

A PAIR OF ACES PLUS ONE

Tools for Overcoming ACEs Through Resiliency in Family Court

Thursday, April 28, 2022



Welcome to the Pair of ACES Plus One Conference! We appreciate your time and commitment to creating change in the lives of many. Childhood trauma--- physical, sexual and neglect--- is in every city, county, and State. Studies have shown the short and long term psychological and physical effects on children who experience trauma. The studies also show things can get better and children and adults can overcome much of their childhood trauma. Children and people are resilient---with help.

As we become a more trauma informed Court and Community, let's address childhood trauma in a four-step approach.

1. IDENTIFY ACE's
2. STOP ACE's
3. PREVENT REOCCURENCE
4. HELP RESILIENCY THROUGH POSITIVE CHILDHOOD EXPERIENCES

If you are at this Conference---or reading this--- you likely avoided significant Adverse Childhood Experiences and/or had some special person or opportunity to help your resiliency. Too many children and adults were not as fortunate.

So, isn't it our duty---our obligation---to help children who are directly or indirectly a part of family law cases? We have a chance to help--- to change life directions.

No part of the Family Law Division can do this alone. It must be combined efforts of Judges, General Magistrates, Attorneys, the Psychological Community, families, extended families, friends, schools, and community resources. This involves the children, and also their parents, many of whom suffered their own childhood trauma.

We can't fix everyone or everything. But we can try to help. When we have been part of helping to give a child a chance for a better life, we are rewarded.

Let's all work together! Thank you for helping.

Judge Jack Helinger
Dr. Lisa Negrini
Nick Fiorentino
Zachary Bayne
Melissa Byers

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A child’s shoulders were
not built to bear the weight
of poor adult choices.

A PAIR OF ACES PLUS ONE

Thursday, April 28th, 2022



8:15 - 8:40am

Registration/Networking/Coffee/Light Refreshments

8:45 - 8:50am

Welcome

St. Petersburg Bar Association Family Law Chair Nick Fiorentino & Vice-Chair Zachary Bayne

8:50 - 9:00am

Introduction

Judge Jack Helinger & Dr. Lisa Negrini

9:00 - 10:15am

ACES Overview

Judge Jack Helinger & Dr. Lisa Negrini

10:15 - 10:45am

ACES & Resiliency/Positive Community Experiences

Dr. LaDonna Butler

10:45 - 11:00am

Break

11:00 - 11:30am

Role of the Bench & Bar

Judge Steve Berlin, Erin Barnett, Nat Kidder

11:30 - 12:00pm

Role of Mental Health

Dr. Anne Hogan

12:00 - 12:15pm

Break

12:15 - 1:00pm

Lunch Served/The Power of Resiliency

Dr. Mimi Graham

1:00 - 1:40pm

Nuts & Bolts/Resources/Toolbox

Dr. Wendy Coughlin, Lindsey French, Lynda Leedy

Moderator: Family Law Chair Nick Fiorentino

1:40 - 1:45pm

CASA Family Justice Center Overview

Lariana Forsythe

1:45 - 2:00pm

Judiciary Feedback from Around the State

Judge Jack Helinger

2:00 - 2:15pm

Break

2:15 - 2:20pm

Roundtable Discussion Review

Family Law Chair Nick Fiorentino

2:20 - 2:50pm

Roundtable Discussions

2:50 - 3:40pm

Tools and Strategies Feedback

Facilitator: Judge Jack Helinger & Dr. Lisa Negrini

3:45 - 4:00pm

Final Remarks

Judge Jack Helinger

4:00 - 5:00pm

Refreshments/Networking/Happy Hour



Thank You!



THANK YOU TO THE FOLLOWING SPONSORS THAT UNDERSTAND THE EFFECT OF ACES AND SUPPORT RESILIENCY!

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**Shana Duehring - Our Family Parenting
Coordinator**

Sophia Fantauzzo Supervision Services

Jennifer C. Harrington, P.A.

Law Office of Thomas J. Donnelly

Law Office of Audrey A. Jefferis, P.A.

Thomas H. McGowan

SPEAKER BIOGRAPHIES
(Alphabetical Order)

Erin K. Barnett is a founding member of Barnett Woolums, P.A. and practices in the areas of Dependency, Criminal Defense and Family Law. A native of Kentucky, Erin received her B.S. degree from Florida Southern College and her J.D. degree from Stetson University College of Law. After graduating from law school, Erin worked as an Assistant State Attorney for the State Attorney's Office Sixth Judicial Circuit and then as a sole practitioner before forming her current firm in 2009. Erin frequently serves in the role of a Guardian ad Litem in Family law cases and as a Special Needs Attorney ad Litem for foster children in Dependency court. In her spare time, she enjoys spending time with her family.

Judge Steve Berlin is a graduate of the U.S. Military Academy, also known as West Point, and of the University of Florida Levin College of Law. As an Army Judge Advocate, he was a member of the Army's First Special Victim Prosecutors. He also served as in-house counsel at U.S. Special Operations and Central Commands, as a U.S. Army legal adviser in Iraq, and as a Staff Judge Advocate for the Combined Joint Interagency Task Force – Syria. He was working as a civil litigator, specializing in product liability, insurance coverage and casualty litigation before Gov. Ron DeSantis appointed him to the county bench in 2019 and later elevated him to the circuit bench in 2020.

Dr. LaDonna Butler is a healing professional called and committed to our collective wellbeing and the healing of communities most in need. She is a Licensed Mental Health Counselor - Qualified Supervisor (LMHC-QS) and a Certified Daring Way™ Facilitator (CDWF). Dr. Butler is also the Founder and Director of The Well, a Healing Space, prioritizing the needs and leveraging the strengths of BIPOC. She also serves as an Associate Program Director at the University of South Florida's Family Study Center, serving as Principal Investigator for the Reckoning with Race project. Dr. Butler previously served as an Organizer and Senior Manager for a national social justice organization, leading public safety narratives centering on survivor experiences. As a survivor, a healer, and a community leader, she has been featured in Time Magazine, New York Times, Tampa Bay Times, ABC, FOX News, and cited in the work of Deran Young, Tarana Burke, and Brene' Brown. She has curated vital conversations such as Healing While Black & The Equity Summit featuring industry leaders like Dr. Joy DeGruy, Tim Wise, Dr. Marva Lewis, Rhonda McGhee, Dr. Kent Butler, Robert Rooks, Charles Dew, artists Saddi Khali, Brittanie Dial, Eris Eady, and many others.

Dr. Wendy Coughlin is a Florida Licensed Mental Health Counselor in private practice for over 30 years. She is certified as Family Mediator and Guardian ad Litem, qualified as a Parenting Coordinator (6th, 12th & 13th Circuits) and credentialed as a Masters' Certified Addiction Professional. Dr. Coughlin specializes in providing assessments, treatment, and parenting plan recommendations for separating families. She is recognized by the National Association of Parental Alienation Specialists as a specialist in Parent/Child Contact Problems.

Lariana Forsythe joined CASA as its CEO in June of 2017, relocating to the Pinellas County area. She has more than 20 years of nonprofit experience with the Boys & Girls Clubs, National Multiple Sclerosis Society and Special Olympics. Ms. Forsythe has held a variety of roles within these organizations, most recently serving as the VP/CDO of the Boys & Girls Clubs of Metro Phoenix. Ms. Forsythe earned a Master's Degree in Business Administration from the University of Phoenix on scholarship while a full-time, single mom, a Bachelor of Science from Arizona State University, and is a Certified Fund-Raising Executive. She was named Business Woman of the Year in 2018 by the Tampa Bay Business Journal, and currently serves as a board member for the Pinellas County Homeless Leadership Board and Generations for the Arts. She is also a member the St. Anthony's Hospital's Mission Integration and Community Affairs Committee and serves as a 2019 SPCA Tampa Bay Ambassador. She serves as a founding board member for the Florida Partnership to End Domestic Violence, Florida's state-wide resource center for domestic violence.

Lindsey M. French is an attorney and Florida Supreme Court Certified Family Law Mediator at George & French. Ms. French graduated from Nova Southeastern University School of Law and Clemson University. Ms. French currently served as Vice-Chair of the Clearwater Bar Family Law Section and has previously served as Canakaris Inns of Court Executive Director 2016-2018, Canakaris Inns of Court Treasurer 2014-2015 and Canakaris Inns of Court Membership Chair 2013.

Dr. Mimi Graham is Director of Florida State University Center for Prevention and Early Intervention Policy, a center of excellence in trauma, infant mental health, human trafficked pregnant teens, and policy & best practices during the pivotal first 1,000 days of life. She pioneered a statewide infant mental health movement building clinical capacity, co-founding the *Florida Association for Infant Mental Health* and infusing infant mental health across systems as showcased in *Florida's Cutting-Edge Trauma Initiatives*. As a member of the *Florida Supreme Court Committee on Children*, she spearheads Florida's Early Childhood Court Initiative, integrating mental health into courts to break the multigenerational cycle of ACEs. She is a Fellow of Zero to Three National Center for Infants, Toddlers & Families and recipient of the 2019 Voice for Children Award, 2017 Florida Tax Watch Productivity Award for Early Childhood Court, and the Children's Advocate Award, Legal Services of North Florida and the Florida Bar's Medal of Honor.

Judge Jack Helinger obtained his undergraduate degree at Georgia Institute of Technology and his law degree from Stetson University College of Law. He worked as an assistant state attorney in Pinellas County from 1976 to 1982, and then entered private practice, specializing mainly in criminal and family law, before then-Gov. Charlie Crist appointed him a circuit judge in late 2008. He is currently the administrative judge for the family division.

Dr. Anne Hogan is an Adjunct Faculty member of the University of South Florida's Psychology Department and Family Study Center in Saint Petersburg. Since 2015, she has taught graduate students in Psychology and for the Infant-Family Mental Health Certificate program. She directed the Florida State University (FSU) Harris Institute for Infant Mental Health Training from 2002-2013, and co-authored the FSU Center for Prevention & Early Intervention Policy's *Partners for a Healthy Baby* Curriculum. She served as 2015-2016 President of the Florida Association for Infant Mental Health. She continues to provide training and consultation throughout Florida. Her work focuses on IMH training and workforce development for multidisciplinary audiences, with an emphasis on child development and applications of IMH and developmental principles.

Nat Kidder was the Principal and Administrative Partner at Kidder & Bennett, P.A. in St. Petersburg, Florida. From 2018 to date, he has operated Nat Kidder Law, P.A., with his practice concentrating in family and marital litigation, appellate practice and mediation and arbitration in marital and family law disputes. On twelve occasions, he was nominated for judicial positions by the Judicial Nominating Commission for the Sixth Judicial Circuit. He has participated in excess of sixty jury trials and well in excess of one hundred bench trials. He is a Certified Guardian-ad-Litem in the Sixth Judicial Circuit, both as a volunteer for dependency cases as well as retained in private family law matters. He is a Florida Supreme Court Certified Mediator, Circuit Civil, Family and Appellate mediation.

Lynda M. Leedy, J.D. is the Chief Administrative Officer for the Juvenile Welfare Board of Pinellas County (JWB), she directs the development and oversight of human resources policies and practices, public policy initiatives, JWB's children's mental health and family services initiatives, and strategic communications. Ms. Leedy is passionate about community health and has been instrumental in integrating children's physical and mental health needs into JWB's collaborative work. While working at the American Academy of Physical Medicine and Rehabilitation in Chicago, IL, she directed many key areas including healthcare policy, physician practice management, finance, human resources, administration, and strategic planning. She is the former Board Chair for the Tampa Bay Healthcare Collaborative and served on the Community Health Assessment Advisory Committees for both Johns Hopkins All Children's Hospital and the BayCare Health System. She is also a Leadership Pinellas graduate and a former board member of the Rotary Club of St. Petersburg. Ms. Leedy received her B.A. in Business Administration from Miami University (OH), her Juris Doctor from The Ohio State University, and was admitted to both the Illinois and Ohio State Bar.

Dr. Lisa Negrini is the Executive Director of Learning Empowered. She leads Learning Empowered in empowering families and building resiliency through educational programs and services across the lifespan. Dr. Negrini's last role was at the University of South Florida, St. Petersburg Campus where she served as the Chief Operations Officer of USFSP's Family Study Center and the Clinical and Training Director at the Infant-Family Center. Dr. Negrini has a Doctor of Philosophy in Infant and Early Childhood Development with an emphasis in Mental Health and Developmental Disorders, a Master's in Social Work and a Bachelor's degree in Psychology. Dr. Negrini is also endorsed by the Florida Association of Infant Mental Health as an Infant Mental Health Mentor-Clinical (IMHM-C). Dr. Negrini has developed key partnerships and collaborations across disciplines that effectively create and disseminate effective strategies and services to meet the needs of the children and their families in our community and across the state.

“WHAT HAPPENED TO YOU”
DR. BRUCE PERRY AND OPRAH WINFREY

Trauma has the lasting effects of emotional shock. If left unexamined it can have long term physical, emotional, and social consequences.

Trauma has three key aspect---the event, the experience, and the effects.

When a child’s attachment capabilities are impaired, there will be difficulties with friendships, school, employment, intimacy, and family. There is even risk for transgenerational patterns of abuse.

Developmental trauma can disrupt ones’ ability to form and maintain relationships. Whenever trauma or neglect takes place in the context of our caregiving relationships, there is high risk that ones’ ability to read and respond to other people will be altered.

A key aspect of “What happen to you” is “What DIDN’T happen to you.” What attention, nurturing touch, reassurance---basically, what love---didn’t you get? Neglect is as toxic as trauma.

Dismissive caregiving can lead to unquenchable thirst for love. You cannot love if you have not been loved.

Why is it that people who are victims of trauma are so often drawn to abusive relationships? People tend to gravitate to the familiar even when the familiarity is unhealthy or destructive. People are drawn to what they were raised with.

In building resilience, a person’s connections to other people is key to healing from past trauma. Being with people who are present, supportive, and nurturing. Belonging.

Most therapeutic experience---most healing---happens outside of formal therapy. Most healing happens in community.

Many single parents often end up feeling like they are inadequate---there is something wrong with them.

The best predictor of a person’s current mental health is their current “relational health”, or connectedness.

A person can't give what they didn't get. If no one ever spoke to you, you can't speak. If you have never been loved, you can't be loving.

Over the years, there were some very special teachers/relatives/coaches etc. who took time to nurture the potential they recognized in me.

Our brain, our mind, pulls us toward familiar patterns---even when these patterns are negative. People end up repeating previous maladaptive patterns and often don't recognize it.

A dysregulated adult cannot regulate a dysregulated child. An exhausted, frustrated, dysregulated adult, cannot regulate anyone.

One of the most important principles of any trauma-informed approach is to help the frontline adults who will be involved with the children and youth.

Giving back to yourself is very important. If you don't take of yourself, how can you parent or work effectively?

It's hard to understand humankind unless you know a little bit about adversity. Adversity, challenges, disappointment, loss, trauma all can contribute to the capacity to be empathetic.

Until you heal the wounds of your past you will continue to bleed. The wounds will bleed through and stain your life, through alcohol, drugs, sex, overworking, etc.

A person makes peace with their past when they stop comparing their past to what they wished it was.

Anyone who has been broken and scarred by trauma has the chance to turn those experiences into post-traumatic wisdom.

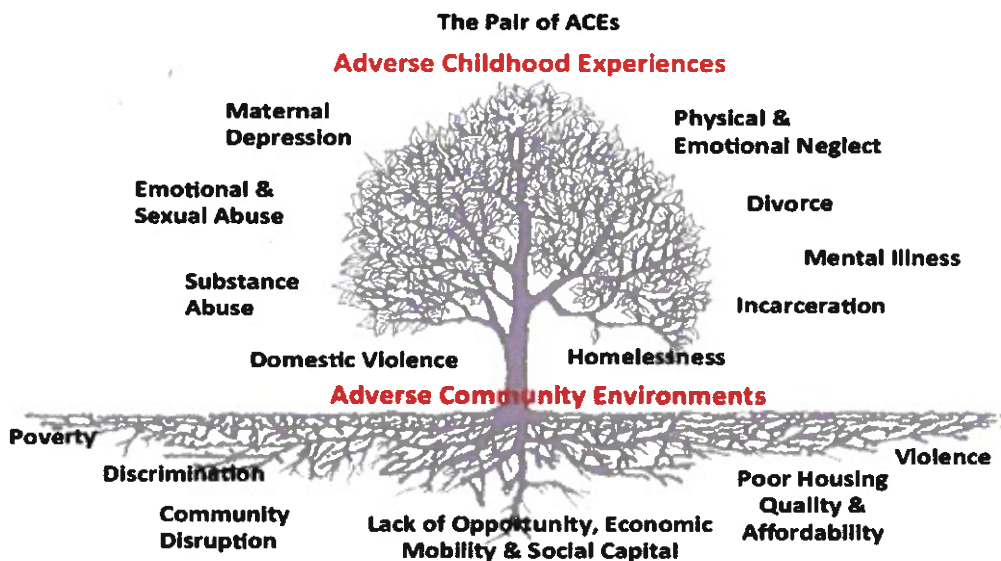
We cannot move forward if we're still holding on to the pain of the past.

Pair of ACEs Tree

Background

The BCR Pair of ACEs tree image grew out of the need to illustrate the relationship between adversity within a family and adversity within a community. The leaves on the tree represent the ‘symptoms’ of ACEs that are easily recognized in clinical, educational and social service settings, such as a well child visit or a pre-school classroom. Adverse childhood experiences can increase a person’s risk for chronic stress and adverse coping mechanisms, and result in lifelong chronic illness such as depression, heart disease, obesity and substance abuse. Physical or sexual violence, and abuse or neglect are often less obvious but can exist as chronic stressors.

The tree is planted in poor soil that is steeped in systemic inequities, robbing it of nutrients necessary to support a thriving community. Adverse community environments such as a lack of affordable and safe housing, community violence, systemic discrimination, and limited access to social and economic mobility compound one another, creating a negative cycle of ever worsening soil that results in withering leaves on the tree.



Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. *Academic Pediatrics*. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011

Purpose

The Pair of ACEs tree resource was created to communicate – in simple terms – the issues we aim to address. By doing so, we are able to more readily engage diverse stakeholders in developing policy goals—policies that will support efforts to address adversity that is embedded in communities, but have their roots in systems. The way you talk about this tree can be customized to fit your community needs so that you may build tailored, clear and concise communications to move the systems

and practice change forward. In the policy arena, the Pair of ACEs tree illustrates the problem you are trying to solve, but also provides a framework to begin to discuss how you may measure efforts designed to solve the problem.

Success Stories

BCR partners across the country are successfully using the Pair of ACEs tree and other BCR communications tools and strategies to engage partners. Together, these communities are setting goals and implementing policy and practice change that builds community resilience.

- The Dallas BCR coalition is working across Dallas to improve the health and wellbeing of children and their families. They are using BCR tools and strategies to pilot test community-based approaches for addressing the Pair of ACEs in South Dallas. At the same time, they are working closely with city leaders at the systems level to address ACEs in the community.
- Keep Oregon Well is the statewide mental health campaign of Trillium Family Services and one of the BCR Oregon initiatives. The coalitions' other activities include efforts to build a trauma-informed culture at The Faubion School. In addition to their work in serving some of Portland's most vulnerable children, Trillium Family Services has been an effective advocate with the state legislature on behalf of providers and the families they serve. Trillium has used a number of BCR strategies to communicate across a wide range of community partners in its ongoing effort to spark change at the community level.
- Joining Forces for Children (JfC), the Cincinnati BCR coalition led by Cincinnati Children's Hospital relies on the strength of its partners to reach collective impact. From policy advocates and health care directors to home health workers and community leaders, the diverse partnership is positioned to prevent and reduce the trauma associated with adverse childhood experiences across the Tri-State region. JfC used BCR communications strategies to identify specific stakeholders and the develop messaging to galvanize this network of partners in efforts to address and prevent childhood adversity.

Read more about BCR coalitions at go.gwu.edu/BCR.



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Memorandum

TO: Judge Helinger
FROM: Monica Nielsen
DATE: November 20, 2017
IN RE: What are the "Pair of ACEs" and how can communities help?

DISCUSSION

Like all living things, trees need certain nutrients and a specific environment in order to grow. A tree needs energy from sunlight, carbon dioxide from the air, and water. If a tree doesn't receive the proper nutrients through its roots, or is planted in an unsuitable environment, the tree will never reach its full potential. The example of a tree not receiving the right nutrients to grow strong and healthy is very similar to the relationship between an individual's childhood experiences and their community environment in what's called the "Pair of Aces".

What are "The Pair of ACEs"?

The "Pair of ACE's" includes Adverse Childhood Experiences along with Adverse Community Environments.¹ Adverse Childhood Experiences, "ACEs", are stressful or traumatic events that occur during a person's childhood that harm their development and may have life-long effects.² There are ten different adverse childhood experiences a person may endure: physical, sexual or emotional abuse,

¹Substance Abuse and Mental Health Services Admin., *Adverse Childhood Experiences*, Samhsa.gov, <https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/adverse-childhood-experiences> (last visited November 17, 2017).

² *Id.*

physical or emotional neglect, intimate partner violence, the mother being treated violently, substance abuse within the household, household mental illness, parental separation or divorce, and an incarcerated household member.³

The second element to the Pair of ACEs, Adverse Community Environments, is described as hardships within the household or community that create a troubled environment for the child.⁴ Examples of an adverse community environment are poverty, discrimination, community disruption, lack of opportunity, lack of economic mobility, lack of social capital, poor housing quality, poor housing affordability, and violence.⁵

The foregoing elements are represented in a tree diagram created by the Building Community Resilience program to symbolize the relationship between ACEs.⁶ In this diagram, the Pair of Aces tree is planted in soil polluted with adverse community environments. The adverse community environments contribute to and compound the adversities faced in households. Together, these factors can result in adverse childhood experiences, which are shown in the leaves of the tree.⁷ A child growing up in these conditions is also disadvantaged in their ability to succeed by lacking a strong supportive foundation.

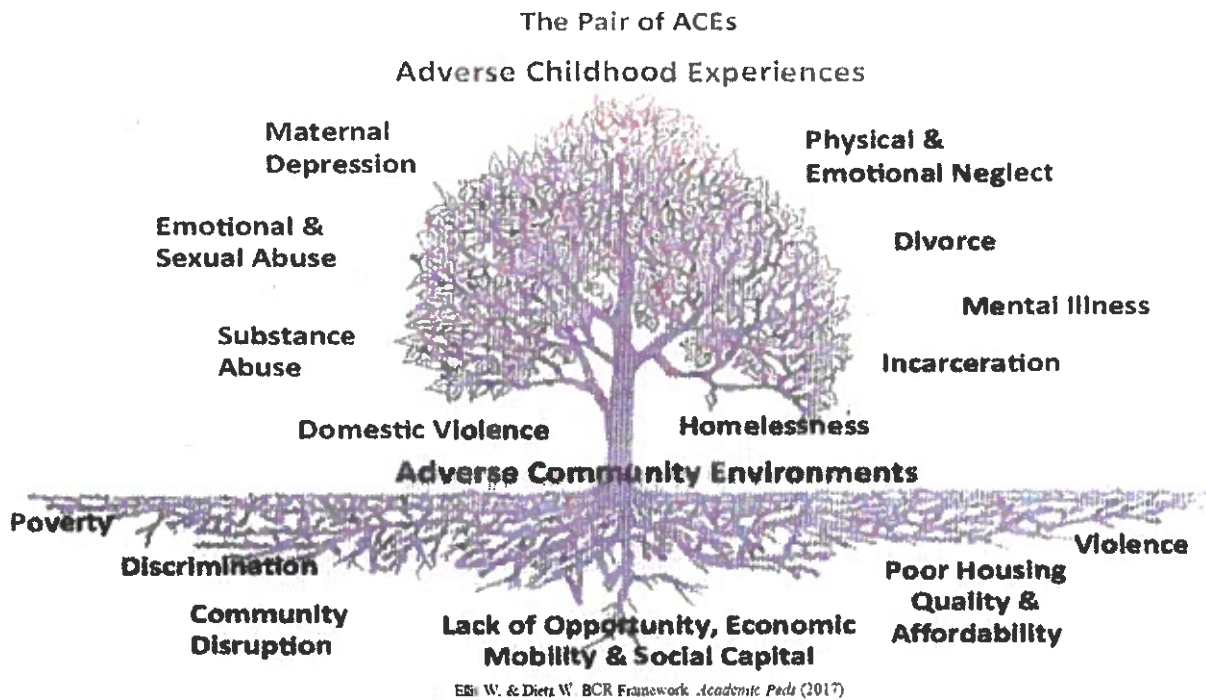
³ *Id.*

⁴ Building Community Resilience, Building Community Resilience: Coalition Building and Resilience Guide, ascend.aspeninstitute.org, <https://ascend.aspeninstitute.org/wp-content/uploads/2017/10/BCR20Coalition20Building20and20Communications20Guide.pdf> (last visited Nov. 20, 2017).

⁵ *Id.*

⁶ *Id.*

⁷ *Id.*



Effects of ACEs

A child who has endured the Pair of ACEs can suffer delays in learning, behavioral issues, and physical and mental health conditions that can last a lifetime.⁸ When children are exposed to chronic stressful events, their ability to cope may be impaired, leading them to later adopt negative coping mechanisms, such as substance abuse or self-harm.⁹ In addition, heart disease, obesity, and depression are at an increased rate for these individuals as well as higher levels of community adversity; including unemployment, homelessness, and lack of access to social services.¹⁰

⁸ *Id.*

⁹ Substance Abuse and Mental Health Services Admin., *supra*.

¹⁰ *Id.*

How the Community Can Help

There are many strategies available when trying to prevent or lessen the affects of ACEs. One way is to increase awareness of ACEs among the communities' substance misuse prevention professionals and emphasize the relevance of ACEs to behavioral health disciplines.¹¹ Another method is to include ACEs as primary risk and protective factors when planning prevention planning efforts.¹² One could implement programs, policies, and strategies to address ACEs. Lastly, the community may use research and data to identify people who may be at a higher risk for substance abuse and implement prevention techniques.¹³

Building Community Resilience has created an approach that focuses on addressing the root causes of adversity and aims to collaborate between large systems and community members to develop ways to build more resilient communities.¹⁴ This strategy involves people acting as buffers to assist the families struggling with adverse conditions to help create a stronger support system. The purpose is to have assistance ready and available in the area where a family is in need. In order to create buffers, the community needs to be educated about the problem as well as symptoms of ACEs to recognize them within schools, clinics, churches, and courtrooms.

If someone within the community can identify a family's exposure to the Pair of ACEs, they may be able to take steps toward ensuring that the proper resources are provided to improve the family's home environment. For example, picture a

¹¹ Substance Abuse and Mental Health Services Admin., *supra*.

¹² *Id.*

¹³ Building Community Resilience, *supra*.

¹⁴ *Id.*

couple with severe back injuries from a car accident and unable to work to provide for their three young children. Permanently disabled, they are unable to find jobs and the mother has developed an alcohol and opioid dependency. The family depends on public benefits and the children rely on the school's free breakfast and lunches. While applying the BCR approach, the school might identify the symptoms of ACEs in the students and if the school system was connected to an adult substance abuse program, a visiting nurse could help the mother seek treatment for her opioid dependency without her fearing she'll lose her kids. Even though the Pair of ACEs is a fairly new concept, there are currently five test sites in the United States that are implementing the BCR approach.¹⁵

What The Courts Can and Should Do to Help

A well-connected and informed community could reduce the Pair of ACEs by reaching out to provide resources to the families in need. The BCR approach can and should be applied to court systems as well. Adverse childhood experiences include at least two examples that involve the court system, an incarcerated parent and divorce. In these two instances, the court can immediately provide the family with resources and information about ACEs, so they can take measures to address them. Any time a court becomes aware of an ACE or can identify one, it has the opportunity to advise the parent of the possible affects it may have on the children and what they can do to address the ACE. If the courts are kept informed and maintain a strong network of references, they may have resources available to refer the families to treatment program for substance abuse or counseling.

¹⁵ *Id.*

Conclusion

In order to reduce symptoms of any problem, one must first get to the root of the cause. First, the community needs to know about the problem, the Pair of ACEs. Once the community is educated, they can identify symptoms of ACEs within schools, religious-based organizations, medical clinics, and courtrooms. With a strong network of references, the families will be able to seek the assistance they need to overcome their hardships or help minimize the consequences. Considering the severity of ACEs effects, it is important to inform and implement policies to assist families suffering from these adversities.

ACEs and Divorce: How We Can Begin to Help Combat the Epidemic

By Caryn A. Stevens, Esquire



Adverse Childhood Experiences (ACEs) are traumatic events from one's childhood that can have long-lasting, lifetime effects on a person's life. They are common, and pervasive, with about 61% of

surveyed adults in twenty-five states reporting that they have experienced at least one type of ACE in their childhood.¹ Studies have shown that ACEs have a direct connection to a person's increased likelihood of chronic health problems, mental illness or their own substance abuse issues in adulthood. ACEs were the subject of research conducted by Kaiser Permanente and the Centers for Disease Control, with researchers focusing on seven specific categories of ACEs, including the impact of divorce on a child's life.² Some common categories and examples of ACEs identified in these studies include a child witnessing domestic violence in the home, having a family member die by suicide, substance abuse issues in the home, or the child being a victim of violence or abuse.

One of the most significant ACEs that can impact a child's life is divorce. The traumatic conflict and stress experienced by children whose parents are divorcing is intense and severe. For these children, they are often experiencing instability and uncertainty in their family and at home for the first time in their lives. Quite often the parents display extreme rage, and the economic stress of divorce takes its toll on the entire household. Children often

find themselves being bounced back and forth between different houses, are often faced with moving out of the only home they have known, and are being separated from one or both parents during this chaotic time. While some children are resilient and may handle the divorce of their parents better than others (or at least appear to be handling the divorce better), we should not underestimate the long-lasting effect that divorce has on these children, and why divorce is one of the most significant ACEs in childhood. Family law practitioners may consider resiliency in children as their ability to "bounce back" from stress, adversity, and even trauma—but not every child "bounces back" in the same way as another child might. With 40-50% of marriages in the United States today ending in divorce, it is highly likely that many children will be directly impacted by this significant ACE.

ACEs are preventable with early intervention. Much of the intervention in combatting ACEs begins with the educating of parents, caregivers, and early childhood professionals. By raising awareness and providing education about ACEs, we can create a much more trauma-informed community. Also, by providing resources to these families and professionals that assist in creating safe and stable home environments for these children, we are assisting in combatting ACEs. Some of the cornerstones in conquering ACEs is to create home environments free of violence, substance abuse and mental illness, as well as focusing on the creation of safe places for these children to thrive in.

continued, next page

ACEs and Divorce

CONTINUED, FROM PAGE 17

The majority of family law attorneys have had minimal training in mental health or mental illness. While the Florida Bar recently raised awareness regarding our own self-care and mental health as attorneys, there still needs to be an even greater push to educate family law attorneys on how to REALLY help our clients by recognizing the signs of mental illness or substance abuse in our clients, as an example. We, as family law attorneys, also need greater education on resources, agencies, programs, and treatment options in our communities to which we can properly refer and recommend to divorcing parents and their children. The disconnect between the practice of law and mental health services must be bridged for the sake of the families we impact through our representation. We should always remain cognizant of the effects our work has on our clients as well as their children. Being aware of the existence and impact of ACEs should be foundational to any family lawyer's case plan.

