



ADMINISTRATION FOR  
**CHILDREN & FAMILIES**  
Office of Family Assistance



# OFA State and Tribal TA Resources Webinar: Addressing Intergenerational Trauma among TANF Families

January 26, 2021



ADMINISTRATION FOR  
**CHILDREN & FAMILIES**  
Office of Family Assistance



# Welcome

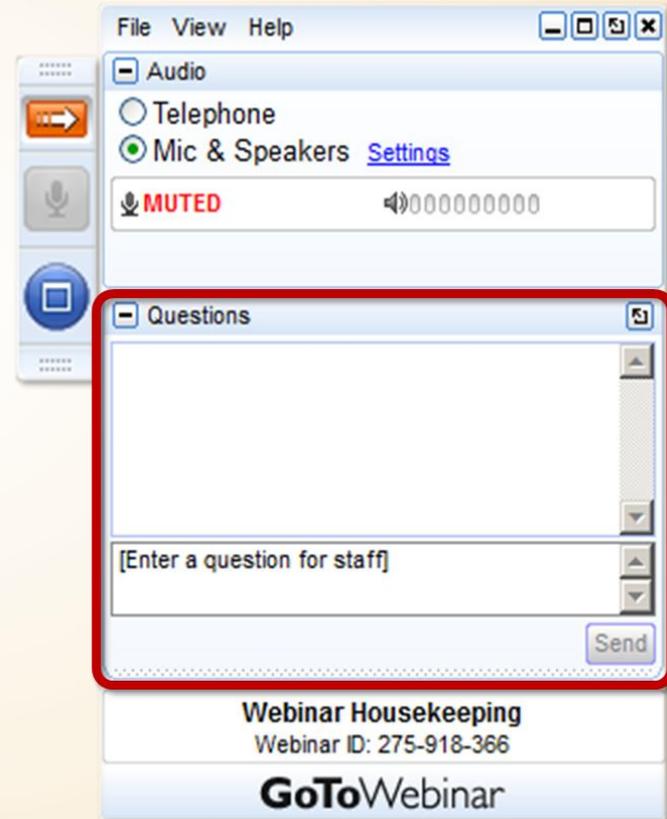
**James Butler, Family Assistance Program  
Specialist, Office of Family Assistance (OFA),  
Administration for Children and Families (ACF)  
(Moderator)**



# Using GoToWebinar

## Participation

Please submit your questions and comments using the Questions panel on the right hand side of your screen while phones are muted.





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# Facilitator

**Dr. Nicole Bossard,  
ICF and TGC Consulting, Inc.**



# Webinar Overview

Today's webinar will have four main sections:

- What is Intergenerational Trauma?
- Current research efforts and the compounded effects of COVID-19
- Trauma-informed TANF programming: Positive Indian Parenting (PIP) curriculum
- Trauma-informed TANF programming: Building Wealth & Health Network



# Poll Question #1

Choose which of the following best describes your professional capacity or types of services you provide:

- State/Tribal TANF staff
- Researcher
- Government/Polycymakers
- Other

# Intergenerational Trauma



Mariana Chilton, PhD, MPH  
mmc33@drexel.edu



DREXEL UNIVERSITY  
School of  
Public Health

## People and Land Acknowledgement

- I acknowledge that the land on which I am giving this presentation originally belonged to the Lenni Lenape Peoples
- I honor their elders' past, present and future
- I will do everything I can to stop contributing to ongoing trauma, loss and hardship
- The Original People should get their land back, receive restitution, and repair



**Gratitude for Collective Wisdom**

# Overview

- **Beginnings**
- **Definitions**
- **Impact on health & wellbeing**
- **Some Characteristics of Intergenerational trauma**
- **Healing Centered & Justice oriented programming**





solutions based on science and the human experience

# DREXEL UNIVERSITY Center for Hunger-Free Communities

## Drexel University

### Adversity & Child Development

### Economic hardship = poor health



Food Insecurity



Housing Insecurity



Energy Insecurity

**CORE CONCEPTS IN THE SCIENCE OF EARLY CHILDHOOD DEVELOPMENT**  
**Toxic Stress Damages Developing Brain Architecture**

Typical neuron:  
many connections

Neuron damaged by toxic stress:  
fewer connections

BRAIN GROWTH

Birth 2-3 yrs

CRITICAL PERIOD

Most Neurons Divide  
Cerebellar Neurons Divide  
Hippocampal Neurons Divide  
Glial Cells Divide

# Hardship



Witnesses  
to Hunger

# Toxic Stress

- **Strong, frequent, and/or prolonged adversity without adequate support**
  - physical or emotional abuse /neglect
  - caregiver substance abuse or mental illness
  - exposure to violence
  - family economic hardship



(Shonkoff, 2012)

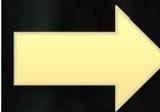


- **Brain architecture & organ systems**
- **Stress-related disease / cognitive impairment**

# ADVERSE CHILDHOOD EXPERIENCES (ACES)

## Originally 10 questions (now expanded)

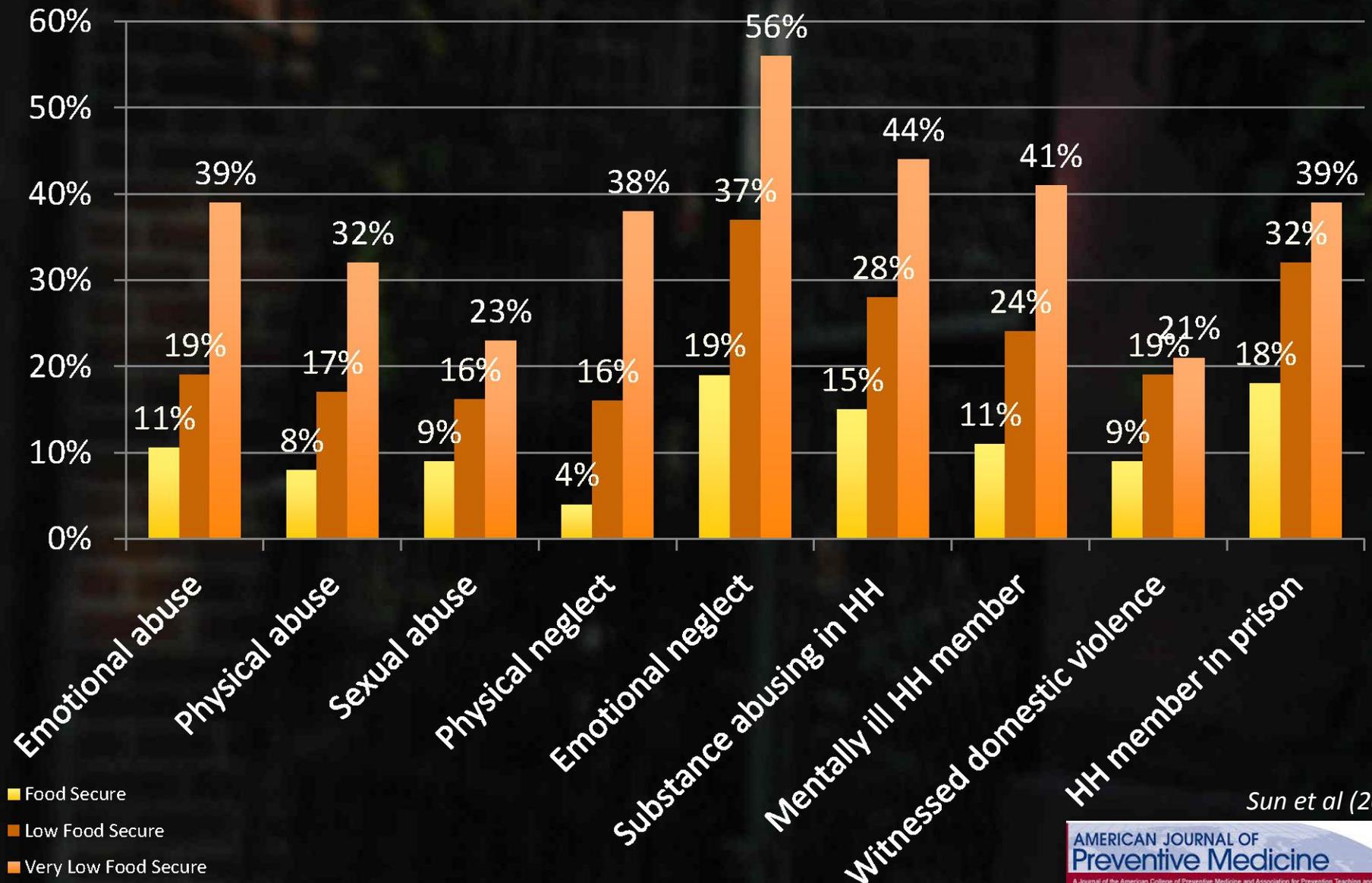
Category	Subcategory	Example Question
Abuse	Emotional	<p><b>Emotional Abuse</b> (Did a parent or other adult in the household...) Often or very often swear at you, insult you, put you down, or humiliate you? OR act in a way that made you afraid you might be physically hurt?</p>
	Physical	
	Sexual	
Neglect	Emotional	
	Physical	
Household Instability	Parental Separation	
	Mother Abused	
	Mental Illness	
	Substance Abuse	
	Incarceration	



Health Conditions	
Smoking	Attempted suicide
Heart Disease	Revictimization
Diabetes	Fractures
Obesity	Promiscuity; STDs
Hepatitis	Poor self-rated health
Alcoholism	Violent relationships
Substance abuse	Low educational attainment
Depression	Poor job performance

