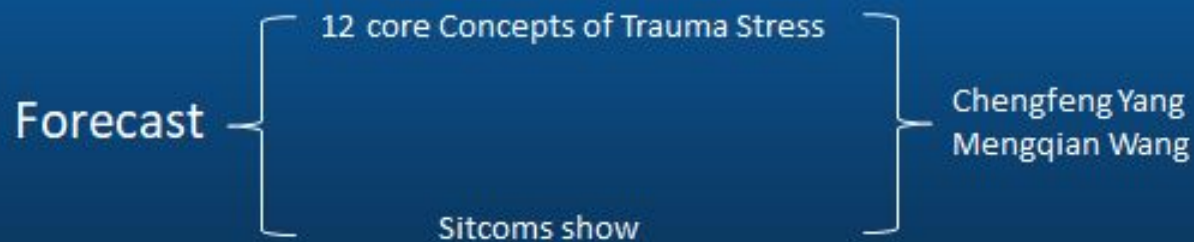
ACEs Aware

Concept

ACEs are stressful or traumatic events experienced by age 18, identified in the landmark Centers for Disease Control and Prevention (CDC) and Kaiser Permanente (KP) Adverse Childhood Experiences Study, to be strongly associated with increased health and social risks. Early detection and early intervention can help prevent or reduce the health risks associated with ACEs.

Screen

Screening Tools

Children & Adolescents: Child (Parent-Caregiver Report) – Identified (English)

Adults: Adult ACE Screener – Identified (English)

Chinese scale

The K-R20 coefficient of ACEq-r was 0.83. The half-reliability coefficient of Guttman is 0.75 (P < 0.01). Retest was conducted 4 weeks after the initial measurement, and the intra-group correlation coefficient (ICC) of the two scores was 0.70 (P < 0.01).

ACE-R

本问卷是调查您 18 岁以前的成长经历，请回忆当时的情境，按照真实情况在相应选项中画 √。

1	您的父母、继父母，或曾经和您住在一起的其他成年人，在您 18 岁以前曾经：		
1a	咒骂您、侮辱您、轻视您、或者让您觉着自己很丢脸？	是	否
1b	他们表现出来的样子让您时刻担心会挨打受伤？	是	否
2	您的父母或其他成年人，在您 18 岁以前曾经：		
2a	推搡、抓、摇晃、掌掴您或朝您身上砸东西？	是	否
2b	殴打您，导致您身上留下了青斑、瘀斑等印迹或伤痕？	是	否
3	有成年人或者比您年长至少 5 岁的人，在您 18 岁以前曾经：		
3a	以性的方式触摸您、爱抚您，或者让您触摸他（她）们的身体？	是	否
3b	企图或者真的通过口腔、肛门、或者阴道与您性交？	是	否
4	在您 18 岁以前，您曾经感到：		
4a	家里没人爱我，或家里没人使我觉得自己很重要或不一般？	是	否
4b	家里人彼此互不关心、关系不亲密、互不支持？	是	否
5	在您 18 岁以前，您曾经感到：		
5a	吃不饱，不得不穿脏衣服或没有人保护您？	是	否
5b	您的父母因为喝醉或酗酒，以致不能照顾您，或者在您生病的时候，没有人送您去医院？	是	否
6	在您 18 岁以前，您的亲生父母曾经因为分居/离婚、抛弃或者其他原因失去您？	是	否
7	在您 18 岁以前，您的父亲（或继父）曾用下列方式对待您母亲（或继母）：		
7a	经常推、抓、扇耳光或朝她扔东西？	是	否
7b	有时或经常踢、咬、用拳头或硬东西打她？	是	否
7c	持续较长时间打她，或者用刀或其他工具威胁她、甚至伤害她？	是	否
8	在您 18 岁以前，您曾经与有饮酒问题或酗酒的人，或者滥用药物的人（如摇头丸、K 粉、冰毒、安定等）住在一起？	是	否
9	家庭成员中是否有人曾患有抑郁症或精神疾病，或有试图自杀的情况？	是	否
10	家庭成员中是否有过曾被判入狱的情况？	是	否
11	在您 18 岁之前，其他的孩子（包括兄弟姐妹）曾殴打、威胁、欺负或侮辱您？	是	否
12	在您 18 岁之前，您曾感到孤独、被拒绝，或没人喜欢您？	是	否
13	您曾经有 2 年甚至更长时间生活的地方（如，社区/街道/村子）很危险，或者在您生活的地方曾经目睹过人们被袭击？	是	否
14	在您 18 岁以前，有 2 年及以上时间，您家很穷，或者需要公共/政府援助？	是	否