Often in our work, we only "see" what presents in our office through the words and actions of our own clients. We need to dig deeper and ask tough questions. We need to really get our hands dirty and delve into the lives (and home lives) of our clients, their children, and the home environment. We need to focus on making recommendations (and referrals) to our clients regarding their own self-care, mental health treatment, substance abuse assistance, or violence prevention education. We frequently find ourselves placing far too much emphasis on what "effect" something will have on our "case" that we neglect to acknowledge that our clients, and their children, need REAL help. If our client really needs assistance with parenting skills, we need to reduce the stigma on encouraging our clients to seek that help. And if our client is repeatedly mentioning how

"depressed" he/she is feeling, we need to reduce the stigma on ensuring that our clients are getting the proper mental health treatment they need and deserve. While most divorce proceedings are short-lived in a child's life, the lasting impact of ACEs will permeate a child's development and impact his/her ability to function as an adult, thus having major impact on the physical and emotional health of that person. By focusing on ensuring that our clients are getting that REAL help, we are taking steps to help combat many of those ACEs that our client's children are exposed to at home. A happier, healthier, stable, substance-abuse-free parent makes for a much safer, stable, and nurturing home environment in which their child(ren) will grow and thrive.

So, MAKE those recommendations. HAVE those discussions with your clients. CALL OUT your client on those negative remarks he/she is making to the other parent in front of the children. Really LISTEN to what your client is telling you—and even what your client may not be telling you. RECOGNIZE those changes—even the smallest ones—in your client which may be signs that something far worse is happening below the surface, or at home. And for those of you who feel as though you do not know enough about HOW to help—take the initiative yourself: seek out training, CLEs, and presentations on these topics. For clients sitting in our office, going through a divorce may very well be the most traumatic event in their entire life. BE AWARE of that. Most importantly, think about how each of these symptoms, addictions, illnesses and actions of our clients impact even the youngest child living in their home. We are attorneys and counselors at law—so take those dual-roles seriously. It's not a coincidence that those words are often used interchangeably to describe our profession across the globe.

In both my prior practice as a mental health counselor and guidance counselor, and my current practice as a family law attorney, I

concentrate my help with clients on solution-focused assistance, rather than dwell on the past and those things we cannot change. My "mantra" is to always leave a client in a better place than where I found them. This methodology is good to consider for each and every one of us practicing in this field when we work with clients. While we cannot control every aspect of our clients' lives, we can certainly work on minimizing the stigmas associated with needing help, and we can guide and connect our clients to appropriate resources to ease the emotional, physical, and financial toll divorce can take on a parent and their children. In doing so, we take an active role in this global effort to combat ACEs.

Endnotes

1 See *Adverse Childhood Experiences (ACEs)*, CENTERS FOR DISEASE CONTROL AND PREVENTION, <https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/> (last visited Jan. 15, 2020).

2 *Id.*

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The Family Fascinator

Newsletter for Florida's Family Courts

Childhood Trauma in the Courtroom and the Role of Judicial Decision Making

by Dr. Harleen Hutchinson, IMH-E®, Reflective Supervisor

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Despite the growing attention to the needs of young children exposed to trauma, progress toward ameliorating their exposure to adverse childhood experiences (ACEs) has been slow in the judicial system. Young children in the child welfare system are likely to have been exposed to a wide range of traumatic experiences such as domestic violence, substance exposure, high conflict divorce, medical trauma, human trafficking, and abuse and neglect. These exposures to traumatic stressors may impact a child's cognitive and social-emotional development. There is evidence that young children can exhibit behavioral, developmental, and emotional difficulties including separation anxiety, ambivalent feelings toward the absent parent, aggression toward the caregivers, withdrawal, depression, and loss of appetite (Lieberman, A. & Van Horn, P., 2008). When young children witness domestic violence, it is extremely detrimental to their emotional well-being because it involves caregivers who are charged with protecting them and are critical

for early development. When young children are exposed to the trauma of domestic violence, they do not learn appropriate and safe ways to express anger or self-regulate, which may lead to long-term negative behaviors during the later years (Bosquet Enlow, Blood, & Egeland, 2013).

Because of these limited cognitive abilities, young children may be unable to regulate their overwhelming emotions, often resulting in externalizing behaviors and emotional challenges. Even babies as young as three months can be impacted by these traumatic experiences and tend to demonstrate these challenges within the parent-child relationship and

through their emotional struggles.

However, even in the face of multiple ACEs, young children have the ability to bounce back from negative experiences if they are provided with the appropriate protective factors to support resilience (Center on the Developing Child, 2015). High on the list of protective factors is the presence of supportive relationships that act as buffers to stress because they provide the responsive care, scaffolding, and protection necessary for young children to thrive. When young children experience negative adversities, then judges are charged with

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(Childhood Trauma, continued)

the responsibility to consider the impact of those experiences during judicial decision-making in order to effectively hold the voices of these vulnerable young children in mind.

It is critical that judges become aware of the challenges in reunifying parents and children in order to support the unique needs of young children post-reunification. Understanding the effects of separation on the family and the parent-child relationship can assist judges in successfully steering the parties through the process of reunification. When separation occurs and reunification takes place, restoring the parent-child narrative becomes extremely critical in order to help the parents make meaning of the separation and reunification. The reasons for the separation often become blurred during the course of time. Therefore, it is extremely critical that judges take

these concerns into consideration when reunification takes place to support the reunification process, thereby strengthening the parent-child relationship.

It is extremely important that judges remember that when young children experience separation from a parent, the reunification process, coupled with multiple stressors, will depend on a number of factors that can help to guide judicial decision-making. These factors are:

1. The caregiver's functioning: The quality of the caregiving environment and quality of the relationship between the caregiver and child is important. Judges need to question whether each parent, as a caregiver, is attuned to the child's needs and is able to provide an environment that is consistent, predictable, and safe. Is this caregiver able to provide opportunities for self-regulation and help the child make meaning of his or her experiences? If parents are not able to provide such a

relationship, a judge can help parents foster these relationships by making recommendations for dyadic therapy to enhance the parent-child relationship. Dyadic therapy is a relationship-based treatment approach where parent(s) and child are jointly present during the therapeutic session (Ippen, C. G., Harris, W. W., van Horn, P., & Lieberman, A. F., 2011).

The focus of this therapy is to strengthen the emotional quality of the parent-child relationship in order to increase understanding of the child's behavior. This therapy is extremely important for young children birth to five. When young children enter the judicial system, judges from the various courts (family, dependency, human trafficking, and early childhood court) are encouraged to specifically order dyadic therapy to ameliorate the negative effects of trauma. This therapy is critical across all areas of the court system, whether fam-

ily court or dependency court. More specifically, when judges make treatment recommendations for parents who are involved in human trafficking, which often results in pregnancy, judges can ensure that these mothers are referred to dyadic therapy to provide them with the support to work through the trauma of their experiences that resulted in pregnancy.

2. Access to developmentally-appropriate diversity and trauma-informed mental health services:

When thinking about appropriate therapeutic recommendations for young children and their caregivers, it is extremely important that judges engage in a system of "do no harm," recognizing that all persons appearing before the court do so with experiences of self, family, community, culture, and history. The parents come into courtrooms with their own experiences of trauma, which may be compounded by racial and historical trauma. When there has been a separation, the parents' experiences as well as the child's trauma must be considered together with the effect of the separation on the child's development, the strength of the parent-child relationship, and the functioning of the family as a whole. To do so, judges will have to take a multi-pronged, multilayered approach to intervention to address the unique needs of young children.



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(Childhood Trauma, continued)

Parents who are involved in family court with young children can benefit from dyadic therapy to address the trauma of the separation experienced during the conflict between the parents. Often-times, judges order supervised or therapeutic visitation to address the appropriateness of the interaction during supervised visitation. However, it is extremely important that these parents are also receiving the support of dyadic therapy to help heal the psychological impact of the trauma that young children have experienced within the parent-child relationship. If this therapy is not instituted, then the trajectory of the parent-child functioning may be negatively affected in the long term.

When they intervene early, judges have an opportunity to mitigate the negative course for these vulnerable young children. Therefore, judges are in a unique place to ensure that parents who are engaged in high conflict divorce, who have experienced human trafficking, who are struggling with substance use, who are suffering from mental illness, who are involved in abuse or neglect, or who are experiencing domestic violence are engaged in dyadic therapy to heal the parent-child relationship.

The therapist's working relationship with the parent-child dyad is used as a vehicle for change under the premise that the quality of the relationship with the therapist will affect the parent-child relationship (Reyes et al., 2017). When this therapy is



infused in court recommendations that focus on young children, then this practice will help to reduce the compounded effects of young children's trauma experience.

We now have the benefit of a specialized body of knowledge regarding the impact of traumatic experiences on young children's development. The research has informed us about the importance of ensuring that professionals who work with young children age birth to five are equipped with specialized sets of knowledge and expertise to respond to the needs of traumatized children and their caregivers. Judges are encouraged to ensure that child welfare and systems of care are infusing these dyadic practices into court cases to ensure that every child has an opportunity to change the trajectory of his or her life, one decision at a time.

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Taking Care of Ourselves While We Take Care of Our Families

by Kimberly Renk, Ph.D., University of Central Florida

When we each entered our respective disciplines with the intention of helping children and families, we probably had a general idea of what we were getting into. And we were probably enamored with the idea of helping those children and families succeed in whatever way we could. Little did we know when we first started how incredibly impactful our work would be for those children and families... but also for us. Certainly, if we are good at what we do, we likely have been pulled to serve the most extreme cases of trauma in the court system, whether it be with families who have experienced abuse and/or neglect, domestic violence, or divorce/child custody issues, and we have been called upon to go above and beyond in many different ways. As another article in this newsletter is addressing the manifestation of trauma in children, this article will focus on the experience of vicarious trauma in professionals who work with children and their families in the court system. (Vicarious trauma sometimes is referred to as secondary trauma or compassion fatigue, although these terms mean slightly different things.) Judges and attorneys may be particularly susceptible to vicarious trauma, including symptoms of post-traumatic stress, and may experience more of these types of symptoms relative to oth-

er professions (Iversen & Robertson, 2021; Maguire & Byrne, 2017). This susceptibility makes this topic a particularly important one.

Vicarious trauma occurs when professionals are impacted negatively by being exposed secondarily to the traumatic experiences of their clients or other individuals with whom they are working (Bride & Figley, 2009). An accumulation of clients' traumatic experiences can occur for professionals after they connect with these individuals and work closely with them over time, prompting professionals to become reactive themselves. For example, simply listening to traumatic stories can result in emotional reactions in the listener (Byrne, Lerias, & Sullivan, 2006), such as when an attorney listens to a client recount a traumatic experience. An exacerbation in these emotional reactions is more likely as additional sources of information that include traumatic descriptions (e.g., case files, medical records, pictures taken at the scene) are reviewed.



Certainly, the accumulation and review of trauma-laden evidence may be particularly impactful for those in legal professions, especially if cases involve the high conflict and adversarial interactions that can occur with families who have experienced abuse and/or neglect, domestic violence, or divorce/child custody issues. Of particular concern, the experience of vicarious trauma can be cumulative in nature, becoming worse as additional trauma experiences are held.

Although professionals' reactions to vicarious trauma tend to be smaller in magnitude than clients' reactions to the actual trauma, professionals can experience a myriad of trauma symptoms nonetheless. For example, professionals' experience of trauma symptoms may include social withdrawal, changes in mood, sleep difficulties, a lack of sensitivity, and aggression, among other typically occurring post-traumatic stress and trauma-related symptoms (e.g., Arvay & Uhlemann, 1996; Grahramanalou & Brodbeck, 2000; Schauben & Frazier, 1995). With regard to legal professions, criminal defense attorneys (i.e., those who are likely to be exposed to trauma-laden case content) were found to exhibit higher subjective dis-

tress, negative cognitive beliefs about safety and intimacy, avoidance, hyperarousal, depression, and anxiety relative to a comparison group of attorneys not dealing with clients who had experienced trauma (Maguire & Byrne, 2017; Vrkleviski & Franklin, 2008). Given the traumatic nature of events that occur in families who are served by the court system, judges and attorneys are likely to be impacted similarly.

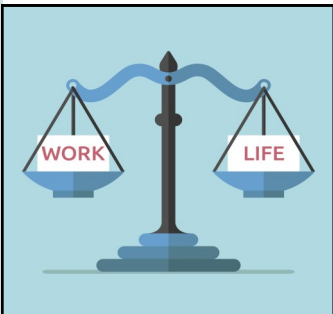
A recent meta-analysis (or systematic compilation of research studies) by Frost and Scott (2020) suggested that all 11 studies examined had helping professionals who experienced vicarious trauma or secondary traumatic stress, even though these professionals were deemed to be at low to moderate risk overall. Although any professional can be susceptible to vicarious trauma, those who have their own personal history of trauma, who have poor coping strategies, who have a limited support network (Saakvitne, 2000), and/or who have a high caseload or frequent contact with clients who have experienced trauma (Hensel et al., 2015) may experience more vicarious trauma. With regard to legal professions in particular, neuroticism, a history of personal trauma, increased work hours, work with an increased number of trauma cases (Iversen & Robertson, 2021), and low emo-

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(Taking Care, continued)

tional stability (Maguire & Byrne, 2017) may be potential risk factors for vicarious trauma, whereas conscientiousness may be a potential protective factor (Iversen & Robertson, 2021). Certainly, those judges and attorneys who serve families who have experienced abuse and/or neglect, domestic violence, or divorce/child custody issues may want to consider their risk for vicarious trauma closely.

Given these collective findings, interventions that allow us to become trauma-informed in legal professions (e.g., James,



2020) and to mitigate the effects of vicarious trauma are needed for professionals who are in helper roles, especially in the court system. Consistently, Pirelli and colleagues (2020; also Molnar et al., 2020) noted the need to identify potential risk factors for vicarious trauma; to recognize, develop, and strengthen protective factors; to overcome self-care and treatment barriers; and to identify and engage in therapeutic interventions. For the legal professions in particular, addressing vicarious trauma may mean

promoting professional well-being, sustaining careers, and providing for the best delivery of evidence, judicial reviews, and enacting of the law (Iversen & Robertson, 2021). Addressing vicarious trauma in the legal professions also may mean coming to terms with the fact that clients' trauma has been impactful in a secondary sense and accepting intervention when it may be needed. Overall, professionals finding an appropriate and effective way to manage their vicarious trauma can help reduce their sense of burnout, or their sense of stress and frustration with their job (Mathieu, 2012). Certainly, finding a good work-life balance that works for you, along with gaining increased self-awareness, maintaining appropriate boundaries, and utilizing adaptive coping strategies for personal and workplace issues, can be helpful. Nonetheless, a more specific and structured approach to vicarious trauma may be called for if professionals are continuing to struggle, even after such adaptive strategies have been incorporated.

One such approach that could be helpful in mitigating the impact of vicarious trauma, especially in the court system, is the incorporation of reflective practices into the work process by all the different disciplines that serve this system, including judges and attorneys. In particular, reflective supervision/consultation could be of great value. Reflective supervision/consultation involves the examination

of thoughts, feelings, actions, and reactions that may arise for professionals as they work with high-risk children and families who have been impacted by trauma (Eggbeer et al., 2008). This examination occurs in the context of a collaborative relationship between professionals and a supervisor (if internal to the professionals' agency) or consultant (if external to the professionals' agency). The process of reflective supervision/consultation entails the occurrence of regular meetings for professionals to discuss their thoughts, feelings, actions, and reactions while the supervisor or consultant offers active listening, thoughtful questioning, support, and knowledge. This exchange is meant to foster professionals' ability to answer their own questions, to guide their decision making, and to facilitate their management of stress (Watson et al., 2014).

Further, the process of reflective supervision/consultation can foster professionals' growth, improve programs' quality and practices, and foster learning by enhancing professionals' strengths and by partnering with professionals around their vulnerabilities (Shahmoon-Shanok, 2009). Essentially, positive outcomes are fostered through the establishment of a trusting and consistent relationship between professionals and the supervisor or consultant where both parties can be emotionally present and where the supervisor or consultant



can hold space for professionals to explore their reactions to their work (Goldberg & Paradis, no date).

Although a randomized control trial of reflective supervision/consultation has not yet been published, the research conducted thus far has suggested positive benefits for providers themselves (e.g., Tomlin, 2016), for providers' skills (e.g., Forstadt, 2012; Parlakian, 2002; Watson et al., 2014), and for agencies and programs (e.g., Finello et al., 2011; Raja et al., 2015). Of particular interest to the court system, Virmani and Ontai (2010) suggested that reflective practices support professionals' reflective capacities, which in turn promote sensitive interactions with colleagues and family clients and thereby promote positive program and family outcomes. Further research suggested that reflective supervision/consultation can reduce staff turnover (and ultimately reduce additional costs to programs and agencies; National Council on Crime and Delinquency, 2006) and can reduce professionals' secondary traumatic reactions that can lead to illness, cynicism, distancing, and work dissatisfaction (Turner, 2009).

So, given this information, where do we go from

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(Taking Care, continued)

here? Even if you do not have access to a reflective supervisor or consultant, you still can practice appropriate self-care and take good care to mind your work-life balance. Further, taking time to think through the events of each day and to consider where things went well or where things could have benefitted from a different approach can prove valuable. If we are well aware of where our triggers or vulnerabilities are, we can plan to work around these areas much more effectively and efficiently. By gaining insights in this way, our objectivity and our good work can be preserved to the extent that we can muster. And, of course, if you can find and are willing to work with a reflective supervisor or consultant, you can move toward building a work support meant to buffer you while you explore your thoughts, feelings, actions, and reactions that arise in response to our high-risk children and families who have been impacted by trauma. By taking advantage of reflective supervision/consultation, a parallel process that includes your supervisor or consultant supporting you and you, in turn, supporting our high-risk children and their families who are involved with the court system can ensue (Renk et al., 2020). Incorporating this added layer of support through reflective supervision/consultation will truly allow you to take care of yourself while you take care of our court

families who have experienced abuse and/or neglect, domestic violence, or divorce/child custody issues.

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A family court case law question and answer forum

Dear Oracle,

I cannot figure out when to consider the mental health of the parents under the timesharing factors. Frankly, I think everyone goes temporarily insane during hotly-contested custody cases – including me! I wish I could order mental health evaluations of the attorneys, too, but since I'm pretty sure that's not permitted, can you at least help me understand when and how I can get information about the mental health of these parents, so I can make some decent decisions about timesharing without losing my own mind in the process?

- Not Understanding This Stuff

Dear N.U.T.S.,

Section 61.13, Florida Statutes, sets forth factors that a trial court is to examine or consider when making a decision on time sharing and parental responsibility. More specifically and of relevance to this question, section 61.13 provides that determination of the best interests of the child shall be made by evaluating all of the factors affecting the welfare and

Ask the Oracle of Justice

By Judge Thomas Eineman (Fifth Judicial Circuit)

interests of the particular minor child and the circumstances of that family, including the mental and physical health of the parents. On many occasions one party in a custody proceeding will claim that the other party suffers from some mental condition such that the party should be denied majority time sharing or should have supervised timesharing. Often one party will request that the party alleged to be suffering from some mental condition undergo a psychological examination and/or that party should be required to provide their medical/psychiatric records through discovery.

Notwithstanding that a party's mental health is a statutory factor to be considered when deciding time sharing, Florida law is clear that the simple fact that a party seeks custody (now majority time sharing) does not make that party's mental condition an element of his or her claim or defense. See *Leonard v. Leonard*, 673 So. 2d 97 (Fla. 1st DCA 1996) (quashing order allowing husband to depose wife's treating mental health professionals in dissolution of marriage proceeding where primary residential custody of children was in dispute, where no evidence was presented that might make the wife's mental health an issue). Also see *Flood v. Stumm*, 989 So. 2d 1240 (Fla. 4th DCA 2008), wherein the appellate court quashed a trial court order allowing the children's mother to have access to the father's medical records covered by the psychotherapist-patient privilege found in section 90.503, Florida

Statutes. The court noted that neither party alleged facts that would put the father's mental health at issue.

Florida Family Law Rule of Procedure 12.360, which governs requests for psychological examinations in custody matters, provides that a party may request any other party to submit to, or to produce a person in that other party's custody or legal control for, examination by a qualified expert when the condition that is the subject of the requested examination is in controversy. Examinations may include, but are not limited to, examinations involving physical or mental condition, employability or vocational testing, genetic testing, or any other type of examination related to a matter in controversy. As we know, the issue of when and to what extent a party may require a party to submit to a psychological examination or be required to produce his or her psychological records is the subject of much litigation in Florida. Pursuant to rule 12.360, a request for a psychological examination must be related to a matter in controversy and the party must have good cause for the examination. The requesting party has the burden to satisfy the in controversy and good cause elements. *Oldham v. Greene*, 263 So. 2d 807 (Fla. 1st DCA 2018). To be in controversy the mental condition alleged must directly involve a material element of the cause of action. *Williams v. Williams*, 550 So. 2d 166 (Fla. 2d DCA 1989). In accordance with *Oldham*, supra, there must be

verified allegations that the parent is having mental problems that could substantially impact his or her ability to properly raise the children. In *Asteberg v. Russell*, 144 So. 3d 606 (Fla. 2d DCA 2014), it was determined that a party's concern or allegation that the primary residential parent is not supporting and promoting the child's relationship with the other parent did not put that party's mental health in controversy. In addition, in *Williams*, supra, claims that a party failed to use a car seat for the child, that the child wet his pants after a visit with the father, and that the father used bad language in front of the child and was unstable were insufficient to put the father's mental health in controversy.

On the other hand, a party's mental health has been found to be in controversy where a father seeking parental responsibility made comments to a minor child that he was contemplating suicide. *Barry v. Barry*, 159 So. 3d 306 (Fla. 5th DCA 2015). Further, a party's involvement in Baker Act proceedings or a party having been diagnosed with schizoaffective disorder can place that party's mental health in controversy. *Bailey v. Bailey*, 176 So. 3d 344 (Fla. 4th DCA 2015).

In the recent case of *Reno v. Reno*, 282 So. 3d 163 (Fla. 1st DCA 2019), the trial court initially entered a Final Judgment of Dissolution of Marriage providing

(continued on page 8)

(Oracle, continued)

the parties have equal time sharing with the parties' children. The trial court's final judgment was subsequently affirmed on appeal. Thereafter the former husband filed an emergency motion for mental examination of the former wife and supervised timesharing pursuant to Rule 12.360 of the Florida Family Law Rules of Procedure. The former husband alleged that the former wife's psychological disorder and mental problems impacted her ability to parent and prevented her from being able to properly care for the minor children. The former husband further claimed that the former wife's mental health is in controversy and that he showed good cause for the examination based upon the behavior of the former wife and her mother in seeking unnecessary medical treatment for the minor children based on false allegations of physical and sexual abuse of the minor children. Ultimately the *Reno* court determined that the father was unable to show that the child was at risk of abuse, abandonment, or neglect as a result of the mother's mental illness and quashed the order requiring the mother to submit to a psychological examination.

Sometimes a party will seek

the production of records from the other party's treating doctors, bringing into play section 90.503, Florida Statutes. This statute provides in relevant part that a patient has a privilege to refuse to disclose, and to prevent any other person from disclosing, confidential communications or records made for the purpose of diagnosis or treatment of the patient's mental or emotional condition, including alcoholism and other drug addiction, between the patient and the psychotherapist, or persons who are participating in the diagnosis or treatment under the direction of the psychotherapist. This privilege includes any diagnosis made, and advice given, by the psychotherapist in the course of that relationship. As stated in *Flood v. Strum*, supra, the psychotherapist-patient privilege protects confidential communications between the patient and the psychotherapist and the records of mental health treatment from disclosure to third parties. However, there is no privilege for communications relevant to an issue of the mental or emotional condition of the

patient in any proceeding in which the patient relies upon the condition as an element of his or her claim or defense. In reversing the trial court's order allowing production of the husband's mental health records the appellate court in *Floyd v. Strum* reaffirmed the obvious point that just seeking custody or majority time sharing does not put one's mental health at issue. The appellate court indicated that rather than ordering disclosure, a better approach is to order a new psychiatric or psychological examination, which would balance the court's need to determine the parents' mental health as it relates to the best interest of the child, and the need to maintain the confidentiality between a treating psychotherapist and the patient. *Schouw v. Schouw*, 593 So. 2d 1200, 1201 (Fla. 2d DCA 1992); see also *McIntyre v. McIntyre*, 404 So. 2d 208, 209 (Fla. 2d DCA 1981) (finding no reason to invade wife's privilege, quashing order requiring wife's personal psychiatrist to forward her records to court-appointed psychologist, where latter had in-

formed the court that it would be helpful for him, and in best interest of all, for him to review those records before making custody recommendation). Also see *Ricketts v. Ricketts*, Case No. 2D19-3854 (Fla. 2d DCA 2020), wherein the appellate court reaffirmed the law that requesting custody, time-sharing, or parental responsibility does not place a party's mental health at issue. The court also noted that the wife's mental health was not at issue because her attorney had propounded interrogatories to the husband inquiring (1) as to whether the mental condition of a spouse was at issue in the case and, if so, requiring identification of the spouse and all of the spouse's health care providers and (2) whether the other parent's time-sharing should be impacted, supervised, or limited as a result of a mental health condition and what conditions should apply to time-sharing.

What is clear from a brief

(continued on page 9)



(Oracle, continued)

review of Florida law is that although one's mental health is a statutory factor that the court can examine when making a custody determination, it can be difficult to obtain evidence to buttress a claim that the other party's mental health is such that he or she should be denied majority timesharing or have supervised timesharing.

Hey O.J.,

It takes too much time and energy to read all of the cases that come out of the appellate courts. And, frankly, what's the point? As soon as I think I have a handle on the law, something new comes around. Where are we on that requirement for judges to make a path to meaningful timesharing in the Final Judgment? Any change?

- I'm Done Learning Everything

Dear I.D.L.E.,

In the last issue of the newsletter we discussed the split of authority between the district courts of appeal on the following issue: when a trial court denies or restricts a parent's time-sharing with his or her child, does the trial court need to specify steps for the parent to take in order to regain meaningful time-sharing? To summarize, the third and fourth districts answered this question in the affirmative, indicating that a trial court's failure to set forth any specific requirements or standards with which the parent must comply in order to reduce or eliminate the timesharing restrictions is error. The First and Fifth Districts, however, have taken a contrary position

and determined that section 61.13, Florida Statutes, does not authorize or require the trial court to set forth the necessary steps for a party to take for reestablishing timesharing. Such steps when set forth have been found in the first and fifth districts to go beyond what the statute authorizes. Lastly, to further complicate the issue, the second district has previously determined that a trial court's failure to specify steps or benchmarks that a party must take to reestablish unsupervised timesharing is not legal error and whether to include these steps or benchmarks is a matter of judicial discretion.

Recently, the Florida Supreme Court has addressed this issue and provided partial guidance to trial courts. In *C.N. v. I.G.C.*, Case No. SC20-505 (Fla. 2021), the Supreme Court determined that a final judgment that modifies a preexisting parenting plan does not need to provide a parent concrete steps to restore lost timesharing and return to the pre-modification status quo. In the case before the trial court the parties were the parents of a minor child and they had previously entered into a paternity agreement and parenting plan that were incorporated into a final judgment. The mother was granted approximately 57% of the overnights, and the father received 43% of the overnights. The father thereafter filed a supplemental petition for modification, which was granted and therein the father was granted two-thirds of overnights and the mother one-third. The trial court ordered the mother to begin mental

health therapy and noted that there was evidence that successful therapy will likely take a significant time and perhaps years.

The mother appealed the trial court's ruling to the Fifth District Court of Appeals and claimed that the trial court's order was legally flawed because it did not contain any concrete steps or benchmarks that the mother could work toward to regain her lost timesharing, does not specify what proof the court would need from the mother, and does not say when the mother may petition the court to reestablish her timesharing rights. The Fifth District rejected the mother's arguments and held that the trial court's order is not rendered legally insufficient for failing to provide the mother with specific steps to regain timesharing. The Fifth District certified conflict with other districts on this issue, specifically the Third and Fourth districts.

The Supreme Court affirmed the decision of the Fifth District and held that a final judgment modifying a preexisting parenting plan is not legally deficient simply for failing to set forth specific steps a party needs to take in order to restore lost timesharing. The Supreme Court reasoned that it is undisputed that chapter 61 does not expressly impose a "concrete steps requirement." Also, requiring a trial court to set forth such steps would essentially entitle a parent to be restored to the pre-modification status quo, albeit after satisfying court-identified conditions. This is inconsistent with section 61.13(2)(c)1, Florida Statutes, which provides that there is no presumption for or against any specific timesharing schedule when creating or modifying the parenting plan of the child. The Supreme Court also noted that it is inconsistent with section 61.13(2)(c)2.b., Florida Statutes, which pro-

(continued on page 10)



(Oracle, continued)

vides that the court shall order sole parental responsibility for a minor child to one parent, with or without time-sharing with the other parent, if it is in the best interests of the minor child. Further, to impose a requirement on the trial court to set forth steps a parent must take in order to restore a previous timesharing award is inconsistent with the statute's overarching "best interests of the child" standard itself. The Supreme Court noted that depending on the circumstances, it might not be reasonable for a court to attempt to devise conditions that would lead to a restoration of the pre-modification status quo.

However, the Supreme Court noted that the Fifth District had determined that section 61.13(3), Florida Statutes, **does not authorize** trial courts to include such steps in a final judgment modifying a parenting plan. Notably, the Supreme Court did not address whether this latter position taken by the Fifth District is correct, hence the comment above that the Supreme Court, through its decision, has given trial court's partial guidance.

Mr. Oracle, sir,

I handle domestic violence cases as a part of my docket. While I am willing to hear any case that the law requires me to hear, it seems to me that 741.30 requires me to set a hearing on any petition that alleges an act of domestic violence no matter how long ago it occurred! I took an oath to follow the law, just like every judge, but can this be true? Tell me, O Oracle, what's a busy fami-

ly judge to do?

- Better Ending Expected

Dear Busy B.E.E.,

Those judges who handle interpersonal violence dockets and attorneys who practice in this area may have discovered that the courts have introduced into the law what may be termed a "judicially created" statute of limitations. This is obvious if one reads section 741.30, Florida Statutes, which authorizes an individual to seek an order for protection against domestic violence. In relevant part, this statutory section provides that "upon notice and hearing, when it appears to the court that the petitioner is either the victim of domestic violence as defined by s. 741.28 or has reasonable cause to believe he or she is in imminent danger of becoming a victim of domestic violence, the court may grant such relief as the court deems proper, including an injunction restraining the respondent from committing any acts of domestic violence". If you read this statute 10, 20 or 100 times, and then read it again a few more times, what will you not find? Nowhere in the statute is there anything akin to a statute of limitations. The statute simply says if a petitioner has been the victim of domestic violence or has reasonable cause to believe that he or she is imminent danger of becoming a victim of domestic violence, the petitioner may be granted relief that the court deems proper, including an injunction enjoining the respondent from committing any act of domestic violence. The statute does not say anything such as "if the petitioner has been the victim of domestic violence in the last three years, or has reasonable cause..... then he or she may be granted relief that the

court deems proper." Notwithstanding the clear language of the statute, Florida's appellate courts are taking the position that an isolated act of domestic violence that occurred years before the filing of the petition for an injunction for protection against domestic violence will not justify the entry of an injunction at the present time absent allegations of current domestic violence.

