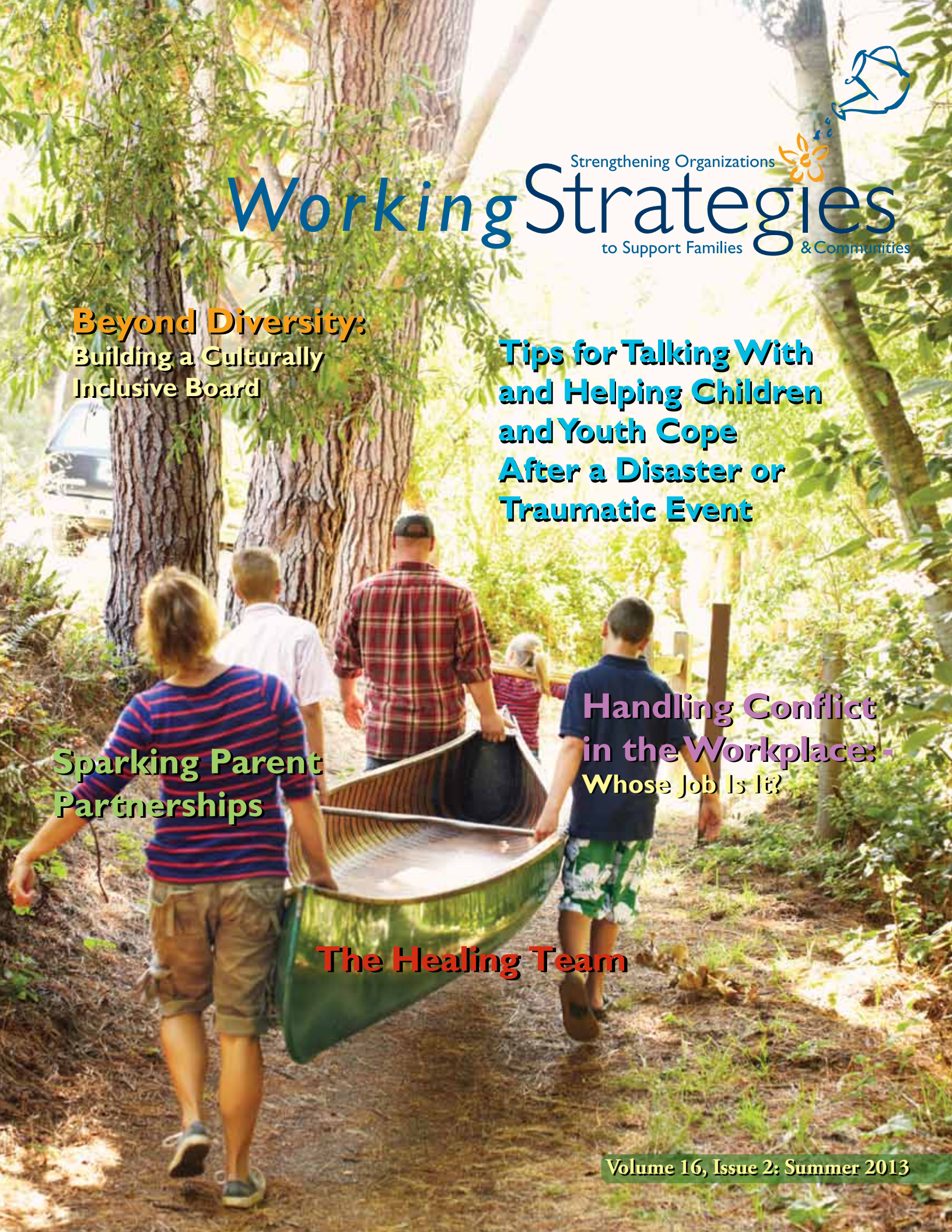

Strengthening Organizations

Working Strategies

to Support Families & Communities

Beyond Diversity: Building a Culturally Inclusive Board

Tips for Talking With and Helping Children and Youth Cope After a Disaster or Traumatic Event

Handling Conflict in the Workplace: Whose Job Is It?

Sparking Parent Partnerships

The Healing Team

Volume 16, Issue 2: Summer 2013

Northern California
Youth for Change, Paradise Ridge Family Resource Center
6249 Skyway, Paradise, CA 95969
Phone: (888) 505-0597 ext. 1 Fax: (530) 872-4093
region1@familyresourcecenters.net
Counties Served: Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen, Marin, Mendocino, Modoc, Napa, Nevada, Placer, Plumas, Sacramento, San Joaquin, Shasta, Sierra, Siskiyou, Solano, Sonoma, Sutter, Tehama, Trinity, Tuolumne, Yolo, Yuba

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Central California
Interface Children & Family Services
4001 Mission Oaks Blvd., Suite 1
Camarillo, CA 93012
Phone: (888) 505-0597 ext. 2 Fax: (805) 983-0789
region2@familyresourcecenters.net
Counties Served: Fresno, Inyo, Kern, Kings, Madera, Mariposa, Merced, Monterey, Mono, San Benito, San Francisco, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Stanislaus, Tulare, Ventura

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Southern California
Children's Bureau
50 S. Anaheim Blvd., Ste. 241
Anaheim, CA 92805
Phone: (888) 505-0597 ext. 3 Fax: (714) 517-1911
region3@familyresourcecenters.net
Counties Served: Imperial, Los Angeles, Orange, Riverside, San Bernardino, San Diego

Staff
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For more information about training, workshops, conferences, and more, contact one of our offices.

Jody Hall-Winget (888) 505-0597 ext. 1 (Northern)
Diana Arellano (888) 505-0597 ext. 2 (Central)
Alma Tovar (888) 505-0597, ext. 3 (Southern)

Please notify Jody Hall-Winget of any address corrections.
Email: jwinget@youth4change.org
Phone: (888) 505-0597, ext 116
Fax: (530) 872-4093
Mail: 6249 Skyway, Paradise, CA 95969

Information on past issues and submitting articles to Working Strategies:

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Handling Conflict in the Workplace: Whose Job Is It?

by Yvonne Nenadal, MA

When it comes right down to it, leaders of organizations have just two objectives for which they are responsible: 1) accomplish the organizational mission, and 2) take care of their people. How hard can that be?!

It turns out that taking care of one's people, especially when it comes to interpersonal interactions, can be challenging and time-consuming. Research shows that 60-80% of all difficulties in organizations stem from strained relationships between employees, not from deficits in an individual employee's skill or motivation (Dana, 2005 & Kreisman, 2002). The Washington Business Journal (May 2005) reports that a typical manager spends between 25-40% of her/his time addressing workplace conflicts. That equates to one to two days of every work week spent dealing with some level of conflict involving individual staff, teams, consumers, or management.

Ineffective leadership has been cited as one of the leading causes of interpersonal conflict in the workplace. Leaders inadvertently contribute to the dynamics of conflict by not intervening soon enough or discounting signs of conflict. Leaders may also make the mistake of not having a conflict resolution process in place, not holding their managers accountable for intervening when necessary, or by poor personal modeling (the leader's own inability to handle conflict in a positive, healthy manner).

In a research paper entitled "Warring Egos, Toxic Individuals, Feeble Leadership" (2009), professionals were surveyed regarding what they believed leaders could do to handle conflict more effectively. The top four recommendations included: 1) model appropriate behavior; 2) identify and address tensions before things go wrong; 3) provide more clarity regarding expectations of others; and, 4) manage toxic individuals more firmly.

It is critical that organizational leadership recognize the enormous cost of unresolved conflict to their organizations. Loss of productivity, increased use of sick time, staff terminations, low morale, and lawsuits (both harassment and unlawful termination) are some of the ways an organization's bottom line can be affected when conflict is not addressed appropriately and proactively. Leaders who thoughtfully guide their organizations to develop positive conflict resolution processes consistently report decreases in each of these risk areas.

The healthiest and most productive organizations understand that conflict handled correctly can be a source of energy and creativity to the organization. The goal becomes not to eliminate conflict, but to lead organizations away from destructive conflict and toward the intentional practice of constructive conflict. Destructive conflict very often focuses on attacking the individual person, whereas constructive conflict focuses on dealing with the issue at hand. When addressed appropriately, the positive use of constructive conflict can lead to more effective problem-solving and new ideas, as well as an increase in trust, participation, a sense of ownership, and commitment to the process.