Treat

Trauma-Informed Culture: Systems, Service (care), and Workforce

The following key principles of trauma-informed care should serve as a guide for all health care providers and staff:

- Establish the physical and emotional safety of patients and staff
- Build trust between providers and patients
- Recognize the signs and symptoms of trauma exposure on physical, psychological and behavioral health
- Promote patient-centered, evidence-based care
- Train leadership, providers and staff on trauma-informed care
- Ensure provider and patient collaboration by bringing patients into the treatment process and discussing mutually agreed upon goals for treatment
- Provide care that is sensitive to the racial, ethnic, cultural, and gender identity of patients

Heal

COVID-19 & Stress
Provide trauma stress management resources

Older adults, especially in isolation and those with cognitive decline/dementia, may become more anxious, angry, stressed, agitated, withdrawing, overly suspicious during the outbreak/while in quarantine. Provide emotional support through informal networks (families) and mental health professionals. Share simple facts about what is going on and give clear information about how to reduce risk of infection in words older people with/without cognitive impairment can understand. Repeat the information whenever necessary.

12 Core Concepts for Understanding Traumatic Stress Responses in Children and Families

1. Traumatic experiences are inherently complex.
2. Trauma occurs within a broad context that includes children's personal characteristics, life experiences, and current circumstances.
3. Traumatic events often generate secondary adversities, life changes, and distressing reminders in children's daily lives.
4. Children can exhibit a wide range of reactions to trauma and loss.
5. Danger and safety are core concerns in the lives of traumatized children.
6. Traumatic experiences affect the family and broader caregiving systems.
7. Protective and promotive factors can reduce the adverse impact of trauma.
8. Trauma and posttrauma adversities can strongly influence development.
9. Developmental neurobiology underlies children's reactions to traumatic experiences
10. Culture is closely interwoven with traumatic experiences, response, and recovery
11. Challenges to the social contract, including legal and ethical issues, affect trauma response and recovery.
12. Working with trauma-exposed children can evoke distress in providers that makes it more difficult for them to provide good care

Sitcom Show

Role play

Schools, hospitals, CPS all play different roles in children after traumatic events, so in order for them to play their roles better, we take a life-like approach, where each person plays a role and USES positive and negative examples to tell them what the right thing to do is.

Due to parents' doting on their children, pediatrics has always been a point of tension between doctors and patients. By understanding the problems of children's trauma, strengthening the monitoring of children's trauma and taking proper measures, the contradiction between doctors and patients can be greatly reduced.
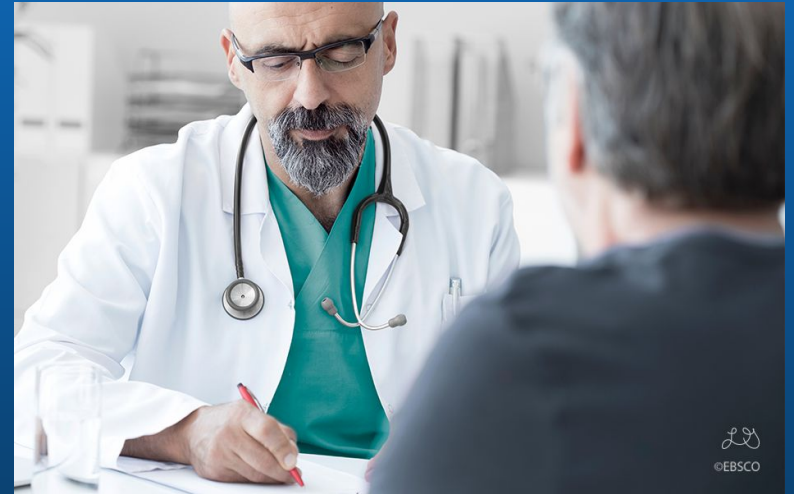
What can we do？

　　Firstly, Translate ACE scale and screen patients' traumatic events with ACE scale to help deal with doctor-patient relationship.
　　Secondly, Role-play to teach doctors and patients how to improve the doctor-patient relationship.
　　Thirdly, Flyers were distributed among patients to publicize the concept of trauma and the 12 cores of traumatic stress. Help the patient understand and accept the trauma.