In *Leaphart v. James*, 185 So. 3d 683 (Fla. 2d DCA 2016), the Second District Court of Appeals reversed the entry of a final injunction and indicated that "the only act that James (the petitioner) witnessed herself occurred in June 2012, when Leaphart (the respondent) busted her lip." The court indicated that although this incident constitutes domestic violence under section 741.28(2), Florida Statutes, it is not enough to support the entry of an injunction now in the absence of other conduct by the respondent because the incident occurred approximately 20 months before the petition was filed.

In *Chiscul v. Hernandez*, Case No. 4D20-287 (Fla. 4th DCA 2021), the Fourth District Court of Appeals reversed the trial court's decision to enter a final injunction for protection against domestic violence. The court noted that in the six months that the parties knew each other, they married and separated. The wife filed her petition approximately two months after the parties' separation. Among other things, she claimed in her petition that the respondent would

force her to have sexual relations and that he grabbed her and shook her, although she could not state when this happened. With regard to the one possible act of violence of particular importance is when or how frequently this occurred. The parties were separated several months before the permanent injunction was issued. Thus, the shaking incident could have occurred between two to six months prior to the filing of the petition. The wife's testimony of an isolated incident, absent additional evidence, was insufficient to warrant a permanent domestic violence injunction. Note the very short period of time between the alleged act of domestic violence and the filing of the petition. It is not as though the petitioner waited a few years before filing.

The result was the same in the case of *Zapiola v. Kordecki*, 210 So. 3d 249 (Fla. 2d DCA 2017). In January 2016, the petitioner filed a petition for injunction for protection against domestic violence and alleged that while the parties were dating in 2012 the respondent threw a drink at her and punched her in the face. The petitioner also alleged that the respondent repeatedly attempted to contact her through Facebook and via telephone and that the petitioner's job as a traffic aide would allow the respondent to cause the petitioner harm. There were no allegations that the respondent threatened the petitioner in any way.

(Oracle, continued)

In reversing the trial court's entry of a final injunction, the court noted that the one physical incident identified is too remote to be considered reasonable cause to believe that the petitioner was in imminent danger of becoming

a victim of domestic violence. Also, the Court indicated that the petitioner failed to present sufficient evidence that she was in imminent danger of becoming a victim of domestic violence. Again, note that the court accepted as fact that

an act of domestic violence occurred between the parties and yet went ahead and found that it was too remote in time. This, despite the fact that section 741.30 is devoid of any thing akin to a statute of limitations.

If you have questions for the Oracle, please send them to:

OracleofJustice@flcourts.org.

The Family Court Jester

*by John Couch
(Office of the State Courts Administrator)*

Hey Judge, I heard you reviewed the Family Court Tool Kit: Trauma and Child Development.

Any takeaways?



It's great Bob, but I do have a problem with Number 5 of the big 10, which is reading the case file with a trauma lens.



Okay, I can assist here. I participated in a two-day training on this very topic.

What's your problem?



Well, I've gone to several other websites, and I can't seem to find any resources that point me to where I can order a set of trauma lenses.



I need self-care



Shining a Spotlight: Tribal Court – Promoting Cultural and Traditional Teachings within Dependency Cases

by *Patty Harris, Court Administrator (Nineteenth Judicial Circuit)*

In Florida, there are nearly 3,000 Seminole Indians living on six reservations located in Hollywood (the tribal headquarters), Big Cypress, Brighton, Immokalee, Ft. Pierce, and Tampa. As of 2015, the Seminole Tribe of Florida has operated its own court system at both trial and appellate levels. The Seminole Tribe Court System consists of lay judges appointed by the Seminole Tribal Council. These judges preside over civil cases, such as family court cases, child custody, and guardianship. The mission of the Tribal Court within the Seminole Tribe is to respect the customs and traditions of the Tribe and to ensure that the rights and powers, which are inherent to the Tribe's sovereign status, are secure.

Tribal courts stem from federal efforts aimed at addressing the aftereffects of historical and intergenerational trauma on tribal communities. In recognizing that American Indian children were being removed from their homes and communities at a high rate, the Indian

Child Welfare Act (ICWA) of 1978 was enacted to govern the removal and out-of-home placement of American Indian children. ICWA, 25 U.S.C. §1911, provides for transfer of jurisdiction of state court cases involving an Indian child to that child's Tribal Court. Specifically, ICWA provides that "[i]n any State court proceeding for the foster care placement of, or termination of parental rights to, an Indian child not domiciled or residing within the reservation of the Indian child's tribe, the court, in the absence of good cause to the contrary, shall transfer such proceeding to the jurisdiction of the tribe...."

In spirit of the ICWA, Circuit Judge Jose Izquierdo, Seventeenth Judicial Circuit, organized a process for ultimately transferring dependency cases to Tribal Court. At the core of this process is a collaborative partnership. This partnership was made possible when Judge Izquierdo and Tribal Court members met at a child protection summit in 2016.



Judge Jose Izquierdo, Seventeenth Judicial Circuit

This type of partnership is the first of its kind in the State of Florida.

The process begins with Judge Izquierdo first identifying cases that include Seminole Tribe members. He then schedules hearings within a special ICWA division so that these cases can be heard on the Seminole Tribe Reservation in Hollywood. Coordinating these hearings is a bit challenging as it involves scheduling appearances away from the traditional courthouse for several service providers, social workers, and child advocates from both the circuit and the Tribe. Conducting hearings on the reservation, however, is what makes the extra efforts of all parties worthwhile. Being on the Reservation provides tribal members a level of comfort as they are in familiar surroundings at their tribal courthouse. Parents have remarked they really appreciate being on the reservation, as it is much less stressful for their families

and makes attending court much less intimidating. Judge Izquierdo points out, "Dependency court is therapeutic in nature and has, as its goal, the reunification of children and their families. The ability to be heard, on what can be traumatic issues of abuse, abandonment, and neglect, on the reservation in familiar surroundings makes a great deal of difference to the families involved."

In 2020, a dependency case was transferred to Tribal Court resulting in a positive outcome for a mother with a substance abuse problem. Tribal Court allowed this mother to connect with other members of the Seminole Tribe. Because of her interactions among others she felt connected to, she became motivated to change her life. She found it important that her tribe leaders once again smile and be proud of her.

(continued on page 13)



Tribal Court, Seminole Tribe

(Shining a Spotlight, continued)

There are over 1,000 Seminole Tribe members living outside of the six reservations, many of them concentrated in South Florida. Thanks to Judge Izquierdo, there is now a foundation to help reduce trauma for these individuals and their families. The collaboration and cooperation demonstrated by both courts will greatly help benefit Florida's Native American citizens. The partnership will also serve as a model to promote collaboration between other state and tribal governments to solve problems of mutual concern. Certainly, new efforts such as this make it an exciting time to be involved in the child welfare and juvenile justice systems.

Upcoming Events Click the link for more information

Sep 23, 2021	1:00 pm to 1:45 pm EDT	Break from the Bench: What a judge needs to know about... Considerations in Cases Involving Firearms and Domestic Violence Webinar by NCJFCJ
Sep 24, 2021	12:30 pm to 2:00 pm EDT	Latest Developments in Substance Use & Justice Setting Work Webinar by AATOD, NIDA, and RADARS reporting system
Oct 12, 2021	12:00 pm to 12:45 pm EDT	Break from the Bench: What a judge needs to know about...Cyberviolence Webinar by NCJFCJ
Oct 13, 2021	3:00 pm to 5:00 pm EDT	Steering Committee on Problem-Solving Courts (PSC) Meeting via Zoom
Nov 9, 2021	1:00 pm to 1:45 pm EST	Break from the Bench: What a judge needs to know about ...Highlighting the SAFeR Approach to Custody Cases Involving Domestic Violence Webinar by NCJFCJ
Dec 16, 2021	1:00 pm to 1:45 pm EST	Break from the Bench: What a judge needs to know about...The Role of Judicial Leadership in Domestic Violence Cases Webinar by NCJFCJ
Jan 9-14, 2022		Florida Judicial College, Phase I, Kissimmee, FL
Mar 6-11, 2022		Florida Judicial College, Phase II, Kissimmee, FL

AT YOUR FINGERTIPS

Trauma-Responsive Courts

Family Court Tool Kit: Trauma and Child Development

<https://www.flcourts.org/Resources-Services/Court-Improvement/Family-Courts/Family-Court-Basics/Family-Court-Tool-Kit-Trauma-and-Child-Development>

The Big 10: 10 Practical Tools for Judges

<https://www.flcourts.org/Resources-Services/Court-Improvement/Family-Courts/Family-Court-Basics/Family-Court-Tool-Kit-Trauma-and-Child-Development/Court-Implications>

Trauma and Child Development Resources

<https://www.flcourts.org/Resources-Services/Court-Improvement/Family-Courts/Family-Court-Basics/Family-Court-Tool-Kit-Trauma-and-Child-Development/Resources>

Trauma Curriculum: Moving Toward a Trauma-Responsive Court

<https://www.flcourts.org/Resources-Services/Court-Improvement/Family-Courts/Family-Court-Basics/Family-Court-Tool-Kit-Trauma-and-Child-Development/Trauma-Curriculum>

Trauma-Responsive Court Practices Trainings and Webinars

<https://www.flcourts.org/Resources-Services/Court-Improvement/Family-Courts/Family-Court-Basics/Family-Court-Tool-Kit-Trauma-and-Child-Development/Training-and-Webinars>

Self-Care Tool Kit

<https://www.flcourts.org/content/download/404798/file/Self-Care-Tool-Kit-2016.pdf>

The Wellness Corner

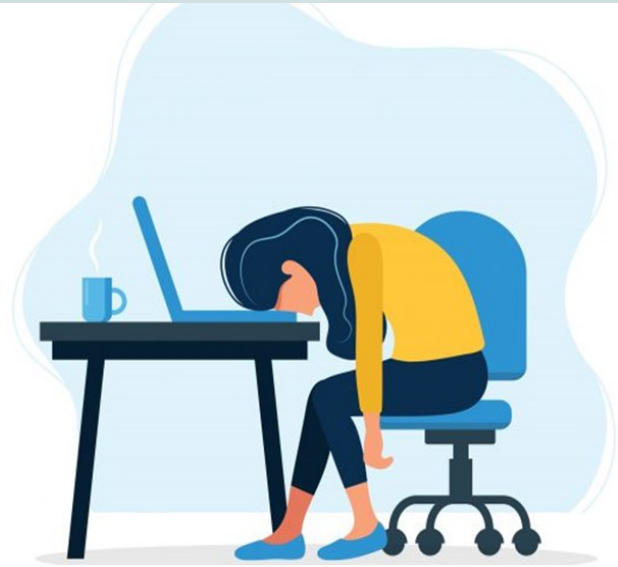
by Judge Alicia Latimore (Ninth Judicial Circuit)

CAN YOU FEEL THE BURN? 🔥



Stress is a normal part of the human experience that affects all of us at some time or another. It is a normal reaction to an adverse circumstance or a perceived threat, which can affect you physically, mentally, or emotionally.

It is no secret that the professional life of judges, attorneys, and other court personnel is remarkably stressful. Family law practitioners, in particular, have to balance the usual demands of life with a workload that often includes antagonistic and emotionally charged litigants making unreasonable or unrealistic demands. If left unchecked, long term or intense levels of stress can lead to health problems such as high blood pressure, or mental/emotional problems such as depression or anxiety.



Burnout is a subtle but common condition that arises due to unmanaged stress in the workplace. It is **“a state of emotional, physical, and mental exhaustion caused by excessive and prolonged stress.”** It occurs when you feel overwhelmed, emotionally drained, and unable to meet constant demands. As the stress continues, you begin to lose interest, motivation, enthusiasm, and energy.” [Burnout | Psychology Today](#)

If you are wondering whether you are in a burnout, consider whether you are experiencing the following:

- 1) **Exhaustion** – lack of energy, sense of dread about work, difficulty concentrating, a feeling of apathy and hopelessness.
- 2) **Reduced performance** – low productivity, feeling negative about work responsibilities, low creativity.
- 3) **Alienation** - feeling isolated, feeling a lack of support, irritable with co-workers or clients. [Depression: What is burnout? - InformedHealth.org - NCBI Bookshelf \(nih.gov\)](#)

Should you want a more extensive assessment of your risk of burnout, there are a number of tools available on the web for use at your convenience. However, just a casual review of the above may suggest that you are currently experiencing burnout or maybe a slow boil. Despite your temperature level, there are a number of suggestions as to how to avoid or recover from burnout. Quitting your job is not necessarily the answer. Adopting self-care habits, hobbies, rest, relaxation, meditation, and recreation may offer suitable resolutions to help you cool down and get you back on track. Consider these suggestions:

- Blow off some steam: Find a release through physical exercise such as running, weight training, cycling, swimming laps, or boxing.
- Chill: Practice meditation, yoga, or tai chi.
- Rest: Get plenty of sleep, make a conscious effort to take a break from work, and take vacations.
- Change your work concentration or assignment, if possible.
- Find a balance between work and life demands.
- Reduce alcohol and caffeine intake.
- Take family and medical leave, if qualified.

[10 Ways to Deal with Work Burnout \(thebalancecareers.com\)](#)

Remember, jobs are not the only source of chronic stress that cause burnout. Other contributing sources include parental or caregiver responsibilities. Nonetheless, be sure to check your personal and professional thermostat regularly by assessing your degree of burnout and implementing self-care habits that will help you to avoid or recover from the burn. Here is a [survey](#) for judicial burnout that can be helpful for family law judges, attorneys, and staff alike.

Book Review:

What Happened to You?

Conversations on Trauma, Resilience, and Healing, Bruce D. Perry, M.D., Ph.D. and Oprah Winfrey.

by Teresa Drake, JD, University of Florida

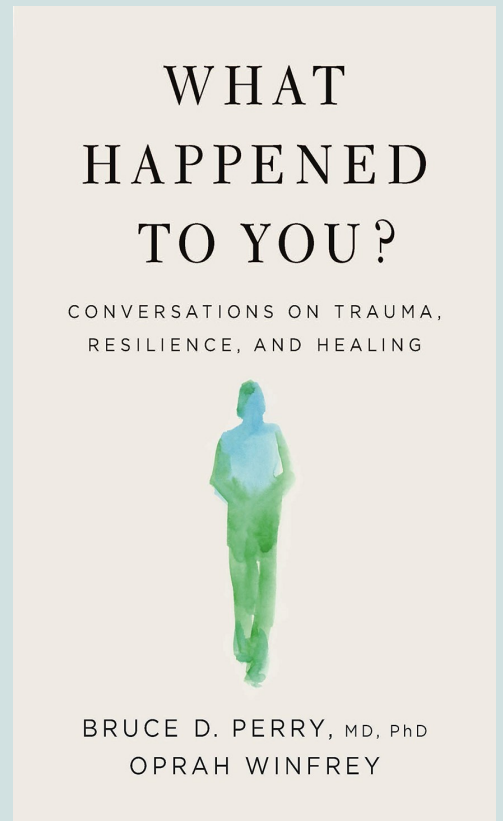
A must read for anyone working in the courts with children and families to gain an understanding into the behaviors of individuals within the system, what services they may benefit from, and the vocabulary to explain both.

What do a renowned child psychiatrist and neuroscientist have in common with a global media leader? How about a 30-year friendship cemented by a deep concern for children who experience trauma and the adults they become...and now, a New York Times best-selling book. Dr. Bruce Perry is a senior fellow of the Child Trauma Academy and an adjunct professor of psychiatry at the Northwestern University School of Medicine in Chicago. He's authored several books including the best seller *The Boy Who Was Raised as a Dog*. Then there is Oprah Winfrey,

who needs no introduction.

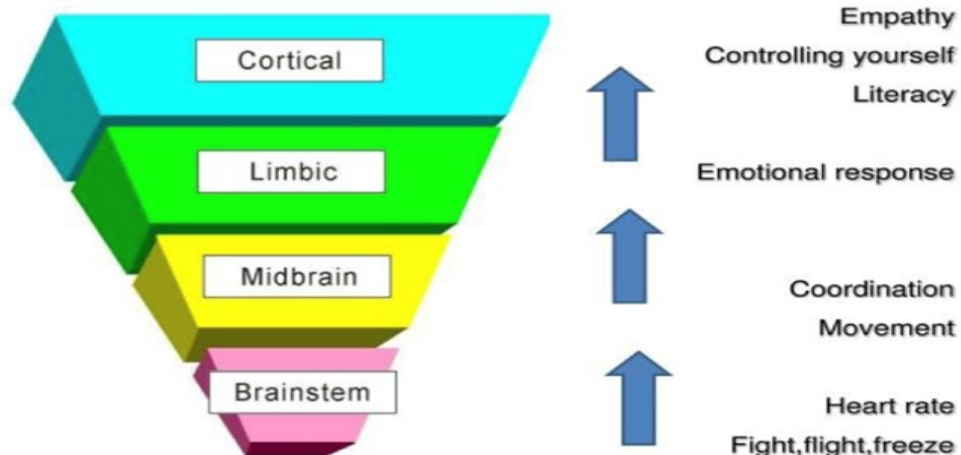
Written through deeply personal conversations, *What Happened to You?* offers a groundbreaking perspective shift from "What's wrong with you?" to "What happened to you?" Oprah shares stories of her childhood of abuse and neglect and the profound effect it has had on her as an adult. Dr. Perry breaks down the complicated processes of the effects of trauma on the brain, behavior, and health into understandable, useful language and graphs. Together they offer a 10-chapter window into the hopeful science of resiliency.

This book is extremely useful to parents of young children as well as adults who have survived childhood and those who seek to support their healing. Whether the reader is famil-



iar with Adverse Childhood Experiences (ACEs) or new to the topic, *What Happened to You?* reframes trauma in a light of non-judgment, understanding, and hope. Although diving into heavy topics, this book remains engaging and motivating. Printed book and audio versions are available at [Amazon](https://www.amazon.com) and other retailers.

Perry's Neurosequential Model



Perry, B.D. (2002). *Brain Structure and Function I: Basics of Organisation*. Adapted in part from "Maltreated Children: Experience, Brain Development and the Next Generation (W.W. Norton & Company).

A Moment of Zen—Therapy Dogs



Judge Levin, Handler Diane Robinson, and Beemer (Nineteenth Circuit)



Judge Laurent with Sadie (Ninth Circuit)

SOME THINGS
JUST FILL YOUR
HEART WITHOUT
TRYING.




Holly, Therapy Dog (Nineteenth Circuit)




Judge Gibson with Saffron (Ninth Circuit)

Readers are invited to submit photos for future issues at FamilyFascinator@flcourts.org.

ESSENTIAL COMPONENTS OF TRAUMA-INFORMED JUDICIAL PRACTICE

WHAT EVERY JUDGE NEEDS TO KNOW ABOUT TRAUMA

As a judge with a treatment or problem-solving court, you probably know that many people who appear before you have experienced violence or other traumatic events. In fact, the experience of trauma among people with substance abuse and mental health disorders, especially those involved with the justice system, is so high as to be considered an almost universal experience.



What you may not know is that these trauma experiences affect the person's physical health, mental health, and ability to respond successfully to treatment and other interventions. The stress of the courtroom environment may also affect the ability of trauma survivors to communicate effectively with you and court personnel. **Many judges have come to recognize that acknowledging and understanding the impact of trauma on court participants may lead to more successful interactions and outcomes.**

Recognizing the impact of past trauma on treatment court participants does not mean that you must be both judge and treatment provider. Rather, trauma awareness is an opportunity to make small adjustments that improve judicial outcomes while minimizing avoidable challenges and conflict during and after hearings. **This issue brief provides information, specific strategies, and resources that many treatment court judges have found beneficial.**

BEHAVIORAL HEALTH IS ESSENTIAL TO HEALTH • PREVENTION WORKS • TREATMENT IS EFFECTIVE • PEOPLE RECOVER

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DEFINING TRAUMA, TRAUMA-SPECIFIC SERVICES, AND TRAUMA-INFORMED APPROACHES

During every incarceration, every institutionalization, every court-ordered drug treatment program, it was always the same: I was always treated like a hopeless case. All people could see was the way I looked or the way I smelled. It wasn't until I finally entered a recovery-oriented, trauma-informed treatment program, where I felt safe and respected, that I could begin to heal...Someone finally asked me "What happened to you?" instead of "What's wrong with you?" — Tonier Cain, Team Leader, SAMHSA's National Center for Trauma-Informed Care

In a medical context, the term trauma is often used to refer to a serious bodily injury. In the context of people who have experienced violence or other adverse events, **trauma** is the psychological response to these events when they 1) are experienced as physically or emotionally harmful or threatening and 2) have lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being.

Trauma may be caused by exposure to violence, physical and sexual abuse, neglect, natural disasters and accidents, and any other events that induce powerlessness, fear, recurrent hopelessness, and a constant state of alert. Trauma may also be caused by discrimination due to gender, race, poverty, and sexual orientation. The most traumatic experiences often include betrayal by a trusted person or institution.

Unfortunately, people who have experienced trauma may cycle in and out of the mental health, substance abuse, and criminal justice systems. If their trauma is not addressed, they may be considered "treatment resistant" or "difficult" clients. In the criminal justice system, they may be disruptive, require additional time and resources in the courtroom, and be at risk of re-offending.

Several evidence-based services and interventions exist to effectively treat trauma. These are called **trauma-specific services and interventions**, and they are designed to help individuals understand how their past experiences shape their behavior and responses to current events. Trauma-specific services often help individuals develop more effective coping strategies to address the impact of trauma.

A trauma-informed approach to services or intervention **acknowledges the prevalence and impact of trauma and attempts to create a sense of safety** for all participants, whether or not they have a trauma-related diagnosis. Becoming trauma-informed requires re-examining policies and procedures that may result in participants feeling loss of control in specific situations, training staff to be welcoming and non-judgmental, and modifying physical environments. The goal is to fully engage participants by minimizing perceived threats, avoiding re-traumatization, and supporting recovery. There is often little or no cost involved in implementing trauma-informed principles, policies, and practices.

More information about well-established trauma-specific interventions is available online at www.samhsa.gov/nctic/trauma.asp.

IMPACT OF TRAUMA

Someone who's been beaten as a child expects that they're going to be beaten. I saw the provocation all the time, with young men in particular. They provoke the court officers so at least they're controlling when it happens. —Treatment Court Judge

The Adverse Childhood Experiences (ACE) study, conducted by the Centers for Disease Control

and Prevention and Kaiser Permanente, is one of the largest investigations ever conducted

to assess associations between childhood maltreatment and later-life health and well-being.¹ It documents strong and significant relationships between adverse childhood experiences and adult health and behavioral health problems, social and economic costs, and early mortality. Untreated trauma may result in a range of problematic behaviors—including substance abuse, interpersonal violence, and gambling—that can lead to arrest, incarceration, and recidivism.

The ACE study involved 17,000 Kaiser Permanente health plan members, the majority of whom were white, over age 50, and had some college education. Study participants were asked whether they had experienced potentially traumatic events² during their first 18 years of life.

The results indicate that childhood experiences of abuse and neglect are common and destructive, even half a century after they occur. ACE scores are significantly correlated with depression, substance abuse, attempted suicide, hallucinations, the use of antipsychotic medications, multiple sex partners, and increased likelihood of becoming a victim of sexual assault or domestic violence. High ACE scores are also significantly related to liver disease, chronic pulmonary obstructive disease, heart disease, autoimmune disease, and lung cancer.

Researchers hypothesize that adverse experiences in childhood affect the health and behavior of adults through two primary mechanisms. First, they increase conventional risk factors such as smoking, excessive drinking, overeating, self-injury, and engaging in risky sex—behaviors that often are used to cope with the pain of the trauma. Second, biomedical research shows that childhood trauma affects the developing brain and body, causing deregulation of the stress response.³

¹ <http://www.cdc.gov/ace/>

² Specifically, participants were asked whether they had experienced one or more of the following events during childhood: emotional, physical, or sexual abuse; domestic violence; substance abuse, mental illness, or incarceration of a household member; and parental separation. You can access the current version of the ACE study questionnaire at http://acestudy.org/ace_score.

At a more immediate level, traumatic events—regardless of the age of the person experiencing them—can shatter an individual's sense of safety and trust. This may lead to general fearfulness and isolation that makes connecting to family, friends, and treatment professionals difficult. Many people who have experienced trauma feel a sense of powerlessness or helplessness over their own lives, which may make it difficult to engage in treatment programs and in judicial proceedings.

A 5-year, 14-site study on women and violence, sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), found that services may be more effective if they:

- Are gender-specific
- Include trauma survivors in planning and delivery services
- Integrate trauma-specific treatment, mental health, and substance abuse services, rather than treat these problems separately
- Use group environments to help restore trust and promote healing from trauma

It is important to be aware that many people who appear before you remain in harmful environments and relationships, even while they participate in treatment court programs. In addition, many trauma survivors are re-traumatized in the behavioral health and criminal justice systems. Re-traumatization refers to the psychological and physiological experience of being “triggered,” perhaps by a smell, a sound, or a sensation, that recreates or recalls the original abuse. Triggers for re-traumatization may include strip searches, room searches that involve inspecting personal items, cuffs or restraints, isolation, sudden room changes, yelling, and insults. Exposure to acts of terrorism, natural disasters, and personal loss such as the death of a family member also may trigger re-traumatization. All these experiences keep old wounds open and may invoke habitual, self-protective responses, including violent outbursts and withdrawal from treatment.

³ Administration for Children and Families. (2009). Understanding the effects of maltreatment on brain development. Available online at https://www.childwelfare.gov/pubs/issue_briefs/brain_development/brain_development.pdf.

BEHAVIOR AS ADAPTATIONS

I was in the mental health system for 14 years before somebody thought to ask me if I'd been hit, kicked, punched, slapped, or knocked out. When they asked those kinds of questions, I said, "Oh, yeah, sure." But when they asked if I'd been abused, I said, "No." It was just my life.

— A Trauma Survivor

Many treatment court participants have engaged in behavior that others might consider self-destructive, such as IV drug use, other substance abuse, prostitution, and self-injury. **An essential component of being trauma-informed is to understand these behaviors not as character flaws or symptoms of mental illness, but as strategies or behavioral adaptations developed to cope with the physical and emotional impact of past trauma.** This paradigm shift does not imply lack of responsibility for illegal behavior, but it does provide an opportunity to apply approaches that are most effective in promoting recovery and reducing recidivism.

The adverse effects of trauma may occur immediately, but often they emerge months or even years after the events. Often, the individual may not recognize the connection between the events and the effects of the trauma. People who are affected in specific ways may be

diagnosed with post-traumatic stress disorder (PTSD), but because individual responses to trauma vary, many people whose lives are adversely affected by trauma do not meet the clinical criteria for PTSD.

Many people are reluctant to talk about interpersonal violence and other traumatic experiences. In some cases, they may not think of their past experiences with abuse as trauma or victimization. In addition, both women and men who have been physically or sexually assaulted may be afraid to talk about their experiences for fear they will be mislabeled, mistreated, or simply not believed. In many cases, their fears are well-founded. One study found that people diagnosed with mental illnesses seeking assistance for domestic violence are often referred to psychiatric inpatient or outpatient treatment; their report of a crime is viewed as part of their mental health issues.

ESSENTIAL COMPONENTS OF TRAUMA-INFORMED JUDICIAL PRACTICE

Once our courtroom team participated in trauma training, we questioned all our routine practices. We communicated more respectfully and effectively, and we began to be much more individualized in our approach to each case. — Treatment Court Judge

It is not an exaggeration to say that untreated trauma is at the root of many of society's ills. That does not mean that people with histories of trauma who commit crimes are not responsible for their actions. However, recognizing and addressing trauma benefits individuals and the systems that serve them.

Trauma-informed judicial interactions begin with good judicial practice, treating individuals who come before the court with

dignity and respect. Judges who are trauma-informed expect the presence of trauma, take care not to replicate it, and understand that it may affect court participants' feelings and behavior, as well as their success in treatment. Trauma-informed judges work closely with court personnel and other members of the team—attorneys, court coordinators, case managers, and even treatment providers—to ensure an individualized approach that maximizes opportunities for a positive treatment outcome.

What You Say: Communication Counts

I deal with sexually violent persons. These men have at least two convictions each for either adult violent rapes or child molestation. I don't have any problems with security. I don't have one person that has to come into court in shackles, not one, because I give them respect. I call them by their names. It starts there. — Criminal Court Judge

Every interaction between a judge and a treatment court participant is an opportunity for engagement. For a person who has experienced past trauma or may still be experiencing violence in their lives, a judge's words can be potentially hurtful or potentially healing. Trauma-informed judicial practice recognizes the role that trauma may play in how an individual perceives what the judge says and how he or she says it.

There are an infinite number of possible communications between a judge and treatment court participant, and there is no script to follow to ensure that each communication is trauma-informed. However, the table below provides some common examples of comments a judge might make; how a trauma survivor might hear or perceive that comment; and another, more trauma-informed way of expressing the judge's concern.

Courtroom Communication

JUDGE'S COMMENT	PERCEPTION OF TRAUMA SURVIVOR	TRAUMA-INFORMED APPROACH
"Your drug screen is dirty."	"I'm dirty. There is something wrong with me."	"Your drug screen shows the presence of drugs."
"Did you take your pills today?"	"I'm a failure. I'm a bad person. No one cares how the drugs make me feel."	"Are the medications your doctor prescribed working well for you?"
"You didn't follow the contract, you're going to jail; we're done with you. There is nothing more we can do."	"I'm hopeless. Why should I care how I behave in jail? They expect trouble anyway."	"Maybe what we've been doing isn't the best way for us to support you. I'm going to ask you not to give up on recovery. We're not going to give up on you."
"I'm sending you for a mental health evaluation."	"I must be crazy. There is something wrong with me that can't be fixed."	"I'd like to refer you to a doctor who can help us better understand how to support you."

Many judges have found that expressing concern and using less negative, punitive, or judgmental language has a positive impact on participants. A treatment court judge serving veterans explained, "I always begin by telling a participant, 'Thank you for your service.' One court graduate later said to me, 'Here I was, charged with 10 felonies, and you thanked me for my service. I really struggled with that, but it gave me hope, and it was a good thing to say.'"

Treatment court judges who have made an effort to implement trauma-informed approaches point out that it is important not to give short shrift to those who are doing well. Giving them credit may

bolster their chances of success. Hearing positive feedback given to others also serves as an incentive to individuals who may be struggling to complete court-ordered treatment. For example, one treatment court judge tells participants:

"Many of you have done well, and I would like to be able to spend an equal amount of time with each of you. I have several cases to get through today and I'm going to spend a bit more time with individuals who are having problems. I am proud of all of you who are doing well; you serve as an inspiration to your peers."

