CREATING A
TRAUMA INFORMED,
HEALING PRESCRIPTIVE
WORKFORCE DEVELOPMENT
PROGRAM FOR
OPPORTUNITY YOUTH
ABOUT THE INSTITUTE OF WOMEN & ETHNIC STUDIES

Founded in 1993, IWES is a national non-profit health organization that creates initiatives to heal communities, especially those facing adversity. Through community-driven research programs, training, advocacy, and partnerships, IWES helps to build emotional and physical well-being, resilience and capacity among women, their families and communities of color, especially those which are disadvantaged.

IWES uses a Social Ecological Model (SEM), which recognizes that individual behavior is shaped by the intersection of multiple influences occurring at the interpersonal, community and societal levels. Through this in-depth, multi-dimensional approach, IWES creates culturally proficient programs, activities and research to address and advocate for the emotional and physical well-being, resilience, and capacity of women of color, their families and communities to heal and create sustainable change. IWES works in the following areas: Resilience; Emotional/Physical Well-Being; Youth Development; and Sexual Health.

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According to the Substance Abuse and Mental Health Services Administration (SAMHSA), trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening, and that has lasting adverse effects on the individual’s functioning and mental, physical, social emotional, or spiritual well-being.¹

When working with individuals with a history of trauma, it is critical that one is able to recognize the existence of trauma symptoms and accept the role that it has played in that person’s life; this approach is known as Trauma Informed Care (TIC). This concept is based on an understanding of the vulnerabilities that traumatized individual possesses, allowing one to sidestep triggers and avoid re-traumatization.

The Institute of Women & Ethnic Studies (IWES) has committed itself as a public health organization to not only be trauma-informed, but also healing prescriptive, and to incorporate this type of care into the full span of its work. It is understood at IWES that given the nature of the city in which we work, where trauma is normalized and rarely goes treated, neglecting to acknowledge the stories of the communities we serve would be in direct opposition with our mission and values, and inconsistent with the evidence-based practices (EBP) by which we stand. Through our unique history of implementing various programs with marginalized communities, we understand that a trauma-informed approach is the only way to achieve long term success in our work. Beyond simply adopting TIC into our programming, IWES has disbursed resources in order to support staff’s comprehension and appreciation of these progressive interventions, as well as create a city-wide public-awareness campaign (In That Number - #SadNotBad) surrounding the emotional well-being of New Orleans youth. Utilizing billboards, bus ads, and community events, IWES takes great pride in the fact that our organization’s mission and core values seamlessly align with the key principles that outline a Trauma Informed Approach.
SAMHSA’S SIX KEY PRINCIPLES OF A TRAUMA-INFORMED APPROACH