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Mass Incarceration

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Nicole FitzGerald, Rojina Ghezel, Elizabeth Pimentel,

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- Elizabeth Pimentel
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Assigned Key Components:

- History
- Statistics
- Perspective
- Cradle to Prison Pipeline
- Education Pipeline
- Trauma Informed
- Impact on Nutrition and Well-Being
- Making Amends
- Restorative Justice
- Privatization

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Policy

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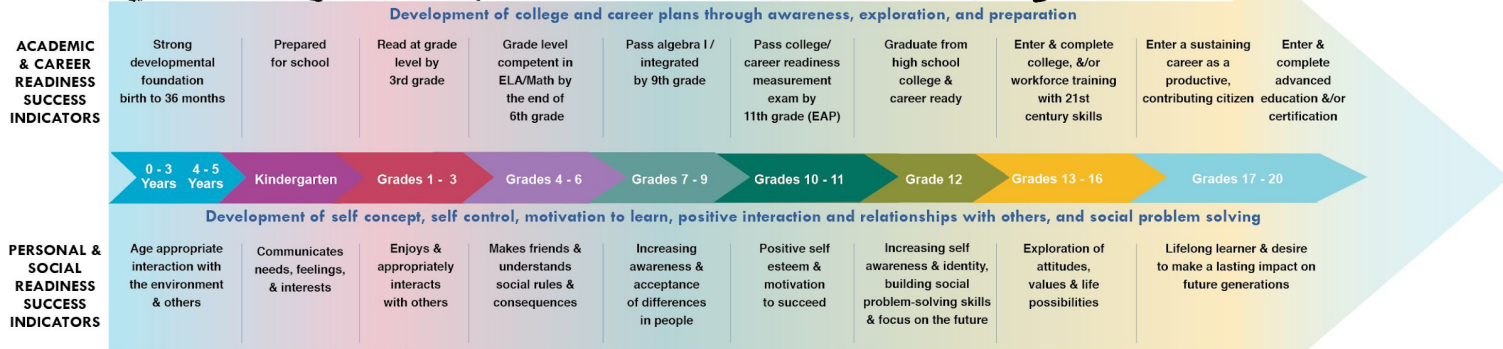Nicole FitzGerald and Elizabeth Pimentel

Career Pipeline

San Bernardino County Community Cradle to Career Roadmap
A Collective Impact Approach to Achieve Our Countywide Vision
A journey to lifelong learning where every student has the "mindset and disposition" for college and career readiness*

SAN BERNARDINO COUNTYWIDE VISION — IT'S UP TO US!

*College and career readiness refers to the content knowledge, skills, and habits that students must possess to be successful in postsecondary education or training that leads to a sustaining career. A student who is ready for college and career can qualify for and succeed in entry-level, credit-bearing college courses without the need for remedial or developmental coursework.

Development of college and career plans through awareness, exploration, and preparation

| ACADEMIC & CAREER READINESS SUCCESS INDICATORS | Strong developmental foundation birth to 36 months | Prepared for school | Read at grade level by 3rd grade | Grade level competent in ELA/Math by the end of 6th grade | Pass algebra I / integrated by 9th grade | Pass college/ career readiness measurement exam by 11th grade (EAP) | Graduate from high school college & career ready | Enter & complete college, &/or workforce training with 21st century skills | Enter a sustaining career as a productive, contributing citizen | Enter & complete advanced education &/or certification |

| 0 - 3 Years | 4 - 5 Years | Kindergarten | Grades 1 - 3 | Grades 4 - 6 | Grades 7 - 9 | Grades 10 - 11 | Grade 12 | Grades 13 - 16 | Grades 17 - 20 |