What You Do: Court Processes and Procedures

So here I was, in front of this judge, asking for a restraining order against a family member who was also going to show up in that courtroom, and I was actively hearing voices. I was having a very hard time expressing what I needed to say to get the job done. The restraining order was against my grandfather, and the judge was an older man who looked like my grandfather. I couldn't speak. I had to try to articulate something that I was not even able to speak about very well in the first place. And I needed to do it quickly and succinctly.

*What the judge did was pretty incredible. He asked me to come forward. It created a sense of privacy. I didn't have to shout across a really busy courtroom. He really helped me in that simple act of asking me to come closer. I was able to do what I needed to do, and he was able to hear what he needed to hear. I had been in the mental health system for 14 years, and **this judge changed my life in that one simple act.** — Trauma Survivor*

Much of what takes place in a legal proceeding, even in treatment courts, may be confusing to someone new to the criminal justice system. In many cases, the simple act of giving treatment court participants a clear explanation of what is going to happen helps alleviate their fears and lessen the possibility that they will disrupt courtroom proceedings.

The table on the following page lists some common courtroom experiences, how a trauma survivor might respond to or perceive them, and concrete suggestions for providing a more trauma-informed experience that is more likely to engage the participant. Note that many of these tools are effective not only in working with treatment court participants, but with witnesses and other people who may come before the court. The goal is to guarantee physical and emotional safety for all trauma survivors who appear in your court.

Courtroom Procedures

COURTROOM EXPERIENCE	REACTION OF TRAUMA SURVIVOR	TRAUMA-INFORMED APPROACH
A court officer handcuffs a participant without warning to remand him or her to jail because they have not met the requirements of their agreement with the court.	Anxiety about being restrained; fear about what is going to happen.	Tell the court officer and the individual you intend to remand them. Explain why. Explain what is going to happen and when. <i>(The court officer will walk behind you; you will be handcuffed, etc.).</i>
A judge remands one individual to jail but not another when they both have done the same things (e.g., had a positive drug screen) and they are both in the courtroom at the same time.	Concern about fairness; feeling that someone else is getting special treatment.	Explain why you are doing this. For example, <i>"Both Sam and Meredith had positive drugs screens. Sam is new to drug court and this is the first time he had a positive screen. We are going to try again to see if the approach we're using can be effective. Meredith has had multiple positive drug screens; I'm remanding her to jail because the approach we've been using here hasn't been effective in supporting her recovery. I wish I had a better choice, and I hope she won't give up on recovery."</i>
Individuals who are frightened and agitated are required to wait before appearing before the judge.	Increased agitation; anxiety; acting out.	Clearly provide scheduling information in the morning so participants know what will be expected of them and when. To the greatest extent possible, prioritize who appears before you and when; those who are especially anxious may have the most trouble waiting and be more likely to act out.
A judge conducts a sidebar conversation with attorneys.	Suspicion, betrayal, shame, fear.	Tell the participant what is happening and why. For example, <i>"We have to discuss some issues related to your case. We just need a minute to do it on the side."</i>
A participant enters a plea that does not appear to be consistent with the evidence, his or her own description of the event, or his or her own best interests.	Memory impairment; confusion about courtroom procedures; inability to process implications of the plea.	Adjourn to allow time for courtroom team to discuss whether and how to accept the plea.

In addition to modifying courtroom procedures, many treatment judges have developed unique ways to help individuals participate more fully in their own recovery. They include the following:

Photography. Some treatment court judges give participants disposable cameras and ask them to record what is important for them to stay sober. The individuals work with their case managers to write about what the photographs mean to them. This has been used successfully in a Brooklyn treatment court, where the photographs are used as an incentive for participants to remain in treatment. When shared with the judge, they help her understand better what the individual needs to do to recover.

Letters. In similar fashion, some treatment court judges have participants write letters or journal entries. These letters may focus on positive experiences the individual has had since they last saw the judge or times that they felt good about themselves. They may write about their hopes for recovery or problems they are having in treatment.

Stories/DVDs for children. Another treatment court judge has found a way to help parents who are in residential treatment stay connected with their children. Parents choose from among donated children's books and are videotaped reading for their child. They may offer a short introduction (e.g., "Mommy can't be with you now, but I'm going to read you this story"). The books and DVDs are given to the children's caregiver. This helps lessen the chance that individuals will drop out of treatment because they are separated from their children and reinforces the importance of their role as parents.

Many trauma survivors involved in the justice system report that forensic peer specialists have helped bridge the gap between the treatment and judicial systems. Forensic peer specialists are individuals with histories of mental health and/or substance abuse treatment and criminal justice involvement who are trained to help those with similar histories. They share their experiences as people in recovery and ex-offenders and can help link treatment court participants with housing, employment, educational opportunities, and community services.

How You Do It: *The Courtroom Environment*

When you go into a court you don't know what's going on because you're terrified. There are guns, they've got you chained up, and you're under the influence. All these things are happening at once. — Trauma Survivor

The courtroom setting can be intimidating, even for individuals who have not experienced violence and trauma in their lives. Many practices may be perceived as shocking and dehumanizing to someone experiencing the court for the first time. For example, in some courts, people are handcuffed and forced to appear in prison jumpsuits. Courtrooms frequently include many signs telling individuals what not to do. For example: "Don't touch court papers." "No cell phones allowed in court." "No food, drinks, or gum," "No T-shirts or tank tops. Dress code enforced." Many of the signs serve to intimidate and separate participants, who may feel as if

they are being treated with disdain. There is also concern about how to make the courtroom safe for participants when perpetrators and/or victims of their crimes are in attendance.

The table below highlights some aspects of the physical environment in a typical courtroom, how a trauma survivor might react to them, and how they can be modified. The goal is to promote physical and emotional safety for trauma survivors, as well as for victims, while not sacrificing the security or formality of the judicial proceedings.

Courtroom Environment

PHYSICAL ENVIRONMENT	REACTION OF TRAUMA SURVIVOR	TRAUMA-INFORMED APPROACH
The judge sits behind a desk (or "bench"), and participants sit at a table some distance from the bench.	Feeling separate; isolated; unworthy; afraid.	In some treatment courts, the judge comes out from behind the bench and sits at a table in front.
Participants are required to address the court from their place at the defendant's table.	Fear of authority; inability to communicate clearly, especially if an abuser is in the courtroom.	When practical, ask the participant to come close; speak to them beside or right in front of the bench.
Multiple signs instruct participants about what they are not allowed to do.	Feeling intimidated; lack of respect; untrustworthy; treated like a child.	Eliminate all but the most necessary of signs; word those that remain to indicate respect for everyone who reads them.
A court officer jingles handcuffs while standing behind a participant.	Anxiety; inability to pay attention to what the judge is saying; fear.	Eliminate this type of nonverbal intimidation, especially if you have no intention of remanding the individual. Tell the court officers not to stand too close. Respect an individual's personal space.
A judge asks a participant to explain her behavior or the impact of abuse without acknowledging the impact of others in the courtroom.	Intimidation or fear of abusers who may be in the courtroom; reluctance to share information in front of family members or others who do not believe them.	Save questions about sensitive issues for when the courtroom is empty or allow the participant to approach the bench. If ongoing abuse or intimidation is suspected, engage those people in activities outside the courtroom while the participant shares her story.

Treatment court judges who have received training in trauma-informed approaches have cited it as a valuable experience. The purpose of training is not to have judges probe for trauma experiences or do the work of case managers or treatment providers. Rather, the aim is for judges and all court personnel to have a better understanding of trauma, its impact on an individual's behavior in the courtroom and in treatment, and the types of services that help trauma survivors heal. Trauma training can also help you understand what to look for in a trauma-

informed service provider before you make a referral. Resources for judicial training are listed at the end of this document.

Serving in a treatment court may result in secondary or vicarious trauma for judicial officers and staff. Because trauma is so prevalent, trainings that provide opportunities for all court personnel to explore their own experiences of trauma may help them better understand their own and participants' behavior and create a safe, healing environment for all.

Knowledge of evidence-based, trauma-specific treatments can help a judge evaluate whether participants referred for community treatment are receiving the services most likely to promote recovery. In many communities, the presence of treatment courts has helped bolster the number and range of trauma services available

to individuals with mental health and substance use diagnoses. Judges who understand trauma and its consequences are in a better position to advocate for the development of trauma-specific services and trauma-informed service systems.

CONCLUSION

Most treatment court participants are survivors of trauma. Many treatment court judges have found that understanding and acknowledging trauma helps to engage participants in services, treatment, and judicial interventions, whether or not they have a trauma-related or other mental health diagnosis. Communicating effectively and respectfully with treatment court participants,

eliminating unnecessary court procedures that could be perceived as threatening, and modifying the physical environment to create a sense of safety can help to ensure that trauma survivors benefit from judicial interventions. Training and resources are available to support treatment courts in becoming trauma-informed.

RESOURCES FOR MORE INFORMATION

SAMHSA'S National Center on Trauma-Informed Care (NCTIC): NCTIC provides training, consultation, and other technical assistance to courts, jails and prisons, and other justice system partners. NCTIC also provides free training and materials on the Trauma, Addictions, and Mental Health Recovery (TAMAR) program, a structured, 15-week trauma-specific group intervention for women and men with histories of trauma who are in corrections, state psychiatric hospitals, and community settings. For more information, visit the NCTIC website at <http://www.nasmhpd.org/TA/nctic.aspx>.

The National Child Traumatic Stress Network (NCTSN): NCTSN has developed a suite of products for judges serving traumatized children. They are available free online at www.nctsn.org.

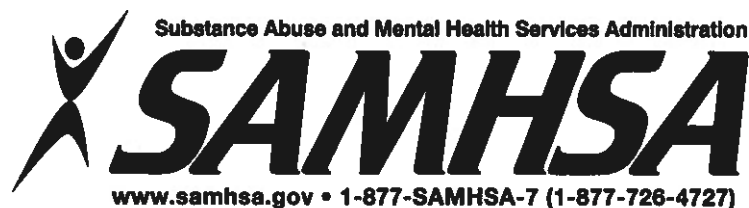
SAMHSA's National GAINS Center for Behavioral Health and Justice: The GAINS Center's primary focus is on expanding access to community based services for adults with behavioral health issues at all points of contact with the criminal justice system. The GAINS Center provides technical assistance to several of SAMHSA's justice-related grant programs and to the field, including trauma-informed response trainings, strategic planning workshops, and policy academies. For more information, visit the GAINS Center website at <http://gainscenter.samhsa.gov/> or call (800) 311-4246.

BEHAVIORAL HEALTH IS ESSENTIAL TO HEALTH

PREVENTION WORKS

TREATMENT IS EFFECTIVE

PEOPLE RECOVER



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EXTENSION

PACEs for Children: Overcoming Adversity and Building Resilience

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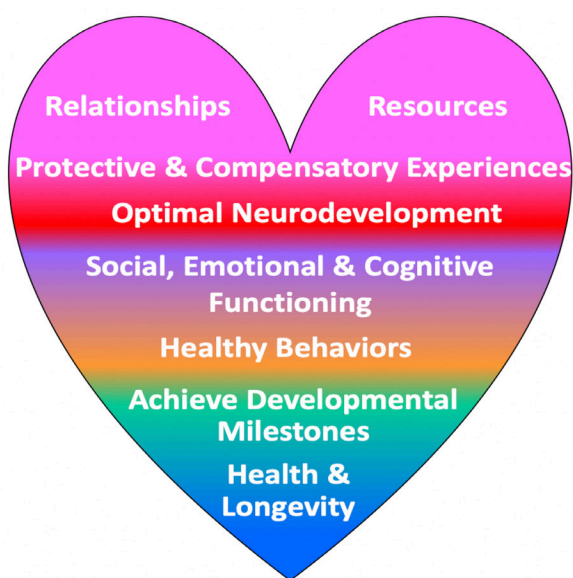
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Adversity in Oklahoma

Adverse Childhood Experiences (ACEs) are events or conditions, such as childhood abuse, neglect, domestic violence and parent substance abuse, that occur before the age of 18. Oklahoma is one of the states with the highest number of children with ACEs. However, there are positive experiences that can reduce the effects of adversity and build resilience in children and teens.

What are Protective and Compensatory Experiences (PACEs)?

Protective and compensatory experiences (PACEs) are positive experiences that can increase resilience and protect against risk for mental and physical illness. In the PACEs Heart Model below, supportive relationships and resources make up PACEs. Adults who had many PACEs in their childhood have fewer problems related to health and wellbeing even if they had a history of ACEs.



Oklahoma Cooperative Extension Fact Sheets are also available on our website at: extension.okstate.edu



The Ten PACEs Include

- parent/caregiver unconditional love
- spending time with a best friend
- volunteering or helping others
- being active in a social group
- having a mentor outside of the family
- living in a clean, safe home with enough food
- having opportunities to learn
- having a hobby
- being active or playing sports
- having routines and fair rules at home

Ways Parents can Promote PACEs

There are many ways you can promote PACEs for your children if they have experienced adversity. Below are some ways you can foster positive experiences.

Encourage Communication and Ask for Input

High-quality parent-child relationships are related to positive child outcomes. You can encourage open communication with your child by listening, sharing, asking open-ended questions and using "I" messages. "I" messages are a way of expressing your thoughts and feelings without placing blame on your child. It's important to have fun conversations free from judgment or criticism. These types of talks can lead to greater disclosure when it's time to talk about more serious

issues. It is important to encourage communication with teens as they gain independence and make important decisions.

Provide Emotional Guidance

You can help your children understand and regulate their emotions by being an emotion coach. Emotion coaching involves helping children identify and label their emotions, responding with empathy and working to solve the problem together. Children with ACEs may have more difficulty regulating their emotions. You can use phrases such as: "It's okay to feel this way." or "I hear what you are saying, and I am here for you." These statements show you understand and you're willing to help solve the problem.



Use Discipline, Not Punishment

Children need to know there are consequences for their behavior. However, you should not use tactics like spanking, hitting, shouting or name-calling. In children with ACEs, these tactics can increase distress. Instead, you should clearly state the unwanted behavior, set reasonable consequences and give the child a chance to fix their mistake or apologize. Explain how the behavior affects other people but avoid embarrassing the child in front of other people.

Provide Fair Rules and Limitations

It is important to provide clear rules and limits for children. These should change as children get older. You can ask for your child's input when it comes to setting fair rules. This can give the child a sense of control. Rules should be sensible and consistent. Remember to model the behaviors you expect from your children.

Create and Maintain Healthy Routines

Regular and healthy routines reduce stress. Eating together as a family, creating a bedtime and sharing in family activities are related to positive health. It is important that routines do not become boring or rigid. A reasonable amount of structure can be beneficial.

Promote Participation and Strong Relationships

Supportive relationships can increase social skills and decrease feelings of loneliness. Having a mentor outside of the family can increase success in school and lessen risky behaviors. Encourage children and teens to engage in activities like sports, clubs and community organizations. You can

also provide ways for children to meet and spend time with people with different backgrounds. Diverse experiences and relationships can help shape a child's identity.

Additional Resources for Parents and Children

ACEs Connection

<https://www.acesconnection.com/>

National Child Traumatic Stress Network

<https://www.nctsn.org/>

Administration for Children and Families—Resource Guide to Trauma-Informed Human Services

<https://www.acf.hhs.gov/trauma-toolkit>

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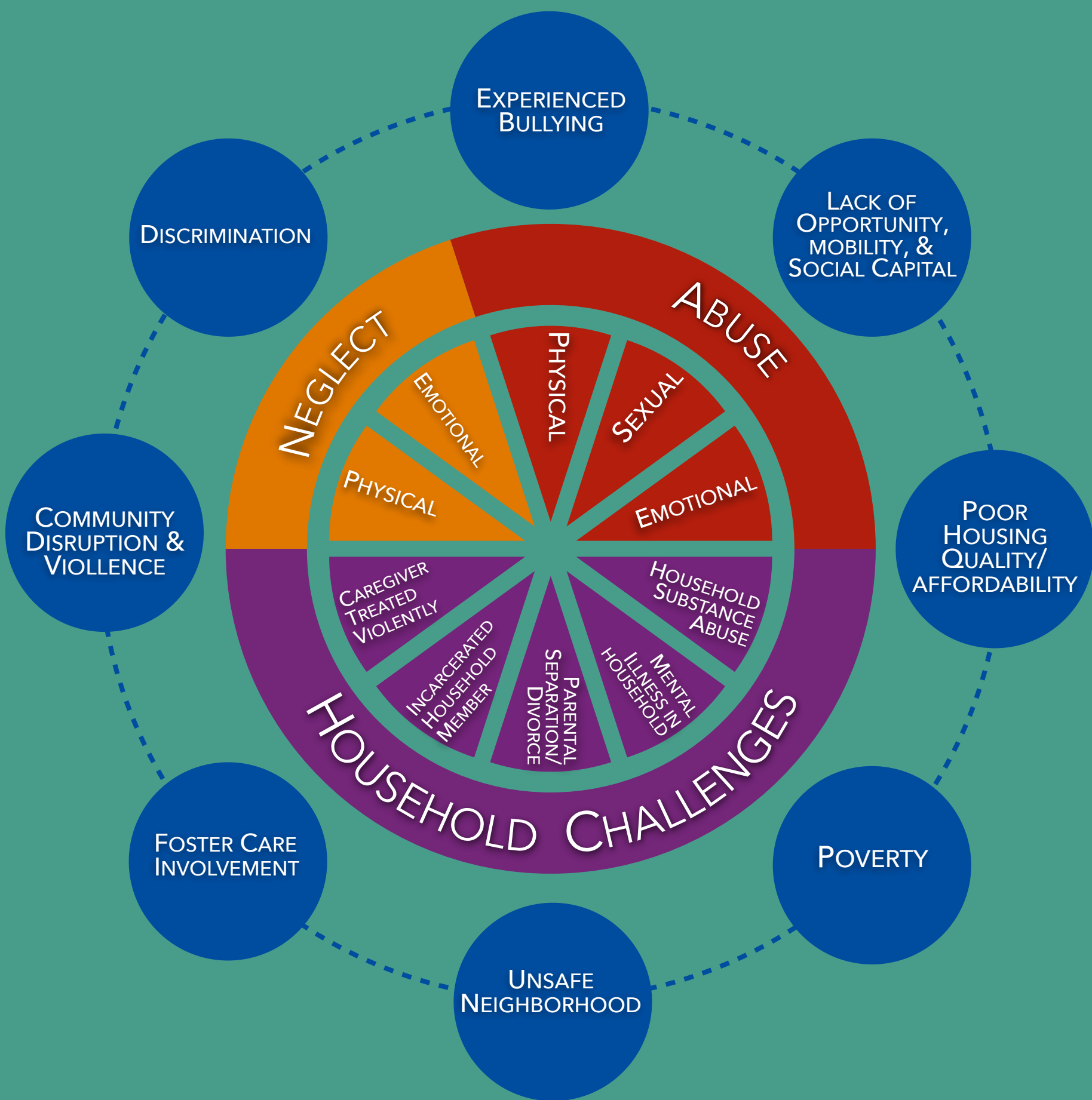
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ACES HIGH: THE COST OF AMERICA'S TRAUMA EPIDEMIC

ACES AT-A-GLANCE

ADVERSE CHILDHOOD & COMMUNITY EXPERIENCES ^{1,2,3,4}



ANNUAL HEALTH CARE COSTS
ATTRIBUTABLE TO ACES:
\$748 BILLION ⁵

ADDRESSING AND PREVENTING ACES COULD
**SAVE THE FEDERAL GOVERNMENT
\$217 BILLION PER YEAR** ⁶

WHILE IMPROVING HEALTH AND WELLBEING **FOR US ALL**

Campaign for Trauma-Informed Policy & Practice
www.ctipp.org/nationaltraumacampaign

Designed and Prepared by Whitney L. Marris, as Supported by The Institute on Trauma and Trauma-Informed Care (2019)

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Getting to the Root of America's Grand Challenges

Adverse Childhood Experiences (ACEs) comprise a major underlying cause of many of our most costly problems.

61% of U.S. adults report at least **1 ACE**

16% of U.S. adults report **4 or more ACEs**



Those with ACEs can be nearly **twice as likely** to be diagnosed with heart disease—the **#1 cause of death in America**.

Exposure to ACEs is also associated with increased risks for:



stroke:
2.1x
as likely



depression:
5.3x
as likely



obesity:
1.2x
as likely



cancer:
1.4x
as likely



current smoker:
3.1x
as likely



asthma:
2.2x
as likely



kidney disease:
1.7x
as likely



heavy drinker:
1.8x
as likely



high school non-completion
1.4x
as likely

Preventing ACEs would mean a safer, healthier, more resilient America for all.



21 million
fewer cases of depression

1.5 million
fewer cases of high school non-completion



2.5 million
fewer cases of obesity

1.9 million
fewer cases of heart disease



Campaign for Trauma-Informed Policy and Practice
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Designed and Prepared by Whitney L. Marris, as Supported by the Institute on Trauma and Trauma-Informed Care (2019)

Data based on: Merrick, M.T., Ford, D.C., Ports, K.A., Guinn, A.S., Chen, J., Klevens, J., Metzler, M., Jones, C.M., Simon, T.R., Daniel, V.M., Ottley, P., & Mercy, J.A. (2019). Vital signs: Estimated proportion of adult health problems attributable to adverse childhood experiences and implications for prevention – 25 states, 2015-2017. *Centers for Disease Control and Prevention*. Retrieved from <https://tinyurl.com/cdcaces19>

TRAUMA IS COMMON, PERVASIVE, AND EXPENSIVE...



AND THERE IS HOPE.

TRAUMA-INFORMED SYSTEMS...^{1,2}

- REALIZE** THE WIDESPREAD IMPACT OF TRAUMA + POSSIBLE PLANS FOR RECOVERY
- RECOGNIZE** THE SIGNS AND SYMPTOMS OF TRAUMA
- RESPOND** BY INTEGRATING TRAUMA SCIENCE + KNOWLEDGE INTO POLICIES + PRACTICES
- RESIST** RE-TRAUMATIZATION BY PROTECTING AGAINST DYNAMICS THAT MAY REPLICATE TRAUMA

TRAUMA-INFORMED POLICIES AND PRACTICES WORK.

BEHAVIOR REFERRALS: ↓ **31%**

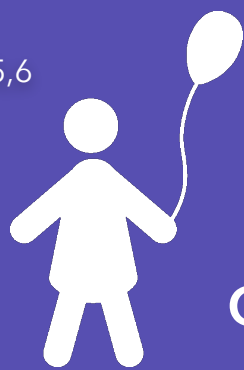
EXPULSIONS: ↓ **40%**

SUSPENSIONS: ↓ **83%**



^{3,4}

^{5,6}



FOSTER CARE REENTRY: ↓ **18%**

AVERAGE TIME TO REUNIFY: ↓ **33%**

CHILD MENTAL HEALTH SYMPTOMS: ↓ **43%**

PSYCH HOSPITALIZATIONS: ↓ **29%**

SECLUSION/ RESTRAINT: ↓ **32%**

STAFF TURNOVER: ↓ **35%**



^{7,8}

⁹



INMATE-ON-INMATE ASSAULTS: ↓ **54%**

INMATE SUICIDE ATTEMPTS: ↓ **60%**

INMATE-ON-STAFF ASSAULTS: ↓ **62%**

PHYSICAL HEALTH COMPLAINTS: ↓ **63%**

PTSD SYMPTOM PREVALENCE: ↓ **65%**

PROBLEMATIC SUBSTANCE USE: ↓ **86%**



^{10,11}

EXPERTS AGREE: A **TRAUMA-INFORMED PUBLIC HEALTH APPROACH** WILL HELP CREATE A HEALTHIER SOCIETY—WHILE ALSO REDUCING THE COSTS ASSOCIATED WITH AMERICA'S UNRESOLVED TRAUMA EPIDEMIC.^{12,13,14,15}

Campaign for Trauma-Informed Policy & Practice

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Parenting to prevent and heal ACEs

(Adverse Childhood Experiences)



Donna Jackson Nakazawa, *Childhood Disrupted: How Your Biography Becomes Your Biology & How You Can Heal*

“The main point is this: No matter how old you are – or how old your child may be, there are scientifically supported and relatively simple steps that you can take to reboot the brain, create new pathways that promote healing, and come back to who it is you were meant to be.”

NURTURE & PROTECT KIDS AS MUCH AS POSSIBLE



Be a source of safety and support.

MOVE AND PLAY

Drum. Stretch. Throw a ball. Dance. Move inside or outside for fun, togetherness and to ease stress.

MAKE EYE CONTACT

Look at kids (babies, too). It says, “I see you. I value you. You matter. You’re not alone.”

SAY, “SORRY”

We all lose our patience and make mistakes. Acknowledge it, apologize, and repair relationships. It’s up to us to show kids we’re responsible for our moods and mistakes.



GIVE 20-SECOND HUGS

There’s a reason we hug when things are hard. Safe touch is healing. Longer hugs are most helpful.



SLOW DOWN OR STOP

Rest. Take breaks. Take a walk or a few moments to reset or relax.

HUNT FOR THE GOOD



When there’s pain or trauma, we look for danger. We can practice looking for joy and good stuff, too.

BE THERE FOR KIDS

It’s hard to see our kids in pain. We can feel helpless. Simply being present with our kids is doing something. It shows them we are in their corner.

HELP KIDS TO EXPRESS MAD, SAD & HARD FEELINGS

Hard stuff happens. But helping kids find ways to share, talk, and process helps. Our kids learn from us.



KEEP LEARNING

Understand how ACEs impact you and your parenting.

More tips & resources for parents on back.



Support for parents with ACEs

“The best thing we can do for the children we care for is to manage our own stuff. Adults who’ve resolved their own trauma help kids feel safe.” –Donna Jackson Nakazawa



“Learning about ACEs is a start but sometimes we need more. Many people with ACEs have never had their pain validated. Understanding that there exists a biological connection between what they experienced in childhood, and the physical and mental health issues they face now, can help set them on a healing path, where they begin to find new ways to take care of themselves, and begin new healing modalities.”

–Donna Jackson Nakazawa

Path to a Just Society

A self-actualized, equitable, beloved society in which all thrive, belong, and feel loved.

Work to prevent and heal trauma. Foster nurturing relationships, restorative processes, and positive experiences.



Aware of the significance of Positive and Adverse Childhood Experiences (PACES) and their interaction (e.g., PACEs act as buffers against ACEs).

Recognize the impact of ACEs. Put ACEs science-informed practices and policies in place, following Substance Abuse and Mental Health Services Administration Trauma-Informed Principles.

Aware of historical, collective, and personal trauma and ACEs, but do not act on it.

Unaware of the impact of historical, collective, and personal trauma, ACEs. React to symptoms.

Trauma Unaware

What can we do to create a world in which all feel safe, valued, and loved? We can learn about, prevent, and heal adverse childhood experiences (ACEs) and create more positive childhood experiences (PCEs) in our communities. We can start or join a positive and adverse childhood experiences (PACES) initiative to accelerate change. Join us on the path to creating a just society.

Thank you to members of the PACES Connection Race and Equity Workgroup for their vision and contributions.

Stress Busters

We are all living through an incredibly difficult time. For many of us, the COVID-19 pandemic has brought change, loss, and grief. It has also caused a lot of stress. While this stress may feel overwhelming, there are things we can do to calm our bodies and brains.

- We can pay attention to how stress affects us to help us identify it early, decide if it is helping us, and work to manage it. How does stress show up in your body, emotions, and behaviors?
- We can be kind to ourselves. As researcher Kristin Neff says, “With self-compassion, we give ourselves the same kindness and care we’d give to a good friend.” What can you do to be kind to yourself right now?
- We can make time to do at least one thing that brings us joy every day. Laugh at a cat video. Read a book or do a puzzle. Buy yourself flowers. Reach out to someone you care about. Have a cup of tea. We all deserve joy in our lives, especially during tough times!
- We can reach out to get support and learn more about managing stress. The evidence-based stress busters can help!

Ways We Can Bust Stress

We all have inner strengths and resilience that can help us deal with challenges and stress. What helps you get through stressful times? Here you'll find some additional stress-busting strategies. Which new ideas do you want to try? Remember that you are the expert on what works for your body and brain. Think about developing a plan just for you to help you manage stress.



SOURCES: Bhushan D, et al. *The Roadmap for Resilience: The California Surgeon General's Report on Adverse Childhood Experiences, Toxic Stress, and Health.* Office of the California Surgeon General, 2020. • California Surgeon General's Playbook: *Stress Relief during COVID-19.*

The above sources are available at <https://osg.ca.gov/additional-information-and-links-for-support/>

This resource was reviewed by the California Collaborative ACEs Learning and Quality Improvement Collaborative (CALQIC) Patient Community Advisory Board.

SUPPORTIVE RELATIONSHIPS



Spend time with family. Connect with friends and coworkers.

- Connect with supportive family, friends, and neighbors from a distance.
 - Call or do a video chat.
 - Send a text or picture.
 - Write a postcard or send a care package.
 - Take a socially distant walk together.
- Get involved in your community.
- Explore ways to find support at work.

QUALITY SLEEP



Sleep, nap, and rest.

- Create a calm, cool, quiet, distraction-free place for sleep.
- Be patient, kind, and compassionate with your-self when resting and sleeping are challenging.
- Try to go to bed and wake up at the same time each day.
- Avoid electronics, caffeine, alcohol, and exercise close to bedtime.

BALANCED NUTRITION



Try to eat regular meals at a relaxed pace.

- Create a calm space to sit and enjoy your food.
- Try to include a variety of whole grains, fruits and vegetables with meals and snacks.
- Go easy on sugar, alcohol and highly processed foods.

PHYSICAL ACTIVITY



Find fun ways to move, move, move!

- Find ways to move that feel good to you every day.
- Schedule times to get up, stretch, and move during your workday.
- Walk or run. Dance. Stretch. Do a few jumping jacks, push-ups, or sit-ups.
- Play catch, throw a frisbee, jump rope, or hula hoop.

MINDFULNESS PRACTICE



Notice how you feel. Take a deep breath.

- If accessible, guide your attention to how you're feeling, physically and emotionally.
- If noticing your breath is useful, take a few moments to breathe in and out.
- Reflect on 3 things you're grateful for.
- Try a mindfulness app (e.g., Insight Timer, UCLA Mindful, 10% Happier).
- Make prayer, meditation, and/or yoga part of your daily routine.

EXPERIENCING NATURE



Get outside, breathe fresh air, feel the sun.

- Go outside every day!
- Look up at the sky. Feel the sunshine or rain on your face.
- Breathe fresh air.
- Smell flowers, walk on grass, listen to birds, touch a tree.

MENTAL HEALTHCARE



Resources and support are available if you want them.

- Talk with your family about how everyone is feeling.
- Minimize news or other media content that feels upsetting.
- Make a plan for what to do when you get stressed, angry, or overwhelmed.
- Reach out for support. You can start by visiting <https://covid19.ca.gov/resources-for-emotional-support-and-well-being/>

ADD YOUR OWN IDEAS HERE!