# Prevalence of ACEs by Food Security Status

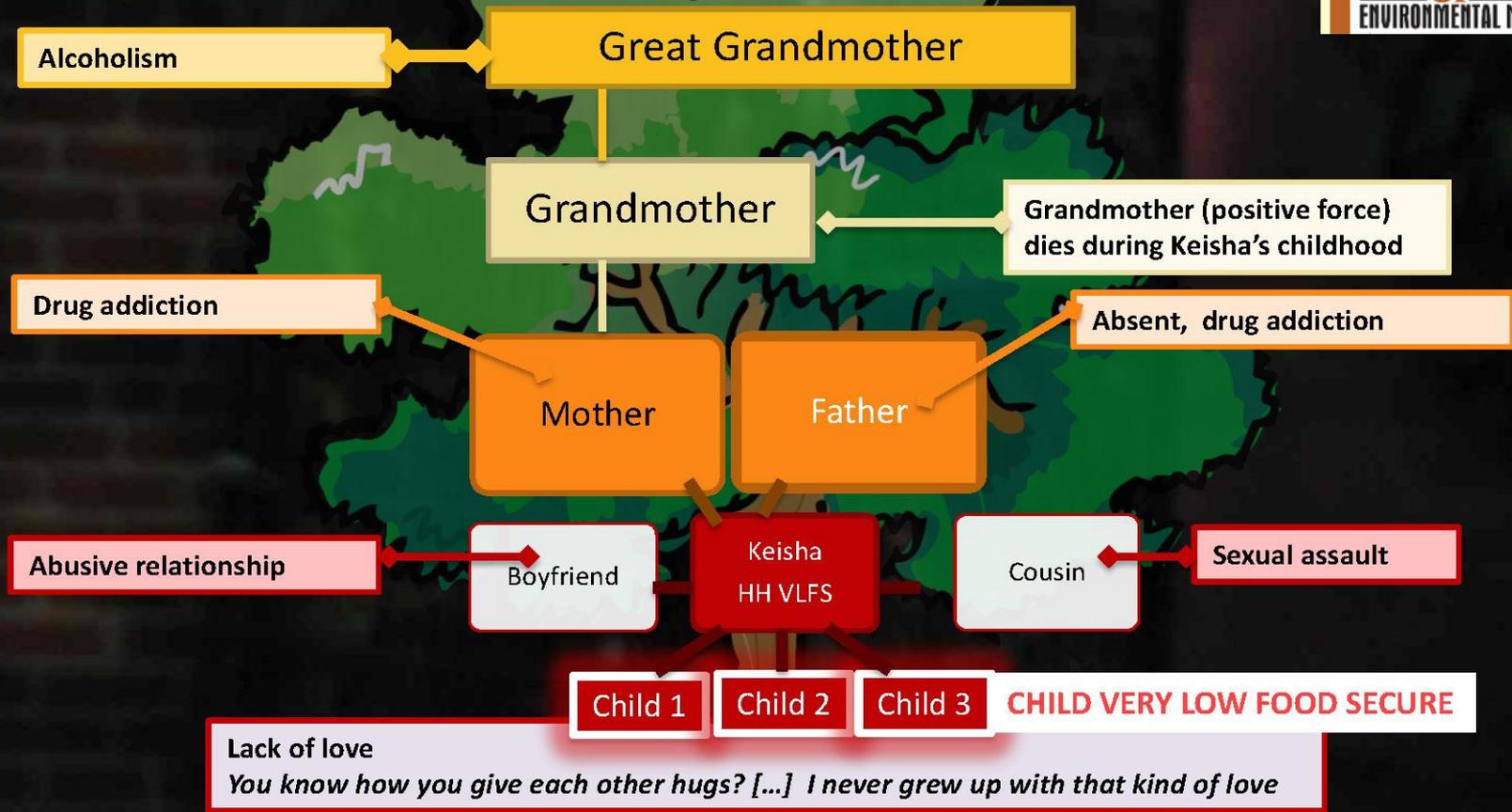
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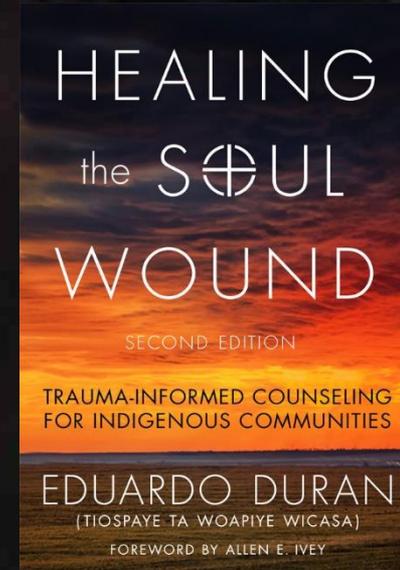
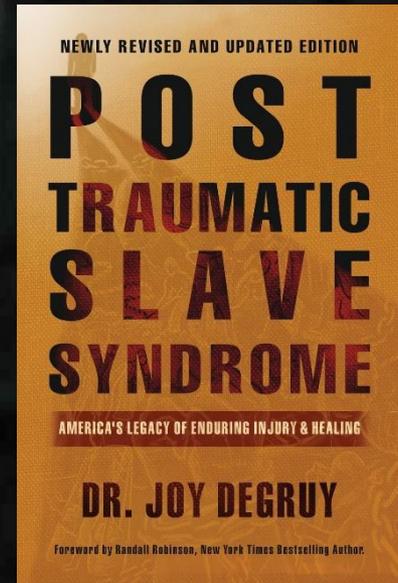
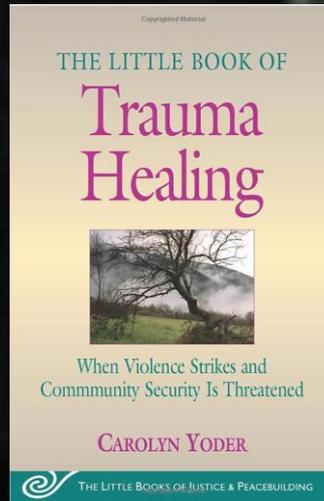
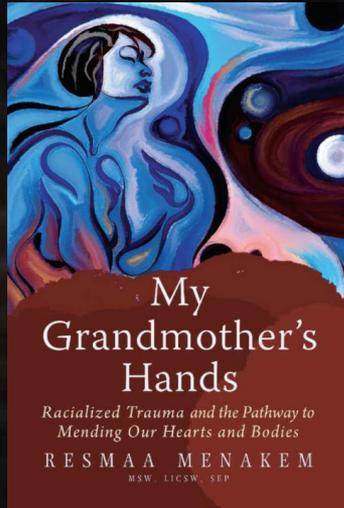
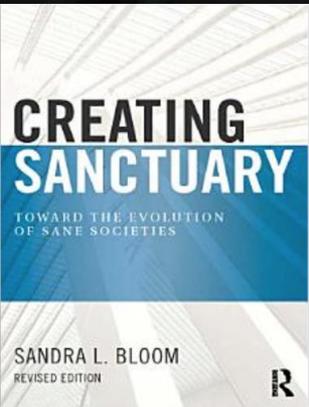
Sun et al (2016)

# Intergenerational transfer of Household Food Insecurity & Adversity

Chilton, Knowles, Bloom, 2016



# Books & Resources on trauma across generations



Taking America Beyond the Legacy of Enslavement

# Continuum from Distress to Trauma Experiences are unique to each person/group



## Upset/distress

Least severe

shorter  
duration

Some control

low identity  
threat



## Stress

More severe

Longer  
duration

Less control

Some identity  
threat



## Trauma

Extremely  
Severe

ongoing

no control

high/total  
identity threat

Adapted from Prinny Anderson: Linked Descendants (Coming to the Table)

# Trauma

**Trauma: Reaction of an individual or group to terrible events that touches multiple dimensions of life**

- Physical
- Emotional
- Cognitive
- Spiritual
- Relational

## **Trauma producing experiences**

- Threats to lives, bodies, terror, feelings of helplessness
- Overwhelm ability to cope, respond
- Loss of Control
- Challenge sense of meaning and orderliness

Adapted from Priny Anderson: Linked Descendants (Coming to the Table)

# Trauma Responses

Trauma responses are different for everyone & differ by group

Cognitive / neurological disorders

Cerebral cortex / rational  
Processing

Limbic System: emotions, memory

Brain Stem:  
Autonomic,  
physical  
functions  
-Heart rate  
-Breathing  
-Fight, flight,  
freeze  
-Digestion  
-Blood pressure  
-Blood glucose  
acidity

- Insomnia
- High blood pressure
- Heart disease
- Overweight

- Social Isolation
- Dissociation
  - Feeling cut off from oneself
  - Frozen emotions

Acting "in"

- Substance use
- Eating disorders
- Self-harm
- Depression/ anxiety

Acting "out"

- Abusing others
- Gang/criminal acts
- Risky behaviors

Disordered relationships

*Adapted from Priny Anderson*

Cultural symptoms: Apathy, Lack of Empathy, Intolerance, Either/or thinking, Distrust, desire to hurt/punish

# Trauma (cont.)



*Adapted from Priny Anderson: Linked Descendants (Coming to the Table)*

# Historical Trauma / Intergenerational Trauma

- **Historical Trauma**

- “Cumulative psychological and emotional wounding across generations... [emanating] from massive group trauma” Historical unresolved grief accompanies the trauma
- (*definition from Dr. Maria Yellow Horse Braveheart*)

- **Intergenerational trauma**

- Ways in which trauma experienced in one generation affects the health and well-being of descendants of future generations

- **Collective Trauma**

- Cataclysmic event that shatters the basic fabric of society
- Loss of life and crisis of meaning

# Indigenous/Native Peoples & Nations

## Six phases of unresolved grief

(Dr. Maria Yellow Horse Brave Heart)

### 1. 1st Contact

- life shock, genocide, no time for grief.

### 2. Colonization Period

- introduction of disease and alcohol, traumatic events such as Wounded Knee Massacre, forced starvation

### 3. Economic competition

- sustenance loss (physical/spiritual).

### 4. Invasion/War Period

- extermination, refugee symptoms

### 5. Subjugation/Reservation Period

- confined/translocated, forced dependency on oppressor, lack of security.

### 6. Boarding School Period

- destroyed family system, beatings, rape, prohibition of Native language and religion; *Lasting Effect: ill-prepared for parenting, identity confusion.*

### 7. Forced Relocation and Termination Period

- transfer to urban areas, prohibition of religious freedom, racism and being viewed as second class; loss of governmental system and community.

# Slide From Linked Descendants



Slide from Prinny Anderson (Linked Descendants)

<https://comingtothetable.org/project/linked-descendants-resources/>

Late 1500's,  
African  
abductees

Raids & battles | Capture & detention | Forced marches | Imprisonment, Filth, Torture, Rape, Humiliation | Loss of family | Removal from home & homeland  
Foul, degrading, injurious shipboard conditions | Loss of language, culture, community bonds | Constant threat of harm, starvation, rape, terror  
Stripped naked for display | Handled by strangers | Loss of language, body autonomy, privacy, culture, connections

Objects: Enslavement, oppression, loss of freedom, loss of bodily autonomy | Rape | Loss of children, partners, parents | Beatings, whippings, torture | Lack of food, shelter, clothing | Lynching | Threat, terror, humiliation, disregard, disrespect

Burning at the stake | Public hanging | Drawing & quartering | Torture | Pillorying | Trial by ordeal  
Religious persecution | Rebellions & uprisings | Land clearances | Plagues | Debtors' prison  
Famine | Urban crowding | Unemployment | Starvation | Homelessness | Forced deportations

Perpetrator or Witness: Enslavement | Rape | Beatings | Torture | Deprivation of food, shelter, clothing  
Separation of families | Imprisonment | Hanging | Lynching | Terror, humiliation

Medieval period onward, European/British people, colonists of North America

# Healing, Resilience, Connection, Joy, Justice



- Focus on resilience and potential for health
- Recognize how trauma affects a person's health, wellbeing, and behavior
- Understand and address a people's lived experience and their historical, social, political, economic context
- Generate connection & joy
- Create contexts for telling one's story/self expression
- Seek justice & accountability
- Reparations & Land Back



DREXEL UNIVERSITY

Center for

# Hunger-Free Communities

solutions based on science  
and the human experience

**Thank you**

Mariana Chilton

[mmc33@Drexel.edu](mailto:mmc33@Drexel.edu)





## Poll Question #2

What kind of information would be most helpful for you in your work?