Robert Townsend, a leadership guru and American business executive noted for transforming Avis into a rental car giant, wrote, "A good manager doesn't try to eliminate conflict; he[she] tries to keep it from wasting the energies of his[her] people. If you're the boss and people fight you openly when they think you are wrong – that's healthy."

Leaders who have learned how to handle conflict effectively are not just practicing techniques with the hope that "we can all be friends." Instead, they are guiding their organization in developing a critical strategic advantage that can result in higher productivity, more creative decision-making, and better retention of talented employees (Thomas, Making Conflict Management a Strategic Advantage).

For tips and tools for managing interpersonal conflict in the workplace, search "conflict resolution" at http://humanresources.about.com.

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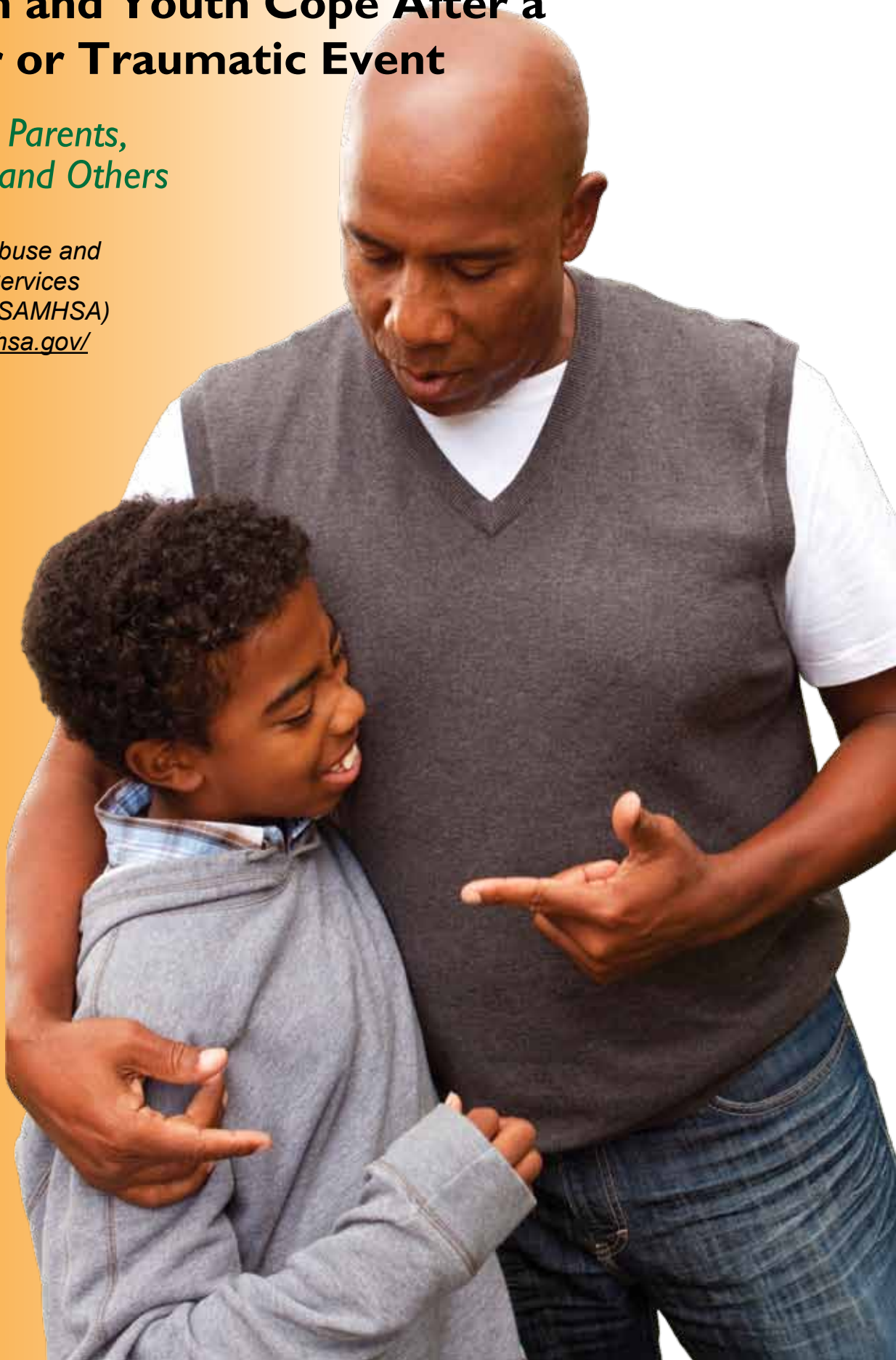
Tips for Talking With and Helping Children and Youth Cope After a Disaster or Traumatic Event

A Guide for Parents, Caregivers, and Others

by Substance Abuse and Mental Health Services Administration (SAMHSA)
http://www.samhsa.gov/



Child traumatic stress occurs when children and adolescents are exposed to traumatic events or situations that overwhelm their ability to cope—something more than a person would ordinarily be expected to encounter. When a child experiences traumatic stress, the reaction to stress can negatively affect daily life, function, and interpersonal relationships. Families and adults that offer support, understand, and provide a sense of safety, as close to the time of the traumatic event as possible, can effectively limit the effects of trauma on a child. To promote a supportive environment that can assist with ameliorating trauma, the Substance Abuse and Mental Health Services Administration (SAMHSA) recommends the following guidelines for parents, caregivers, teachers, and social workers talking with children who have experienced a traumatic event or situation.

"Adult support and reassurance is the key to helping children through a traumatic time"

Children and youth can face emotional strains after a traumatic event such as a car crash or violence.[1] Disasters also may leave them with long-lasting harmful effects.[2] When children experience a trauma, watch it on TV, or overhear others discussing it, they can feel scared, confused, or anxious. Young people react to trauma differently than adults. Some may react right away; others may show signs that they are having a difficult time much later. As such, adults do not always know when a child needs help coping. This tip sheet will help parents, caregivers, and teachers learn some common reactions, respond in a helpful way, and know when to seek support.

Possible Reactions to a Disaster or Traumatic Event

Many of the reactions noted below are normal when children and youth are handling the stress right after an event. If any of these behaviors lasts for more than 2 to 4 weeks, or if they suddenly appear later on, these children may need more help coping. Information about where to find help is in the **Helpful Resources** section of this tip sheet.

Preschool Children, 0–5 years old

Very young children may go back to thumb sucking or wetting the bed at night after a trauma. They may fear strangers, darkness, or monsters. It is fairly common for preschool children to become clingy with a parent, caregiver, or teacher or to want to stay in a place where they feel safe. They may express the trauma repeatedly in their play or tell exaggerated stories about what happened. Some children's eating and sleeping habits may change. They also may have aches and pains that cannot be explained. Other symptoms to watch for are aggressive or withdrawn behavior, hyperactivity, speech difficulties, and disobedience.

- Infants and Toddlers, 0–2 years old, cannot understand that a trauma is happening, but they know when their caregiver is upset. They may start to show the same emotions as their caregivers, or they may act differently, like crying for no reason or withdrawing from people and not playing with their toys.
- Children, 3–5 years old, can understand the effects of trauma. They may have trouble adjusting to change and loss. They may depend on the adults around them to help them feel better.

Early Childhood to Adolescence, 6–19 years old

Children and youth in these age ranges may have some of the same reactions to trauma as younger children. Often younger children want much more attention from parents or caregivers. They may stop doing their school work or chores at home. Some youth may feel helpless and guilty because they cannot take on adult roles as their family or the community responds to a trauma or disaster.

- Children, 6–10 years old, may fear going to school and stop spending time with friends. They may have trouble paying attention and do poorly in school overall. Some may become aggressive for no clear reason. Or they may act younger than their age by asking to be fed or dressed by their parent or caregiver.
- Youth and Adolescents, 11–19 years old, go through a lot of physical and emotional changes because of their developmental stage. So, it may be even harder for them to cope with trauma. Older teens may deny their reactions to themselves and their caregivers. They may respond with a routine "I'm ok" or even silence when they are upset. Or, they may complain about physical aches or pains because they cannot identify what is really bothering them emotionally. Some may start arguments at home and/or at school, resisting any structure or authority. They also may engage in risky behaviors such as using alcohol or drugs.

How Parents, Caregivers, and Teachers Can Support Children's Recovery

The good news is that children and youth are usually quite resilient. Most of the time they get back to feeling ok soon after a trauma. With the right support from the adults around them, they can thrive and recover. The most important ways to help are to make sure children feel connected, cared about, and loved.