Resources for More Support

Stress Health: www.stresshealth.org

Crisis Text Line: Text HOME to 741741 for 24/7 crisis support

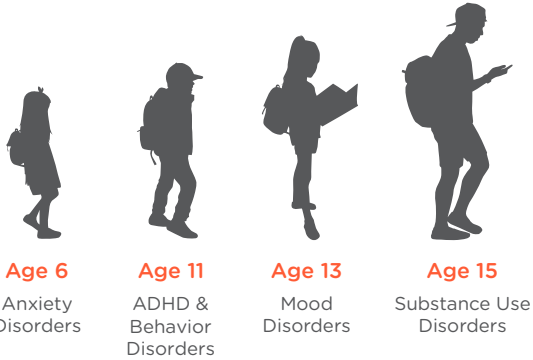
Disaster Distress Helpline: 1-800-985-5990 (TTY 1-800-846-8517) or text TalkWithUs to 66746)

If you are feeling like you are in crisis, please contact the National Suicide Prevention Lifeline: 1-800-273-8255

PINELLAS CHILDREN'S MENTAL HEALTH **IMPACT SHEET**

Childhood experiences lay the foundation for a successful adulthood. About 50% of all chronic mental illness begins by age 14, yet most go untreated until later years. Early intervention is key for developing healthy coping skills and resiliency. Juvenile Welfare Board and our partners launched the Children's Mental Health Initiative to increase prevention, early detection, and intervention with a focus on children ages 4 to 11.

MEDIAN ONSET AGE OF DISORDERS IN CHILDREN & YOUTH



INITIATIVE REACH

10,119*

Children screened for adverse experiences through Community Health Centers of Pinellas to identify early needs and connect to support.

2,189*

Children had a behavioral health appointment scheduled; of those, nearly three-fourths attended one or more sessions.

217*

Youth completed a survey to inform the Children's Mental Health Initiative and its public awareness and anti-stigma campaign.

30

Medical providers from BayCare, Community Health Centers of Pinellas, Florida Department of Health in Pinellas, Johns Hopkins All Children's Hospital, and North Pinellas Children's Medical Center received professional development by REACH Institute's mini-fellowship.

10

Parent/caregiver focus groups were held to inform the Children's Mental Health Initiative and its public awareness and anti-stigma campaign.

* Unduplicated number of children

COLLECTIVE VISION

Devise and implement a children's mental health system of care to enhance public awareness and provide for an accessible, family-oriented, coordinated, comprehensive, and high-quality system supported by an engaged and skilled workforce.



1 in 5

Youth will experience a mental health condition in their lifetime



1 in 6

Children ages 2 to 8 have a mental, behavioral, or developmental disorder



1 in 4

Youth have considered suicide and/or have a plan

KEY STRATEGIES

Increase knowledge among pediatric providers in identifying and treating low-to-moderate mental health conditions.

Increase access by integrating behavioral health therapists into the pediatric setting and offering same-day appointments.

Launch a multidisciplinary Centralized Oversight Committee for patient case reviews to identify critical pathways and resources.

Shift the paradigm from an agency-specific focus to a population health management model to positively impact children.

INITIATIVE HIGHLIGHTS



Strengthened collaboration between pediatric practices and Pinellas County Schools to enhance care coordination; supporting school success and overall well-being.



Established a Technology Committee to optimize information exchange, reduce traumatization, and address social, economic, and environmental factors that affect a child's well-being.



Hosted a *Mid-Week Mental Boost* Facebook Live event with Child/Adolescent Psychologist Dr. Adele Solazzo featuring tips for self-care and soothing children amid the pandemic.

Background: Adverse and Positive Experiences

According to previous research, around 61.5% of adults and 48% of children have been exposed to adverse childhood experiences (ACEs). ACEs can negatively impact adult and child health. Children exposed to ACEs are at risk for changes in brain anatomy, gene expression, and delayed social, emotional, physical, and cognitive development. In adults, ACEs exposure is linked with adult mental health problems such as depression.

However, we know that ACEs do not paint a full picture. All of a child's experiences—positive and adverse—matter. How do positive childhood experiences (PCEs) affect adult mental health? How do positive experiences interact with adverse ones to affect health?

To answer these questions, as well as to develop a standard measure for positive childhood experiences, Dr. Robert Sege, Dr. Christina Bethell, and others (see citation at bottom) conducted a 2015 population study in Wisconsin. In this study, seven questions about positive childhood experiences, based on HOPE and taken from the Child and Youth Resilience Measure (CYRM-28, a culturally inclusive and well-validated resilience instrument), were added to the Wisconsin Behavioral Risk Factor Survey. The survey also asked about adverse childhood experiences. These measures were then correlated with adult mental health.

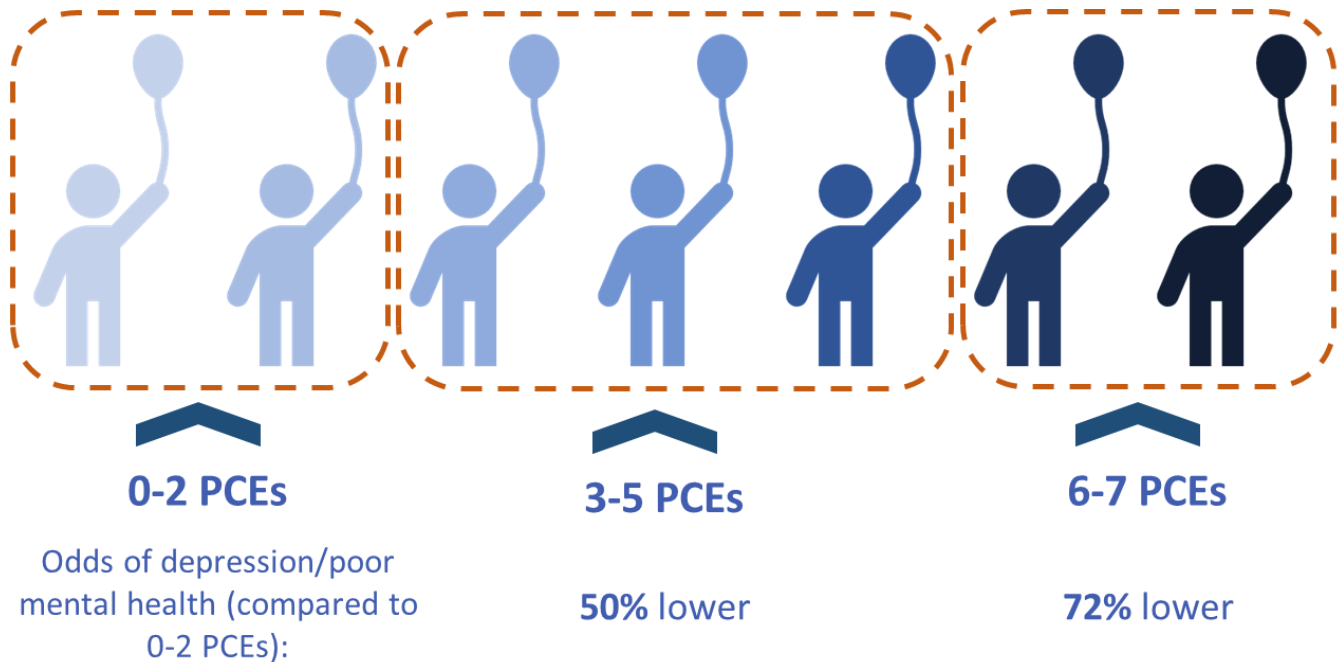
Positive Childhood Experiences questions asked how often the respondent:

1. Felt able to talk to their family about feelings
2. Felt their family stood by them during difficult times
3. Enjoyed participating in community traditions
4. Felt a sense of belonging in high school
5. Felt supported by friends
6. Had at least two non-parent adults who took genuine interest in them
7. Felt safe and protected by an adult in their home



PCEs protect adult mental health

The study found that positive childhood experiences (PCEs) show a dose-response relationship with adult mental and relational health—in other words, for those with exposure to ACEs, those with more PCEs showed better lifelong mental and relational health than those with fewer PCEs.



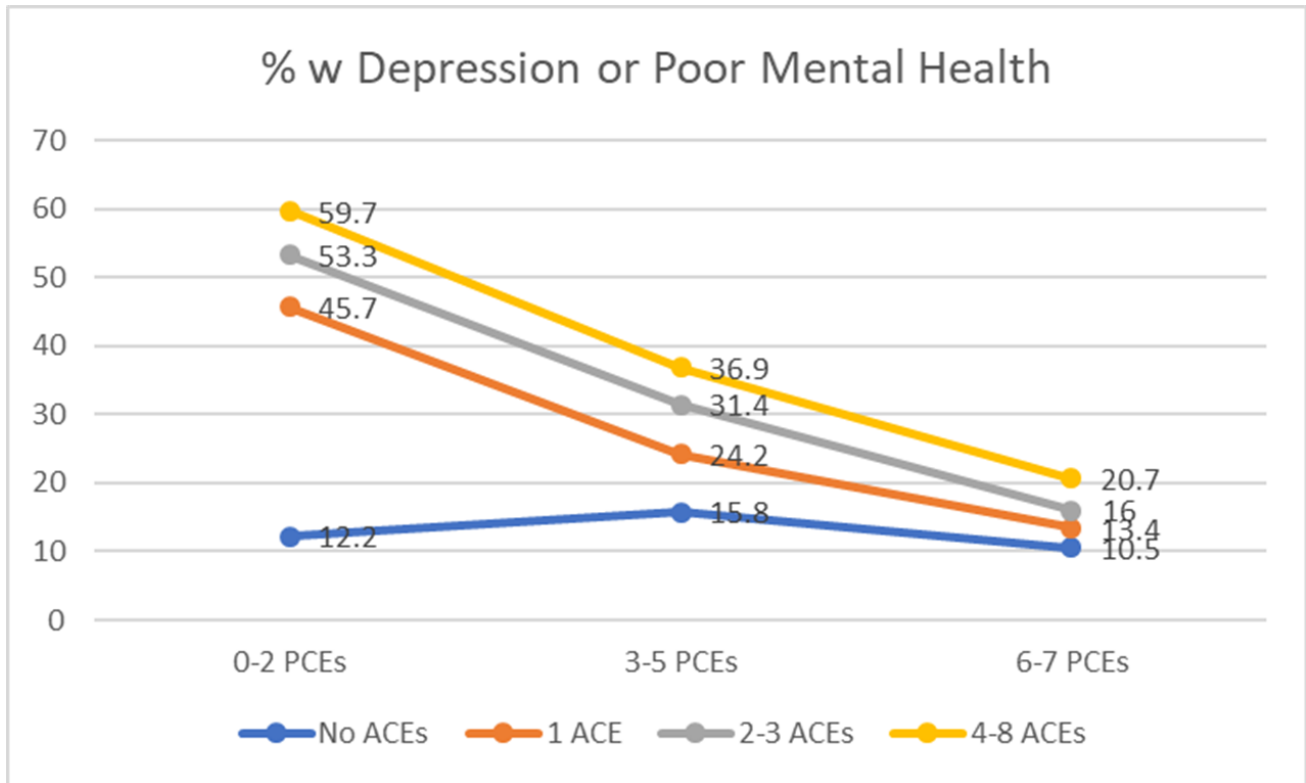
As illustrated in the graphic above, for those with some exposure to ACEs, individuals who reported 3-5 positive childhood experiences had 50% lower odds of adulthood depression or poor mental health when compared to those with 0-2 positive childhood experiences, the least number of reported PCEs—odds of depression and poor mental health drop from 48.2% in those reporting 0-2 PCEs to 25.1% in those reporting 3-5 PCEs. Individuals with 6-7 reported PCEs, the highest number of reported positive childhood experiences, had even lower odds of adulthood depression or poor mental health — 72% lower — when compared to those with the least number of reported PCEs. These odds drop from 48.2% in those reporting the least number of PCEs to 12.6% in those reporting the most positive childhood experiences.

These findings demonstrate that positive childhood experiences have a cumulative effect on lifelong mental health outcomes:

Positive childhood experiences buffer against the negative lifelong health effects caused by exposure to ACEs.

PCEs mitigate the effects of ACEs exposure

The study looked at the effects of PCEs on groups of people with different ACE scores. Those who reported 4 or more ACEs were the most profoundly affected by positive experiences: their risk of depression or poor mental health dropped from nearly 60%, among those who recalled two or fewer positive experiences, to 21% in those who had at least six. As shown on the graph, there were intermediate results for intermediate levels of PCEs and ACEs – what scientists call a dose response. This population survey provides powerful evidence that positive experiences can help children be resilient in the face of adversity, and even heal from toxic stress.



In summary:

- ⇒ Positive childhood experiences mitigate the effects of ACEs and buffer against toxic stress
- ⇒ Positive childhood experiences promote healing and recovery

To learn more or read the full paper, visit:
<https://positiveexperience.org/publications/>

TRAUMA-RESPONSIVE PRACTICES

ATTORNEYS

Adapted from:

Establishing a Trauma-Informed Lawyer-Client Relationship by Talia Kraemer and Eliza Patten, ABA Child Law Practice, October 2014

Using Trauma-Informed Practices to Enhance Safety and Security in Women’s Correctional Facilities by Alyssa Benedict, National Resource Center on Justice Involved Women

Essential Components of Trauma-Informed Judicial Practice, Substance Abuse and Mental Health Services Administration

Safeguards Against Bias, National Court Appointed Special Advocate Association

Pasco County Circuit Court Trauma Audit, National Council of Juvenile and Family Court Judges

Prior to meeting with your clients, review the case file and circle trauma events/adverse childhood experiences.

Take time at the beginning of the case to establish rapport with your clients.

Determine if there are other open or closed family court cases involving the family. File a notice of related cases and attempt to have one judge hear all matters. Follow the local administrative orders regarding the coordination of related cases.

Clearly define, in non-technical terms what your role is – what services you provide and do not provide, what you can and cannot accomplish for the client.

Clearly explain confidentiality.

Be fully transparent with the client about her legal case, in age-appropriate terms for child clients and lay-person terms for adult clients.

Repeatedly review with the client what is to come, both in the attorney-client relationship and in the broader legal process. Discuss upcoming case milestones, decisions the client will have to make, and events the client will need to attend, such as court hearings or meetings.

Make clear to the client that missing hearings will have adverse consequences.

Create routines with the client. Hold meetings on the same day or in the same place. Explain your availability and how you can be contacted.

Explain to the client the decisions that are in his or her control. Strive to give clients a voice in decisions that affect them, in a way that is purposeful.

Be reliable, always following through on responsibilities, commitments, and appointments. Never make a promise that you might break.

Return phone calls in a timely fashion.

Anticipate issues that may arise during your representation and in the legal case that may be distressing or destabilizing for your client.

Remain calm, even if your client is “triggered.” Remind the client that he or she is safe and that you will wait for him or her until she is ready.

Work with local social service partners and multidisciplinary groups to expand capacity for evidence-based trauma screening, assessment, and treatment.

COMMUNICATION	What hurts?	What helps?
	Interactions that are humiliating, harsh, impersonal, disrespectful, critical, demanding and judgmental.	<p>SHOW RESPECT. Interactions that express respect, kindness, patience, reassurance, and acceptance.</p> <ul style="list-style-type: none"> • Instead of talking at the person by saying “Let me give you some advice,” talk with the person by saying “What do you think?” or “What can we do to solve the problem?” • Use “please” and “thank you” frequently. • Use the name of the people before you, addressing them by their surnames preceded by “Mr.” or “Ms.” • Ask the person before you if he or she has any questions. • Use short encouraging statements such as: “Your commitment really shows;” “It’s clear you are trying to change;” “Despite what happened in court last time, you have been able to...” • Provide praise that is concrete, specific and delivered with a neutral tone. “I heard that you earned a one month token in AA. I know you worked hard for that.” “I read in the court report that you followed last month’s visitation schedule without any problems. This will help your child.” • Instead of “I’m sending you for a mental health evaluation,” try “I’d like to refer you to a doctor who can help us better understand how to support you.” • Instead of “You are going to a commitment program; we are done with you. There is nothing more we can do,” try “Maybe what we’ve been doing isn’t the best way for use to support you. I’m going to ask you not to give up. We’re not going to give up on you.”
	Distracted listening.	<p>LISTEN. Use active listening.</p> <ul style="list-style-type: none"> • Maintain eye contact. • Listen without judgment. • Examine your body language. Are you conveying attention? • Also, pay attention to the speaker’s body language. This is a facet of true listening. • While listening, do not plan what you will say next. Think only about what the person is saying. • Provide regular feedback by reflecting and paraphrasing the content. For example, “I can see you are confused” or “Sounds like you are saying...” • Refrain from looking at the computer or reading the case file while the person is speaking.
	Thinking and/or asking “what’s wrong with you?”	<p>UNDERSTAND. Think and ask “What has happened to you?”</p> <ul style="list-style-type: none"> • Recognize that some behaviors (hypervigilance, dissociation, avoidance) can be self-protective coping strategies; the trauma “symptoms” may be adaptations. • Instead of discussing sensitive issues related to trauma in open court ask the attorneys and parties to approach the bench and conduct a sidebar conversation. Or, if rule and statute permits, and the attorneys agree, clear the courtroom.
Becoming aggressive and hostile when confronted with aggression and hostility.	<p>REMAIN CALM. Use a quiet tone of voice and a slow pace of speaking that encourages stability and physiological regulation.</p> <ul style="list-style-type: none"> • Recognize that the displayed anger could be increased activation of the arousal systems associated with survival, that the behavior could be self-protective, and that victims of trauma can often overexaggerate the “threat.” This doesn’t justify the behavior but it can provide insight; insight leads to compassion and problem-solving. • Gently name the person’s behavior in a nonjudgmental way. For example, say “I can hear how upset you are.” • Ask questions to clarify the issue. This shows a willingness to understand. However, avoid “why” questions and use “what” or “how.” Use active listening as mentioned above. 	

		<ul style="list-style-type: none"> • If necessary, call a recess to allow the person an opportunity to self-regulate. • Do not threaten; inform of consequences.
	Allowing court processes to be unknown and unexpected.	<p>BE TRANSPARENT. Use clear, simple language to let people know what is happening and why.</p> <ul style="list-style-type: none"> • Explain the purpose of each hearing and who is in the courtroom. • Use non-technical language. • For example, instead of conducting sidebar conversations without explanation, tell the person that a sidebar conversation will occur and why – saying “We have to discuss some issues related to your case. We just need a minute to do it on the side.”
SELF-AWARENESS	Personal bias.	<p>Be vigilant in your awareness of your own personal biases as it can alter your perception of the impact of trauma.</p> <ul style="list-style-type: none"> • Take note of any “baggage” you hold from your own traumatic experiences or trauma events experienced by loved ones. • Identify your potential biases and how they might color your interpretations without your even being aware of it. • Understand and appreciate the culture, race, ethnicity, economic situation, religion, and place of residence of court-involved families. • Ask whether proposed case plans/probation sanctions/visitation orders are reasonably tailored to the specific needs of the child and family. Research has shown that many parents need practical help, but this kind of assistance is not always a priority. • Be open to and encourage appropriate connections to religious, community, and cultural institutions. • If you are working with a youth or adults whose sexual orientation differs from yours, get training to understand their needs and how the system might affect them.

Communicating in a trauma-informed tone and manner: a quick refresher

“What has happened to you?”

“What do you think?”

“What can we do to solve the problem?”

“Please.”

“Thank you.”

“Your commitment really shows.”

“It’s clear you are trying to change.”

“Despite what happened in court last time, you have been able to...”

“I heard that you earned a one month token in AA. I know you worked hard for that.”

“I read in the court report that you followed last month’s visitation schedule without any problems. This will help your child.”

“I’d like to refer you to a doctor who can help us better understand how to support you.”

“Maybe what we’ve been doing isn’t the best way for us to support you. I’m going to ask you not to give up on recovery. We’re not going to give up on you.”

“I can see you are confused”

“I can hear you are frustrated.”

“Sounds like you are saying...”

“Sometimes bad things happen to children when they’re younger. Those are crimes. That shouldn’t have happened. It’s not your fault. There is nothing you could have done to stop it. You deserve to be happy. You can heal from bad things in the past. I can get you someone to talk to who could help. Do you think that might help?”

TRAUMA-RESPONSIVE PRACTICES

GUARDIANS AD LITEM

Adapted from:

Parenting a Child Who Has Experienced Trauma; Trauma Informed Practice, Child Welfare Information Gateway

Easing Foster Care Placement brief; Birth Parents with Trauma Histories in the Child Welfare System; A Guide for Court-Based Child Advocates; Becoming an Advocate, National Child Traumatic Stress Network

Volunteer Roles and Responsibilities, National CASA Standards for Local CASA/GAL Programs, National Court Appointed Special Advocates

Florida Guardian ad Litem Program Volunteer Training

Advocacy

Advocate in and out of court for the following:

- To place siblings together, when in their best interest.
- To place children with family, when in their best interest.
- For frequent visitations with siblings and parents (unless not in their best interest).
- For parents to stay in contact with child; read to them, send letters, call, skype, etc.
- For minimizing placement moves for the child.
- For the children to be prepared for moves as far in advance as possible.
- Keep asking what the child needs to feel comfortable and safe.
- Support and encourage communication and a positive connection between the foster parents and the birth parent.
- Promote strong connections with friends and family.
- Be aware of child's triggers and report any concerns to child's therapist, court, case manager, etc.
- The use of one forensic interviewer, so a child will not have to retell their story of abuse
- Promote collaboration between professionals.
- Participate in child protection team meetings and staffings to provide a voice for the child.
- Ensure that the case plan considers child's unique trauma experiences and needs.
- When age-appropriate, advocate for children to be involved in developing their case plans.

- Request a trauma assessment and promote trauma-focused treatment and services for the child.
- Ask if the child can remain in the same school if placed in a new school zone.
- Familiarize yourself with the rule and requirements for children to appear in court.

Parents

Use a trauma-informed approach when working with birth parents.

It is important to:

- Empower parents by asking them what services they think might be helpful, recognizing that they may not know what services are available. Encourage parents to talk with their caseworker about what help they need. Services and supports—such as writing groups or peer-to-peer programs— can be “trauma-informed” even if they are not formal, clinical interventions.
- Be aware of any mental health services, especially trauma-informed services, the parent has already received, and how the parent responded.
- Do not assume that a general mental health evaluation includes a trauma assessment. An appropriate trauma-informed assessment would include the following information:
 - The parent’s past or current traumas that may affect his or her current functioning.
 - The parent’s strengths in coping and problem-solving and his/her social supports.
 - Self-report measures and clinical interviews assessing the parent’s mental health status.
 - Observations of the parent-child interaction.
 - The presence or absence of posttraumatic reactions.
 - Recommendations for treatment and additional assessment for trauma and non-trauma related services.
- Do not assume that a traditional parenting program will work with a parent who has experienced trauma. In fact, generic interventions—such as parenting classes, anger management classes, counseling, or substance abuse groups that do not take into account parents’ underlying trauma issues—may not be effective.
- Work with local professionals to create a list of evidence-based treatment practices available for parents in your community or region.
- Watch for the co-occurrence of trauma and substance abuse, which is especially common among women. People sometimes mistakenly consider substance use to be “willful” or a moral

issue, especially when it has contributed to a child’s maltreatment or is interfering with reunification. However, substance use can be a kind of self-medication to cope with the overwhelming emotional pain of trauma. Research also shows that posttraumatic symptoms can trigger substance use, which, in turn, can heighten trauma symptoms.

- Keep in mind that parents who are adolescents or new immigrants, or have experienced adversities including disability, poverty, domestic/community violence or homelessness, may be at higher risk for experiencing trauma; they also may have more difficulty in accessing resources.
- Remember that the court experience itself can be confusing, intimidating, disempowering, and— at times—re-traumatizing to parents. When parents seem numb or disengaged due to reminders, knowing that a CASA or GAL is looking out for their child(ren)’s best interests can be helpful. Build on parents’ strengths and their desires to be effective.
- When reporting to the Court be sure to note parents’ strengths in addition to your areas of concern.

In Court

- Consider accompanying the child on visit to courtroom prior to hearings, or work with the case manager and caregiver to make sure this happens.
- Be the child’s voice if child cannot or will not verbalize wishes to court.
- Request therapy dogs be present during hearings.
- Explain to the child the purpose of hearing and possible outcomes (if age appropriate).
- If child will be present in court, help develop a plan with case manager and/or therapist to minimize triggers in court.
- Bring favorite toy or stuffed animal to court with child.
- *Advocate for in-camera testimony for child if appropriate (work with the GAL Child’s Best Interest Attorney and your advocacy team to make a best interest decision and motion court).
- *Advocate for cleared courtroom or in-chambers hearing (same as above).
- *Work with case manager to ensure that the child’s therapist has been notified of court hearing. If unable to attend, ask that any recommendations pertaining to child’s mental health be submitted to all parties prior to court hearing.

Note

*This could require a legal action or direction from a therapist, etc. Work with the GAL Advocacy team to determine if this is needed.

TRAUMA-RESPONSIVE PRACTICES

JUDGES, MAGISTRATES, HEARING OFFICERS, COURT STAFF, CLERKS, BAILIFFS

Source material:

- *Using Trauma-Informed Practices to Enhance Safety and Security in Women’s Correctional Facilities*, National Resource Center on Justice Involved Women, Alyssa Benedict
- *Essential Components of Trauma-Informed Judicial Practice*, Substance Abuse and Mental Health Services Administration
- *Safeguards Against Bias*, National Court Appointed Special Advocate Association
- *Pasco County Circuit Court Trauma Audit*, National Council of Juvenile and Family Court Judges

COMMUNICATION	What hurts?	What helps?
	Interactions that are humiliating, harsh, impersonal, disrespectful, critical, demanding and judgmental.	<p>SHOW RESPECT. Interactions that express respect, kindness, patience, reassurance, and acceptance.</p> <ul style="list-style-type: none"> • Instead of talking at the person by saying “Let me give you some advice,” talk with the person by saying “What do you think?” or “What can we do to solve the problem?” • Use “please” and “thank you” frequently. • Use the name of the people before you, addressing them by their surnames preceded by “Mr.” or “Ms.” • Ask the person before you if he or she has any questions. • Use short encouraging statements such as: “Your commitment really shows;” “It’s clear you are trying to change;” “Despite what happened in court last time, you have been able to...” • Provide praise that is concrete, specific, and delivered with a neutral tone. “I heard that you earned a one-month token in AA. I know you worked hard for that.” “I read in the court report that you followed last month’s visitation schedule without any problems. This will help your child.” • Instead of “I’m sending you for a mental health evaluation,” try “I’d like to refer you to a doctor who can help us better understand how to support you.” • Instead of “You are going to a commitment program; we are done with you. There is nothing more we can do,” try “Maybe what we’ve been doing isn’t the best way for us to support you. I’m going to ask you not to give up. We’re not going to give up on you.”
	Distracted listening.	<p>LISTEN. Use active listening.</p> <ul style="list-style-type: none"> • Maintain eye contact. • Listen without judgment. • Examine your body language. Are you conveying attention? • Also, pay attention to the speaker’s body language. This is a facet of true listening. • While listening, do not plan what you will say next. Think only about what the person is saying. • Provide regular feedback by reflecting and paraphrasing the content. For example, “I can see you are confused” or “Sounds like you are saying...” • Refrain from looking at the computer or reading the case file while the person is speaking.
	Thinking and/or asking “what’s wrong with you?”	<p>UNDERSTAND. Think and ask “What has happened to you?”</p> <ul style="list-style-type: none"> • Recognize that some behaviors (hypervigilance, dissociation, avoidance) can be self-protective coping strategies; the trauma “symptoms” may be adaptations. • Instead of discussing sensitive issues related to trauma in open court, ask the attorneys and parties to approach the bench and conduct a sidebar conversation. Or, if rule and statute permits, and the attorneys agree, clear the courtroom.

	<p>Becoming aggressive and hostile when confronted with aggression and hostility.</p>	<p>REMAIN CALM. Use a quiet tone of voice and a slow pace of speaking that encourages stability and physiological regulation.</p> <ul style="list-style-type: none"> Recognize that the displayed anger could be increased activation of the arousal systems associated with survival, that the behavior could be self-protective, and that victims of trauma can often overexaggerate the “threat.” This doesn’t justify the behavior but it can provide insight; insight leads to compassion and problem-solving. Gently name the person’s behavior in a nonjudgmental way. For example, say “I can hear how upset you are.” Ask questions to clarify the issue. This shows a willingness to understand. However, avoid “why” questions and use “what” or “how.” Use active listening as mentioned above. If necessary, call a recess to allow the person an opportunity to self-regulate. Do not threaten; inform of consequences.
	<p>Allowing court processes to be unknown and unexpected.</p>	<p>BE TRANSPARENT. Use clear, simple language to let people know what is happening and why.</p> <ul style="list-style-type: none"> Explain the purpose of each hearing and who is in the courtroom. Use non-technical language. For example, instead of conducting sidebar conversations without explanation, tell the person that a sidebar conversation will occur and why – saying “We have to discuss some issues related to your case. We just need a minute to do it on the side.”
<p>SELF-AWARENESS</p>	<p>Personal bias.</p>	<p>Be vigilant in your awareness of your own personal biases as it can alter your perception of the impact of trauma.</p> <ul style="list-style-type: none"> Take note of any “baggage” you hold from your own traumatic experiences or trauma events experienced by loved ones. Identify your potential biases and how they might color your interpretations without your even being aware of it. Understand and appreciate the culture, race, ethnicity, economic situation, religion, and place of residence of court-involved families. Ask whether proposed case plans/probation sanctions/visitation orders are reasonably tailored to the specific needs of the child and family. Research has shown that many parents need practical help, but this kind of assistance is not always a priority. Be open to and encourage appropriate connections to religious, community, and cultural institutions. If you are working with a youth or adults whose sexual orientation differs from yours, get training to understand their needs and how the system might affect them.
<p>COURT ENVIRONMENT</p>	<p>Congested, noisy waiting areas.</p>	<p>Reduce stress prior to the hearing by offering a calm and quiet space to wait.</p> <ul style="list-style-type: none"> Advocate for a well-maintained and clean waiting area and facility. Notice the lighting and temperature and make sure it is adequate and comfortable. Ask for security staff to be present in the waiting areas. Eliminate clutter.
	<p>Congested, noisy courtrooms.</p>	<p>Ensure that the overall noise level of the courtroom is kept to minimum, along with the level of movement and activity.</p> <ul style="list-style-type: none"> Advocate for a well-maintained and clean courtroom. Notice the lighting and temperature and make sure it is adequate and comfortable. Keep the noise limit low enough so that the noise is not distracting and provides a calm environment. Eliminate clutter.
	<p>Confusing signage.</p>	<p>Reduce anxiety prior to the hearing by offering clear directions to the courtroom and posting simple courthouse rules.</p>

	<ul style="list-style-type: none"> • Walk through the courthouse and notice if signage is clear. Are there courthouse maps that are easy to read? Are the courtrooms clearly labeled? Do you need signage in multiple languages? • Are simple rules about noise and courtroom decorum posted and easily understood?
Not feeling safe and secure.	<p>Advocate for adequate courthouse security and ensure safety in your courtroom.</p> <ul style="list-style-type: none"> • Follow a security protocol to protect victims of domestic violence. • Review safety and security measures and audits with your trial court administrator. • Have routine conversations with your bailiff about safety expectations. Seek ideas and recommendations from your bailiff.
Long periods of wait time before appearing before the judge.	Institute time-specific docketing to reduce anxiety and agitation.
Vast physical distance between the judge and the parties.	Consider conducting family court hearings at a table.
An elevated bench between the judge and the parties.	Move from behind the bench and instead sit at the head of a table.
Intimidating behavior by the bailiffs.	<p>Eliminate forms of nonverbal intimidation (jingling handcuffs or keys).</p> <p>Stand to the side, and not behind litigants/defendants.</p> <p>Refrain from touching, and respect personal space.</p>
Recalling traumatic events, memories, and feelings in open court.	Use caution when questioning about traumatic events. Consider having a trained mental health professional on-site to debrief with families and children after court.