- Research
- Strategies and tips to use with my clients
- Information to share with our supervisors and site administrators
- Training for my staff



# A Trauma-Informed Approach to Working with Families Who are Living in Poverty During COVID-19

Jessica Dym Bartlett, MSW, PhD

Dana Thomson, MEd, PhD

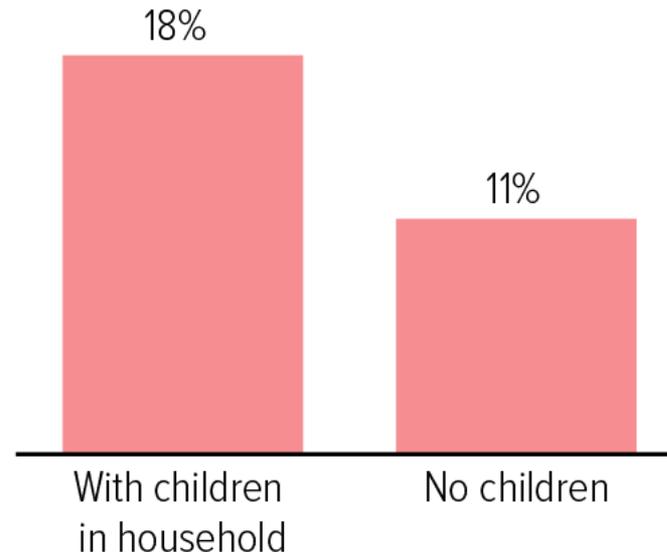
# 402,603

Number of adults and children who have died from  
COVID-19 in the U.S., as of mid-January

# Families Who are Living in Poverty During COVID-19

## For Nearly 1 in 5 Adults With Children, Household Lacked Sufficient Food in Last 7 Days

Share of adults reporting that their household  
sometimes or often did not have enough to eat

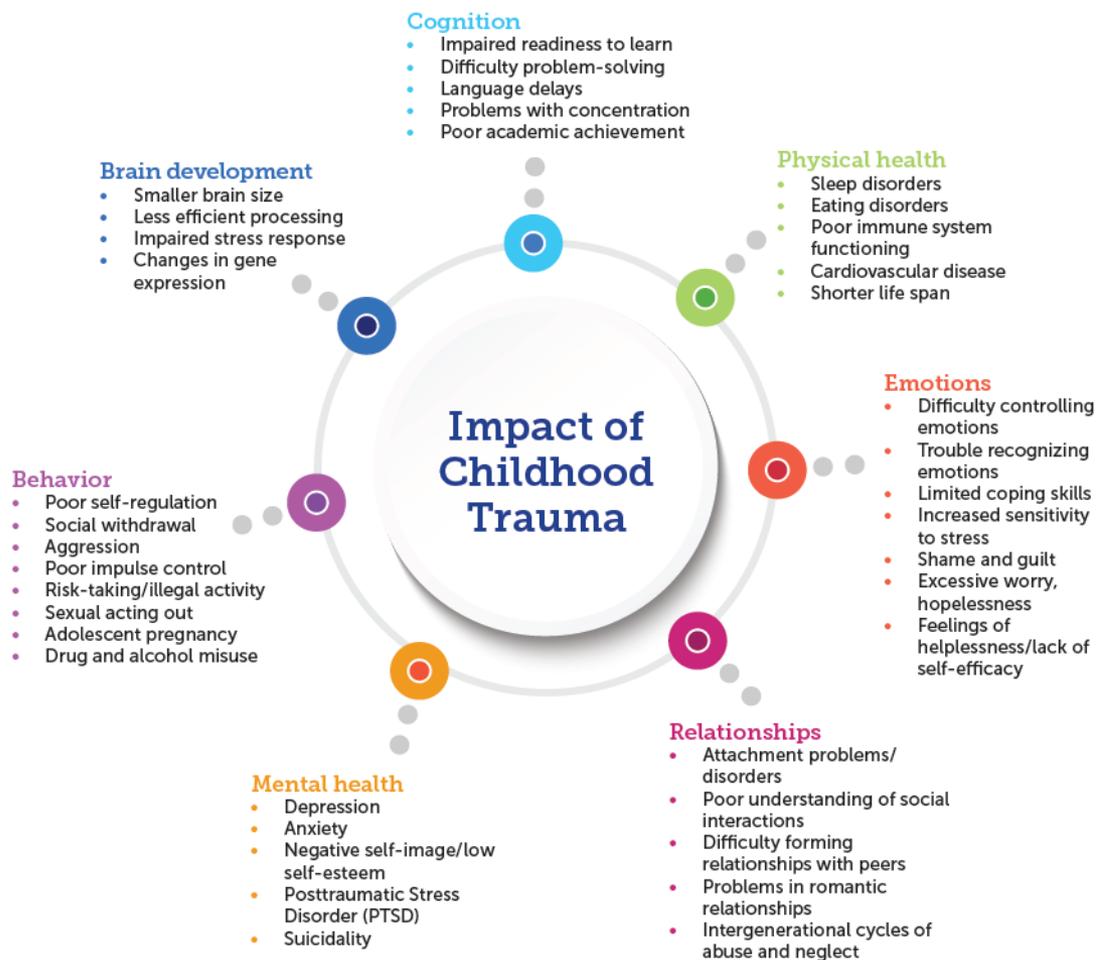


Note: Chart excludes individuals who did not respond to the question.

Source: CBPP analysis of Census Bureau Household Pulse Survey tables for December 9-21, 2020

CENTER ON BUDGET AND POLICY PRIORITIES | CBPP.ORG

# Impact of disaster-related trauma on children



Bartlett & Steber, 2019

# What is trauma, adversity, and resilience?

**Trauma:** a possible outcome of exposure to adversity that occurs when a person perceives an event or circumstances as extremely frightening, harmful, or threatening, emotionally and/or physically.

**Adversity** is a broad term that refers to a wide range of circumstances or events that pose a serious threat to physical or psychological well-being (ACEs are a subset limited to the home).

## **Adversity ≠ Trauma**

**Resilience** is the process of positive adaptation to adversity that arises through interactions between individuals and their environments.

Changing the way we think about trauma can make a difference in how well we work with families

We need to make an important shift in how we think about traumatized children and families from:

*“What’s wrong with you?”*

to

*“What happened to you?”*

and to

*“What’s right with you?”*

Some families may experience cumulative or complex trauma



Everyday stressors



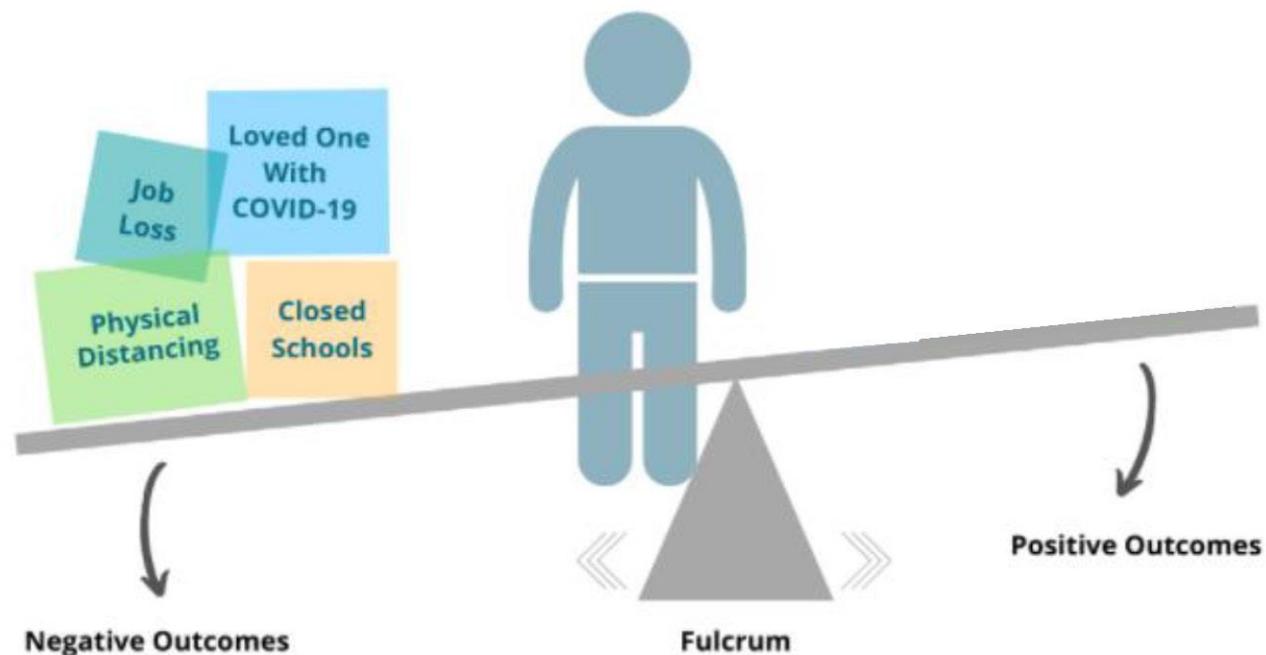
Single traumatic event



Cumulative or complex trauma

National Child Traumatic Stress Network, 2017

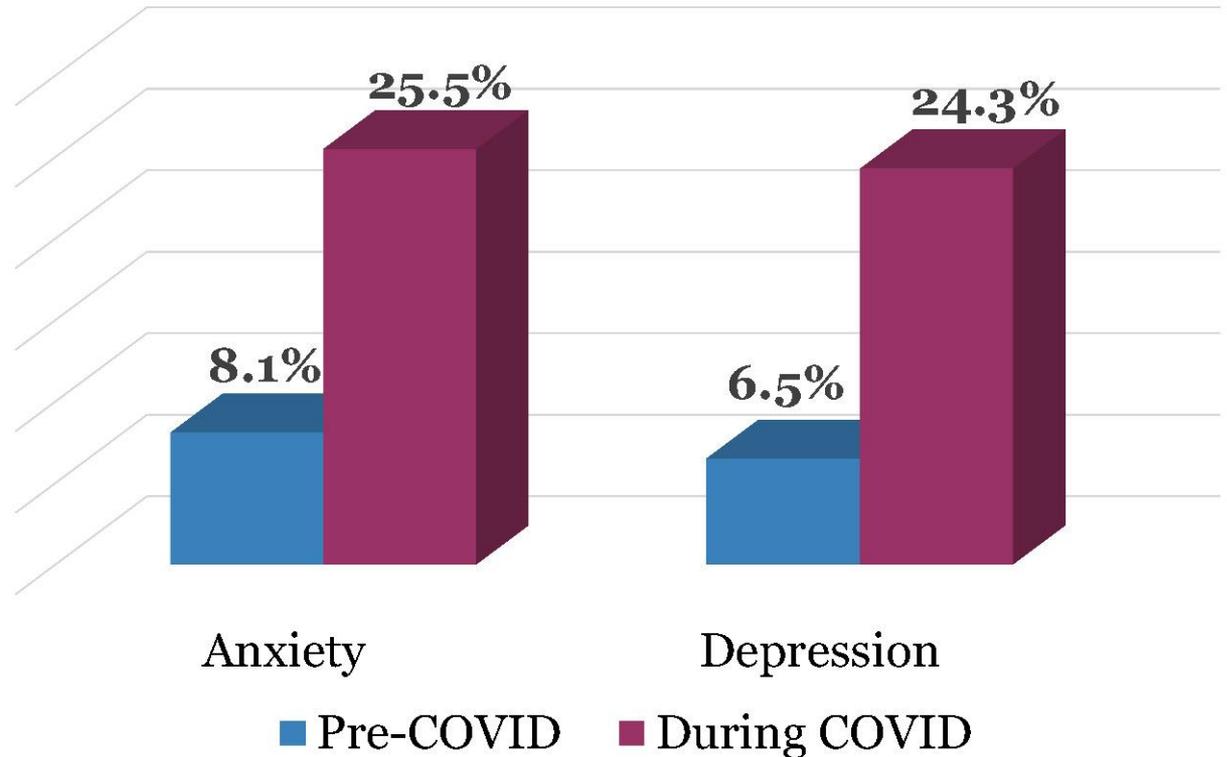
Family and child health and wellbeing during COVID-19 is precarious