Continued on page 6

Tips for Talking With and Helping Children continued from page 5

- Parents, teachers, and other caregivers can help children express their emotions through conversation, writing, drawing, and singing. Most children want to talk about a trauma, so let them. Accept their feelings and tell them it is ok to feel sad, upset, or stressed. Crying is often a way to relieve stress and grief. **Pay attention and be a good listener.**
- Ask your teen and youth you are caring for what they know about the event. What are they hearing in school or seeing on TV? Try to watch news coverage on TV or the Internet with them. And, limit access so they have time away from reminders about the trauma. Don't let talking about the trauma take over the family or classroom discussion for long periods of time. **Allow them to ask questions.**
- Adults can help children and youth see the good that can come out of a trauma. Heroic actions, families and friends who help, and support from people in the community are examples. Children may better cope with a trauma or disaster by helping others. They can write caring letters to those who have been hurt or have lost their homes; they can send thank you notes to people who helped. **Encourage these kinds of activities.**
- If human violence or error caused an event, be careful not to blame a cultural, racial, or ethnic group, or persons with psychiatric disabilities. This may be a good opportunity to talk with children about discrimination and diversity. **Let children know that they are not to blame when bad things happen.**
- It's ok for children and youth to see adults sad or crying, but try not to show intense emotions. Screaming and hitting or kicking furniture or walls can be scary for children. **Violence can further frighten children or lead to more trauma.**[3]
- Adults can show children and youth how to take care of themselves. If you are in good physical and emotional health, you are more likely to be readily available to support the children you care about. **Model self-care, set routines, eat healthy meals, get enough sleep, exercise, and take deep breaths to handle stress.**

Tips for Talking With Children and Youth of Different Age Groups After a Disaster or Traumatic Event

Preschool Children, 0–5 years old

Give these very young children a lot of cuddling and verbal support.

- Take a deep breath before holding or picking them up and focus on them, not the trauma.
- Get down to their eye level and speak in a calm, gentle voice using words they can understand.
- Tell them that you still care for them and will continue to take care of them so they feel safe.

Early Childhood to Adolescence, 6–19 years old

Nurture children and youth in this age group:

- Ask your child or the children in your care what worries them and what might help them cope.
- Offer comfort with gentle words, a hug when appropriate, or just being present with them.
- Spend more time with the children than usual, even for a short while. Returning to school activities and getting back to routines at home is important too.
- Excuse traumatized children from chores for a day or two. After that, make sure they have age-appropriate tasks and can participate in a way that makes them feel useful.
- Support children spending time with friends or having quiet time to write or create art.
- Encourage children to participate in recreational activities so they can move around and play with others.
- Address your own trauma in a healthy way. Avoid hitting, isolating, abandoning, or making fun of children.
- Let children know that you care about them spend time doing something special; make sure to check on them in a nonintrusive way.

A NOTE OF CAUTION! Be careful not to pressure children to talk about a trauma or join in expressive activities. While most children will easily talk about what happened, some may become frightened. Some may even get traumatized again by talking about it, listening to others talk about it, or looking at drawings of the event. Allow children to remove themselves from these activities, and monitor them for signs of distress.

Helpful Resources

Substance Abuse and Mental Health Services Administration's Disaster Technical Assistance Center (SAMHSA DTAC)

Toll Free: 1-800-308-3515

Web Site: http://www.samhsa.gov/dtac

Treatment Locators

Mental Health Services Locator

Toll-Free: 1–800–789–2647 (English and Español);

TDD: 1–866–889–2647

Web Site: http://store.samhsa.gov/mhlocator

Substance Abuse Treatment Facility Locator

Toll-Free: 1–800–662–HELP (1–800–662–4357)

(24/7 English and Español); TDD: 1–866–487–4889

Web Site: http://www.findtreatment.samhsa.gov

Hotlines

Disaster Distress Helpline

Toll-Free: 1-800-985-5990 Text 'TalkWithUs' to 66746

Web Site: http://www.disasterdistress.samhsa.gov

Child Welfare Information Gateway

Toll-Free: 1–800–4–A–CHILD (1–800–422–4453)

Web Site: http://www.childwelfare.gov/responding/how.cfm

Resources Addressing Children's Needs

Administration for Children and Families

Web Site: http://www.acf.hhs.gov/

Additional Behavioral Health Resources

These behavioral health resources can be accessed by Clicking through to the SAMHSA website and then clicking on the related link.

National Suicide Prevention Lifeline

Toll-Free: 1–800–273–TALK (1–800–273–8255);

TTY: 1–800–799–4TTY (1–800–799–4889)

Web Site: http://www.samhsa.gov

National Child Traumatic Stress Network

Web Site: http://www.samhsa.gov/traumaJustice/

When Children, Youth and Parents, Caregivers, or Teachers Need More Help

In some instances, a child and their family may have trouble getting past a trauma. Parents or caregivers may be afraid to leave a child alone. Teachers may see that a student is upset or seems different. It may be helpful for everyone to work together. Consider talking with a mental health professional to help identify the areas of difficulty. Together, everyone can decide how to help and learn from each other. If a child has lost a loved one, consider working with someone who knows how to support children who are grieving.[4] Find a caring professional in the *Helpful Resources* section of this tip sheet.

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The Healing Team

by Mia and Sharon Behrens

Currently, there are more than 500,000 children in foster care in the United States. These children often enter and leave the system with the residual symptoms and damage of physical and emotional trauma. At eighteen, some foster children "age out" of a system that clearly failed to provide any knowledgeable, comprehensive, and coordinated medical and psychiatric services that could allow for effective intervention. There are many stories within the population of the estimated 12 million-plus foster care alumni in America that speak to a system that failed them.

I am Mia. I am one of the fortunate foster children who did find a permanent family, "emotional wellness," and effective medical intervention through a "Healing Team." I have a story of hope that I want to share to encourage others to continue the struggle toward wellness. If I can motivate one more family, supporter, or medical personnel member to get appropriate training and continue to hang in there with kids like me, I will feel my life will have counted.

I was placed into foster care as a one-year-old with horrible emotional and medical trauma. One of the first physicians to see me told my foster mother that he had never before seen a child in such poor emotional and physical condition. His advice to her was to do what was necessary, but not to invest herself in my life too much because I was likely to end up extremely emotionally damaged and in need of lifetime care. The dire warning to my foster mother was that I could "bring no happiness" to her family. This, in his opinion, was a "gene pool issue." No advice, support, referral, or coordinated services were offered. He was not a bad person, just a man who felt overwhelmed and undertrained to deal with this strange, damaged child who was tearing up his exam room. There was no hope in that room that day.

My now-adoptive family learned quickly, as the various diagnoses rolled in, that this was a journey that could not be taken alone. They knew that their foster home was initially a safe place to be and hoped that, with training and support, they could become a part of my healing process. The search for knowledgeable experts began. My court-appointed therapist knew she was not an expert in treating this type of childhood trauma. While she consulted with the agency and helped my foster family with resources and referrals, she sought out a psychiatric expert well known in the field. A truly valuable team member has the ability to know when a consult or referral to another provider lies in the best interest of the child.

The development of the team started with my new psychiatrist. She became the team leader who helped coordinate my medical and educational services, collaborated with various providers, clarified issues, and taught my foster family intervention techniques. This team-leader approach kept me from falling through the cracks with agencies and other specialists. My family and I came to understand that there was a knowledgeable person watching over the plan. We were not left alone to work this out ourselves.

Some specialists were there briefly to provide a service, intervention, or encouraging support; others have walked the entire journey with me. Most of these people were a blessing and became what we call the "Healing Team." The philosophy they shared was the belief that individuals do have the ability to change, heal, and be resilient. During some hope-filled moments along the way, I reached out and let them help me find "wellness."

There were many lessons learned along the way about the effective treatment of childhood trauma victims:

First, it can be a bumpy treatment road that plays out over time. It was the commitment of the team to stay through all the struggles that helped me build trust in others. We learned to have patience with the team and ourselves. It is important to not regret past failed interventions. They are part of a process, not a failure. We had to eliminate many techniques or treatments and revisit them at a later date, and be open to new concepts. Traumatized children are asked to be resilient, flexible, open to new ideas, and to hang in there for the long haul. Then why don't service providers ask that of themselves?