Development of self concept, self control, motivation to learn, positive interaction and relationships with others, and social problem solving

| PERSONAL & SOCIAL READINESS SUCCESS INDICATORS | Age appropriate interaction with the environment & others | Communicates needs, feelings, & interests | Enjoys & appropriately interacts with others | Makes friends & understands social rules & consequences | Increasing awareness & acceptance of differences in people | Positive self esteem & motivation to succeed | Increasing self awareness & identity, building social problem-solving skills & focus on the future | Exploration of attitudes, values & life possibilities | Lifelong learner & desire to make a lasting impact on future generations |

Parents & Family | Education | Government | Business & Labor | Community & Faith-Based

PILLARS OF SUPPORT

Adopted October 10, 2013 V.3

Restorative Justice

- Restorative Justice is a theory of justice that focuses on repairing the harm caused by the crime.
- In restorative justice they don't solely focus on the crime that was committed but the people who were affected by it (Prison Fellowship International, 2019).
- For instance, they also focus on the victim, relationships, and the community (Prison Fellowship International, 2019).

Practice

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Elizabeth Pimentel

Restorative Justice

- A neutral party will invite the victim to meet with the offender to discuss the harms that occurred and how to repair the damage done.
- If the victim is unable to meet, their will be other approaches to fix the harm caused by the offender (Prison Fellowship International, 2019).
- The goal for these meetings is to create a spark in the offender to recognize the crime they have committed (Prison Fellowship International, 2019).
- Some programs that are associated with restorative justice are: victim-offender mediation programs, which are used to train mediators to bring victims and their offenders together in order to discuss the crime, the effect, and how to fix the harm done; group circles, are similar to victim-offender mediation but they involve family members, community members, and government representatives.

Language

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Rojina Ghezel

Trauma Informed Services (Care)

- Trauma-informed services or care is one aspect of Trauma Informed Cultures (Griffin, 2019) that determines how services are delivered.
- It's knowledge and understanding of how trauma can affect people's lives.
- Being aware and sensitive to a person's history of trauma and how this might affect their behavior and the services they need (SAMHSA, 2014).
- Trauma-informed care should involve all staff in an organization. Using trauma sensitive language is an important part of trauma-informed care (SAMHSA, 2014).

Trauma Sensitive Language

- Language matters and words have power; language that is potentially triggering for trauma survivors.
- Things to consider when aiming for trauma sensitive language: no labels, no judgement, no jargon. Ex. The terms "survivor" or "victim".
- What's Wrong with you Vs. What happened to you
- When listening remain calm and fully present in the moment:
    - Say, "I believe you."
    - Say, "I know what to do."
    - Talk about your first steps.
    - Provide choices
    - Develop plan with the individual taking the lead

Place

Nicole FitzGerald and Rojina Ghezel

Place

- At home childhood
  - In the United States, 1 in 6 state male inmates reported being physically or sexually abused before age 18 (Wolff, 2012).
  - Over half of male inmates (56%) reported experiencing childhood physical trauma.
  - 72 percent of children and youth will experience at least one Adverse Childhood Experience (ACE) before the age of 18 (Wolff, 2012).
  - children who have experienced parental incarceration at least once in their childhood may range from 1.7 million to 2.7 million (Wolff, 2012).
- Workplace
  - Provide emotional intelligence training for all employees with a special emphasis on those who manage and support others.
  - Provide information sessions with qualified external speakers to talk about their experience of trauma. potential traumatic events relevant to the workplace to prepare those who may be exposed.

Schools Within Prisons

- ❏ Trauma-informed considerations for educational programs in prisons:
    - ❏ Cultural awareness: English may not be an individual's first language.
    - ❏ Awareness that individuals may not have had access/been taught skills such as reading, math, etc.; expectation of humiliation.
    - ❏ Addressing concern: what will an education matter if I am still "inferior" in the community? (i.e., job opportunities)

Inclusion

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Rosalina Rosas

Holistic Rehabilitation

- Transcendental meditation
- Mindful meditation
- Loving kindness meditation
- Extra mental health services offered
- Licensed nutritionists - 3 mandated meals per day
- Mindful mealtimes - violence reduction
- Mandatory exercise
- Yoga
- Education

Making Amends for Harm Caused (Healing)

Rosalina Rosas

Remorse

- Victim/Community apology - written, mediation
- Voluntary victim assistance involvement - organizations
- Community service
- Involvement of offender's family

"Until you become accountable beyond yourself to your victim and your community, there can be no healing."-*David Doerfler*

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