Center on the Developing Child, 2020

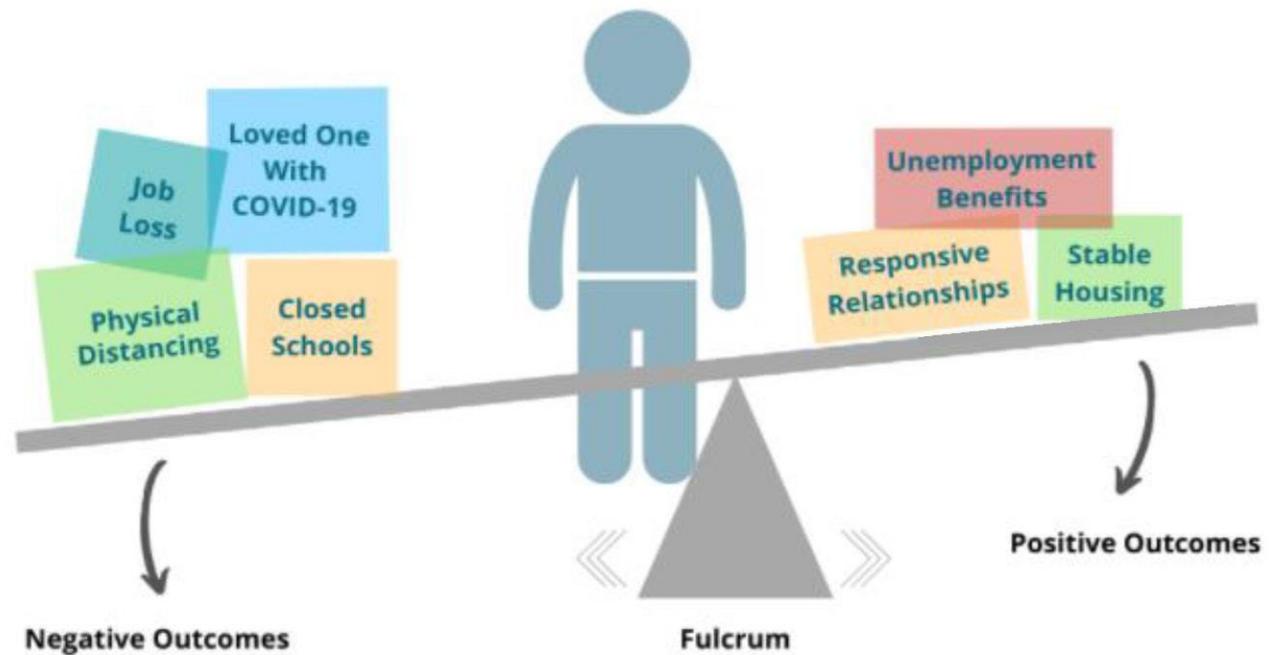
Parents and caregivers are experiencing high rates of anxiety and depression during COVID-19

## COVID-19 and Adult Mental Health



Data source: CDC (2020)

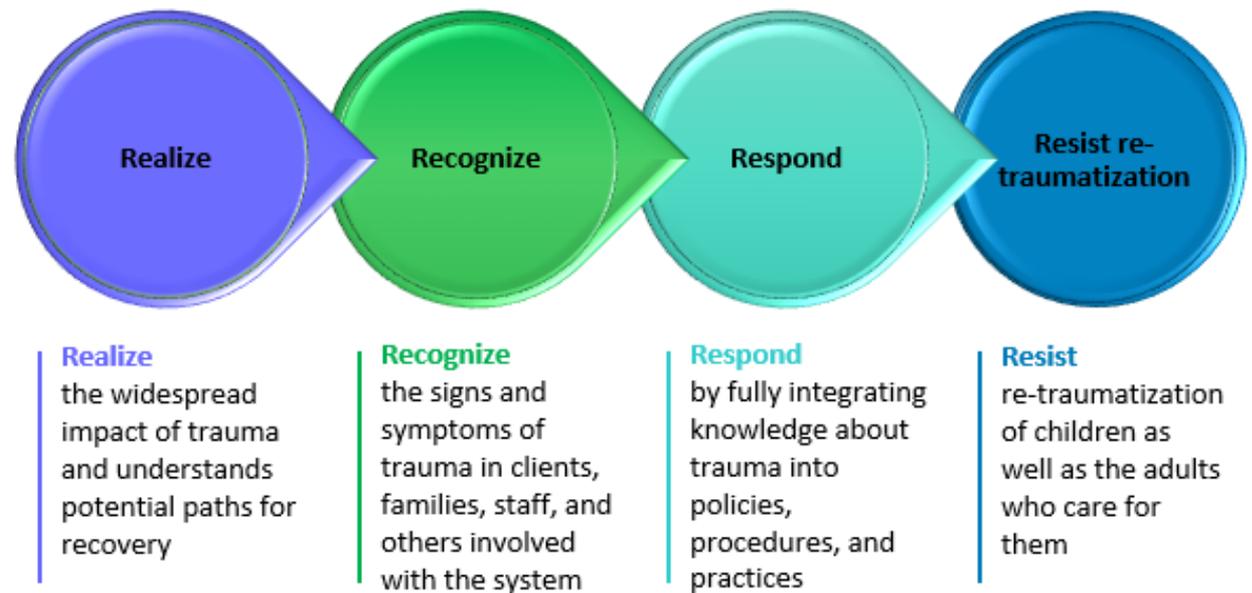
Resources and supports can tip the balance towards resilience



Center on the Developing Child, 2020

Trauma-informed care can enhance the resilience of families living in poverty during COVID-19

## The Four Rs of TIC

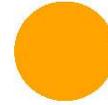


Adapted from SAMHSA, 2014

# Practical TIC strategies



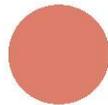
Ensure concrete needs are met



Ensure physical and emotional safety of the environment



Build trust and transparency



Be collaborative (avoid taking the role of “expert”)



Emphasize family empowerment, voice, and choice



Respect and be responsive to cultural, historical, and gender issues

SAHMSA, 2014

## Secondary traumatic stress and self-care

- Strong commitment and follow-through with self-care to:
  - support healthy parenting
  - combat secondary traumatic stress/vicarious trauma, burnout, and turnover among service providers

**Secondary traumatic stress** is the emotional duress that results when an individual hears about the firsthand **trauma** experiences of another.

NCTSN, n.d.

Thank you!  
Questions?

[www.childtrends.org](http://www.childtrends.org)

Jessica Dym Bartlett  
[jbartlett@childtrends.org](mailto:jbartlett@childtrends.org)

Dana Thomson  
[dthomson@childtrends.org](mailto:dthomson@childtrends.org)

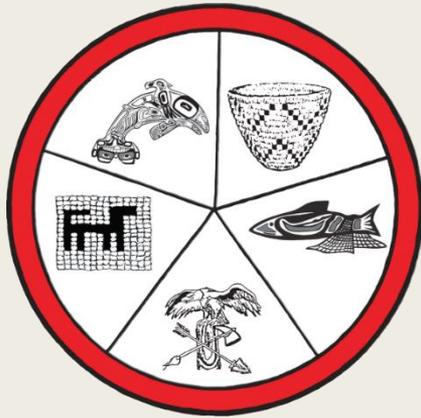




## Poll Question #3

How would you rate your level of familiarity with strategies that address intergenerational trauma?

- Very familiar
- Familiar
- Neutral
- Unfamiliar
- Very unfamiliar

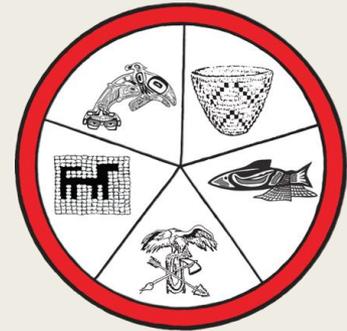


# SOUTH PUGET INTERTRIBAL PLANNING AGENCY



A Summary of the Positive Indian Parenting Curriculum  
by Dr. Marla Conwell and Amber Hoyt

# About the presenters:



- **Dr. Marla DuPuis Conwell**, DIDA, is the Family Support Programs Manager for SPIPA. She is also an enrolled Chehalis Tribal member.
- **Amber Hoyt** is the SPIPA TANF/Healthy Families Program Home Visitor for Kitsap County, WA. She is also a certified Positive Indian Parenting (PIP) Curriculum Facilitator. These slides were developed by her for use in previous PIP classes which she has conducted online and in person.



HEALTHY FAMILIES  
PROGRAM

# POSITIVE INDIAN PARENTING

*Traditional Parenting*

HEALTHY  
FAMILIES



# ABOUT THE CURRICULUM

*Historical Indian childrearing practices have a great deal to teach us as parents today. These sessions will explore some traditional practices and their importance.*

## The “Why”

- Indian parenting has a unique history.
- There are cultural strengths that you can rely on.
- These practices provide a sense that you are good and strong in your abilities to parent.
- You can learn from others and reflect on yourself.



# WHERE WE LEARN TO PARENT

*Comparing the Old Ways to the New*

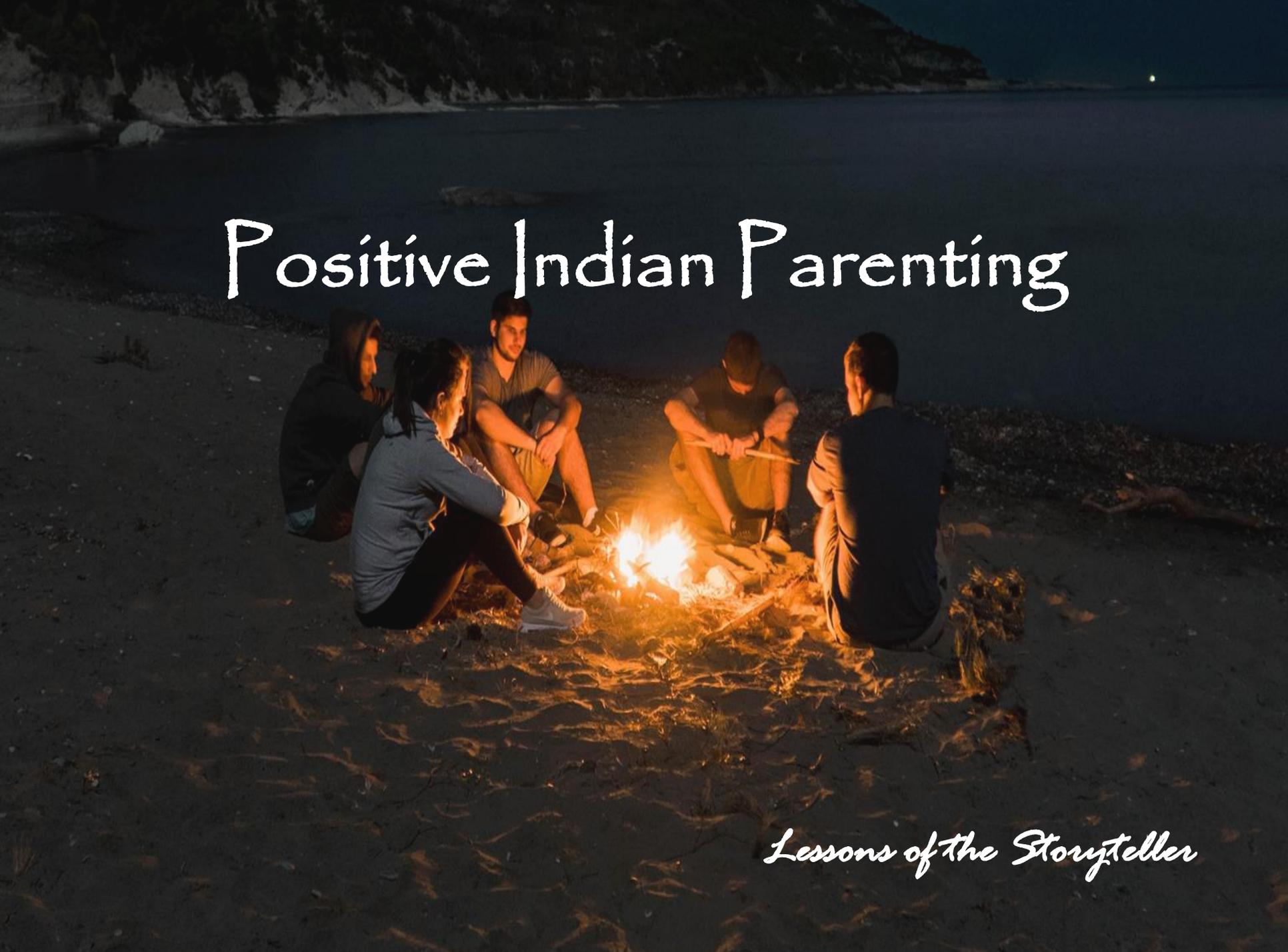
- Parent education is very new, and few people have an opportunity to receive help outside their own family.
- To understand what Indian parents face, we must consider where we have learned to parent; individually and culturally.
- Before European occupation/colonization, parenting ways were passed down by elders to children.
- Indian parents learned the “spare the rod, spoil the child” ethic from the Europeans.