We learned to use my medical issues and treatment as an attachment exercise. In my biological home, I was powerless and my terror and pain went unnoticed. With my medical team, I learned how to say, "Stop it, I don't like it this way." And they listened. I was taught ways to negotiate options and express my fears. I was no longer a silent victim. With these medical team members, I did learn to cooperate, but something more important happened. I found the words to say, "I have the right to be heard; I have the right to have influence over my life and care." It was life-changing. Learning to let go of my fear and allowing myself to trust others to help me played a big part in my journey toward a place of healing.

In order to treat me, you have to recognize me as a whole person with both emotional and medical needs. At age five, one doctor didn't think I needed a referral for rapid heart rate because he felt it was an emotional issue. After a change of doctors, I got the proper diagnoses. I had atypical atrioventricular node reentry. I had two heart ablations. It made me feel good to know it wasn't in my head. It wasn't my fault. Just because you have emotional problems doesn't mean you can't have health issues as well.

The best team doctors I have known were empathetic and funny. When I was five, I had an emotional breakthrough at my neurologist's office. To stop my usual constant screaming and fight-or-flight mode, he began drawing a funny picture of himself. I suddenly laughed, startling all of us. He thanked me and said my laughter was the best thing that had happened to him all day. I liked him for saying that. From then on he called me his "little friend," and I learned to trust him. Over the years we had quite a few laughs. It is the gift he gave me. Doctors like this changed the tone of the exams and were better able to treat me.

There were small comments from doctors that made all the difference in my feelings of self-worth. One doctor who kept trying new treatments said when they kept failing, "Mia, you know that none of this is your fault? You didn't cause this. I will just have to work smarter for you." He made me believe that I am not a problem or a mistake. One of my favorite comments was from the gastric doctor who said, "I am like a mechanic that works on Fords and Chevys. I don't do Ferraris. Mia, you are a Ferrari. I am sending you to a Ferrari doctor." It was funny and true. A good dose of humor with the truth helps.

Today, as a twenty-one-year-old college student with plans to teach disabled kids, I understand that the team headed by our team leader saved my life. The empathetic interaction with me, the open collaboration, and knowledgeable and coordinated services among all of my specialists made it possible for me to receive the best care. They gave of themselves. None of these doctors had magic dust that took away all my issues. They had something better. They helped me learn how to trust, and they gave me the power to push through difficult things and come up with solutions. I learned that I was not alone. I was a part of a "Healing Team."

Bio:

Sharon Behrens, child advocate and foster and adoptive parent, discovered the miraculous ability of children to heal through her own experience in raising Mia. Mia's journey from wild child to a caring, productive woman has been documented in literary accounts and her Emmy-nominated story aired on February 17-18, 2009, on the CBS Evening News with Katie Couric.

Mia and her mother now speak on the intervention needs of abused children as a way of helping health professionals understand what can happen if physicians, psychiatrists, and parents work together to build a "Healing Team." They have spoken at the American Academy of Pediatrics (2009) and the American Academy of Child and Adolescent Psychiatry (2010) conferences. Today Mia is a twenty-one-year-old college student majoring in child development who plans to teach children with disabilities.

Child Trauma Word Search

ACTIVITY
BEHAVIOR
CHILDREN
HEALING
INTERVENTION
LISTENER
PREVENTION
RECOVERY
RESILIENCE
ROUTINES
SAFE
STRESS
TRAUMA
TREATMENT

Y	B	G	Y	P	R	E	C	O	V	E	R	Y	O	P
W	I	N	T	E	R	V	E	N	T	I	O	N	R	L
J	S	C	R	O	K	E	R	E	N	R	Q	J	C	E
P	N	A	A	C	T	I	V	I	T	Y	Y	O	H	K
P	V	D	F	Z	A	W	O	E	H	Q	O	C	I	O
L	I	S	T	E	N	E	R	X	N	K	J	H	L	F
K	S	F	L	T	B	H	Z	T	W	T	S	I	D	R
H	E	A	L	I	N	G	N	E	D	R	I	L	R	L
R	E	S	I	L	I	E	N	C	E	A	U	O	E	Z
Z	U	M	Q	F	M	J	S	D	T	U	S	T	N	R
V	M	H	W	T	C	S	H	R	E	M	J	R	N	W
Z	Q	U	A	U	E	P	R	B	T	A	R	M	W	N
B	E	E	M	R	V	B	E	H	A	V	I	O	R	L
N	R	H	T	I	P	O	A	A	J	O	R	E	T	S
T	X	S	R	O	U	T	I	N	E	S	N	L	Z	Z

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REGISTRATION OPEN!

Preventing Child Abuse & Neglect:

The Power of Community

October 16-17, 2013

Prevention Summit • Sacramento, CA

California Child Abuse Prevention and Early Intervention Summit

Join us for an exciting two days of learning, networking, and celebration of the power of community to prevent child abuse and neglect.

Prevention Summit Objectives:

Provide the field of child abuse and neglect prevention and early intervention a forum for:

- Shared understanding and knowledge of current trends, evidence-based practices, and practice innovations in the field of family strengthening.
- Shared commitment to the power of community to prevent child abuse and neglect.
- Increased capacity for family and community partnerships.
- Inspiration to work with communities to foster optimal outcomes for all children and families.

Prevention Summit Program At-A-Glance:

Day 1: October 16, 2013

10:00am - 6:00pm	Registration Open
11:00am - 1:00pm	Grab-and-go box lunch
1:00 - 5:00pm	Summit Institutes
5:00 - 6:30pm	Participant Welcome Reception (Networking & Entertainment)

Day 2: October 17, 2013

7:30 - 8:30am	Registration & Networking Breakfast
8:30 - 9:00am	Welcome/Opening
9:00 - 10:00am	Keynote Address
10:15 - 11:45am	Workshop Session 1
Noon - 1:00pm	Lunch
1:15 - 2:45pm	Workshop Session 2
3:00 - 4:30pm	The Power of Community: A Conversation Café
4:30 - 5:00pm	Endnote

Institutes Available:

Institute A: Building Resilience through Trauma-Informed Care

Institute B: Connecting Culturally Embedded Protective Factors with Family Strengthening Practice

Institute C: Tapping the Power of Community: A "How-to" for Family Strengthening Organizations

Institute D: Promoting Healthy Child Social/Emotional Development: The Story of Three Frameworks

Institute E: The Power of Parents as Community Leaders

Workshop Session Themes:

Frontline Practice
These workshops are designed to show the protective factors in action.

Family Engagement
These workshops provide guidance on how to share power with families.

Evidence-Informed Programs
Workshops in this series offer insight into the following strategies: collective impact, outcomes evaluation, and using data (evidence) to "tell your story."

Prevention Networks and Collaboration
Workshops on this track will allow an opportunity for reflection and transfer of learning as programs and networks share their lessons learned.

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The Summit is funded by the California Department of Social Services, Office of Child Abuse Prevention.

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San Diego Military Family Collaborative:

Sparking Community-Based Solutions for Building Protective Factors with Military-Connected Children and their Families

by Joe Buehrle, MSW

"A strong network of formal and informal community connections is fundamental for promoting and sustaining military family resilience. Both the military services and society as a whole share a responsibility for creating an environment that helps these families meet the hardships of military family life." - National Council on Family Relations (Nash, 2010)

The United States faces an unprecedented challenge. Military personnel, while less than 1% of the U.S. population, carry the full burden of a now decade-long war sustained through "significant national commitments to Operation Enduring Freedom in Afghanistan and Operation Iraqi Freedom in Iraq. This protracted stressful tempo is taking a toll on our military families" (Nash, 2010).

In San Diego alone, there are over 60,000 military-connected children (Military Child Education Coalition, 2010). While less than 1% of the national population lives in San Diego County, nearly 8% of the U.S. active duty military population resides here, as do 17% of all Navy personnel and 30% of all Marine personnel (Nash, 2010). For San Diego, the call to respond and support our military service men, women, and their families is personal.

Over the past three years, several entities conducted invaluable research providing a lens for understanding the barriers, gaps, trends, challenges, and opportunities facing San Diego military populations: Promises2Kids Foundation *2010 Military Family Support Initiative Needs Assessment;* the San Diego Social Venture Partners *2010 Military Discovery Report;* and the San Diego Armed Services YMCA multi-stakeholder assessment of local military family strengths, weaknesses, opportunities, and threats. Of particular note, these assessments separately identified one cross-cutting and overlapping theme that would help the situation: military family access to, and awareness and knowledge of local services and resources. Each report honored military families, while acknowledging that many armed service members are well intentioned, but simply overwhelmed.