Communicating in a trauma-informed tone and manner: a quick refresher

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“What do you think?”

“What can we do to solve the problem?”

“Please.”

“Thank you.”

“Your commitment really shows.”

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“I’d like to refer you to a doctor who can help us better understand how to support you.”

“Maybe what we’ve been doing isn’t the best way for us to support you. I’m going to ask you not to give up on recovery. We’re not going to give up on you.”

“I can see you are confused.”

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“Sometimes bad things happen to children when they’re younger. Those are crimes. That shouldn’t have happened. It’s not your fault. There is nothing you could have done to stop it. You deserve to be happy. You can heal from bad things in the past. I can get you someone to talk to who could help. Do you think that might help?”

	Duration	Cost	Insurance	+’s	- ’s
Social Investigations	6-12 Months	10-40 K +	Never	Gold Standard Identifies ACEs Evals MH & Parenting +/-’s	Can be challenged Expensive Public Lengthy
Guardian ad Litem	2-4 Months+	2-5 K Min 20 K+ Max	Never	Interim Reports Protective of Children Hearsay waivers OK Focus on children	Public/can be sealed Costly
Parenting Coordination	As Designated 3 Months-2 Years+	Retainer Hourly - \$200-\$300	Not likely	Private	
Family Therapy	TBD Needs to be specified	\$150 -\$350 Per Hour	Often	Private Every family mbr ACEs Considered	No info to Court Requires cooperation No substantial PP changes
Therapist	TBD Needs to be specified	Sliding Scale Non-profit Insurance \$100-\$300	Always	Private ACEs Treatment IF trauma-informed	Little accountability Confidential

Roles for Mental Health Professionals in Family Court

EXAMPLES OF MENTAL HEALTH ASSESSMENTS IN FAMILY COURT

This is not a comprehensive list. It is offered as an example of what can be expected if these assessments are authorized.

Social Investigations:

- Multiple interviews with all immediate family members
- Collateral interviews: extended family members, neighbors, co-workers, etc.
- Interviews with other treating professionals, if any
- Office visits
- Document review
- Home visits
- Psychological testing:
 - For Parents: MMPI, MCMI, PAI, PSI/SIPA, PCRI, PAM, AAPI-2.1, CRS, PDS ++
 - For Children: BASC multiple aspects for history, parent and child rating scales, MMPI-A, MACI and possible other tests (e.g., ADHD evals)
- Average time spent/costs: 20 – 40 hours; \$10,000 – 30,000+

Mental Health Evaluations:

- Interviews and diagnostic assessment
- Collateral interviews: family, friends, professionals
- MMPI – Granddaddy of psychological tests
- MCMI – Assesses personality disorders and traits thereof
- PAI – General personality assessment
- SPECTRA – Assesses possible psychopathology
- SASSI and toxicology possible
- Other tests as warranted by referral issues
- Average time spent/costs: 10 – 20 hours; \$3,000 – 10,000

Substance Use Disorder Evaluations:

- Interviews and diagnostic assessment
- Collateral interviews: family, friends, professionals
- SASSI, AUDIT
- Subscales on MMPI, MCMI, PAI, SPECTRA
- Toxicology screening
 - Urine
 - Saliva
 - Hair/nail

- Blood/Peth
- Average time spent/costs: 3 – 12 hours; \$1,000 – 5,000

Sex offender/abuse concerns

- CAP-I
- Static-99R
- Stable-2007
- Average time spent/costs: Unknown – check with evaluator

** This is a highly specialized field. Select evaluators with experience.

Guardian ad Litem

- Multiple interviews with all immediate family members
- Collateral interviews: extended family members, neighbors, co-workers, etc.
- Interviews with other treating professionals, if any
- Office visits
- Document review
- Home visits
- Average time spent/costs: 10 – 50 hours; \$3,000 – 15,000

Parenting Coordinator

- Document review
- Individual and joint interviews
- Interviews with pre-adolescent and adolescent children common
- Confidential process
- Average time spent/costs: Contingent on the case and Court Order; fees assessed by provider's hourly rate

Therapists (Family & Individual)

- No testing
- Individual, parent/child, coparent, and full family sessions possible
- May have a treatment plan
- Insurance likely to compensate services
- Average time spent/costs: Contingent on the case and Court Order; fees assessed by provider's hourly rate

Prepared by Wendy E. Coughlin, PhD, LMHC, MCAP, MCAC, Certified Family Mediator, Qualified Parenting Coordinator, and Certified Guardian ad Litem. Prepared for 6th Circuit ACES Conference 2022.

Adverse Childhood Experience (ACE) Questionnaire

Name: _____ Date: _____

This Questionnaire will be asking you some questions about events that happened during your childhood; specifically the first 18 years of your life. The information you provide by answering these questions will allow us to better understand problems that may have occurred early in your life and allow us to explore how those problems may be impacting the challenges you are experiencing today. This can be very helpful in the success of your treatment.

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household often:

Swear at you, insult you, put you down, or humiliate you?

Or

Act in a way that made you afraid that you might be physically hurt?

Yes No

If Yes, enter 1 _____

2. Did a parent or other adult in the household often:

Push, grab, slap, or throw something at you?

Or

Ever hit you so hard that you had marks or were injured?

Yes No

If Yes, enter 1 _____

3. Did an adult or person at least 5 years older than you ever:

Touch or fondle you or have you touch their body in a sexual way?

Or

Attempt or actually have oral, anal, or vaginal intercourse with you?

Yes No

If Yes, enter 1 _____

4. Did you often feel that:

No one in your family loved you or thought you were important or special?

Or

Adverse Childhood Experience (ACE) Questionnaire

Your family didn't look out for each other, feel close to each other, or support each other?

Yes No

If Yes, enter 1 _____

5. Did you often feel that:

You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?

Or

Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

Yes No

If Yes, enter 1 _____

6. Were your parents ever separated or divorced?

Yes No

If Yes, enter 1 _____

7. Were any of your parents or other adult caregivers:

Often pushed, grabbed, slapped, or had something thrown at them?

Or

Sometimes or often kicked, bitten, hit with a fist, or hit with something hard?

Or

Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?

Yes No

If Yes, enter 1 _____

8. Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?

Yes No

If Yes, enter 1 _____

9. Was a household member depressed or mentally ill, or did a household member attempt suicide?

Yes No

If Yes, enter 1 _____

10. Did a household member go to prison?

Yes No

If Yes, enter 1 _____

ACE SCORE (Total "Yes" Answers): _____

Adverse Childhood Experience (ACE) Questionnaire

PROVIDER INSTRUCTIONS (Revised April 11, 2019)

Beginning June 1, 2019, the ACE Questionnaire shall be given to all adults ages 18 and older* who are seeking behavioral health services from the ODMHSAS and the OHCA (SoonerCare/Medicaid); with minimal exception**. The ACE score shall be reported on all CDC/PA 23 (admissions) and CDC/PA 42 (6-month updates/extensions). The questionnaire only has to be given once per person, per provider- but the score must be reported/carried forward on all subsequent CDCs like some of the other CDC responses (ex: gender and race are typically reported/carried forward on each CDC and rarely change). Valid ACE Scores should be entered on the CDC in one of the following formats: 00 to 10 or 0 to 10 (00 to 10, double digits, is preferred). For currently admitted/open adult clients, the ACE Questionnaire shall be given at the next 6-month treatment update and reported on the CDC/PA 42 (6-month update/extension).

*Note: This questionnaire should only be given to adults ages 18 and older; it should not be given to children or youth under the age of 18.

**Exceptions: Due to the nature of some levels of care and program types, there are circumstances in which the ACE Questionnaire shall not be required. They are as follows:

- *Community Living (CL) Level of Care* (ex: Homeless, Housing, Residential Care)
- *Service Focus-* 11 (Homeless, Housing, Residential Care); 23 (Day School); 24 Medication Clinic Only; and 26 Mobile Crisis.

GIVING THE ACE QUESTIONNAIRE

The ACE Questionnaire is to be given at the time of clinical assessment (at initial clinical assessment for new clients, and for currently admitted/open clients- at clinical assessment update completed as a part of the service plan update process at 6-month treatment update). This is to ensure ready access to a therapist should one be needed to address any issue that might arise from revisiting childhood trauma.

It is a self-administered instrument and shall be completed by the individual seeking services without intervention from staff (ex: staff may not reframe the question or give explanation regarding the intent of the question). The only assistance that staff may provide is with regard to literacy or vision challenges, and in that instance the introduction statement and questions must be read aloud to the individual exactly as written on the questionnaire. To ensure a trauma informed process, it is important that the introduction statement on the questionnaire is either read by the client or read to the client.

Due to the sensitive nature of the questions, the individual completing the ACE Questionnaire should be given a confidential space in which to complete it. They may choose to have someone with them in the room for support (ex: Peer Support Specialist, family, friend).

Scoring

For each of the ten (10) questions on the questionnaire, the individual will give a Yes or No answer. When scoring, each "Yes" answer will be given one (1) point. These points will be tallied to determine the individuals ACE Score.

How resilient are you?

This is an abbreviated version of the Nicholson McBride Resilience Questionnaire (NMRQ). For each question, score yourself between 1 and 5, where 1 = strongly disagree and 5 = strongly agree. Be honest: understanding the specific areas in which you lack resilience will enable you to get the most out of our 10 point booster plan.

Resilience Questionnaire	Score
1. In a difficult spot, I turn at once to what can be done to put things right.	
2. I influence where I can, rather than worrying about what I can't influence.	
3. I don't take criticism personally.	
4. I generally manage to keep things in perspective.	
5. I am calm in a crisis.	
6. I'm good at finding solutions to problems.	
7. I wouldn't describe myself as an anxious person.	
8. I don't tend to avoid conflict.	
9. I try to control events rather than being a victim of circumstances.	
10. I trust my intuition.	
11. I manage my stress levels well.	
12. I feel confident and secure in my position.	
TOTAL	

Your score

0 – 37	38 - 43	44- 48	49 -60
<p>A developing level or resilience. Your score indicates that, although you may not always feel at the mercy of events, you would in fact benefit significantly from developing aspects of your behaviour.</p>	<p>An established level of resilience. Your score indicates that you may occasionally have tough days when you can't quite make things go your way, but you rarely feel ready to give up.</p>	<p>A strong level of resilience. Your above-average score indicates that you are pretty good at rolling with the punches and you have an impressive track record of turning setbacks into opportunities.</p>	<p>An exceptional level of resilience. Your score indicates that you are very resilient most of the time and rarely fail to bounce back – whatever life throws at you. You believe in making your own luck.</p>

How to boost your resilience

The following 10 steps will help you become more resilient.

- 1. Visualise success**
- 2. Boost your self – esteem**
- 3. Enhance your efficacy, take control**
- 4. Become more optimistic**
- 5. Manage stress**
- 6. Improve decision – making**
- 7. Ask for help**
- 8. Deal with conflict**
- 9. Learn**
- 10. Be yourself**

1. Visualise success

Resilient people create their own vision of success. This helps them achieve their goals by providing a clear sense of where they're headed. Your vision needs to be rounded and vibrant and based on what is currently possible; resilient people don't waste time on impossible dreams or hankering after things they'll never have. They recognise the fine line between stretching goals and unrealistic goals.

2. Boost your self-esteem

Some people are naturally blessed with high self-esteem. Others – perhaps most of us – need to work on self-esteem, which involves understanding where it comes from and what makes you feel good about yourself. The checklist below may help.

- Identify what you're good at. What can you feel positive about?
 - Remind yourself of these things regularly.
 - Recognise what other people appreciate about you.
 - Allow others to praise you, and resist the temptation to brush compliments aside.
 - When something goes wrong try to avoid beating yourself up unnecessarily; others will undoubtedly do it first!
 - Don't compare yourself with other people.
 - When things go well for others feel genuinely pleased for them.
 - Enjoy it when something goes better than you thought it would.
 - Praise yourself.
-

3. Take control

Resilient people believe they can make a difference and be successful. Others suffer from unhelpful beliefs, or 'drag anchors'. Here are 6 of the most common:

I am the victim of my personal history – Your past must have an impact, but is no excuse for not improving yourself now.

There's so much to do it's not even worth trying – Life is complex, and you now have to do more with less. As a result, you may come to believe there are simply so many imperatives that you can't see where to start. Psychologists call this 'agglomeration' – feeling overwhelmed by the volume and complexity of the issues. Break the problem down, establish priorities and take first things first.

You only get one shot – Occasionally this may be the case, but not often – especially in circumstances where even the experts can't predict the right way to go. It then becomes a question of trial and error, always being alert to the worst-case scenario and unintended consequences.

There's a right answer to everything – Analysts dream that by scrutinising data hard enough, the 'correct' answer will emerge. This rarely happens in real life. The danger is that analysis becomes a substitute for, rather than a prelude to, action.

I'm on my own – It's easy to believe that you are the only one suffering and that you have to weather the storm alone. The old adage 'a problem shared is a problem halved' works well in these circumstances; talking things through is a source of strength, not a sign of weakness.

This isn't fair – Doctors claim that perpetrators of crimes heal more quickly than their victims. More generally, if you believe you have in some way contributed to a problem, you may feel more motivated to resolve it. If you are not to blame you tend to dwell on the unfairness of the situation rather than on what can be done.

Slip these drag anchors by **reframing**. Recognise when your thinking is negative and immediately turn it around so that it becomes positive.

4. **Become more optimistic**

Optimism is one of the most important characteristics of resilient people; it is vitally important to look on the bright side, have confidence in your own abilities, and salvage what you can from problematic situations. Even those who lean towards the glass-half-empty mindset can learn.

5. **Manage stress**

Psychologists see stress as an energising force – up to a point, beyond which it becomes debilitating. Highly resilient people have a higher tipping point and, when things threaten to get them down, they know how to deal with it. Sources of stress are unique to you: to boost your resilience, you need to identify what your stressors are and how to counteract them. There are also personality traits that make some individuals more stress-prone. Look at the list below. If you tend towards any of these, discipline yourself to reduce or eliminate them:

Displaying hostility Hiding feelings Being unable to listen properly
Being over-perfectionist Having difficulty relaxing Being generally critical

Stress management falls into 2 categories – distraction and resolution. Distraction techniques include exercise, breathing deeply, walking or extracting yourself from the situation. Resolution is focused on solving the problem.

6. Improve decision-making

Resilience requires you to make rather than avoid decisions. Resilient people trust their own judgement, but aren't afraid to challenge their minds. They know that decisions are rarely irreversible and that procrastination is the enemy of resilience. Understanding your preferred decision-making approach is a critical step towards building resilience. Tips for shifting your style are given below.

Becoming more intuitive – Build experience – understand your decision-making shortcuts – trust your gut – establish the worst-case scenario – take a risk – learn

Becoming more rational – Stand back/don't rush to judgement – gather data – talk to the relevant parties – establish criteria – use a rational process – 'sense check' the answer

7. Ask for help

You don't have to do this alone; resilient people know when to reach out to others – and who is best to turn to. Do you have this strength of network? If not, map it out. Draw a circle on a sheet of paper – this is you. Draw your network, with others depicted as circles too: the more important they are to you, the larger the circle; the stronger the relationship, the closer they are to you. Draw lines linking you to others and others to one another, dotted lines for indirect relationships. Consider what you want from them and what you can offer and add this to the map. What actions do you need to take to get and give support?

8. Deal with conflict

Conflict occurs when our views differ from those of another person – so we have to deal with conflict every day. The ability to handle it constructively is an important part of resilience – ensuring that the style of resolution is appropriate, given the nature of the conflict and the other party. The 'Conflict Resolution' panel below gives examples and suggested tactics.

Nature of problem	Possible approach
Although I'm annoyed, it's a trivial matter	This is one to let drop – get over it.
My solution is better than the other person's but their approach could work.	It's not worth fighting over. Win credit for your flexibility.
This is important, something that requires a well-thought-through solution. I have strong views but so does the other person.	Honest, constructive talking and listening. Collaborate to find a solution acceptable to both parties.
I'm convinced I'm right and the other person is wrong.	Use your powers of influence and persuasion. Sell the benefits of your idea or say it's the way it has to be – but in a way that preserves your relationship.

9. Learn

Thinking regularly about what lessons can be drawn from your experience strengthens your 'learning muscle' and helps you build resilience. Figure out how you learn best and take the most from the experiences life throws at you.

10. Be yourself

You may be determined to enhance your resilience but you won't succeed if your plan for doing this offends your core identity and values. The most resilient leaders are as self-aware as they are self-confident!

Resources and Articles Highlighting the Need for Preventing and Addressing Trauma as a Part of the Nation's Response to the COVID-19 Pandemic

- **Alive & Well** – *A Trauma-Sensitive Response to COVID-19*
<https://www.awcommunities.org/traumasensitivecovid19>
- **The Atlantic** – *The Kids Aren't All Right*
<https://www.theatlantic.com/health/archive/2020/03/what-coronavirus-will-do-kids/608608/>
- **Fast Company** – *Another Silent Pandemic Could Sweep the Country Alongside COVID-19*
https://www.fastcompany.com/90492874/a-second-silent-pandemic-will-sweep-the-country-alongside-covid-19?partner=rss&utm_campaign=rss+fastcompany&utm_content=rss&utm_medium=feed&utm_source=rss
- **Jama Internal Medicine** – *The Mental Health Consequences of COVID-19 and Physical Distancing: The Need for Prevention and Early Intervention*
<https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2764404>
- **Neurosequential Network** – *Dr. Bruce Perry's COVID-19 Stress, Distress, and Trauma Series*
<https://www.neurosequential.com/covid-19-resources>
- **NPR** – *Coronavirus is Isolating Some Kids in Protective Care from Parents and Services*
<https://www.npr.org/2020/03/21/817991076/coronavirus-is-isolating-some-kids-in-protective-care-from-parents-and-services>
- **Reuters** *Researchers Warn the COVID-19 Lockdown Will Take its Own Toll on Health*
<https://www.reuters.com/investigates/special-report/health-coronavirus-usa-cost/>
- **Starr Commonwealth** – *The Trauma Tsunami*
https://youtu.be/dl_w5B6cwU8
- **Teaching Tolerance** – *A Trauma-Informed Approach to Teaching Through Coronavirus*
<https://www.tolerance.org/magazine/a-trauma-informed-approach-to-teaching-through-coronavirus>
- **Trauma-Informed Oregon** – *COVID-19: Considerations for a Trauma-Informed Response for Work Settings (Organizations, Schools, Clinics)*
<https://traumainformedoregon.org/wp-content/uploads/2020/03/Considerations-for-COVID-19-Trauma-Informed-Response.pdf>
- **Voices4Kids** – *The COVID-19 Crisis is Catastrophic for Children Too*
<https://medium.com/voices4kids/the-covid-19-crisis-is-catastrophic-for-children-too-572953c1eef9>
- **The Wellness Society** – *The Coronavirus Anxiety Workbook*
<https://thewellnesssociety.org/wp-content/uploads/2020/04/Coronavirus-Anxiety-Workbook-1.pdf>
- **World Economic Forum** – *Lockdown is the World's Biggest Psychological Experiment - and We Will Pay the Price*
<https://www.weforum.org/agenda/2020/04/this-is-the-psychological-side-of-the-covid-19-pandemic-that-were-ignoring/>

Resources on Trauma and Adverse Childhood Experiences (ACEs)

- **ACEs Connection – Resources Center**
<https://www.acesconnection.com/g/resource-center>
- **Center on the Developing Child, Harvard University – InBrief: The Science of Resilience** (video file)
<https://youtu.be/1r8hj72bfGo>
- **Centers for Disease Control and Prevention – Vital Signs: Adverse Childhood Experiences (ACEs)**
<https://www.cdc.gov/vitalsigns/aces/index.html>
- **Dr. Dan Siegel – Hand Model of the Brain** (video file)
<https://youtu.be/gm9CIJ74Oxw>
- **Kognito – Post-Harvey, Houston Teachers Learn to Respond to Trauma**
<https://kognito.com/articles/post-harvey-houston-teachers-learn-to-respond-to-trauma>
- **KPJR Films LLC – ACEs Primer** (video file)
<https://vimeo.com/139998006>
- **The Lancet Public Health – Life Course Health Consequences and Associated Annual Costs of Adverse Childhood Experiences Across Europe and North America: A Systematic Review and Meta-Analysis**
[https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(19\)30145-8/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(19)30145-8/fulltext)
- **Missouri Department of Mental Health – The Missouri Model: A Developmental Framework for Trauma-Informed Approaches**
<https://dmh.mo.gov/media/pdf/missouri-moevelopmental-framework-trauma-informed-approaches>
- **National Center for Injury Prevention and Control – Preventing Adverse Childhood Experiences (ACEs): Leveraging the Best Available Evidence**
<https://www.cdc.gov/violenceprevention/pdf/preventingACES-508.pdf>
- **The Robert Wood Johnson Foundation – Self-Healing Communities**
<https://www.rwjf.org/en/library/research/2016/06/self-healing-communities.html>
- **Substance Abuse and Mental Health Services Administration (SAMHSA) – SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach**
<https://s3.amazonaws.com/static.nicic.gov/Library/028436.pdf>
- **World Health Organization – Preventable trauma in childhood costs north America and Europe US\$ 1.3 trillion a year**
[http://www.euro.who.int/en/health-topics/noncommunicable-diseases/mental-health/news/news/2019/9/preventable-trauma-in-childhood-costs-north-america-and-europe-us\\$-1.3-trillion-a-year](http://www.euro.who.int/en/health-topics/noncommunicable-diseases/mental-health/news/news/2019/9/preventable-trauma-in-childhood-costs-north-america-and-europe-us$-1.3-trillion-a-year)

The resource list that follows has been prepared from several available resource lists created by local attorneys and is not meant to be all encompassing. No providers were intentionally left out or excluded.

If you are a provider not included on these lists, please contact NJF@TheTampBayLawyers.com and your information can be included on future updates of this list. If there is an error on this list, please notify us to correct for future updates.

This list is provided as a resource and is not an endorsement of any provider on this list.

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	https://www.southtampadc.com/meet-the-doctor	
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	http://bayareapsychologyfl.com/dr.-allison-tarbox	
Maulik Trivedi, M.D.	813-973-1304	Brandon Wesley Chapel,
Bailey Psychology Group	813-720-7411	Safety Harbor & Tampa
	https://www.baileypsychologygroup.com/aboutus	
Carter Psychology	941-753-0064	Bradenton & Sarasota
	https://carterpsych.com/staff-members/	
Costello Center	727-345-2667	Saint Petersburg
	https://www.thecostellocenter.com/	
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Coastal Neuropsychology	(800) 687-1938	Clearwater or Sarasota
	http://www.coastalneuropsychology.com/about	
Psychological Affiliates	407-674-5663	Orlando & Palm Beach
	https://www.psychologicalaffiliates.com/about	

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You can search for a counselor/therapist under the child's specific insurance or medicaid.

For Example: <https://www.healthykids.org/providers/> - and search by Provider type and narrow by actual policy.

LOCAL KNOWN DRUG TESTING

Scott Hall www.catchthemquick.com/	727-542-6154	Clearwater
Kathy Suarez	813-931-0301	
Request A Test @ Labcorp or Quest https://requestatest.com		Everywhere
Any Lab Test Now www.anylabtestnow.com/	727-723-8378 (Observe males only)	Safety Harbor
SOBERLINK	https://www.soberlink.com/	
Tampa Bay Monitoring https://tampabaymonitoring.com/	727-535-6506	Clearwater

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Denise Durette, Clearwater, Florida. 33764, 310-228-8406

ADULT EDUCATION

Dixie Hollins Adult Education Center 727.547.7872 4940 62nd Street North St.
Petersburg, FL 33709 www.pscb.org/dhaec GED Classes, High school credit, ESOL, TABE
Prep and Citizenship

Families Learning Together 727.381.2499 Pasadena Community Church St. Petersburg, 33707
www.umcmsuncoast.org Classes for adults and children: ESOL, Literacy, Computer skills

Lakewood Community School 727.893.2955 1400 54th Ave South St. Petersburg, Fl
33705 www.pcsb.org/akewood-cs GED, ESOL, ABE and High school credit courses

The Literacy Council of St Petersburg 727.521.1117 280 5th St North St. Petersburg, Fl
33701 www.litcouncilstpete.org Teaches reading, writing math and computer skills to older
than 16. Tutoring available

Northeast Community School 727.570.3193 1717 54th Ave North St. Petersburg, Fl 33714
www.pcsb.org/northeast-cs GED, ESOL, ABE, High School Credit, Literacy Tutoring and
Child Care Certification classes

Pinellas Technical Education Center 727.893.2500 901 34th Street South St. Petersburg, Fl
33711 www.pcsb.org/myptc Career Training, GED, ABE and Pinellas Refugee Educational
Program

St. Petersburg College (Downtown) 727.341.4249 244 2nd Avenue North St. Petersburg, Fl
33704 www.Go.spcollege.edu/downtown Local college classes Associate and Bachelor's
degree program, GED

CHILDREN AND FAMILY SERVICES

Clothes to Kids 727.441.5050 2168 34th St South St. Petersburg, Fl 33711
www.clothestokids.org New and quality used clothing to low income or in crisis school aged children in Pinellas County free of charge

Early Learning Coalition 727.400.4411 3420 8th Ave South St. Petersburg, Fl 33711
www.elcpinellas.net Financial assistance for child care, voluntary pre-k, child care referral, Florida First Start and developmental, hearing and vision screening

Florida Department of Children & Families 877.595.0384 525 Mirror Lake Dr, STE 201 St. Petersburg, Fl 33701
www.myflfamilies.com Child welfare in Florida and provides food and medical assistance for low income families and children

Healthy Start Coalition of Pinellas 727.824.6900 205 Dr. Martin Luther King St N St. Petersburg, Fl 33701
www.healthystartpinellas.org Includes home health visitation for mother and child, counseling, referrals to community resources

R'Club Child Care, Inc 727.578.5437 4140 49th St North St. Petersburg, Fl 33709
www.rclub.net Various child care programs, food nutrition services, exceptional student education, summer programs

Suncoast Center Inc 727.388.1220 4024 Central Ave St. Petersburg, Fl 33711
www.suncoastcenter.org Services for children and families, mental and behavioral health, substance abuse, trauma, family and individual counseling, rape crisis

WIC 727.824.6900 205 Dr. Martin Luther King Jr. St North St. Petersburg, Fl 33701
www.pinellas.floridahealth.gov Program for women, infants and children. Provides healthy foods, nutrition education and counseling, breastfeeding support and healthcare

DISABILITY SERVICES

Abilities of Florida, Inc. 727.538.7370 2735 Whitney Rd. Clearwater, FL 33760
www.abilitesfoundation.com Career counseling, vocational evaluation, job development,
workplace accommodations and follow-up services

Agency for Health Care Administration ACHA 888.419.3456 2727 Mahan Dr. Tallahassee,
FL 32308 www.acha.myflorida.com Florida's Medicaid program

Agency for Persons with Disabilities 813.233.4300 / 800.615.8720 1313 North Tampa St STE
515 Tampa, FL 33602 www.apdcares.org/region/suncoast/ Serves the needs of Floridians with
developmental disabilities

Department of Health/Children's Medical Services 727.217.7800 / 800.336.1612 3491 Gandy
Blvd. Pinellas Park, FL 33781 www.floridahealth.gov/AlternateSites/CMS-Kids/ Program
provides children with special health care needs with a family centered, managed system of care

Division of Vocational Rehabilitation 727.217.7930 701 94th Ave. North, STE 107 St.
Petersburg, FL 33702 www.rehabworks.org Services include: counseling, job coaching, medical
service, therapy services, adaptive aids, vocational assessment and training, employment services

Family Network on Disabilities of Florida 727.523.1130 / 800.825.5736 2196 Main St, STE L
Dunedin, FL 34698 www.fndusa.org Provides all individuals who may be at-risk, have
disabilities in Florida with info and resources to make informed choices of services and delivery
options

FAAST 813.844.7591 / 850.487.3278 6 Tampa General Circle, Room 214 Tampa, FL
33606 www.faast.org Affordable accessible housing and assistive technology

Florida Developmental Disabilities Council 800.580.7801 124 Marriott Dr #203 Tallahassee, FL
32301 www.fddc.org Help plan individual and family centered supports for those with
disabilities

Goodwill Industries Suncoast, Inc. 727.523.1512 / 888.279.1988 10596 Gandy Blvd North St.
Petersburg, FL 33702 www.goodwill-suncoast.org Employment services, job coaching,
independence preparedness and affordable housing

Gulf Coast Jewish Family & Community Services 727.479.1800 14041 Icot Blvd. Clearwater,
FL 33760 www.gulfcoastjewishfamilyandcommunityservices.org Elderly & disabled
services: case management coordination, personal care, delay placement in a nursing home

PSTA Demand Response Transportation (DART) 727.540.1800 / 727.540.1900 3201 Scherer
Dr St. Petersburg, FL 33716 www.psta.net/dartinfo.php Provides on demand transportation
services for people who, because of their disability, are unable to use the regular accessible
PSTA buses

St. Petersburg Parks and Recreation 727.893.7899 1600 72nd St North St. Petersburg, FL 33710
www.stpeteparksrec.org/therapeutic-recreation.html Education and recreation services to help
people with illnesses, disabilities that will enhance their health, abilities and independence

Sunrise Community, Inc. 727.896.7117 1401 5th Avenue North St. Petersburg, Fl 33705
www.sunrisegroup.org Residential and habilitation services for people with a wide range
of intellectual and physical disabilities

Veteran's Administration St. Petersburg 800.827.1000 9500 Bay Pines Boulevard St.
Petersburg, Fl 33744 www.va.gov/directory/guide/facility.asp?ID=689 Non-medical benefits
and services to veterans and their families. Disability compensation, death pensions, vocational
rehabilitation, employment services

DOMESTIC VIOLENCE

Bay Area Legal Services 727.490.4040 4948 Central Ave St. Petersburg, FL 33707
www.bals.org/our-service/help-with-domestic-violence Provides free help, regardless of income, in obtaining domestic violence injunctions for victims and Abuse

CASA St. Petersburg 727.895.4912 P.O. Box 414 St. Petersburg, FL 33731
www.casa-stpete.org/ Provides refuge and crisis intervention for victims; 24 hour hotline; Shelter address is kept confidential

FLA Coalition Against Domestic Violence 800.500.1119 / 800.621.4202 HOTLINE
www.fcadv.org/ Multilingual Hotline open 24/7. Services include connecting victims to shelters, support groups, advocacy, children's programs, crisis counseling and community education

The Haven of RCS 727.442.4128 / 727.584.3528 503 South Martin Luther King Jr Ave
Clearwater, FL 33756 www.rcspinellas.org/ Provides emergency shelter, safety planning, legal advocacy, 911 phone distribution, youth services, outreach

Hands Across The Bay 727.573.7720 3800 Ulmerton Road, Clearwater, FL 33762
<https://handsacrossthebay.org/> Provide services for prevention and awareness for domestic violence; back to school assistance and stabilization of families through financial assistance

Rape Crisis Center of Pinellas County 727.530.7273 / 727.388.1220 4024 Central Ave St.
Petersburg, FL 33711 www.suncoastcenter.org Provides sexual assault victim exams, counseling, support groups, crime victim application assistance, advocacy and injunction assistance

Pinellas Clerk of the Circuit Court 727.464.700 545 1st Ave North, Room 101 St.
Petersburg, FL 33701
www.pinellasclerk.org/aspInclude2/ASPInclude.asp?pageName=domestic.htm Issues injunctions for protection in domestic, repeat, dating and sexual violence cases

Pinellas County Sheriff's Office Victim Services 727.582.6259 10750 Ulmerton Rd Largo, FL
33779 www.pcsoweb.com/victim-services/ 24 Hour crisis intervention, support services, information and referrals; Can also help victims file for Crimes Compensation claims or prepare victim impact statements

Pinellas State Attorney Domestic Violence Division 727.464.6013 14250 49th St North,
Clearwater, FL 33762 www.sao6.org/domestic_violence.htm Website provides FAQ about the process of filing and prosecuting domestic violence charges, and the victims role.