# WHERE WE LEARN TO PARENT (CONT.)

- Boarding schools interrupted the normal cycle of children learning to parent from their parents.
- Relocation and other government termination policies resulted in the loss of extended family support, traditions, customs, beliefs, and even languages.
- Even now, “Institutional Discrimination” frequently strips Indian parents of their dignity and denies them their culture.
- Rules were clear and consistent, and often developed by the community.
- Today, modern life experiences result in greater difficulty for traditional Indian parenting practices.
- Parenting expectations are not as clear, and Native parents often lack the benefit of learning traditional ways or accessing the support of extended family.
- We must examine our own history when considering where Indian people learned to parent. We must look to our experiences to identify where we learned to parent.
- Reclaiming our heritage is a choice – to make that choice, we must look at earlier generations.



A group of five people are sitting in a circle on a sandy beach at night, gathered around a bright campfire. The fire is the central light source, casting a warm glow on the sand and the people. The background shows a dark beach and a calm sea under a dark sky. The overall mood is peaceful and communal.

# Positive Indian Parenting

*Lessons of the Storyteller*

## *Teaching and Listening to Children*

When parents treat their child with respect, they can expect to also be treated respectfully. In this way, they can teach their children to listen with their hearts and eyes as much as they do with their ears.

With the heritage of kindness and patience, positive Indian parents can tell their children how they feel without criticizing or putting them down.

When parents speak to their children in this way, it avoids a lot of the rebellion we see today.

*Positive Indian  
Parenting (cont.)*

Lessons of the  
Cradleboard



# *Child Development: A Traditional View*

- ⇒ Traditional parenting was based on an understanding of child development.
- ⇒ The respect that was a primary element of this positive parenting approach included respect for the child's growth.
- ⇒ Today, the old ways teach us that the needs of the child change as they grow and that a child must be ready to handle a skill before they can learn it.
- ⇒ Modern theories about child development do not contradict what Indian culture has known for centuries.
- ⇒ Parents can help their children along the path of growth by allowing them the chance to develop new skills while recognizing a child's readiness to learn.
- ⇒ Parents must walk before they can run, but also need an environment in which it is safe to walk.

# POSITIVE INDIAN PARENTING (CONT.)

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*Harmony in Childrearing*





# Harmony and Traditional Childrearing

---

*Harmony refers to the balance and relationship between all things.*

*Respect is the most important part of keeping harmony.*

*Children were encouraged to freely explore the world and figure out their relationship with their environment on their own.*

Healthy Families

---

POSITIVE

Indian Parenting

Traditional  
Behavior  
Management

# INTRODUCTION

*In this session we will cover several traditional parenting methods from many Tribes. These are only examples; it is best if you can discover more about the parenting practices from your own Tribe.*

## **The point of this session...**

To teach parents to look at the old ways and what they teach us about parenting and behavior management.

## **This is a session where some traditions that will be discussed may seem harsh.**

It is important to remember that these ways often had built-in limits and we must examine whether they may have been more appropriate then than now. In this session, it is most important to focus on the best teachings from the old ways.

**We have learned many negative parenting behaviors from the non-Indian world, so it is important to look at the ways that existed before colonialization.**



**POSITIVE INDIAN** *Parenting*  
AMBER HOYT

# Lessons of *Mother Nature*

Exploring how Indian families traditionally taught living skills, how nature was used as a teacher and how nature's examples taught people to reinforce relationships with one another, cope with hardships, and find strength.



# Introduction

## *Rationale of the lesson*

The purpose of this lesson is to help parents gain insight into the ways cultural teachings from the past encouraged living skills development. By applying these ideas to modern life, parents can help their children develop a sense of harmony and strength in the world around them.



# **PRAISE IN TRADITIONAL PARENTING**

POSITIVE INDIAN PARENTING: SESSION 7

# APPLYING THE OLD WAYS TO MODERN PARENTING

- Parents can encourage desirable behavior in their children through praise.
- Praise is a message of approval – also called positive reinforcement.
- Focus on and encourage a behavior you like – either verbally or non-verbally, ensuring the child recognizes the desired behavior.
- Give full attention to the child's desired behavior at that time and as much as possible.
- Offer a comment or non-verbal action that shows approval or admiration.
- Create situations in which the child can please; do this often.
- Offer praise for attempts at desired activities and behaviors.
- Praise should be directly related to the behavior and given as often as possible.

HEALTHY FAMILIES  
PROGRAM

# POSITIVE INDIAN PARENTING

*Choices in Parenting*

HEALTHY  
FAMILIES



# FACING TODAY

## *What Children Face Today:*

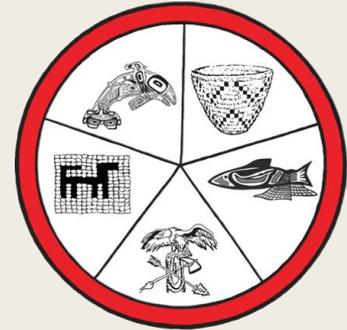
*In the past, parenting focused on preparing children for adulthood in a world that was very different from today. The environment required that children learn the lessons of survival for both the good of the group and themselves. Today, children must face life in two cultures. Cash has replaced subsistence as a means of survival. Education is more formal, and expectations are unclear.*

## *What Parents Face Today:*

*American and Native history has changed how Native parents approach child-rearing. Most have been raised with the influence of two societies, with very different, and often conflicting, approaches to life. With more than 400 different Tribal groups, many have become lost to the old ways. This creates confusion and a wavering sense of self for many parents. When parents are uncertain of their identity, they cannot give their children a strong sense of identity. By learning about culture and coming to terms with what it means to be Indian parents, they develop their own strengths and can begin to help their children.*



# Thank you!



- For more information about SPIPA and the Healthy Families Program please visit our website at <https://www.spipa.org/family-support> or look for SouthPugetPlanning on Facebook and @SPIPA\_ORG on Twitter.
- You can also subscribe to the Healthy Families YouTube Channel at <https://www.youtube.com/channel/UCDBzDnFkj9BVC62x4dQhjGg>.
- SPIPA serves the following Western Washington tribes and counties: Chehalis Tribe, Nisqually Tribe, Skokomish Tribe, Squaxin Island Tribe, Shoalwater Bay Tribe, and Kitsap and Pierce Counties.
- SPIPA Healthy Families serves the Chehalis, Nisqually, Skokomish, & Squaxin Island Tribes, & Kitsap and Pierce Counties.



# MIND BODY BREAK



*My Power. My Money.*

# The Building Wealth & Health Network: Introduction



DREXEL UNIVERSITY

Center for

Hunger-Free Communities

Kevin Thomas, MS, Co-Director

Alie Huxta, MSS, MLSW, Co-Director



# THIS TIME... RIGHT NOW... IS... A LOT...

Now more than ever many are in need of a therapeutic space, a place to vent, unwind, heal, learn about trauma, AND gain useful financial information and realistic relevant life skills.

This is what the Network is designed to address.

# WHAT IS THE NETWORK?

**A trauma-informed, healing-centered financial literacy program, that integrates emotional and peer support to promote self-efficacy and resilience in traditionally under-resourced communities.**

**We are currently running virtual classes in Philadelphia and 8 counties in South Central PA**



# DEFINITION OF TRAUMA INFORMED CARE

**Trauma Informed Care (TIC) is not a trauma, intervention, you may not even mention trauma to a client**

**Your space has the capacity to work with the behaviors and needs that arise from people who experience trauma**



It is NOT:

- Excusing disrespect
- Just being “Kind”
- A substitute for diversity/equity work
- Something new



**The**  
Building Wealth & Health  
**Network**

*My Power. My Money.*

# DEFINITION OF HEALING CENTERED ENGAGEMENT

**“A tectonic shift in how we view trauma, its causes and its intervention. It is strength based, advances a collective view of healing, and re-centers culture as a central feature in well-being.”**

~ Sean Ginwright SF State University

- **“What happened to you” to “what’s right with you”**
- **Supports providers with their own healing**
- **Consider social, political and historical impacts**
  - **Relining, Discrimination, homophobia**



# TANF & CHALLENGES TO ECONOMIC SUCCESS

## NATIONALLY:

- 33% report work-limiting health condition
- 43% report disability\*
- 74% Intimate Partner Violence\*\*

STATEWIDE: 17% of children are in poverty (Pre-COVID)\*\*\*

## Philly Careerlink Network Members:

- 52% have seen a seriously wounded person from an act of violence
- 51% have had a parent in prison



Loprest & Maag 2009: *Disabilities among TANF recipients*\*  
Cheng 2013: *IPV & Welfare Participation* \*\*  
PA Poverty Snapshot, CAAP\*\*\*

# 16 FINANCIAL SELF-EMPOWERMENT CLASSES

- **Financial AND Life Coach in one classroom**
  - **Community Meeting – 30 mins**
  - **Financial lesson – 45 mins**
  - **Break – 10 mins**
  - **Self empowerment lesson – 45 mins**
- **One on ones and Peer support before and after class**



# SELECTION OF CLASS TOPICS

Intro to Individual and Collective Healing and Trauma

Face Your Fears and Your Credit

**Behind Budgeting and Saving**

Healthy and Unhealthy Relationships

Taking Your Money and Power Back

Mindfulness and Managing Stress

# EMPOWERMENT COACHES

Their very own life coach and financial coach in one class for free!