Specifically, in the report "Military Families Support Initiative: A Needs Assessment of Military Families in San Diego County" (Nash, 2010), the *Promises2Kids Foundation* (formerly the *Child Abuse Foundation*) identified unique military family stressors including: frequency and duration of deployments, communication barriers, transition and school changes, family violence and abuse trends, and a high number of special needs family members. From 2005 to 2009, military families in San Diego County experienced a 31% increase in child abuse. During the same period, spousal abuse increased by 13% (Nash, 2010). Nationally, the Marine Corps Times announced that reported child abuse maltreatment cases doubled from 2007 to 2010. Based on current trends and with the war winding down, the Corps is bracing for an anticipated post-combat child abuse spike (Harkins, 2012). This context presents unique opportunities and challenges at the local intersection of schools, social services, and the military.

The report's recommended next steps for San Diego include: 1) strengthen community and agency capacity to meet the needs of military families through multi-agency convening and training; 2) improve sharing and tracking information resources; and,

3) promote military family communication and self-advocacy. Promises2Kids asserts that "effective collaboration among civic organizations, nonprofits, local government agencies, and businesses is critical to the creation of a strong network of support for military families within and across San Diego County" (Nash, 2010).

This network originally formed in the early 1990s to coordinate services for military families by Social Advocates for Youth (SAY) San Diego. In January 2010, the network experienced a resurgence of momentum, and became known as the San Diego Military Family Collaborative. SAY San Diego's Military Family Resource Center continues to serve as the lead partner, providing fiscal oversight and staffing support.

Today, the Collaborative is comprised of more than 400 representatives from over 80 unique public, private, faith-based, military, and governmental organizations. On average, 50 representatives from various multi-sector military family serving entities convene monthly to work toward common objectives.

The Collaborative actively strategizes to move from an initiative of voluntary like-minded individuals organized around a common theme to a collective of family strengthening organizations with common outcomes addressing a specific set of social problems. The group recognized they had to be familiar with each other's resources in order to support connections between military families.

The Collaborative is working with *Strategies* to strengthen its infrastructure and build partnerships. In this first phase, *Strategies* serves as a key partner and ally supporting the formalization of network infrastructure. In 2011/2012 and 2012/2013, the San Diego Military Family Collaborative received network capacity-building grants from *Strategies* to revisit and update its mission and vision statements and to co-facilitate strategic planning at the annual military family service provider's conference.

The focus with the *Strategies* team now positions the Collaborative for coordinated growth through the development of a formal membership structure and creation of an online presence. Strategies is working with Collaborative leadership to systematically think through what true partnership for change looks like so "Family, organizations, and community do not act independently of one another…but are leveraged to access the strengths and assets of each" (Nenadal & Sherman, 2011).

The Collaborative will update its bylaws to reflect membership engagement across five activities: 1) program event and resource e-blasts; 2) an annual strategic planning conference; 3) monthly participant convenings; 4) strategic task forces; and 5) a coordinating council.

A long term goal for proposed collective action is to align shared measurement and activities in child abuse and neglect prevention. The objective is to bring positive change to one overarching indicator, such as reducing Child Welfare Services referrals or increasing successful completion of prevention, voluntary, and/or dependency cases. In addition, *Strategies* is training military family strengthening agencies to implement joint evaluation and shared measurement of protective factors through use of the Standards of Quality for Family Strengthening and Support and best practice tools.

Four objectives were designed to strengthen the San Diego military families and services:

- Sustainability – to promote a systems fidelity as a trusted forum for community-based decision-making.
- Convening - to improve interagency trust and serve as a clearinghouse for ideas, resources, and communication.
- Capacity Building – to increase community competency around military family culture and best practices.
- Advocacy - for changes in policies, systems, and funding.

In April 2011, First Lady Michelle Obama and Second Lady Dr. Jill Biden launched "*Joining Forces*," a national initiative to support and honor America's service members and their families. The initiative calls for the collective "us" to "educate, challenge, and spark action from all sectors of our society — citizens, communities, schools, nonprofits, faith-based institutions, philanthropic organizations, and government — to ensure military families have the support they have earned (*Joining Forces, 2012*)." Together, communities can give active duty, reservists, veterans, and their families the just response deserving of their sacrifice and service.

For additional information:

Joe Buehrle, MSW, Coordinator, San Diego Military Family Collaborative, Social Advocates for Youth - San Diego, 3487 Santo Road, San Diego CA, 92124: jbuehrle@saysandiego.org

San Diego
MILITARY FAMILY
COLLABORATIVE

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Beyond Diversity: Building a Culturally Inclusive Board

by Yvonne Nenadal, MA

The topic of board diversity has been explored and debated for many years. Surveys indicate that people recognize the benefits of having board members with a broad range of experiences and viewpoints, however, in practice, building board diversity remains a low priority often set aside to address at a later, more convenient time. Despite growing numbers of funders requiring board diversity, during this time of economic downturn and organizational downsizing, leadership may view board diversification as a distraction from an already packed agenda of budget management, governance, and fundraising.

Research indicates that diverse perspectives among a group's members can enrich discussions, spark creativity, and help ensure concerns and ideas are thoughtfully explored and considered. Teams whose members are comprised of differing backgrounds appear to more effectively use problem-solving, conflict resolution, and creative thinking skills. With this broader range of experiences and ideas, issues are often given deeper consideration and nontraditional solutions more willingly explored, resulting in better long-term outcomes.

Despite the benefits, reviews on the actual effectiveness of diverse teams remain mixed. When considered as a single factor, diversity alone does not necessarily result in positive outcomes. The more critical factor impacting effectiveness appears to be whether team members embrace diversity, and whether the board manages the dynamics of differing viewpoints and values with care and empathy. When these elements are missing, discomfort and tension can arise from differences, resulting in frustration, lack of cooperation and trust, and poor teamwork. The benefits or disadvantages to having a diversified board appear to be directly related to the board's attitude toward diversity and the culture created around that attitude.

Organizations often wrestle with the best way to achieve board diversity. Many nonprofit leaders are familiar with the board membership matrix that helps an organization think through the diversity of skills, as well as social and fiscal connections needed in board members that enable the organization to more effectively achieve its mission and goals. The use of such a matrix can be a good first step in diversifying board membership. Rapidly changing demographics in our communities, however, are highlighting the growing need for more meaningful diversity on our boards and in our organizations. "Diversity wheels" is a visual aid tool often used to illustrate the many categories of diversity, including such elements as race, ethnicity, age and generation, gender, physical ability, sexual orientation, religion, socioeconomic status, geographical residency, and political affiliation as possible ways people identify themselves.

The racial diversity of board members is becoming an increasingly critical lens through which to view board membership, especially in California. "Minorities" currently account for the majority of California's population at 57% as per the Census 2010 Summary File 1 and the 2006-2010 American Community Survey five-year estimates. While non-Hispanic whites remain the largest racial-ethnic group in the state (40.1%), one in three Californians is now Latino (37.6%),

> *The effectively diversified nonprofit board will be the one whose members effectively represent the organization's constituency. Its members will be chosen for their commitment and ability to further the organization's mission, not solely for their demographic characteristics.* ~ Judith L. Miller (1999) "Perspectives on Nonprofit Board Diversity."

While overt or covert racism may appear to be an underlying reason for the lack of diversity in some organizations, often it is simply tradition and lack of effort that keep boards from changing their demographic profile.

~ Kathleen Fletcher (1999) "Building Diverse Boards: Lessons from a Case Study of Planned Parenthood Affiliates."

one in eight is Asian American (12.8%), and one in sixteen is African American (5.8%). About 1 percent is Native American or Pacific Islander. Unfortunately, statistics regarding the racial diversity of California's nonprofit board members remain alarmingly low. A 2009 demographic survey of California nonprofits found that although the state is 57% non-white, only 28% of board members are of color (DeVita and Roeger, 2009).

It is important, however, to recognize that a racially diversified board does not in and of itself make for an effective, passionate, highly functioning board. Recruiting members of color is only the first step. Within the conversation of diversity are the bigger and more critical conversations of *inclusivity* and *meaningful representation.* Embracing these elements helps move an organization from simply focusing on diversifying its board to becoming an organization committed to being culturally inclusive. Such an organization works intentionally to create a culture that values diversity, identifies and eliminates barriers that are exclusionary, proactively manages the differences that diversity can create, expands and integrates its cultural knowledge throughout the organization, and willingly adapts to the new situations that an increased commitment to diversity can generate.