The Spring of Tampa Bay 813.247.7233 P.O. Box 5147 Tampa, FL 33675
www.thespring.org/ Free service to victims of violence; provides temporary shelter, family violence intervention programs, support groups, injunction services and housing assistance

St. Petersburg Police Victim Assistance Unit 727.893.7265 1300 1st Ave North St. Petersburg,
FL 33705 www.stpete.org/police/isb/victim-advocates.html A victim will assist with criminal justice support, crisis counseling, help with replacement of important papers, forensic interviews and exams, information and referrals

MILITARY

Bay Pines VA Healthcare System 727.398.6661 / 888.820.0230 10000 Bay Pines Blvd Bay Pines, Fl 33744 www.baypines.va.gov/ Primary care and specialty services, inpatient residential program, surgical services, homeless care, mental health, substance abuse

Bay Pines VA Healthcare System Women Veterans 727.398.6661 x 14312 10000 Bay Pines Blvd Bay Pines, Bldg 100 Fl 33744 www.baypines.va.gov/BAYPINES/services/women/index.asp Comprehensive women's clinic, specialty women's care services, care for emotional well-being and more

Disabled American Veterans 727.319.7444 9500 Bay Pines Boulevard St. Petersburg, Fl 33744 www.dav.org/veterans/outreach-programs/mobile-service-office/ Provides free, professional assistance to veterans and their families in obtaining benefits and services earned through military service

HUDVET 877.424.3838 HOTLINE portal.hud.gov/hudportal/HUD?src=/program_offices/comm_planning/veteran_information Toll-free hotline provides housing information to veterans on topics ranging from homeownership to homelessness

National Resource Directory www.nrd.gov Website the connects wounded warriors, service members, veterans, families, caregivers to programs and services to support them

Pinellas County Veterans Services 727.582.7828 501 1st Ave North STE 514 St. Petersburg, Fl 33701 www.pinellascounty.org/veterans/ Offers help in understanding federal VA services and programs, developing and presenting claims, filing claims and appealing claims

St. Petersburg Vet Center 727.549.3633 - 877.927.8387 6798 Crosswinds Dr Bldg A St. Petersburg, Fl 33710 www.va.gov/directory/guide/facility.asp?ID=557 Outpatient services for combat veterans suffering from PTSD, military sexual trauma, alcohol and drug assessment, suicide prevention and other psychological problems

The Center of Hope 727.896.3300 401 15th Street North St. Petersburg, Fl 33705 www.svdpsp.org/center-of-hope St. Vincent de Paul's transitional living program for homeless veterans; includes living quarters, case management, support groups, training, basic health care

US Department of Veteran Affairs 800.827.1000 HOTLINE www.va.gov/ Administers benefits including disability, health care, education, home loan guaranty, vocational rehabilitation and more

US Department of Labor Gold Card 877.872.5627 WEBSITE www.dol.gov/vets/goldcard.html Gold card provides unemployed post 9/11 veterans with intensive employment services

VA Suicide Prevention Lifeline 800.273.8255 x 1 HOTLINE www.veteranscrisisline.net/ Phone line to assist veterans in emotional crisis; trained counselors are available 24/7

Vetjobs 877.838.5627 WEBSITE www.vetjobs.com Provides job search options for US military veterans and their families looking for work, and job posting for employers looking to hire veterans

Veterans of Foreign Wars Post 39 727.327.8109 2599 Central Ave St. Petersburg, Fl 33713
www.vfw.org/ Support and community for veterans; also offers help navigating VA benefits by
calling the VFW service officer 727.319.7483

We Hire Heroes 727.238.7811 6800 Gulfport Blvd #285 St. Petersburg, Fl 33707
www.wehireheros.com/StPete/ Provides a network of local job boards with veteran-
friendly employment leads, resources and coaching

Worknet Pinellas Veteran Services 727.524.4344 3420 8th Ave South St. Petersburg, Fl 33711
www.careersourcepinellas.org Full time staff of veteran employment and training
representatives to assist veterans and their spouses in all areas of job searching and job training

SUBSTANCE ABUSE AND MENTAL HEALTH

24 Hour Suicide Hotline 727.791.3131 / 800.273.8255 HOTLINE HOTLINE Please call one of these numbers if you or anyone you know is having thoughts of suicide

Alcoholics Anonymous 727.530.0415 8340 Ulmerton Rd Largo, FL 33771
www.aapinellas.org/ Alcoholism recovery and support

Bay Area Narcotics Anonymous 727.547.0444 / 888.779.7117 7540 40th St North, Pinellas Park, FL 33781 www.bascna.org/ Drug addiction recovery and support

Boley Centers 727.499.2352 / 727.821.4819 445 31st St North St. Petersburg, FL 33713
www.boleycenters.org/ Community based services, rehabilitation and housing to people who are recovering from mental illness and who may have substance abuse problems; fees are based on income

Catholic Charities, Access to Recovery 727.623.4890 1213 16th St North, St. Petersburg, FL 33705 www.ccdopsp.org Behavioral health counselors committed to providing mental health and substance abuse services to clients referred to them through their insurance providers

Caring Community Counseling, Inc 727.367.2273 3840 5th Ave North St. Petersburg, FL 33713
www.caringcounseling.org Provides assessment and counseling. Hours are Monday - Friday 9:00 - 7:00 Saturday 10:00 - 6:00

Directions for Living 727.524.4464 1437 S Belcher Rd Clearwater, FL 33764
www.directionsforliving.org Offers mental health and recovery services including adult daycare programs, children's mental health services, treatment groups, life skills classes, homeless outreach

National Alliance of Mental Health (Pinellas) 727.826.0807 8800 49th Street North, #302, Pinellas Park, FL 33782 <https://nami-pinellas.org/> Advocacy, support, education, and public awareness so that all families affected by mental illness can build better lives; programs for Veterans also available; LGBTQI+ resources

PEMHS SUDI Program 727.545.6477 / 727.545.4628 11254 58th St North Pinellas Park, FL 33782 www.pemhs.org Services including evaluation and assessment, mental health and substance abuse counseling, individual and group therapy, and more.

Operation PAR 888.727.6398 6150 150th Ave North, Clearwater FL 33760
www.operationpar.org Offers screening, assessment, and detoxification for drug and alcohol dependency

Sustainable Family Services 727.318.3224 8487 9th St N St. Petersburg, FL 33702
<http://www.sustainablefamilyservices.com/> Provides individual counseling; family engagement/counseling; coaching and crisis intervention; therapeutic learning center for children dismissed or expelled from schools because of developmental disorders. Other mental health services available.

Suncoast Center Inc 727.388.1220 4024 Central Ave St. Petersburg, FL 33711 www.suncoastcenter.org Provides substance abuse services

HOUSING AND BILL ASSISTANCE

Assurance Wireless Phone Program 888.898.4888 HOTLINE www.assurancewireless.com
Government program that provides a free cell phone and airtime minutes

Catholic Charities of Pinellas 727.893.1313 1213 16th St North, St. Petersburg, Fl 33705
www.ccdopsp.org Assistance for those in danger of becoming homeless or who need
emergency utility assistance, immigration and citizenship services for low income immigrants

Daystar Life Center 727.825.0442 226 6th St South St. Petersburg, Fl 33701
www.daystarlife.com/Utility bill assistance, rent/mortgage assistance. Food stamp application
assistance

Department of Children & Families 727.552.2500 / 866.762.2237 525 Mirror Lake Dr St.
Petersburg, Fl 33701 www.myflfamilies.com DCF administers programs including food
stamps, temporary cash assistance for pregnant women, temporary assistance to needy families

Lifeline Assistance Program 800.540.7039 HOTLINE
www.psc.state.fl.us/ConsumerAssistance/LifelineAssistance Telephone service assistance
for low-income customer

Neighborhood Home Solutions 727.821.6897 1600 Dr Martin Luther King Jr. St South, St.
Petersburg Fl 33701 www.nhsfl.org/ Offers foreclosure prevention and homebuyer
assistance services

People That Love Mission 727.820.0775 817 5th Ave North St. Petersburg, Fl 33701
www.peoplethatlove.com/ Emergency housing single men & more

Pinellas County Housing Authority 727.443.7684 11479 Ulmerton Rd Largo, Fl 33778
www.pinellashousing.com Provides public housing, affordable housing, and section 8 voucher
programs for low-income families

Pinellas County Opportunity Council 727.894.5176 1035 Burlington Ave North St. Petersburg,
Fl 33701 www.poc-inc.org/programs/ Emergency services program provides one-time
limited financial assistance for utilities, fuel, rent/mortgage and other services based on funding

Pinellas County Urban League 727.327.0977 333 31st St North St. Petersburg, Fl 33713
www.ul-pinellas.iamempowered.com/content/liheapRuns the Low-Income Home Energy
Assistance(LIHEAP) program in Pinellas; helps pay utility bills in emergency situations

Safelink Wireless Phone Program 800.723.3456 HOTLINE WEBSITE
www.safelinkwireless.com Government program that provides a free cell phone and airtime
minutes

Salvation Army Social Services 727.822.4954 1400 4th St South St. Petersburg, Fl 33701
www.salvationarmystpetersburg.org Financial assistance with utilities

Social Security 800.772.1213 30 Dr Martin Luther King St South St. Petersburg, Fl
33701 www.ssa.gov Retirement, disability, and SSI

St. Petersburg Housing Authority 727.323.3171 2001 Gandy Blvd North St. Petersburg, Fl 33702 www.stpeteha.org/ Provides public housing, affordable housing, and section 8 voucher programs for low-income families

St. Petersburg Free Clinic 727.821.1200 863 3rd Ave North St. Petersburg, Fl 33701 www.stpetersburgfreeclinic.org/ Services including limited assistance with water bills, obtaining a birth certificate or ID, bus pass, community referrals

St. Vincent de Paul Emergency Assistance 727.823.2516 384 15th St North St. Petersburg, Fl 33705 www.svdpsp.org/ Provides emergency assistance with rent, utilities, transportation, groceries, & more

EMPLOYMENT SERVICES

Abilities Foundation 727.538.7370 2735 Whitney Rd. Clearwater, FL 33760
www.abilitatesfoundation.com Provides job evaluation and placement for veterans and people with disabilities

AARP Foundation Senior Community Service Program 727.547.0534 7800 66th St North STE 301 Pinellas Park, FL 33780 www.aarpworksearch.org Provides training and job search assistance for low income persons 50 or over

Career Source Pinellas 727.524.4344 3420 8th Ave South St. Petersburg, FL 33711
www.careersourcepinellas.org Access to job listings, job banks, resume prep, skills testing, education and training

Goodwill Temporary Staffing 727.577.6411 16432 U.S. 19 North Clearwater, FL 33764
www.sbsgoodwill.com Connects applicants with part and full-time jobs in the Tampa Bay Area

Labor Finders 727.535.6633 1531 South Missouri Ave Clearwater, FL 33756
www.laborfinders.com/job-seekers/job-search/ Labor Finders provides temporary employment for general laborers, skilled tradesmen and trade helpers

Labor Ready 727.821.8888 2434 22nd St North St. Petersburg, FL 33713
www.peopleready.com Temporary employment, daily work for daily pay

Pinellas County Job Corps 727.551.2900 500 22nd St South St. Petersburg, FL 33713
www.pinellascounty.jobcorps.gov Helps young people get into the work force

Pinellas Ex-Offender Re-Entry Coalition (PERC) 727.954.3993 1601 16th St South St. Petersburg, FL 33705 www.exoffender.org The offender become and remain an ex-offender, reunited with family through advocacy, education, programming and comprehensive service

Pinellas Technical Education Center 727.893.2500 901 34th Street South St. Petersburg, FL 33711 www.pcsb.org/myptc Short term and long term technical training in many fields

Trojan Labor 727.525.6800 4200 54th Ave North Ste 101 St. Petersburg, FL 33714
www.trojanlabor.com/st-petersburg/ Offers temporary assignments in skilled and unskilled labor, with daily or weekly pay

Worker's Compensation Re-employment Services 800.342.1741 WEBSITE
www.fldfs.com/division/wc/employee/reemployment.htm Service to help injured workers return to work when work-related injury prevents them

Careerbuilder www.careerbuilder.com Job Search

CareerOneStop WEBSITE www.careeronestop.org Website of the the US government that offers information on resume building, training, job searches, interviewing and more

Employ Florida Marketplace WEBSITE www.employflorida.com Statewide search from the database and resume builder

Indeed WEBSITE www.Indeed.com Job Search



Promoting healthy pregnancies, babies, and families by providing services and facilitating access to resources through community partnerships while advancing racial equity and cultural responsiveness.

Pinellas County Resource Manual

If you would like to be referred to a home visiting program call

Connect at #727-507-4260

Visit our website at: www.healthystartpinellas.org or use QR code to access this manual:



For more resources call 211 or 727-210-4239 or text your zip code to 898211

Also visit: www.211connects.org

*Be bold enough to use your voice, brave
enough to listen to your heart, and strong
enough to live the life you've
always imagined.*

Home visiting program: _____ Name of care coordinator: _____ Phone #: _____

All information is subject to change without notice.

It is strongly suggested to call before heading out to any of the resources listed in this manual.

Expect assistance by phone or email, drive through, suggestions to wear face coverings and to keep social distance.

For updates to this manual please contact Michelle at 727-512-3740.

Updated 2/2022

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ACCESS

Apply or recertify for Medicaid, Cash Assistance and/or S.N.A.P. (Supplemental Nutrition Assistance Program/Food Stamps) (ACCESS-Automated Community Connection Economic Self-Sufficiency)

ACCESS allows you to use an “electronic signature”; you can complete all the forms anywhere, anytime even in the privacy of your home at your convenience.

Apply on line for some or all services: www.myflorida.com/accessflorida

Department of Children and Families:

Service Center— 11351 Ulmerton Rd, Suite 130, Largo, FL 33778

Access Central Mail Center—PO Box 1770 Ocala, FL 34478-1770

Call 1-866-762-2237 Customer service 7am to 6pm Mon.-Fri.

Fax 1-866-886-4342 with documents and other verification requests

Medicaid Help Line – 1-877-711-3662 for information about your plan.

***Humana:** 1-800-477-6931 TTY: 711

<https://www.humana.com/medicaid/florida-medicaid/member-support/new-members>

***Simply Healthcare:** 1-844-406-2396 TTY: 711

<https://www.simplyhealthcareplans.com/florida-medicaid/benefits/medicaid-benefits.html>

***Sunshine:** 1-866-796-0530 TTY: 1-800-955-8770

<https://www.sunshinehealth.com/>

*more specialty plans exists.



Where can I get help applying?

ACCESS Community Partner's are available to assist. Please be advised that you may be helped by phone or virtually and you will need to show photo ID. Always call before heading out.

North County:

Safety Harbor 727-791-8255

Citizens Alliance for Progress 727-934-5881

Evra Health 727-824-8181

Pinellas Park

Evra Health 727-824-8181

Clearwater:

High Point Neighborhood Center 727-533-0730

Dept. Health Human Services 727-464-8400

Mid-County:

Suncoast Haven of Rest 727-545-8282

Evra Health 727-824-8181

St. Petersburg:

Daystar Life Center 727-825-0442

Lealman Family Center 727-528-7891

Salvation Army 727-822-4954

Dept. of Health Human Services 727-582-7781

James B. Sanderlin Center 727-321-9444

Evra Health 727-824-8181

Health Insurance Navigators open to the public

Mease Countryside Hospital—727-443-8586

Morton Plant Hospital—727-461-8243

East Community Library at St. Petersburg College—813-215-6022

If pregnant but not eligible due to your immigration status go to:

- Florida Health Department Maternity Clinic call #727-275-6588 located at 310 N. Myrtle Ave, Clearwater to access Temporary Medicaid (PEPW-60 day coverage)
- If delivering at Morton Plant or Mease Countryside receive assistance with

Emergency Medicaid that covers most delivery costs. First call #727-462-7136 and leave a message with your name, last name, phone number and due date to register to receive this assistance.

BREASTFEEDING RESOURCES

- BayCare classes and support—www.baycarematernity.org
Mease Countryside Hospital | Virtual support group Tuesdays | 10am to noon
email: measelifeafterchildbirth@baycare.org
Morton Plant Hospital | Virtual support group Thursdays | 10am to noon
email: plantlactation@baycare.org
- Bayfront Baby Place | 530 6th St. South, St. Petersburg
Lactation help: 727-290-1310 #5
- La Leche League—call or email for Zoom link—second Monday of each month.
1-877-452-5324, Lactation help: 727-75LECHE
Email: pinellasLLL@gmail.com
- Pinellas County Health Department | WIC Lactation support
9 am to 9 pm | 727-824-6997 | Virtual Free classes in English-call for details and link to join
- St. Petersburg General Hospital | 6500 38th Ave. N., St. Petersburg | 727-341-4907
Register online: <https://stpetegeneral.com/calendar/index.dot#/ce-landing-page/search>
Lactation services-free phone or office consultation | Preparing to breastfeed | Breastfeeding support group in conference room
- The Black Roxanne | <https://www.facebook.com/TheBlackRoxanne/> | Lactation help: 813-551-1319 by phone or virtual

Why breastfeed? Risks of formula feeding to babies

- Increased incidence of gastroenteritis
- Increased incidence of ear, chest infections and wheeze
- Higher risk of diabetes
- Increased risk of obesity
- Increased risk eczema and allergies
- Increased risk of childhood cancers
- Ip S et al 2007(research based benefits of breastfeeding)

<https://kidshealth.org/en/parents/breast-bottle-feeding.html>



*Did you know that Medicaid covers
breast pumps?*
[https://wicbreastfeeding.fns.usda.gov/
finding-breast-pump](https://wicbreastfeeding.fns.usda.gov/finding-breast-pump)

Take Action:

1. Request a pump from your Medicaid Managed Care Plan.
2. Get a prescription from your doctor. Preauthorization required.
3. Qualifications criteria may apply: mother returning to work, infant premature, having multiples, mother or infant illness, and others.

- Breast pump CPT Codes

E0604 Hospital grade rental breast pump, electric (AC and/or DC)

E0603 Breast pump electric (AC and/or DC) any type

- ICD-10 Diagnosis Codes

If prescription is for the mother, use O92.5 Suppressed lactation.

If prescription is for baby, use P92.5 (difficulties feeding at breast for 28 days or younger) and R63.3 (difficulties feeding over 28 days of age).

**Note: if pregnant, try to follow these steps before delivery since breast pump arrival could take a few weeks.
Talk to your OB early.**

CAR SEATS

Education classes and distribution

North County—Bay Care Hospital—**Call 813-615-0589 ext. 230 to register**—qualifications: have Medicaid, SNAP or reduced lunch, vehicle must be present, have a child or be pregnant. No cost.

South County—All Children’s Hospital—**Call to set up a virtual class: 727-767-7835 or Register online: www.hopkinsallchildrens.org/carseats**

This informative and interactive class is designed to show you how to use and properly install your child’s car seat in your vehicle. For convertible seats (for children birth to 4 years) cost is \$20 and booster seats (for children 4 years to approximately 8 to 10 years old) cost is \$10.



If you need a car seat checked contact. Call to make an appointment.

East Lake Fire	727-784-8668 Ext. 204
Lealman Fire Rescue	727-526-5650 Ext. 221
Oldsmar Fire Rescue	813-749-1200
Palm Harbor Fire Rescue	727-784-0454
Sunstar EMS (Largo & St. Pete.)	727-582-2056 — virtual

<https://www.safekids.org/tip/car-seat-safety-tips-pdf>

<https://www.sunstarems.com/public-safety/child-passenger-safety/>

CHILDBIRTH & CPR CLASSES

American Red Cross—online classes

<https://www.redcross.org/>

Adult, Child and Infant CPR and First Aid

Go to Training and Certification then For individuals. Expect some cost for the class.

BayCare free e-classes —English and Spanish

www.baycarematernity.org #855-269-4777

- *Understanding Birth *Understanding Your Newborn
- *Understanding Breastfeeding
- *Maternity and Motherhood Wellness Programs
- *Podcasts *Virtual tour of the maternity center
- *Virtual maternity orientation class
- *Virtual: What to expect when delivering at BayCare Class
- *Virtual: Supporting Motherhood & More (free)

St. Petersburg General Hospital—all classes free (teléfono interprete disponible)

<https://stpetegeneral.com/calendar/index.dot#/ce-landing-page/search>

Click on Patients and Visitors then Classes and Events to find days and times for each class.

Newborn Care, Daddy 101, Prepared Childbirth, Preparing for breastfeeding and support group, and Big Brother and Sister training and much more.

*OB & Delivery tours available.

6500 38th Ave. North, St. Petersburg
727-341-4055 Registration required.

Bayfront Baby Place

<https://www.bayfrontstpete.com/services-and-specialties/maternity-care>

- *Basic Labor and Support
- *Breastfeeding Education
- *Baby Care and Safety

To register call: 877-833-6528 or click the link to register online.

A baby's brain at 35 weeks weighs only two-thirds of what it will weigh at 39 to 40 weeks.



<https://www.whattoexpect.com/pregnancy/fetal-development/fetal-brain-nervous-system/>

CHILD CARE

Early Learning Coalition of Pinellas County, Inc.

Apply online at www.elcpinellas.net

Call for an appointment #727-400-4411 ext. 3 Fax# 727-400-4486 Monday-Friday 8:00am to 5pm.

- ASQ screening call 727-400-4454

School Readiness Program - These funds pay a portion of the child care costs for low to moderate income earning families and allows parents to focus on professional and educational goals.

Voluntary Prekindergarten—VPK - Free for all 4-year-olds, no registration fees, parents choose where their child learns, focuses on reading, writing and social skills.

R Club

Visit www.rclub.net Call 727-578-5437 Office: 4140 49th Street North, St. Petersburg

Provides quality early learning and developmental programs that strengthen children, families, and communities. Serving children from infancy to middle grade ages, daily at 47+ locations in Pinellas County, including pre-school, pre-K, VPK, HIPPIY, Elementary and Middle School and *special needs with programs such as Project Challenge, New Beginnings, and Child Care Outreach.*

Lutheran Services of Florida Head Start and Early Head Start

<https://www.lsfnet.org/children-families/head-start/pinellas/>

Call 727-547-5979 Administrative office: 2210 Tall Pines Drive, Largo

Provides quality early childhood education to children the first five years of life to prepare them for a healthy, happy, and successful future. Children may qualify depending on family's income. Many locations available all over the Pinellas County.

Special Needs Programs

Banyan Pediatric Care Center [Www.banyanpcc.com](http://www.banyanpcc.com)

Prescribed Pediatric Medical Extended Care treatment facility for children as young as 6 weeks to 20 years.

850 3rd Avenue South, Suite C, St Petersburg 33701

Ph. 727-821-5439 Fax.727-821-9459

Additional locations in New Port Richey and Sarasota

Beach Baby Pediatric Therapy, LLC

Services: Physical, Occupational and Speech Therapy.

Accepting Medicaid. Pinellas, Hillsborough and Telehealth.

Ph. 727-871-2784 | email: hello@beachbabytherapy.com

Children's Medical Services (CMS)

Call WellCare at #1-800-960-2530

Eligibility: Children from birth to 21 years of age with a chronic medical condition. Income based (Medicaid and Florida Kid Care)

<https://www.wellcare.com/en/Florida/Members/Medicaid-Plans/CMS>

Early Steps Program at John Hopkins All Children's Hosp.

480 7th Ave. South, St. Petersburg

<https://www.hopkinsallchildrens.org/Services/West-Central-Early-Steps>

Ph. 727-767-4403 or (800) 374-4334 Fax: 727- 767-4715

Screening, assessment and therapies for children birth to 3yrs at risk for developmental delays.

Gulf Coast Child Find (FDLRS) <https://www.fdlrs.org/>

2929 County Road 193, Clearwater

Ph. 727-793-2723 ext. 2105, 2368, 2367 Fax: 727-793-2729

Screening for 3 to 5-year-olds who may have difficulty in a day-care setting.

Help Me Grow Pinellas—Call 211 or text Hmgpinellas to 898211

HMG is open to all families with children under 8 years old.

www.211tampabay.org/services/help-me-grow/

Neonatal Follow-Up Program at Johns Hopkins All Children's Hospital 601 5th Street South, St. Petersburg

www.hopkinsallchildrens.org/Services/Maternal-Fetal-Neonatal-Institute/Neonatal-Follow-Up-Program

Ph. 727-767-2818 | Fax: 727-767-4391

Continuum of care for high risk infants, through the first five years of life; Focused on improving their growth, nutrition, and neurodevelopmental outcomes.

PARC Children's Services - "Turning disabilities into capabilities."

Discovery Learning Center 727-341-6913

3100 75th St. N. St. Petersburg 33710

Family Focus 727-345-9111 ext. 6407 | Respite 727-345-9111 ext. 6910 | On-Site Therapy 727-541-5304

www.parc-fl.org

Pediatric Health Choice - Clearwater (PPEC)

3110 75th Street N. St Petersburg 33710 Ph. 727-343-0010

2364 Drew Street, Clearwater Ph. 727-723-1100

Children with medical needs (birth – 21). Day care with transportation to and from home provided. Ratio 1-3.

<https://www.pediatrichc.com/>

Spark Pediatrics—Clearwater (PPEC)

5291 110th Ave. Clearwater Tel. 727-900-5005

Children with medical needs (birth – 21).

<https://sparkpediatrics.com/>

COUNSELING/GRIEF SUPPORT

BayCare Behavioral Health

Call main #866-762-1743 M-F 8am-5pm

Specializing in helping people with mental health issues of all kinds. Locations in Clearwater, Largo and St. Petersburg

BayCare Bereavement Services

Email: mpmbereavement@baycare.org or call #727-462-7995

Big Bear Behavioral Health

#800-840-2528 Ext. 802 Accepting Medicaid and other private insurances. Helping with depression, anxiety, ADHD, Defiance, bipolar disorder and more.

Caring Community Counseling

<https://caringcounseling.org/>

3840 5th Ave N, St Petersburg Call 727-367-2273

In home, school or office counseling, classes, psych assessments, and medication management.

Children-Teens-Adults All Medicaid and most private insurance,

Directions for Living Call 727-524-4464

1437 S Belcher Rd, Clearwater, FL

8823 115th Avenue North Largo

Individual, couples, family, and group therapy, psychiatric services, on-site pharmacy and more. Medicaid, sliding scale; insurance. www.directionsforliving.org

EMERGU TeleHealth Call: 800-988-5980

Free confidential mental healthcare online therapy via smartphone, tablet and desktop. www.emergu.org

Family Enrichment Services Call 727-657-7761

3941 68th Ave. N. Pinellas Park

Counseling services for children and their family from 0-24 years of age. Accepts all Medicaid and sliding scale.

referrals@arsponline.org Fax 727-865-5178

Family Resources <https://familyresourcesinc.org/>

Family and individual counseling with children 6-17 yrs.

1615 Union St. Clearwater #727-298-3900

3821 5th Ave. North St. Petersburg #727-552-1010

Safe2B-You empowering teens ages 15-18 #727-521-5200

Florida Healthy Transitions

For young people ages 16-25 who have or are at risk of developing a mental health condition.

Dial 211 or text FHT to 898211

Federal Substance Abuse & Mental Health Info Center

1- 800-662-4357

NAMI National Alliance on Mental Illness

Help Line: 727-791-3434 M-F 9am-6pm

Personal Enrichment through Mental Health Services (PEMHS) Call 727-545-6477

Crisis Center: 11254 58th St N, Pinellas Park 33782

PEMHS 24 hour Suicide Hotline 727-791- 3131

PEMHS 24 hour Mental Health Assistance 727-541-4628

Mobil Crisis response team 727-362-4260

Perinatal Loss Program with Suncoast Hospice

Call 727-523-3451

Supporting those facing pregnancy loss. Offers specialized comfort, education and support to patients and families— psychosocial support, development of birthing plan, support during birth, memory making activities before and after pregnancy loss, and more.

Pinellas Support Team of The Children's Home

Call 727-785-2762 Ext. 224

for families with children ages 3-17

Free for those with no access to services.

Post-Partum Support International

Text or call #800-944-4773 for English

#971-203-7773 for Spanish

For those experiencing post-partum disorder or depression. www.postpartum.net

Suicide Help Line

24/7 1-800-273-TALK (8255)

Suncoast Center www.suncoastcenter.org

Central Office: 4024 Central Ave. St Petersburg

For appointments call: 727-388-1220

Many programs available focusing on mental health, substance use, family counseling, trauma assessment and counseling.

Sexual Assault Service Helpline: 727-530-7273

Abuse Hotline: 800-962-2873

Suncoast Hospice at Empath Health

<https://suncoasthospice.org/grief-support/>

Pediatric Care and Family Support—Call 727-467-7423

Community Counseling for those experiencing death of a loved one.—Call 727-523-3451

Grief Matters providing support groups- Call 727-549-7133

USF St. Petersburg Infant Family Center

Call 727-767-4876

140 7th Ave South Building #1 Suite 100 St. Petersburg

Therapy for families with children ages 0-5 at no cost. In

home or in office. Flexible appointment times. Services available in English and Spanish.