**Financial Coach offers one on ones about:**

- **Credit**
- **Budgeting**
- **Student loans**
- **Rental assistance**
- **First time home buyer**
- **Starting your own business in PA**
- **Any financial issues that arise**

**The SELF Coach offers one on ones about:**

- **Goals outside of employment**
- **Emotional support**
- **Therapeutic presence**
- **Refer to long-term services and mental health support**
- **Any emotional or personal need that arises**
- **Address any barriers**



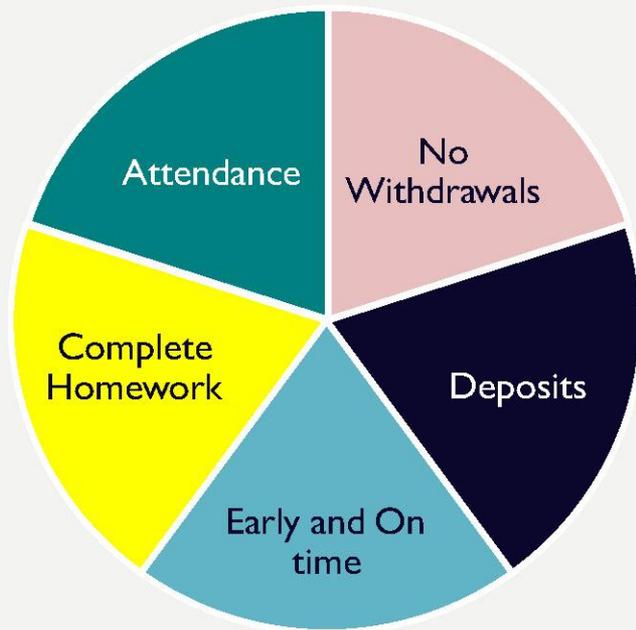
# MATCHED SAVING ACCOUNTS

- **Waive outstanding debt to other banks**
- **Up to \$20 a month**
- **Matched for a year**
- **With a Total of \$480 In bank account**



# LOTUS POINTS: TRAUMA INFORMED INCENTIVES

Reinforce positive behavior instead of punishing negative actions.



- **Entrepreneurial Classes**
- **Passports**
- **Textbooks for School**
- **Laptop**
- **Facials and Massages**
- **Gift Card**

# THE NETWORK OUTCOMES

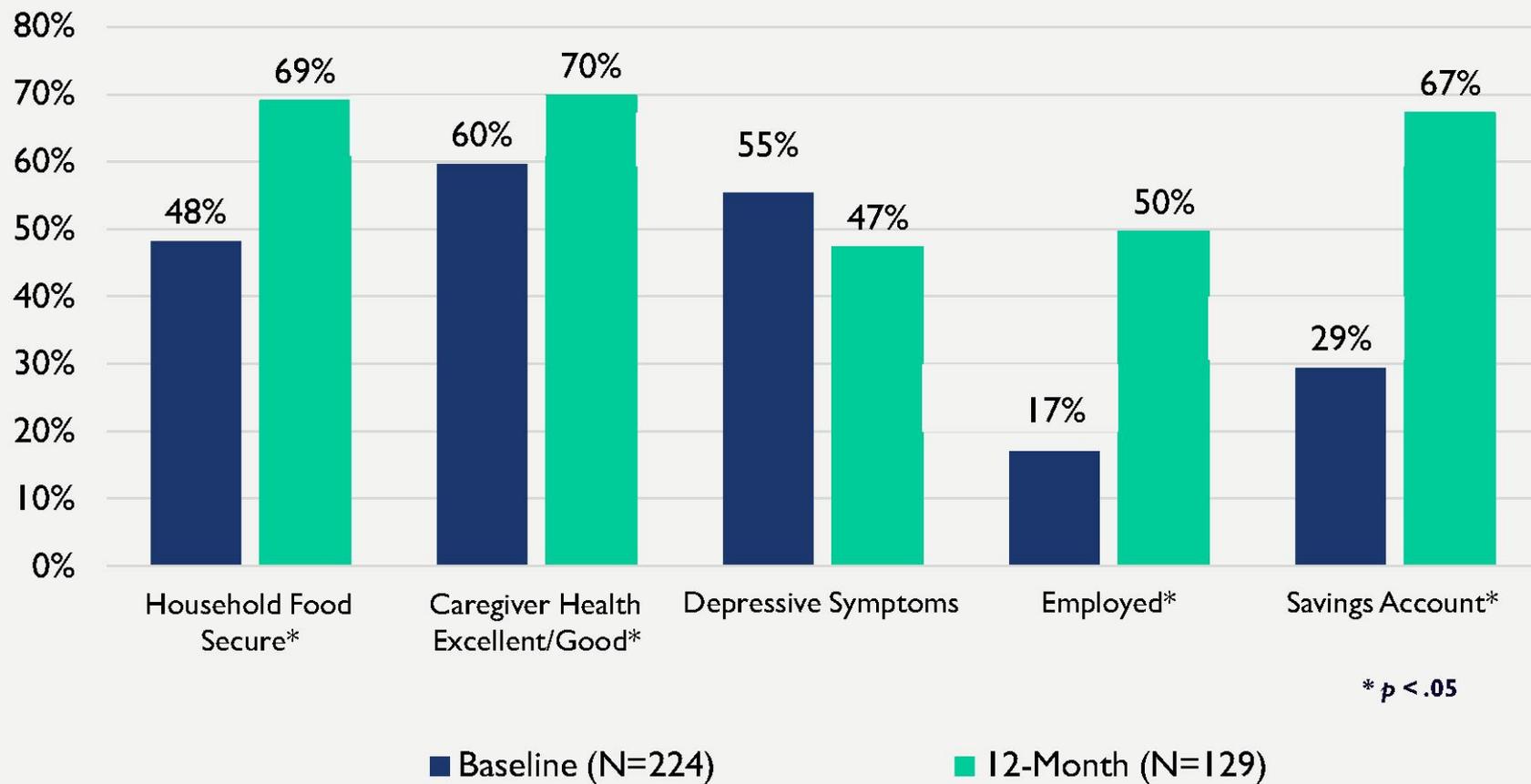


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**GO HERE FOR ALL RESEARCH REPORTS:**

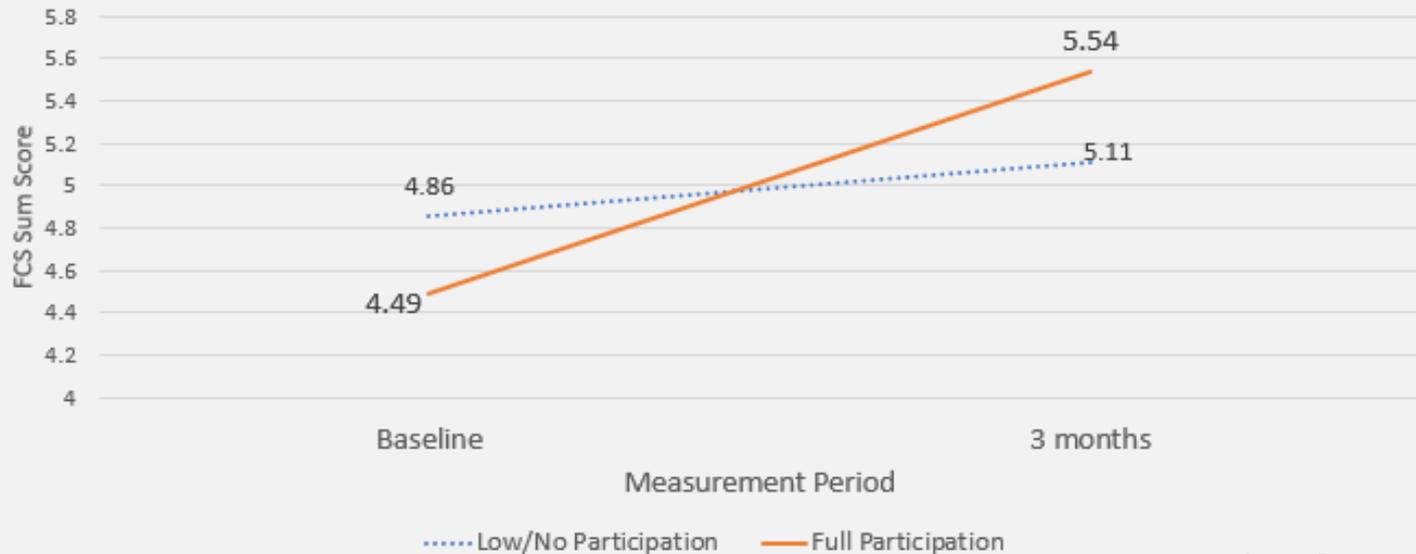
<https://drexel.edu/hunger-free-center/projects/building-wealth-and-health-network/outcomes/>

## Phase II: West Philly The Network Oct 2015-Nov 2017



# Phase II: Preliminary Outcomes: FCS at 6 months

Difference-in-Differences in Financial Capability Scale Scores at 6 months, Adjusted for Covariates\* **N=226**