SAFETY

CULTURE, HISTORY & GENDER

TRUSTWORTHINESS & TRANSPARENCY

EMPOWERMENT, VOICE & CHOICE

PEER SUPPORT

COLLABORATION & MUTUALITY
IWES envisions a world where each individual’s health and wellness are valued and promoted as to enhance the quality of life. A large sector of our work is dedicated to creating opportunities for individual and community healing; within these spaces community members can come together to share their stories, learn about the impact of traumatic stress, learn to practice self-care and positive thinking techniques, and participate in activities for renewal and revival, i.e. healing.
Since 1993, IWES has adopted a strategic approach that ranks communal access to information as a high priority. A community-based participatory approach is used to support the development, implementation & evaluation of all its programs & strategies. A current research initiative of the organization, the Wellness Evaluation Community Action Network (WE-CAN!), engages youth, parents, educators, & community stakeholders to develop various constructs of youth well-being. This process involves focus groups & participatory action research among other consensus building processes. From conceptualization to evaluation, collaboration & feedback from staff, program participants, community members, & partners are an integral part of our work.
IWES has steadily expanded its collection of youth-centered programs since its conception. Through investing in the education & development in Peer Advocates, the organization infuses multiple levels of programming with a peer support element. Also, a key component of our teen pregnancy/HIV/STI prevention program, Believe in Youth Louisiana (BY-LA), is the Youth Leadership Council (YLC), a yearlong leadership position for high school students that plans outreach efforts & projects that educate other youth.
The level at which the organization values its partnerships cannot be understated. In order to be effective in systemic change, IWES collaborates on multiple teams, lending organizational expertise & at times resources to further agendas that align with its mission. On a programmatic level, youth are active participants in implementation, given that they are integral to gaining buy-in from other youth.
Especially over the last ten years, IWES has worked to ensure that all programming addresses racial equity and the intersections of diverse socio-cultural factors with post-disaster wellness and resilience among the marginalized populations with whom IWES works. Also, IWES’ community-driven approach provides a way in which their voices, perspectives, and experiences can be carried to agencies, institutions, and policy-makers.
A CRITICAL PIECE OF THE ORGANIZATION’S WORK IS THE AIM TO SHIFT NORMS AND PUBLIC PERCEPTIONS OF DISENFRANCHISED GROUPS. ALL IWES ACTIVITIES UTILIZE THE SOCIAL ECOLOGICAL MODEL, WHICH RECOGNIZES THAT ONE’S BEHAVIOR BOTH SHAPES AND IS SHAPED BY INDIVIDUAL, INTERPERSONAL, COMMUNITY, AND SOCIETAL LEVELS OF INFLUENCE. IT IS ONLY BY ADDRESSING ALL OF THESE LEVELS, WHICH ARE SATURATED WITH CULTURAL, HISTORICAL, AND GENDER ISSUES, IN A COMPASSIONATE MANNER, THAT LONG LASTING, SUSTAINABLE CHANGE OCCURS.
Youth transition into adolescence and adulthood within an intersectional web of family, peer, community, cultural, and societal influences. With the elevated levels of trauma exposure among youth of color in New Orleans following Hurricane Katrina, compounded by historical, community, intergenerational, and societal inequities, many become disconnected from educational institutions. Their experiences also often lead to mental health disorders, which can very easily co-occur with chronic under-employment, addiction, HIV/AIDS, and involvement with the criminal justice system. Very rarely are these young people asked, “What has happened to you?” but rather are pigeonholed in such a way that they are treated as defective, dangerous, and inherently bad.

Adverse childhood experiences (ACEs) are potentially traumatic events that can have negative, lasting effects on health and well-being. These experiences range from physical, emotional, or sexual abuse to parental divorce or the incarceration of a parent or guardian. A growing body of research has sought to quantify the prevalence of adverse childhood experiences and illuminate their connection with negative behavioral and health outcomes, such as obesity, alcoholism, and depression, later in life. By far, the most common ACEs in all 50 states are economic hardship, and parental divorce or separation. Nationally, just over one in four children ages birth through 17 has experienced economic hardship somewhat or very often.

Research has found that the highest levels of risk for negative outcomes are associated with having experienced multiple ACEs. Abuse of alcohol or drugs, exposure to neighborhood violence, and the occurrence of mental illness are among the most commonly reported adverse childhood experiences in every state. In Louisiana, 38% of children (birth to 17 years) report having 1 or 2 ACEs and 12% report having three or more ACEs. As the Prevention Institute notes in its report, Adverse Community Experiences and Resilience: A Framework for Addressing and Preventing Community Trauma,
Researchers have conceptualized collective trauma either as an aggregate of trauma experienced by community members or an event that impacts a few people but has structural and social traumatic consequences.\(^5\)

Collective trauma can break social ties, communality, and undermine previous supportive resources. Some have reiterated the importance of examining collective trauma and developed the concept of cultural trauma to mean,

> A collective feeling they have been subjected to a horrendous event that leaves indelible marks upon their group consciousness, marking their memories forever and changing their future identity in fundamental and irrevocable ways.\(^6\)

New Orleans is on track to find itself in a workforce crisis without strategic, accelerated intervention. The state’s unemployment rate is currently higher than the national average\(^7\), with over 25% of New Orleans’ working age population estimated to lack literacy skills.\(^8\) Unfortunately, there is a large population of young people, ages 16-24, who are able to work but have languished as a result of combinations of the aforementioned traumatic experiences - these are opportunity youth.\(^9\) Opportunity youth have typically been failed by multiple institutions, leaving them lacking in the foundational skills that contribute to achieving sustainable and prosperous careers. Louisiana has the highest estimated rate of opportunity youth in the nation, with New Orleans having the third highest estimated rate of the fifty largest U.S. metropolitan areas.\(^10\) Simply providing these young people with opportunities to make money is not sufficient for reaching long-term, equitable success. It is crucial that work experience be accompanied by supportive services that address each young person’s history in order to maintain employment; otherwise, it does not take much for a personal setback to cause an individual to revert back to the unhealthy habits and coping styles that have been reinforced for years.
RATIONALE