In a report entitled "Vital Voices: Lessons Learned from Board Members of Color" (Walker, 2009), a variety of practices were identified that are most often found in organizations actively practicing the values of diversity *and* inclusivity. Among others, these include:

- Commitment by the chief executive and the board to be inclusive;
- A formal process to assess board culture and identify barriers to inclusion;
- A detailed plan of action to become inclusive;
- Incorporate diversity into the organization's core values; and,
- Actively recruit board members from diverse backgrounds.

It is easy to assume that a diverse board is a more representative board, but research demonstrates this actually is not true. Diversity *and meaningful representation* are two distinct elements that must be addressed thoughtfully and independently of one another. Striving for a diverse board is important, but does not itself guarantee meaningful representation. By integrating the practices discussed here and developing an inclusive culture, an organization can ensure that such representation is being practiced. This helps the organization avoid the unfortunate practice of intentional or unintentional tokenism.

Expanding the goal of board diversity to embrace the practices of inclusivity and meaningful representation does not occur quickly or easily. This work can seem overwhelming at times, and requires thoughtfulness, time and commitment. As an organization shifts its priorities to more mindfully include these practices, discussions can be challenging and decisions to change a particular way of doing business can be difficult. Building an organizational culture that embraces the value of diversity, dedicates itself to being a learning organization, and understands the need for healthy, transparent change is an ongoing process.

Continued on page 17

Power Up Your Parenting

by the Nathanson Family Resilience Center

Developed by a UCLA-Harvard team, FOCUS (Families Over Coming Under Stress™) provides resiliency training to military children and families affected by multiple deployments. The program teaches families practical skills to better understand their emotional reactions, communicate, solve problems more effectively and successfully set goals together. Parents and children from preschool to teens are given tools to better prepare them for each new deployment.

Parents often come to FOCUS to fine-tune parenting skills and adapt to new and unique situations. The following are five tips to help parents adjust their parenting strategies to master challenges:

- **Set parenting goals.** Figure out what you hope to accomplish as a parent. Ask yourself what characteristics you are trying to build in your children. Break these characteristics down into realistic and specific steps. Setting these goals will help you maintain flexible, yet consistent, parenting strategies during deployment and other parental absences.
- **Communicate openly.** Maintain open and direct communication about rules and expectations. Explain the reasons behind rules to your children and encourage them to ask questions openly and honestly. Prompt them to communicate about their true feelings by asking open-ended questions such as, "Why do you think we have that rule in our house?"
- **Build consistent routines.** Stick to a routine. Knowing what to expect helps kids feel secure and comforted. Routines give children a better understanding of their roles, the world they live in, and how they are expected to function in it. It also helps build their trust in you by knowing that you will help them through whatever comes. Check out this website for some helpful tips on routine building: http://www.focusproject.org/articles/tips-for-tackling-common-family-challenges
- **Provide logical consequences.** Try to use clear and natural consequences. Reserve time-outs or grounding for more severe behavior if you can. Kids are curious; they often do things because they are exploring, not because they are willfully breaking a rule. Try redirecting the behavior first, but if that doesn't work or if the behavior needs to be stopped immediately, give a clear command with a direct logical consequence. For example, "You can write on paper, not on walls. I have to take the markers away because you wrote on the wall. We can try again later only if you use them on paper."
- **Model the behaviors you want to see.** Your children look to you for clues about how they should behave. In other words, your actions teach kids about their own behavior. Make sure you are modeling behaviors that are consistent with your family values and household rules. When we are inconsistent, we may inadvertently teach children to use inappropriate or undesirable behavior to get what they want.

About the Nathanson Family Resilience Center:

FOCUS is a resilience-building program of the UCLA Nathanson Family Resilience Center (NFRC). The UCLA NFRC bridges the gap between research and practice to help families become stronger in the face of challenges. Working with communities and systems of care, they develop and evaluate high-quality, preventive services that support family relationships and child development. The UCLA NFRC also provides training to bring evidence-based, family-centered programs to agencies and community providers. Their programs and services support military and veteran families, new parents, at-risk adolescents, and families impacted by stress, trauma or grief. For more information, visit http://nfrc.ucla.edu.

Beyond Diversity continued from page 15

Expanding the diversity of an organization at all levels cannot be seen as a single problem to fixed, but rather a continuous journey of exploring, learning, changing, and growing. Even as new concerns are being identified and solutions are being sought, the celebration of accomplishments must also be an integral part of the diversity roadmap.

4 Strategies for Creating Meaningful and Inclusive Diversity:

1. **Leadership must be inspirational and intentional** about diversity, and must model in behaviors, words, and attitudes a consistent commitment to its integration throughout the organization.
2. **Cultivate a culture that embraces diversity.** People can sense sincerity (or lack of) in the values and attitudes that are expressed verbally and nonverbally throughout an organization. New and different ideas can only thrive in a culture that practices welcoming and respecting such ideas.
3. **Plan for conflict and manage it!** Differences in opinions, attitudes, or approaches don't need to be seen as things to avoid or eliminate. Instead, provide the skills and cultivate the attitude that differences are normal and can be managed to positive outcomes.
4. **Take action.** Diversity, inclusiveness and meaningful representation don't just happen. Organizations experiencing success in these areas report having thoughtful, often challenging discussions about these elements, then developing clear plans of action to address concerns and celebrate successes.

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FRC Best Shot

San Diego Family Support Services Program

Students at O'Farrell Community School's *Project Live Program* (children with incarcerated parents) participated in a summer program run by "The Arts" in National City. "I have the power to create a great life for myself." has become a school-wide motto!

Submit your FRC best photo and short description; for consideration email articles@familyresourcecenters.net.

Supporting Fathers of Children with Special Needs

by Danny Molina

All parents are profoundly affected when they hear the news that their child has been diagnosed with a disability or special need. Yet most research on children with special needs has focused almost exclusively on the role that mothers play in the lives of their children. Very little research has been conducted with fathers. However, early studies compiled by the National Responsible Fatherhood Clearinghouse show that fathers have a unique way in which they react to the news of their child's diagnosed disability or special need and how they use the supports needed to positively interact with their child.

Reacting to the news:

Fathers often react to the news with a wide range of emotions such as shock, fear, isolation, guilt, and feeling overwhelmed. It is essential that social service providers equip themselves with the information and knowledge necessary to effectively support fathers and families of children with special needs.

- Help fathers overcome their feelings of **shock** by allowing enough time and space for them to process the news. Fathers may need a little more time to adapt to the situation.
- Assist fathers in confronting their feelings of **fear** by being honest about the challenges, but also reassuring them that there is a tremendous amount of resources and supports available.
- When fathers are feeling **overwhelmed**, be sure to be clear and concise with the information you share. Always check to see if they have questions. Fathers may feel overwhelmed with the barrage of information they're receiving from multiple people including medical, educational, and social supports. Take the time to clearly explain what information you have to assist them.
- Some fathers may experience feelings of **isolation**. They might think that they are alone and no one understands what they are going through. It is important to connect fathers to support groups for parents of children with special needs. Encourage fathers to meet and talk with other fathers who are dealing with similar situations.
- If a father is experiencing feelings of **guilt**, it is important to validate his feelings, but also focus on overcoming these reactions as they can have a negative impact on both the father's and child's well-being. Acknowledge the father' desire to want the best for their child and assure that no one is to blame in this situation.

Interacting with their child

After navigating their reaction to the news, fathers often are able to move on to feelings of acceptance and empowerment, and allow themselves to respond to the situation and advocate for their child with special needs. It is important that fathers become comfortable advocating for what their child needs. To assist fathers with advocacy, start by increasing their knowledge by sharing information with them about their child's rights and the laws that protect and support their child. Some resources to consider are Individuals with Disabilities Education Act (IDEA), Individual Education Plans (IEP), and Americans with Disabilities Act (ADA).

It is important to encourage fathers to develop healthy daily interaction with their child by becoming familiar with their child's day-to-day needs. Remind fathers of the importance of establishing and maintaining daily routines. This will help fathers and their child feel a sense of comfort and consistency. Encourage fathers to find suitable activities that they and their child can do together. While a child with special needs might not become a professional athlete, he or she may still enjoy many other physical activities. Finally, always remind fathers that they are their child's hero and that every child needs and deserves a father who will actively support them and their development by being there through the everyday challenges of living life with a disability or special need.