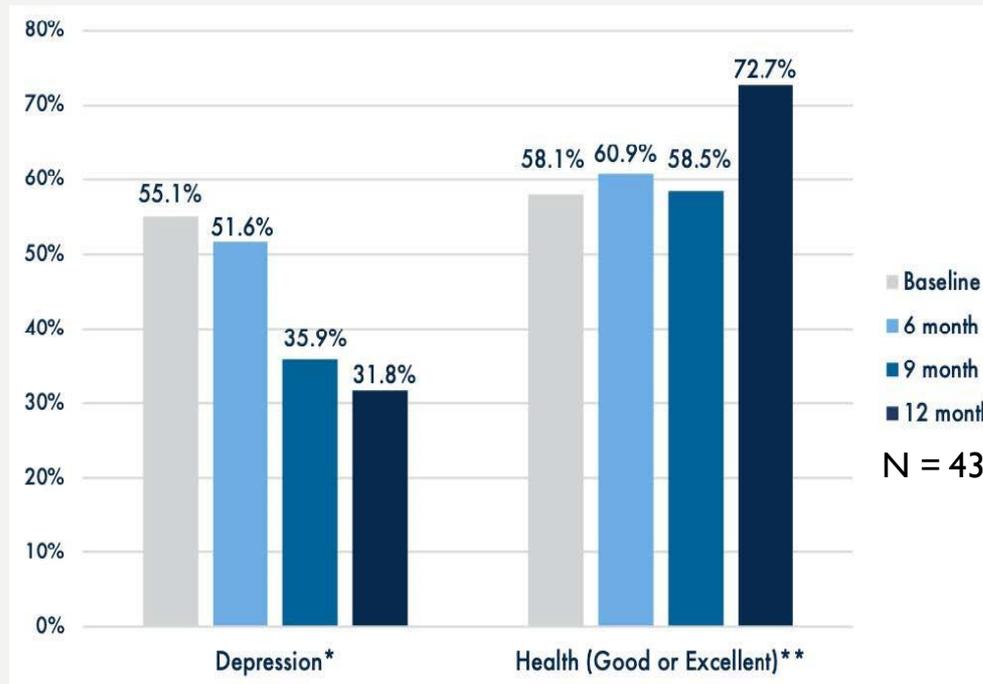


\*significant at  $p < 0.001$

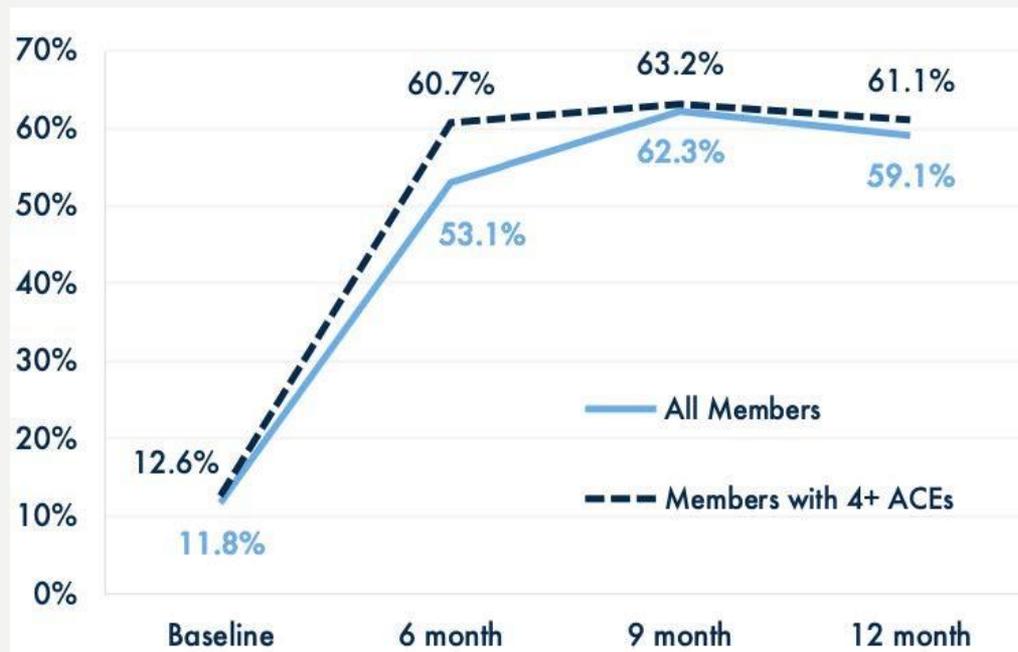


# PHASE III: NORTHWEST PHILLY CAREERLINK RESULTS:

## CAREGIVER MENTAL AND PHYSICAL HEALTH



# PHASE III: NORTH WEST PHILLY CAREERLINK RESULTS: EMPLOYMENT



N = 43

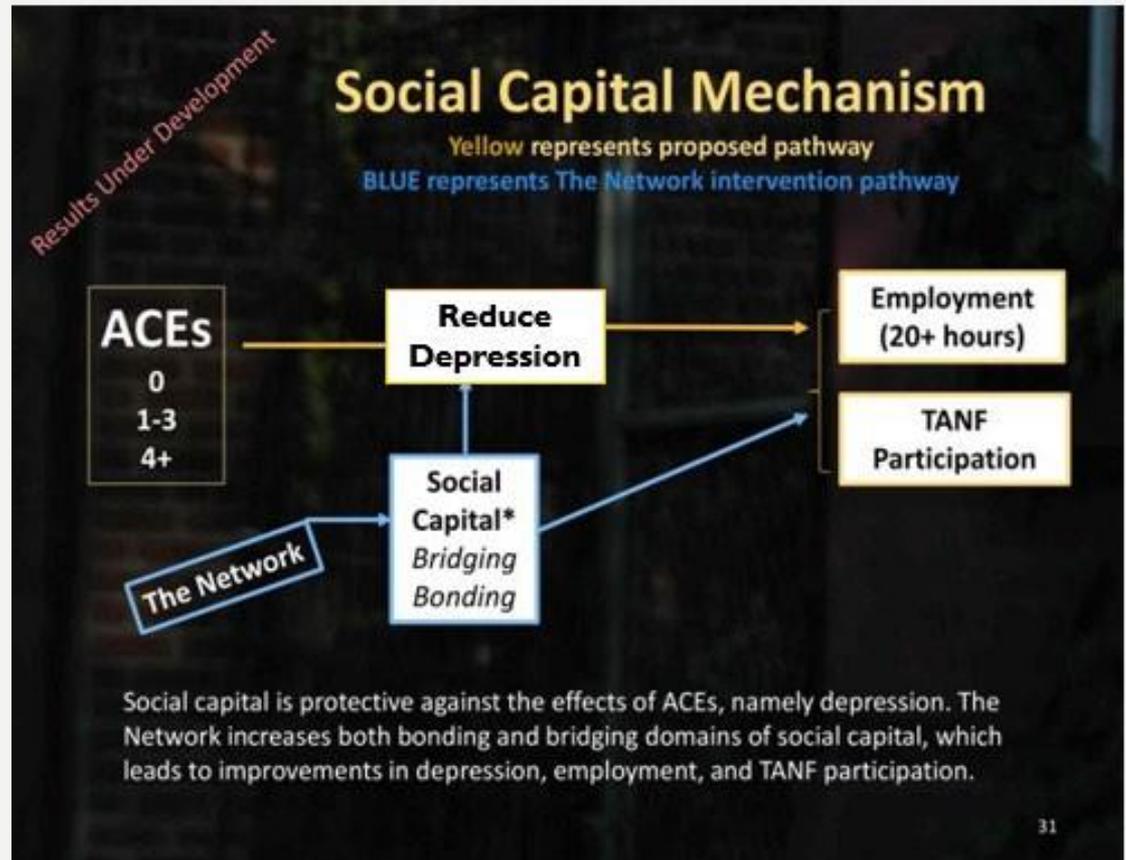


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# HOW DID WE DO THIS?

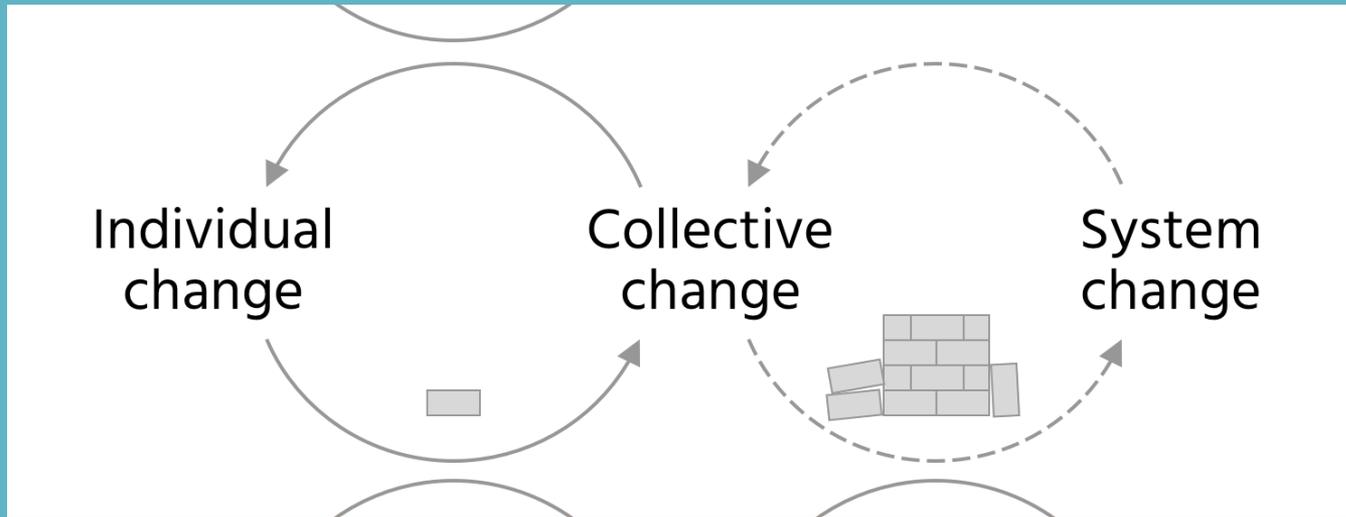
Through reducing depression by increasing social capital, The Network was able to increase:

- Employment
- Food security
- TANF Participation
- Personal savings



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# Trauma-Informed



**WHAT IT LOOKS LIKE TO BE  
TRAUMA-INFORMED AND  
HEALING-CENTERED**

# TOOLS: COMMUNITY MEETING™

---

How are you feeling?

---

What can the Network do for you?

---

Who can you ask for support?

---

**Extra Question:** What would you tell your 17-year-old self?

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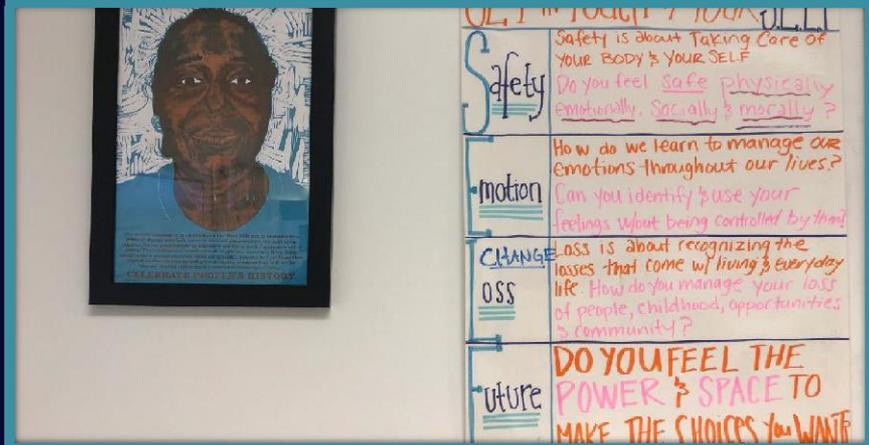


## FEELING WORDS



Open	Happy	Alive	Good	Love
<ul style="list-style-type: none"> <li>• Kind</li> <li>• Confident</li> <li>• Reliable</li> <li>• Easy</li> <li>• Amazed</li> <li>• Free</li> <li>• Sympathetic</li> <li>• Interested</li> <li>• Satisfied</li> </ul>	<ul style="list-style-type: none"> <li>• Great</li> <li>• Gay</li> <li>• Joyous</li> <li>• Lucky</li> <li>• Fortunate</li> <li>• Delighted</li> <li>• Overjoyed</li> <li>• Gleeful</li> <li>• Thankful</li> </ul>	<ul style="list-style-type: none"> <li>• Playful</li> <li>• Courageous</li> <li>• Energetic</li> <li>• Liberated</li> <li>• Optimistic</li> <li>• Provocative</li> <li>• Impulsive</li> <li>• Free</li> <li>• Frisky</li> </ul>	<ul style="list-style-type: none"> <li>• Calm</li> <li>• Peaceful</li> <li>• At Ease</li> <li>• Comfortable</li> <li>• Pleased</li> <li>• Encouraged</li> <li>• Clever</li> <li>• Surprised</li> <li>• Content</li> </ul>	<ul style="list-style-type: none"> <li>• Loving</li> <li>• Sensitive</li> <li>• Tender</li> <li>• Devoted</li> <li>• Attracted</li> <li>• Passionate</li> <li>• Admiration</li> <li>• Warm</li> <li>• Touched</li> </ul>
Angry	Depressed	Confused	Helpless	Afraid
<ul style="list-style-type: none"> <li>• Irritated</li> <li>• Enraged</li> <li>• Hostile</li> <li>• Insulting</li> <li>• Sore</li> <li>• Annoyed</li> <li>• Upset</li> <li>• Hateful</li> <li>• Unpleasant</li> </ul>	<ul style="list-style-type: none"> <li>• Lousy</li> <li>• Disappointed</li> <li>• Discouraged</li> <li>• Ashamed</li> <li>• Powerless</li> <li>• Diminished</li> <li>• Guilty</li> <li>• Dissatisfied</li> <li>• Miserable</li> </ul>	<ul style="list-style-type: none"> <li>• Upset</li> <li>• Doubtful</li> <li>• Uncertain</li> <li>• Indecisive</li> <li>• Perplexed</li> <li>• Embarrassed</li> <li>• Hesitant</li> <li>• Shy</li> <li>• Atupefied</li> </ul>	<ul style="list-style-type: none"> <li>• Incapable</li> <li>• Alone</li> <li>• Paralyzed</li> <li>• Fatigued</li> <li>• Useless</li> <li>• Inferior</li> <li>• Vulnerable</li> <li>• Empty</li> <li>• Forced</li> </ul>	<ul style="list-style-type: none"> <li>• Fearful</li> <li>• Terrified</li> <li>• Suspicious</li> <li>• Anxious</li> <li>• Alarmed</li> <li>• Panic</li> <li>• Nervous</li> <li>• Scared</li> <li>• Worried</li> </ul>