The Creating our Own Lens (COOL) Program is designed as a collaborative initiative to enhance access to hands on career training in a vital industry (film production) and concurrently support the personal well-being of opportunity youth by using a trauma-informed, healing prescriptive (TIHP) workforce development model. This is achieved through creating opportunities for individual recovery, improved interpersonal communication and coping skills, and development of profitable work experience and opportunities for employment. The focus on media production supports two of the overarching goals of the W.K. Kellogg Foundation’s (WKKF’s) Young Men’s Voices Have Power (YMVP) initiative:

1. SHIFTING COMMUNITY PERCEPTIONS AND NORMS OF YOUNG MEN OF COLOR BY CREATING NEW NARRATIVES ABOUT AFRICAN AMERICAN YOUNG MEN

2. INFLUENCING CHANGE IN POLICIES AND SYSTEMS THAT OBSTRUCT THE ABILITY OF THESE YOUTH TO ACHIEVE A HEALTHY QUALITY OF LIFE

The skills-building component of the program is done in partnership with a local non-profit organization that implements a video/film production Careers in Technical Education program, which teaches a diverse range of media skills. These trainings are provided both on-site in their office, as well as at partnering community locations. Through this partnership, COOL interns have access to film industry events, various volunteer and freelance opportunities, the ability to network within the impermeable film industry of Southern Louisiana, and other resources that are valuable to those interested in media production as a career.
THE APPROACH

THE SPECIFIC TRAUMA-INFORMED APPROACH IS TWO-FOLD:

1. A Licensed Master Social Worker (LMSW), supervised by a board-certified psychiatrist, coordinates all program activities, utilizing clinical experience in case management, motivational interviewing, and group process. This results in a multifaceted supervisory experience for the young men, allowing for the combination of professional development and therapeutic intervention that is unique to the COOL program. Confidentiality and its limitations are established from the very beginning of the program, which is crucial in establishing a safe environment. Adapted from the Core Culturally Responsive Principles in Counseling African Americans, the following methods are applied in the day-to-day interactions with the COOL interns:

* Recognizing the totality of life experiences faced by African Americans.
* Recovery/healing is a process that involves gaining power in the form of knowledge, spiritual insight, and community health.
* Recovery/healing is framed within a broader context of how it contributes to the overall healing and advancement of the African American community.
* Equality is sought in the therapeutic relationship.
* Focus is placed on alternatives that underscore personal rituals, cultural traditions, and spiritual well-being.
* Emphasis is placed on the importance of changing one’s environment.
METHODS

TOTALITY OF LIFE EXPERIENCES

IMPORTANCE OF THE ENVIRONMENT

KNOWLEDGE, INSIGHT, & COMMUNITY HEALTH

PERSONAL RITUALS, CULTURAL TRADITIONS & SPIRITUAL WELL-BEING

HEALING IN THE CONTEXT OF COMMUNITY

EQUALITY

16. IWES | Trauma-Informed Healing Prescriptive Workforce Development
Participation in weekly group therapy led by an experienced African American male clinical psychologist, to create a safe and supportive space where interns can: a) receive psycho-education on trauma; b) identify blind spots, triggers and resultant negative thoughts and actions; c) learn protective and healthy coping skills; and d) develop a personal self-care plan. These overarching goals of the group are accomplished through utilizing several evidence-based methods, with specific focus on psychodynamic theories:

* The group aims to establish a sense of well-being by reviewing the participants’ life histories, paying particular attention to the trauma that informs a participant’s self-narrative and guides his decision-making. This employs Cognitive Behavioral Therapy core therapeutic principles, which include collaborative empiricism, Socratic dialogue, and guided discovery. Through the use of these techniques, heavy emphasis is placed on the re-learning of a value-based decision making style, rather than a reactionary, emotionally-based decision making process.

* The group routinely practices the skills of Dialectical Behavior Therapy, which has proven to be clinically effective for those with difficulty managing distress or coping with overwhelming emotions. This involves comprehensive focus in four key areas; emotional regulation, distress tolerance, interpersonal effectiveness, and mindfulness. The clinical psychologist is experienced in offering gradual exercises for putting these concepts in place for substantial, lasting change in the young men’s lives.