Sacramento-Area Regional Early Childhood Trauma Prevention, Intervention, and Treatment Convening

by Candace Carroll and Katie Fox

Decision-makers from eighteen California counties convened on February 8, 2013, to learn about and discuss the need for a regional approach to **early childhood trauma prevention, early intervention, and treatment** in the Sacramento area.

The leaders gathered to:

- Assess the need for regional approaches.
- Learn about effective methods.
- Explore the development of a coordinated regional approach.

The Need for a Regional Approach

The need for regional trauma-informed centers and action plans is growing. In 2012, the Substance Abuse and Mental Health Services Administration (SAMHSA) published a report detailing the need for this type of program in relation to the juvenile justice and child welfare systems. According to the report, 400,000 children and youth in the foster care system and 1.6 million in the juvenile justice system in the United States "are more likely to have been previously exposed to potentially traumatic events, such as witnessing or experiencing physical or sexual abuse, bullying, violence in families and communities, loss of loved ones, refugee and war experiences, or life-threatening injuries or illnesses" (SAMHSA, 2012).

The same report found that when the services provided to these children were trauma-informed, there were extensive fiscal savings regarding treatment costs and individual suffering. Currently, it is estimated that one case of abuse or neglect costs more than $200,000 over a lifetime and the cost of incarcerating one juvenile is about $94,000 per year. These numbers do not reflect the "lost potential of these youth and the suffering of children and their families when they cannot heal from their painful experiences" (SAMHSA, 2012).

At the present time, services for young children are fragmented and scarce. Some services may be provided by individuals who are not experts in trauma-informed treatment for the very young. In the Sacramento region, some families with young children in need of trauma treatment have to travel two or more hours one-way to the Bay Area for expert treatment.

Effective Trauma-Informed Approaches

Sharon Behrens, a member of the Placer County Mental Health Board, shared her story as a foster parent of a young girl, who is now her adopted daughter. The child was severely abused as an infant. Sharon left the audience with the message "I'm teachable," emphasizing the critical role parents play in the treatment, support, and resilience of their children.

Sharon and her family turned to Lenore Terr, M.D. for treatment and support. Dr. Terr, who was present at the convening, discussed the Three Principles of Trauma Treatment Exemplified:

- Abreaction - the full emotional expression of the experience.
- Context - understanding and gaining perspective on the experience.
- Correction - finding ways personally or through society to prevent or repair such experiences.

(Terr, 2003)

Participants also heard from Ann Thomas, L.C.S.W. and Linda Dodds, M.A., who introduced The Children's Place, a center in Kansas City, Missouri, currently using an integrated approach to healing the youngest survivors of abuse, neglect and trauma. Their center provides day treatment, outpatient treatment, parent support services, and community training and advocacy.

Continued on page 23

Candace Carroll:
Training with Broad-based Knowledge

by Katie Fox

Walking into Candace Carroll's office, the large wall of diverse research material dwarfs everything else. This impressive collection of resources is much like Candace, a Project Specialist in Strategies' Northern Region, in that she has a remarkable knowledge base developed over more than eight years of training and technical assistance with Strategies.

In a nut shell, what do you do as a Project Specialist for Strategies Northern Region?

Recently, I have been doing a significant amount of curriculum development, primarily around leadership and postpartum depression. I lead the capacity-building process for networks in the Northern Region by providing facilitation, coaching, and planning, as well as monitoring network capacity-building grants. My job includes technical assistance and coaching support for executive directors, programs, and organizations, as well as facilitating planning efforts for large convenings. I also work with training in the Five Protective Factors, leadership, and peer review.

What drives you? What are you inspired by?

Learning! That is one of the reasons I enjoy working at Strategies. Every day is different and I am always learning something new. Making a difference in the world is important to me and I feel I am doing that by being a catalyst for change.

Strategies staff travel a great deal. Where is your favorite place to travel and why?

Every place I've ever visited, not just for Strategies travel, but also across the country and Canada is wonderful. Some of the remote areas of Northern California are absolutely spectacular! I also love to visit family in Westfield, New York and my daughter in Tempe, Arizona.

How do you feel your diverse background helps you in your current role at Strategies?

Reflecting on my education and experience, it's interesting to see how all of it has come together to contribute to my current position. I earned a Bachelor of Arts in Environmental Geography. Geography can be defined as the "interrelationship of people, places and things," including our environment, our cultures, our service delivery systems, and our public policies. I acquired grant writing and curriculum development skills through my work with the California Area Health Education Center System. My skills in facilitation, community organizing and development, and learned community and systems change with an emphasis on prevention were really refined through my work with the Community Partnership. My work with the Concow Maidu Tribe of Mooretown Rancheria allowed me to immerse myself in a leadership position in a culture different from my own and to continue my journey in facilitating community and systems change and inter-tribal collaboration.

You and Yvonne Nenadal put a lot of effort and time into developing a leadership series. Can you explain this a bit?

This process arose out of the California Child Abuse and Neglect Prevention and Early Intervention Assessment that indicated "leaders identified the need for building skills in the areas of evaluation, funding/fundraising, and marketing/message development," as well requests from the field for leadership development. Yvonne and I saw an opportunity to test "*Leadership: An Intentional Process*" as a training series specifically focused on leading for sustainable impact while promoting stable organizations providing child abuse and neglect prevention and early intervention services.

Now that the leadership series is complete, what has been the most rewarding aspect of the experience?

The most rewarding thing has been the ability to work with a cohort of emerging and seasoned leaders over the course of nine months, building relationships, and learning from them at the same time we were providing training.

You also just finished the beginning stages of ongoing technical assistance work with Placer County and helped plan and facilitate a Sacramento-Area Regional Early Childhood Trauma Convening. Can you explain this?

This came as a request to Strategies from a child welfare services director and First 5 Commission. While my primary role was to facilitate the planning process for the convening, I learned about the impacts of early childhood trauma. The convening was a huge success and, as a result of the convening, the group is taking next steps in the development of a regional approach to child trauma treatment.

Finally, what is your most memorable Strategies experience?

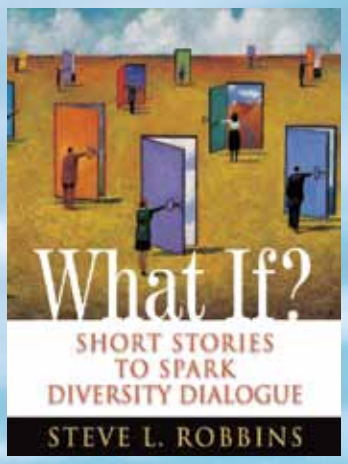
One that sticks out is the time I was driving up I-5 in a snowstorm on the way to visit a family resource center in Fort Jones (Siskiyou County). I had to drive in the tire tracks of the semi-trucks because there was a foot of snow on the road. But the most memorable experiences are meeting and getting to know all the incredible people across the state and working with them to create real change for children, families, and communities.

What If?

Short Stories to Spark Diversity Dialogue

Author: Steve L. Robbins, Ph.D.

Reviewed by Orrin D. Banta



Dr. Steve Robbins believes that stories "make effective vehicles for teaching and learning" and that "they can serve as powerful lenses for examining the human experience." Robbins' conviction in the power of stories serves as the foundation for his book, *What If? Short Stories to Spark Diversity Dialogue.* The twenty-six short stories included in the book may appear on the surface to be about everyday life, but Robbins uses them to reveal insights about diversity and inclusion, not necessarily apparent to the casual observer.

Robbins' writing style is straightforward and humorous, making the six-page chapters entertaining and enlightening. Robbins draws upon his personal and family life to create stories relatable to almost every reader. He digs deep into every story, using each to illustrate ways to value and include the diverse perspectives we encounter in our everyday lives. His method not only explains a variety of principles related to diversity and inclusion, but also provides an example of how, if we are mindful of our experiences, we can learn from the seemingly mundane and random events that fill our lives.