# CREATE A HEALING THERAPEUTIC ENVIRONMENT.



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**Educate STAFF AND MEMBERS  
about different types of trauma  
AND healing:**

# INDIVIDUAL TRAUMA: HOW TRAUMA EFFECTS BRAIN AND BODY

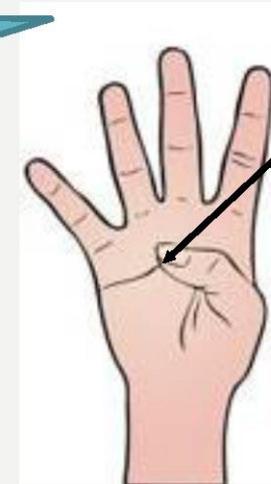


**Pre-Frontal Cortex**

- Five Senses
- Decision making



**LID GETS FLIPPED**



**Amygdala**

- Fight flight freeze
- Impulse

**Look up Dan Siegel's Hand model!**

# INDIVIDUAL HEALING:

**Learning how to healthily cope and move through trauma and adversity individually and collectively.**

***This looks like:*** You may still have the memory, but it is no longer emotionally disturbing and triggering

**We use mindfulness activities and peer support for the individuals to move through hard moments:**

***“WHAT CAN THE NETWORK DO FOR YOU?”***



# Collective Trauma

A negative event **HAPPENS** to a group of people and the community is showing trauma symptoms:

Activated / Upset

Hypervigilant

Depressed

Stress response

"Lid is flipped"

Do not blame individuals.

This will not help your energy or your empathy.

**ASK: WHAT HAPPENED?**

**COLLECTIVE TRAUMA**



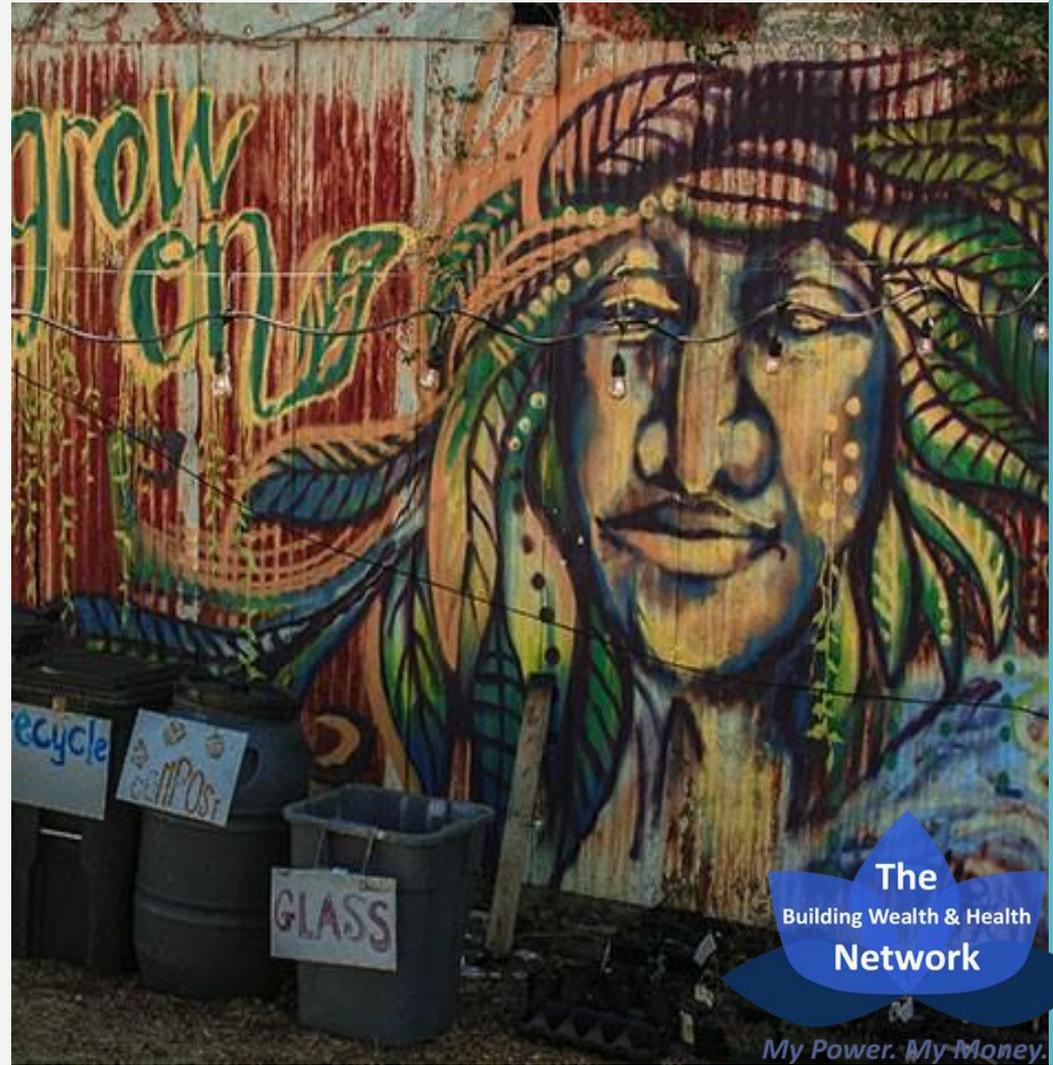
# THE WELFARE SYSTEM AS A COLLECTIVE TRAUMA

- **Black and Latinx participants are more likely than white women to be sanctioned for not meeting work requirements\***
- **Train staff on how to avoid Re-traumatization and respond with Unconditional positive regard.**
- **Being aware of your own identity and power in the space.**
- **Advocate for changes in TANF that support family health and wealth**
  - Network Advisory Council's Meet the Need Campaign

\*Shcram, S. F., Soss, J., Fording, R. C., & Houser, L. (2009, June). Deciding to discipline: Race, choice, and punishment at the frontlines of welfare reform. *American Sociological Review*

# COLLECTIVE AND INTERGENERATIONAL HEALING :

- **Creativity: Poetry, Visual Art, Music**
- **Autonomous systems of support and Mutual Aid**
- **Elder wisdom and story telling**
- **Intergenerational Resiliency and Hope**
- **Vibrant Communities**
- **Accountability from those who caused the harm**



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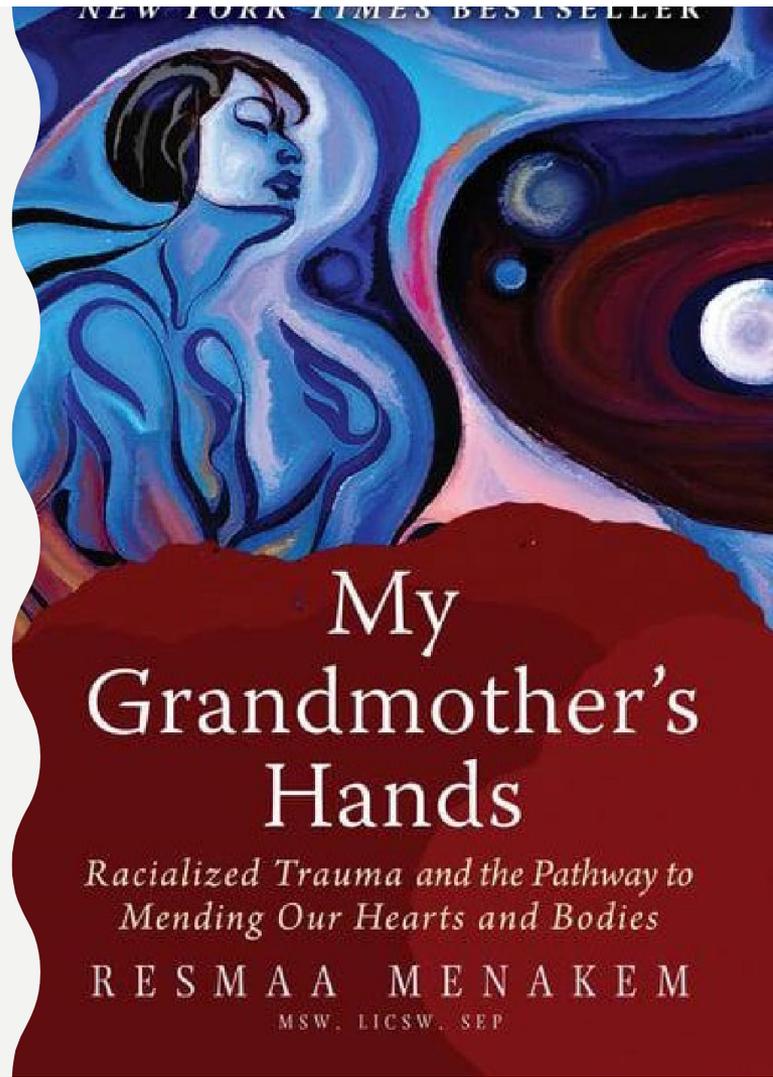
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# FOCUS ON HEALING

- **Trauma and harm will not change until we recognize the harm being done, only then can we heal.**
- **This means an active discussion around collective traumas many people on TANF experience such as racism, mass incarceration, housing discrimination.**
- **There is hope! Healing is possible!**



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# FOCUS ON JOY

- **Healing Centered Engagement:**  
“What is right? What are your strengths?”
- **Celebrate milestones and small victories.**
- **Have a lot of Fun!**



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# KEEP IN TOUCH! TAKE A PICTURE OR SCREENSHOT:

**Twitter:** @bwhnetwork

**Instagram:** @thebwhnetwork

**Website:** [drexel.edu/hunger-free-center/projects/building-wealth-and-health-network/](https://drexel.edu/hunger-free-center/projects/building-wealth-and-health-network/)

**Email address:**

- Kevin Thomas: [kt535@drexel.edu](mailto:kt535@drexel.edu)
- Alie Huxta: [agh38@drexel.edu](mailto:agh38@drexel.edu)





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Office of Family Assistance



# Questions and Answers





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## Additional Information

- A recording of this webinar will be available shortly on the PeerTA Network website at: <https://peerta.acf.hhs.gov/>.
- We would also like to hear from you about future webinar topics. Please send us your ideas by e-mail to [peerta@blhtech.com](mailto:peerta@blhtech.com).



# Webinar Feedback

- Please remember to provide your feedback using the brief survey that will launch when the webinar ends.

# Thank you!