* Surveying one’s own life history, specifically in the context of Bowlby’s Attachment Theory, is an important component of the group; the young men are given a non-threatening space to explore their relationships with their early caregivers in relation to their social, emotional, and cognitive development. More specifically, participants work on understanding the ways in which their caregivers provided safety and security during early childhood, and reflect on how they have carried those impressions into adulthood.

* To address matters of self-esteem, Kohut’s Self-Psychology model is employed in order to assist the participants in finding a sense of value. The use of empathic temporary indwelling and other techniques such as mirroring, are critical in order for the young men to understand their vacillation between irrational feelings of inferiority and narcissism, or overestimation of their capabilities.
GOALS

THE OVERARCHING GOALS OF COOL EMPHASIZE KNOWLEDGE CHANGE, DEMONSTRATED PROFICIENCIES, BUILDING MARKETABLE SKILLS, AND ADDRESSING INDIVIDUAL BARRIERS TO PAST EDUCATION AND EMPLOYMENT SUCCESS.

GOAL 1
TO BUILD PROFESSIONAL DEVELOPMENT AND EDUCATIONAL MOMENTUM, AND PROVIDE CONCRETE CONNECTIONS TO MEDIA CAREER OPPORTUNITIES AMONG AFRICAN AMERICAN YOUNG MEN WHO ARE CURRENTLY DISCONNECTED FROM SCHOOL AND WORK.

GOAL 2
TO ENHANCE THE CAPACITY OF INTERNS TO MANAGE THE SOCIAL AND EMOTIONAL NEEDS THAT IMPACT THEIR ABILITY TO OVERCOME PERSONAL OBSTACLES AND RETAIN LIVING WAGE EMPLOYMENT.
STRATEGIC ACTIVITIES FALL INTO FOUR BROAD CATEGORIES:

ASSESSMENT & ONBOARDING
ASSESSING THE COMPREHENSIVE NEEDS OF EACH INTERN THROUGH AN EMPLOYMENT AND PSYCHOSOCIAL INTAKE PROCESS.

SKILLS INTEREST INVENTORY
ASSESSING INTERNS’ PAST MEDIA TRAINING & CURRENT LEVEL OF SOCIAL MEDIA PRESENCE & PLATFORMS USED; CONDUCTING IWES’ YOUTH MEDIA LITERACY TRAINING; INTRODUCING INTERNS TO IWES EQUIPMENT; LEADING INTERNS IN A REVIEW OF IWES YOUTH MEDIA; BEGINNING TRAINING AT NOVAC.

SKILLS-BUILDING & CAREER OPPORTUNITIES TRAINING
PROVIDING ACCESS TO MEDIA EQUIPMENT & SOFTWARE; CONDUCTING TRAININGS ON INTERVIEWING; DEVELOPING PSAS; AND ASSISTING INTERNS WITH JOB PLACEMENT ON LOCAL FILM & TELEVISION PRODUCTIONS; ENGAGEMENT WITH ORGANIZATIONAL LEADERSHIP & COMMUNICATION DEVELOPMENT OPPORTUNITIES.

SELF CARE & EMOTIONAL MANAGEMENT
PROVIDING WEEKLY PSYCHO-EDUCATIONAL & SUPPORTIVE GROUP PSYCHOTHERAPY AS PREVIOUSLY DESCRIBED.
The COOL program is subjected to rigorous ongoing processes, outcome and impact evaluation by IWES’ internal evaluation team. Staff is skilled and knowledgeable about community activism, youth development programs, and social marketing/media strategies. The COOL interns are trained in evaluation strategies and contribute to the development and execution of the evaluation plan. The COOL program team has developed plans to evaluate the following measurable outcomes:

1. Effectiveness of IWES' collaboration with partner organizations.
2. Demonstrated professional media skills applied to the IWES programs.
3. Increased knowledge of film and production career opportunities for COOL interns.
4. Improved employment options for opportunity youth in New Orleans.
5. COOL interns’ annual income increased by a minimum of 50%.
6. Increased capacity for YMVP interns participating in the healing circles to manage their social and emotional barriers to educational and career success.
REFERENCES


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