Robbins prefaces his book with, "We, as a society, have not given our young people the words, the willingness, and the wherewithal to have crucial conversations around diversity-related issues…we must show them how to talk about tough diversity-related issues…And for us to do it well, we have to practice." To that end, he complements each story with a set of questions, an activity, and a weekly assignment. The activities for each chapter help the reader explore topics further and progress in their diversity and inclusion journey. While the time required to read *What If?* is minimal, one could invest considerable time engaging in the suggested activities at the end of each chapter. The questions and activities are good conversation starters and Robbins emphasizes that "investing time in communicating with others is like taking out an insurance policy against lack of understanding in the future."

Despite an orientation to the corporate world, the stories, activities, and conversations have universal appeal across professional disciplines. Robbins frequently refers to the value that businesses gain through inclusion in terms of competitive advantage, strategic innovation, employee engagement, increased profit, and similar concepts that also have significant value within a county, nonprofit, or service organization framework. Robbins says, "Failure to develop an open-minded and respectful organization that takes people's needs into account makes us less efficient and hampers our ability to compete with organizations that have created truly inclusive and conducive environments."

What If? confirms that Robbins' ultimate goal "is to urge, encourage, and teach others to walk the talk of being nice, caring, and compassionate," believing that "If more of us would sincerely and genuinely do that, our world would be a much better place." *What If?* is sure to further Robbins' goal. The importance of the topic and the ease of comprehension make it a must-read for everyone wanting a happier world.

Sparking Parent Partnerships

by Carrie Collins, MA

The Partnership for Safe Families and Communities of Ventura County is a membership organization with more than 25 years of family violence and abuse prevention work in Ventura County. Their mission is "to promote a community committed to safe, healthy, peaceful families." Members and supporters include concerned citizens and professionals from the business, childcare, education, faith, health, justice, law enforcement, mental health, and social services communities.

The Partnership is a networking organization that provides coordination, education, outreach, and resources for children and families at all stages of the lifespan. Elaine Martinez-Curry, executive director of the Partnership, explains that the Partnership's members include more than four dozen family-serving organizations and institutions and dozens of individuals throughout the county. They are strong advocates of the Five Protective Factors as a way of strengthening families and reducing child abuse and neglect in the county. Working together, they reach out to the community at large and create momentum for building protective factors.

Recently, the Partnership began a project to build on the Strengthening Families approach developed by the Center for the Study of Social Policy. One of the elements of the approach is the "Levers for Change". These levers are areas for focus that organizations can employ to create incentives, capacity and momentum to use the Protective Factors. The Three Levers are:

Parent Partnerships, Professional Development, and Policies and Systems. According to the Center for the Study of Social Policy, the lever of Parent Partnerships is most successful when parents are included in the decision-making process of program planning, implementation, and assessment. Professional Development infuses training into all levels of an organization to ensure common knowledge, language, and goals of the Strengthening Families Framework. Organizations that include the Framework into the Policies and Systems that govern everyday practice create and reinforce linkages across agencies.

The Parent Partnerships lever was addressed at a Parent Leaders Convening in January 2013. The half-day meeting brought together parent leaders and community organizations to "spark" parent engagement in the Framework of the Five Protective Factors. The goal was to examine current activities that support parent engagement and align these activities with the Five Protective Factors. With 60 people in attendance, there were three times more than expected! Organizations were asked to consider:

- What level of parent partnership currently exists in your organization?
- Why is it important to have parents involved and engaged as leaders?
- How are the Five Protective Factors currently being implemented in program planning and goal setting?
- How do parents tell their story to others?
- How will this information help change current practices?

Participants created a "Celebration Wall" for each organization to describe what parent leadership opportunities currently exist in their agency and how they encourage parent leadership. One agency highlighted how they mentor parents and caregivers to use their voice to help shape the direction of their families, programs and committees. First 5 Ventura County uses parent advisory boards in their program decision-making process and involves parents in "Neighborhoods for Learning" at all 11 of their family resource centers. They accomplish this with open communication and mutual respect. Many other agencies stated they currently have parent advisory boards, peer mentoring, and support groups.

Parent leaders in the group shared what motivates them and how they inspire other parents to be involved. One parent explained that her involvement began when her family adopted a new member, and now she supports others who are facing the same experience. Another parent shared, "I live in a very active and supportive community. We have united as parents and

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A panel of experts including Beth Limberg, Ph.D., Penny Knapp, M.D., and Lynne Marsenich, L.C.S.W. ended the presentation portion of the day with a discussion of best practices in early assessment and diagnosis, effective treatment, and services and support for traumatized young children.

Exploring a Sacramento-Area Regional Approach

During the second half of the day, participants engaged in cross-county conversations exploring a coordinated regional approach to early childhood trauma. They discussed:

- How can we better support families and children who have experienced severe trauma?
- What might a regional approach look like?
- What financial resources are needed to support a regional approach?
- What are some potential barriers to a regional approach?

Agreements reached during the discussion include:

- Providers can better support young children and their families through early screening, consistent or standardized services based on evidence-based practice, and a network of providers specifically trained in trauma work.
- A regional approach might include a hub such as *The Children's Place*, with satellite sites in local communities supported through cross-county collaboration, funding and training.
- A wide variety of financial resources could be made available to support a regional center and satellite sites.
- There are potential barriers to address, including the size of the region, demographics, politics, expertise, logistics, access, and transportation.

To expand on the outcomes of the convening discussion, a number of participants volunteered to serve on a committee that will meet throughout the coming year to develop a coordinated regional approach to early childhood trauma intervention and treatment. As participants left the convening and headed home, many cited a high level of excitement, commenting that they were moved to action and desired a plan for next steps forward.

References

Substance Abuse and Mental Health Services Administration (2012). *Promoting Recovery and Resilience for Children and Youth Involved in Juvenile Justice and Child Welfare Systems* (HHS Publication No. SMA-12-4697). Retrieved from www.samhsa.gov/children.

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Sparking Parent Partnerships continued from page 22

formed a neighborhood committee to create activities that would benefit the community such as cleaning day and a community garden." Other parents from this group had similar comments.

The remainder of the day was spent discussing each of the Five Protective Factors and determining what activities or strategies support parent partnerships. Each participant was given a "Sparking Sheet" to determine "what is" and "what could be". Time was allowed for reflection and to determine next steps for enhancing -- or in some cases, how to begin -- parent partnerships. When participants were asked how they would use or implement this information, responses included using each of the protective factors as a workshop topic for parents, reviewing how they can better serve their clients, asking parents for their feedback on the usefulness of services provided, and most importantly, including parents in program planning and decision-making.

The Partnership focuses efforts around each individual family in the quest to reduce child abuse and neglect by strengthening families. The Partnership's task is to reduce isolation and offer the support and resources families need to overcome the obstacles. By bringing parents into organizations as parent leaders, the goal is to not only strengthen the organization, but to strengthen parents as individuals and as families. It is a great journey ahead in partnership with families and family strengthening organizations.

References:

About Us: Partnership for Safe Families and Communities. (2013). Retrieved March 5, 2013, from http://www.partnershipforsafefamilies.org/

Strengthening Families from the Center for the Study of Social Policy. (2012). Retrieved March 13, 2013, from http://www.cssp.org/reform/strengthening-families

Solution to word search on page 9.

Y	B	G	Y	P	R	E	C	O	V	E	R	Y	O	P
W	I	N	T	E	R	V	E	N	T	I	O	N	R	L
J	S	C	R	O	K	E	R	E	N	R	Q	J	C	E
P	N	A	A	C	T	I	V	I	T	Y	Y	O	H	K
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Strengthening Organizations
Strategies
to Support Families & Communities

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Working Strategies
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Paradise, CA 95969

Nonprofit Organization
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Strategies is a network of three training, coaching, and technical assistance centers funded by the State of California, Department of Social Services, Office of Child Abuse Prevention, to promote a statewide network of family strengthening organizations.

Youth for Change

INTERFACE CHILDREN & FAMILY SERVICES

children's bureau

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Strategies Mission

Strategies provides quality training, coaching, facilitation, curriculum development and practical application of research and best practice for the growth and development of effective programs, organizations and networks that strengthen families and communities.

We promote a dynamic movement of family and community strengthening organizations and partnerships by providing information and opportunities for peer support, dialogue, and strategic action.

Strategies Vision

A world in which children are cherished, families are engaged in their communities and communities thrive.

Strategies Organizational Vision

Strategies is a nationally recognized alliance of professional trainers, organizational development coaches, facilitators, and support staff united by a set of core values and approach. We are a catalyst for positive change using research and best practice to strengthen organizations and partnerships that in turn strengthen families and communities.