Windmoor Healthcare of Clearwater

11300 US 19 North, Clearwater

Call 727-541-2646 Local intake and referral by phone, 24 hours a day.

For adults 18 and older. Provides a full range of psychiatric and chemical dependency services.

Medicaid-HMOs and many other insurances accepted.

DENTAL SERVICES

Pinellas County Health Department

To make an appointment call #727-824-6900 and request Dental

Accepted insurances: DentaQuest, Liberty and MCNA.

Children without dental insurance will pay a flat fee of \$25

Appointments made for all children including infants.

Pregnant women will need a clearance for their OB doctor at time of appointment.

Locations close for lunch from 12:00-1:00 pm

Services available at 5 locations:

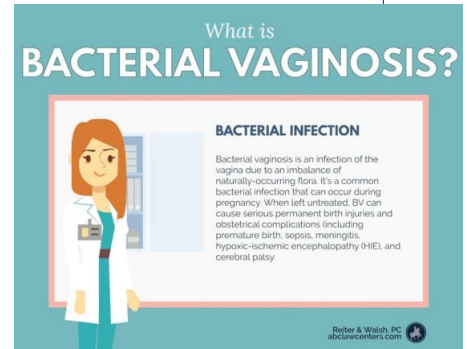
Clearwater Health Department—310 N. Myrtle Ave. Clearwater 33755

Mid-County Health Department—8751 Ulmerton Rd. Largo 33771

Pinellas Park Health Department—6350 76th Ave. North Pinellas Park 33782

St. Petersburg Health Department—205 Dr. Martin Luther King Jr. St. N. St. Petersburg 33701

Tarpon Springs Health Department—301 S. Disston Ave. Tarpon Springs 34689- once a month



Evvara Health

Call 727-824-8181 or visit <https://evvarahealth.org/>

Accepting sliding scale fee for the uninsured, Medicaid. All ages including pregnant women.

Services available at these locations: (Closed for lunch 12:00-1:00)

JRC Dental Offices

1344 22nd St. S., St. Petersburg
Mon-Thurs 7:00am-6:00pm
Fri 7:00am-4:30pm

Clearwater Dental Office

702 Jasmine Way, Clearwater
Mon. - Thurs 7:00am-6:00pm
Friday 7:00am-4:30pm

Tarpon Springs Dental Office

721 E. Lime Street, Tarpon springs
Mon.—Friday 8:00 am—5:00 pm

Call for a list of Medicaid approved dentists.
1-877-711-3662

Community Dental Clinic Tel. 727-216-6155

1008 Woodlawn Street, Clearwater

For adults living in upper Pinellas without dental insurance. Limited appointments available currently.

www.communitydentalclinic.net

St. Petersburg College Dental Hygiene Clinic

7200 66th St. N. Pinellas Park 33781 Tel. 727-341-3668

Cleaning and X-Rays. Children 5 and up.

\$45 cleaning and full mouth x-ray

\$30 cleaning in full mouth x-rays current.

Dental Walk-In Clinic of Pinellas Tel. 727-533-9199

1030 Belcher Rd. S., Largo 33771

Affordable treatments for toothaches, extractions, pain and swelling, root canals, teeth and mouth injuries, dental hygiene, weekend cleanings and more.

St. Petersburg Free Clinic <https://stpetersburgfreeclinic.org/>

5501 4th St. North St. Petersburg

Tel. 727-485-8795

Free dental care for the uninsured adults.

By appointment only.

Gulfcoast Dental Outreach

www.gulfcoastdentaloutreach.org

Tel. 813-579-3935 Ext. 104 for open enrollment info.
Reduced fee dental for 3yrs and up.

University of Florida College of Dentistry

9200 113th St. N. Seminole 33772 Tel. 727-893-5050

First come, first served basis. Fee for services.

DOMESTIC VIOLENCE



CASA Domestic Violence Center

Crisis Line: 727-895-4912 TTY: 727-828-1269

Free services for victims of domestic violence.

English and Spanish language available

Safe, temporary shelter, food, clothing, support, counseling, legal, medical advocacy, daycare for children, related services

www.casa-stpete.org

Shine the Light Call Jessica 727-452-7007

Domestic Violence Ministry and support groups.

Shinealightondv@yahoo.com

www.facebook.com/shinealightondv

Suncoast Center Inc. www.suncoastcenter.org

4024 Central Ave. St Petersburg, FL. #727-388-1220

- Trauma Services-For victims of domestic violence.
- Suicide prevention, emotional wellness, support groups.
- Early Childhood Services-Specialized services for young children exposed to violence or trauma or experiencing social, emotional, or behavioral difficulties. In home services available. Ages 1-5 years of age.
- Many more services and programs available.
- Serving the community at 9 locations around Pinellas.

Florida Domestic Violence Hotline

1-800-500-1119 www.fcadv.org

Florida Abuse Hotline 1-800-96-ABUSE (1-800-962-2873)

National Domestic Violence Hotline 1-800-799-SAFE(7233)

Rape Crisis Hotline 727-530-7273

Police Victim Advocate

St. Petersburg 727-892-5280

Largo 727-587-6730

Sheriff's office 727-582-6465

Pinellas Park 727-369-7864

Clearwater 727-562-4350



Click here for a blood pressure log.

[Blood Pressure \(preeclampsia.org\)](#)

The Haven at Hope Villages of America

Hotline: 727-442-4128 24 hrs./7days a week

Outreach: 727-441-2029

Free services for victims of violence. Safe, temporary housing, individual and group, information and referrals.

<https://hopevillagesofamerica.org/>

***Hillsborough County**

The Spring of Tampa Bay Crisis Line: 813-247-SAFE

Free services for victims of domestic violence. Provides temporary shelter for victims, children. Family violence intervention program available as well as support groups and injunction services.

***Manatee County**

Bradenton Hope Family Services (941) 755-6805

Sarasota SPARCC-Safe Place and Rape Crisis Center (941) 365-1976

***Pasco County**

East Pasco/Hudson

Sunrise of Pasco County 24/7 #352-521-3120

West Pasco/Hudson

Salvation Army DV Program #727-856-5797

***Polk County** Lakeland

Peace River Center—24 hours a day

Call—863-519-0575

Text "TALK" to 863-204-3443

MARCH OF DIMES SIGNS AND SYMPTOMS OF PREECLAMPSIA INCLUDE:

- Headache that doesn't go away
- Changes in vision, like blurriness, flashing lights, seeing spots or being sensitive to light
- Trouble breathing
- Nausea (feeling sick to your stomach), vomiting or dizziness
- Sudden weight gain (2 to 5 pounds in a week)
- Swelling in the legs, hands or face
- Pain in the upper right belly area or in the shoulder

Contact your health care provider if you are experiencing any of these symptoms or believe you have preeclampsia. Visit <https://www.marchofdimes.org/preeclampsia> for more information. May 2020

EDUCATION

Academy Prep Center of St. Petersburg

2301 22nd Ave. S. St. Petersburg 33712 #727-322-0800

For middle school students to inspire and empower qualifying for need-based scholarships.

EDUCARE

Texting program supporting early childhood education.

Text LEARN to 52046 FREE service.

Enterprise High School up to age 21

2495 Enterprise Rd. Clearwater 33763

727-474-1237

Pinellas County School Board—K-12

Student Registration: 727-588-6210

ESOL Department 727-588-6068

Teen Parent Program 727-588-6000 ext. 6070

Pinellas County Adult Education Centers/GED

Providing Adults Basic Education (ABE) design to help improve literacy skills in reading, language arts, and mathematics. Classes are \$45.00 per term. Six month terms.

Many locations: <https://www.pcsb.org/Page/1697>

Pinellas Technical College

<https://www.pcsb.org/myptc>

Focusing on postsecondary education with over 40 exciting career areas and about 60 programs.

6100 154th Ave. N. Clearwater 727-538-7167

901 34th St. South, St. Petersburg 727-893-2500

Technical High School at Seminole grades 9-12

12611-86th Ave. N, Seminole #727-545-6405

Learning Empowered

#727-442-6881 <https://www.learning-empowered.org/>

Early learning, Integrated learning (ESOL and Citizenship) & Community learning

Main office: 12945 Seminole Blvd. Bldg. 2, Largo

St. Petersburg College —727-341-4772

[Www.spcollege.edu](http://www.spcollege.edu)

Offers more than 100 associates degrees and certificate programs, and more than 20 bachelor's degrees.

10 Campuses available all over Pinellas County

Women on the Way Program at many campuses.

Call: 727-791-2634

University of South Florida St. Petersburg

A public university providing undergraduate and graduate courses. <https://www.stpetersburg.usf.edu/>

140 7th Ave. South, St. Petersburg 727-873-7748

Union Academy Family Center

GED and Adult Basic Education (ABE) services

401 E. MLK Jr. Dr., Tarpon Sprigs 727-942-5498

For Pinellas residents 16+ years of age.

Ultimate Medical Academy

#727-977-9927

1255 Cleveland St. Clearwater

<https://www.ultimatemedical.edu/>

Providing healthcare training such as Medical/Dental/Nursing Assistant, Patient Care/Phlebotomy Technician.

EMPLOYMENT

Tips to save \$\$\$

1. Plan for expenses.
2. Reduce expenses.
3. Save
4. Spend wisely
5. Plan for emergencies.
6. Prioritize

Career Source Pinellas

Visit www.careersourcepinellas.com or Call 727-524-4344

Assists in preparing and referring you to leading employers.

Gulf-to-Bay (Main Office)

2312 Gulf-to-Bay Blvd.,

Clearwater 33765

Limited access call for an appointment.

Tarpon Springs (SPC Campus)

682 E. Klosterman Rd.,

Tarpon Springs 34689

Tuesday and Thursday 8am-5pm

St Petersburg

3420 8th Ave S.

St. Petersburg 33711

Limited access call for an appointment.

Lealman Exchange

5175 45th St. N.

St. Petersburg 33714

Limited access call for an appointment.

Boley Centers <http://boleycenters.org/>

Community bases recovery services and rehabilitation for people who are recovering from mental illness.

Tel. 727-821-4819 445 31st. Street N. St Petersburg

ServiceSource

Provides job training and placement to individuals with disabilities & housing support programs.

2735 Whitney Road, Clearwater 727-538-7370

<http://www.servicesource.org>

Pinellas County Urban League

Provides workforce development, education (GED/Adult education) and financial empowerment.

Call #727-327-2081 <https://www.pcul.org/>

Salvation Army Employment

Looking for a job call their Human Resource office: 727-550-8080

Lighthouse of Pinellas

Call # 727-544-4433

Vocational counseling and job placement for the visually impaired. Office temporarily closed. Staff will be checking voice messages and providing services virtually.

Vocational Rehabilitation Services

Vocation evaluation, and employment assistance. Must have a disability that impacts your ability to get or keep a job.

11351 Ulmerton Rd, Suite 123, Largo: 727-518-3454

525 Mirror Lake Dr. Suite 100, Central St Petersburg: 727-552-1589

FAMILY PLANNING COVERAGE

*Don't forget about the "Family Planning Waiver"
Space Babies Two Years Apart!*

APPLY FOR THE FREE MEDICAID FAMILY PLANNING WAIVER PROGRAM

If you are a woman of childbearing age (14-55) who has lost full Medicaid coverage for any reason (not just pregnancy coverage), you may be eligible for two years of Family Planning Services including.

Go to a [Florida Department of Health Center](#) and apply for both years of coverage.

- Initial and annual family planning office visits which includes required lab tests and Pap Smear
- Family planning counseling visits
- Contraceptive supply visits
- Medicaid-covered, FDA-approved birth control methods
- Voluntary sterilization including tubal ligations
- Screening for HIV
- Limited diagnosis and treatment for sexually transmitted infections and other gynecological problems to include colposcopy.

During your pregnancy, ask your prenatal care provider if he or she will provide the above services through this special program at their office. If your prenatal care provider does not offer these services after the six week post partum visit, one of the **following providers may provide you care:**

- Evara Health - 727-824-8181
- Turley Family Health Center - 727-467-2400
- Palm Harbor at Ladies & Babies - 727-781-3448
- St. Petersburg at Bayfront Family Health Center – 727-893-6198
- Florida Health Department—

310 North Myrtle Avenue in Clearwater – 727-275-6572 (Spanish available)

8751 Ulmerton Rd. Largo – 727-524-4410

6350 76th Avenue North, Pinellas Park– 727-547-7780

205 Dr. M.L.K. Jr. St. North, St. Petersburg- 727-824-6900

301 South Disston Avenue, Tarpon Springs - 727-942-5457

How Well Does Birth Control Work?

	 Sterilization	 Implant	 IUD	99% effective
	 Shot	 Pill	 Ring	92–97% effective depending on the method
	 Diaphragm	 Condoms (Internal/External)	 Sponge	78–82% effective depending on the method
	 Spermicide	 Fertility Awareness	 Withdrawal	71–76% effective depending on the method

<http://www.floridahealth.gov/PROGRAMS-AND-SERVICES/womens-health/family-planning/fp-whatsrightforme.html>

FAMILY SERVICES

Alpha House Tel. 727-822-8190
701 5th Ave. N. St. Petersburg
Assists with maternity and children's clothing.

Beds for Babies Call or Text: 727-512-3740

www.healthystartpinellas.org

The Healthy Start Coalition of Pinellas provides a pack and play as a safe place for your baby to sleep and other necessary items. Must be a Pinellas county resident, pregnant and/or have a baby younger than 8 months. Note: If you are participating in a program such as Healthy Start, PAT+, Healthy Families, Nurse Family Partners or Healthy Start at John Hopkins All Children's, ask your care coordinator for a bed for your baby. They will supply it for you.

I Sleep Safest



Daystar Life Center Tel. 727-825-0442

1055 28th St. S. St. Petersburg

Helping with food, clothing, household items, rent, utilities, FL ID, transportation, health care items, computer and phone access, and tax filing.

Firmly Established, Inc./Holistic Coaching

Tel. 727-678-1751

Office: St. Petersburg, FL – By Appointment Only

*Employment Assistance *Background Clearance Application Assistance *Youth Services Referrals

Florida Dream Center Tel. 727-240-0734 & 727-851-9074

4017 56th Ave. North, St Petersburg

Helping with food, human trafficking, hope to the incarcerated, fighting homelessness and poverty.

Florida Relay Service—FRS

Hearing impaired call: 1-800-955-8771

Non-hearing impaired call : 1-800-955-8770

Kinship Care #888-920-8761

Support for relative caregivers such as therapy, tutoring, respite etc.

Men in the Making

Mentoring program focusing on role modeling and life skills to increase minority male success from cradle to college.

Contact by email: mentor@meninthemaking.org

Reach St. Pete

727-275-8655 email: info@reachstpete.org

Working to prevent homelessness, low income and at risk situations by bridging the gap between people and resources.

Shepherd's Center Tel. 727-939-1400

304 S. Pinellas Ave. Tarpon Springs—Office hours: M, T, Th. & F 10-1pm

Food pantry, ID's, Clothing, Household item, Duke Energy bills, Prescription assistance.

Sleep in Heavenly Peace #844-432-2337

Providing twin beds for children that do not have their own bed to sleep on.

Request a bunk bed by using this link:

<https://www.shpbeds.org/request-bed>

Big Brothers Big Sisters

Mentoring program for children ages 5-13 to empower their ability to shine brightly. Tel. 813-720-8778

Clothes to Kids, Inc. Tel. 727-441-5050

1059 N Hercules Avenue Clearwater
2168 34th St. S, St. Petersburg

Two referrals needed. First one with reduced lunch letter and second from Pinellas County Schools. Clothes given twice in a 12 month period. <https://clothestokids.org/>

Cultured Books 833 22nd. St. S. St. Petersburg 33712

Fostering a reading culture by exposing children to the world through art, music, and books. Call 727-328-4822

Florida Kid Care Insurance

Affordable health, dental & vision insurance for kids 1-18. Year around enrollment for those not eligible for Medicaid. NO deductible.

\$15-\$20 a month depending on income.

Apply online at www.floridakidcare.org/ or call 1-888-540-5437

Health Insurance Navigators open to the public

Mease Countryside Hospital—727-443-8586

Morton Plant Hospital—727-461-8369

East Community Library at St. Petersburg College—813-215-6022

Operation Attack 727-822-1187

Distributing food, diapers and wipes by drive thru.

Call for dates in the recording.

Our Florida <https://www.ourflorida.com/>

Helping Floridians get back on their feet. #833-493-0594

Pinellas County Urban League

Workforce development, health initiatives, education and financial empowerment programs. 727-327-2081

Pinellas School Board Mentoring and Tutoring

If your child needs a mentor or positive impact in academics, social or career, contact your child's school. Programs such as Lunch Pals, Girlfriends, 5000 Role Models and more. Speak to your child's teacher.

The Gathering of Women 727-433-1352

Providing a voice for women and a force for change in your community thru workshops, award ceremonies, youth summits and "Flower Girl and Butterflies" program.

We Help/ST. Pete Free Clinic

Tel. 727-823-3471 or #727-821-1200 ext. 101

Assisting with ER food, water bills, FL ID's, birth certificates for adults, and transportation for verified employment.

863 3rd Ave. N., St. Petersburg

FATHERS SERVICES

Fathers are very important! They make important contributions to their children's well being.

Healthy Start at Johns Hopkins All Children's

(727) 767-6780

Fatherhood programs (including care coordination) for fathers in 33701, 33705, 33707, 33710, 33711, 33712, 33713, 33714, 33755, & 33756.

Pinellas County Health Department

Gold Medal Dads Program

(727) 275-6422

Assists father in becoming actively involved in the lives of their children and prevention of the cycle of absent fathers.

Pinellas County Health Department

Vasectomy Program

Low or No-Cost Vasectomies (727) 462-6253.

Planned Parenthood

(727) 898-8199

Men's health services, vasectomies, STD testing.

Douglas Bonar, LMHC at A Center for Wellness

(727) 544-3352– by zoom– classes addressing domestic violence and anger management.

Group services for men and women. Spanish available.

All Nations SDA Church

(305) 494-5000 Pastor Mills. Men's Groups.

5th Avenue Church of Christ

(727) 323-9259 every Monday at 7pm.

If transportation needed call (727) 323-3623

Northwest Church of Christ

(727) 345-2836 Men's Bible study.

City on A Hill Church in St. Petersburg

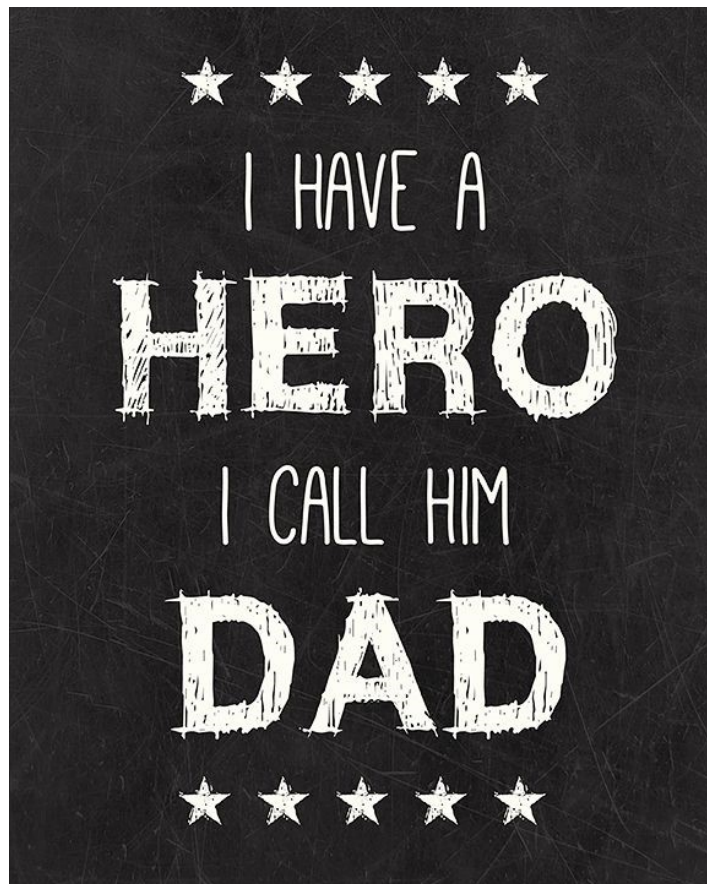
(727) 851-9999– by zoom. Only in English.

Men's Bible study. Wednesdays at 7pm.

Operation PAR Men's Services

Assisting in your family's quality of life to be happy and healthy. #1-888-727-6398

<https://www.operationpar.org/services/mens-services/>



<https://www.focusonthefamily.com/parenting/dads-can-be-heroes-to-their-kids/>

FOOD ASSISTANCE

Aldersgate United Methodist Church

Seminole Interfaith Food Pantry Thurs. 10am—1pm
5930 Starkey Rd., Seminole 727-392-9365
Photo ID, proof of address, last 4 digits of SS# of all family members required.

Christ the Cornerstone Church

5545 62nd Ave. N. Pinellas Park 33781 727-547-6280

Church & Community Outreach Food Pantry

200 S. McMullen Booth Rd. Clearwater 33759
727-351-5176 — drive through, only one meal per person per week.

Daystar Life Center 727-825-0442

1055 28th Street South St. Petersburg, FL 33712
Food pick up outside only. Mon., Tues., Thurs., Fri. 8:30am to 3:00pm

Dunedin Cares

1630 Pinehurst Rd. Dunedin 727-410-8495

Feeding Tampa Bay

<https://feedingtampabay.org/findfood>

Good Samaritan Food Pantry

727-820-0775 ext. 4 6085 Park Blvd. Pinellas Park
M/T/Th. 9 to noon. Once a week per family. ID required.
Elementary age kids get a snack pack. Drive thru only.

Helping Hands Mobil Food Truck Call #727-724-1290

Serving Clearwater, Safety Harbor and High Point.
1850 N. McMullen Booth Rd. Clearwater FL 33759

Holy Family Church

200 78th Ave. NE St. Petersburg 727-526-5783

Northside Baptist Church

6000 38th Ave. North, St. Petersburg 33710
727-381-3642 Weds. 6-8pm Sundays 5pm-7pm

Northwest Presbyterian Church

Every day 4-5pm frozen ready to eat meals. Drive thru.
6330 54th Ave. N. St. Petersburg 727-544-4551

Operation Attack 727-822-1187

Distributing food, diapers and wipes by drive thru.
Call for dates in the recording.

Open Arms Ministry

2039 E. Druid Rd. Clearwater 727-586-5380

Sixtieth St. Pantry

9309 60th St. Pinellas Park 727-541-2202

St. Giles Pinellas Emergency Pantry

8271 52nd St. North Pinellas Park 727-345-5215

St. Luke's United Methodist Church

4444 5th Avenue N., St. Petersburg 727-321-1335

St. Vincent DePaul Soup Kitchen

1345 Park St., Clearwater 727-441-3790 8-10am
Still serving meals daily, no dining in. ONLY TAKE OUT.

We Help / St. Petersburg Free Clinic

863 3rd Avenue N., St. Petersburg 3-5 days of food
727-821-1200 x.101 Outdoor distribution only.

WIC/Nutrition Assistance Program See page 31

Beach Community Food Pantry

Calvary Episcopal Church 727-595-2374
1615 1st St. Indian Rocks Beach 33785

Beacon Street Ministries Inc.

3470 Adrian Ave. Largo 33770 727-446-1045

Clearwater SDA Community Church

1445 Lakeview Road, Clearwater 727-446-6427
Entrance on Queen Street North Saturdays 2-4pm

Clearview United Methodist Church

4515 38th Avenue North, St. Petersburg 727-743-1723

Elevated Church

4371 76th Ave. N. Pinellas Park 727-544-3293

Feed St. Pete

5501 31st St. S. St. Pete 727-866-1184

First United Methodist Church of Pinellas Park

#727-546-5741 9025 49th St. N. Pinellas Park

Florida Dream Center and Mobil Food Truck

Call for questions or locations: 727-851-9074
4017 56th Ave. N. St. Petersburg
812 E. Tarpon Ave. Tarpon Springs

Food Pantries <https://www.foodpantries.org/>

Hope Villages of America

700 Druid Road E., Clearwater 727-441-2029

360 Eats 727-440-0401 info@360eats.org

Kind Mouse Family Assistance Program 727-575-7834

90 day feeding program for families affected by the economy.

Salvation Army

1400 4th Street South, St. Petersburg, #727-822-4954
1521 Druid Rd E., Clearwater #727-446-4177
209 S. Pinellas Ave. Tarpon Springs #727-934-4476

Shepherd's Center 727-939-1400 ext. 409 o 417

304 S. Pinellas Ave. Tarpon Springs—M,T, Th, F- 10 am –1:30 pm
Also delivering food to the homebound on Wednesdays.

Suncoast Haven of Rest Rescue Mission

1763 9th Ave N. St. Petersburg, 727-545-8282
Food Box Program every 30 days. Entrance on Queen Street North.

Sylvan Abbey United Methodist Church

2817 Sunset Point Rd Clearwater 727-796-3057 except holidays
Food Pantry: Mon. 10am-1pm—one person at a time.

Thrift Store & Food Bank-Wesley United Methodist

301 37th Avenue North, St. Petersburg 727-896-4797
Hours: Mon, Wed, Fri, 9:00–11:45am ID required.

More

[Find Food in Pinellas County – Tampa Bay Network To End Hunger](#)

HOUSING

Boley Centers—helping people who are homeless, recovering from mental illness, low income, veterans and individuals living with HIV/AIDS
Tel. 727-821-4819 Main office: 445 31st. Street N. St Petersburg by appointment only. [Housing – Boley Centers](#)

Contemporary Housing Alternatives/Restricted of Florida (CHAF Properties) www.chafproperties.com
Tel. 727-522-1504

Clearwater Housing Authority www.clearwaterhousingauth.org
Corporate Square 28050 US Hwy 19 N, Suite 103, Clearwater, FL
Tel. 727-461-5777 Fax. 727-216-0730 Properties located within Clearwater city limits
There is a drop box in front of office for leaving applications/ documents.

Habitat for Humanity of Pinellas County <https://www.habitat.org/us-fl/clearwater/hfh-pinellas-and-west-pasco-counties>
13355 49th Street North, Clearwater & 1350 22nd St. S. St. Petersburg Tel. 727-536-4755
Habitat offices are closed to the public through Tues. June 30th. **Hotline#** offered for candidate questions etc. (727)209-2196.
Habitat Pinellas builds and sells homes at no profit, with 0% mortgage for qualified candidates.

Home Share Program www.homesharepinellas.org 500 South Walton Ave. Tarpon Springs 34689
Rooms for rent throughout Pinellas County with monthly payments ranging from \$450 to \$600
Five year Pinellas County residency or national background check with \$45.00 fee required.
2 People max per room. Tel. 727-945-1528 Fax: 727-279-2814 TDD: 1-800-955-8770 and TTY: 1-800-955-8771

Neighborhood Home Solutions / One-Stop HUD approved housing counseling center
Offices are closed to the public. No further information on re-opening. - Tel. 727-821-6897 , Fax (727)821-7457. Home buying education, financial fitness class, credit rebuilding, and home mortgage problems such as foreclosures or mortgage delinquency.
All services free and available to all income levels. www.nhsfl.org

Our Florida <https://www.ourflorida.com/>
Helping Floridians get back on their feet. #833-493-0594

Pinellas County Housing Authority www.pinellashousing.com
11479 Ulmerton Road, Largo, FL • 727-443-7684
Clients may apply via mail, email or drop box documents for processing until further notice.
Provides low rent housing to low income families. Section 8 housing available also. Check website for availability.

Pinellas Park Housing https://www.lowincomehousing.us/FL/pinellas_park.html
Email: lowincomesupport@gmail.com
9 low income housing complexes available. HUD, Section 8. Public Housing. Non profit senior and family low income. LIHTC.

Shepherds Village [Shepherd's Village \(shepherdsvillage.com\)](http://Shepherd's Village (shepherdsvillage.com))
Admin. Office 1910 E. Bay Dr. Largo. Housing for single mothers with up to 3 children. Tel. 727-216-1402 x. 500

Safe Connections 727-256-7035 | 727-220-9246
[Safe Connections Homeless Youth Resource Center - Family Resources \(familyresourcesinc.org\)](http://Safe Connections Homeless Youth Resource Center - Family Resources (familyresourcesinc.org))
Outreach program providing services for the homeless youth (up to 24 years of age) to help them find stable housing and access to services.

St. Petersburg Housing Authority www.stpeteha.org
2001 Gandy Blvd. North St. Petersburg FL 33702 • 727-323-3171
TDD 1-800-955-8770 – TTY 1-800-966-8771 – FAX: Section 8 (727) 328-6699 – Public Housing (727)343-4658
Rental assistance to low income families in low rent public housing developments and in private sector through rental assistance programs.
Rent is based on income and family size.

Tampa Bay Community Development Corporation Suncoast Housing Connections – SHC
Housing Counseling Service: 2139 NE Coachman Rd, Suite 1, Clearwater FL 33765
For support information on home foreclosure/mortgage default call 727-442-7075.
Classes being help by ZOOM.

Tarpon Springs Housing Authority <https://tarponspringshousing.com/>
500 S. Walton Ave., Tarpon Springs, FL • 727-937-4411, Fax – (727)279-2814
Lobby is closed to the public. Clients may apply via mail, email or drop box documents for processing until further notice.
Due to a high volume of calls expect a long wait time (days or weeks) for a response.
Affordable housing for rent, no Housing Choice Voucher (Section 8) accepted.

HOW TO PROTECT YOURSELF FROM SICKNESS

VACCINES AVAILABLE: [HTTPS://FLORIDAHEALTHCOVID19.GOV/](https://FLORIDAHEALTHCOVID19.GOV/)

To stay up to date with information go to Centers for Disease Control and Prevention
<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>

Know how it spreads

- There is currently no vaccine to prevent coronavirus disease 2019 (COVID-19). The best way to prevent illness is to avoid being exposed to this virus.
- The virus is thought to spread mainly from person-to-person or people who are in close contact with one another (within about 6 feet).
- Through respiratory droplets produced when an infected person coughs, sneezes or talks. These droplets can land in the mouths, noses (possibly inhaled into the lungs) or eyes of people who are nearby.

Wash your hands often

- Wash your hands often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing.
- If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol. Cover all surfaces of your hands and rub them together until they feel dry.
- Avoid touching your eyes, nose, and mouth with unwashed hands.

Avoid close contact

- Avoid close contact with people who are sick, even inside your home. If possible, maintain at least 6 feet between the person who is sick and other household members.
- Put distance between yourself and other people outside of your home.
- Remember that some people without symptoms may be able to spread virus.
- Stay at least 6 feet (about 2 arms' length) from other people.
- Do not gather in groups and stay out of crowded places and avoid mass gatherings.

Cover your mouth and nose with a face cover when around others

- You could spread COVID-19 to others even if you do not feel sick.
- Everyone should wear a facemask when they have to go out in public, for example to the grocery store or to pick up other necessities.
- Face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
- The face cover/mask is meant to protect other people in case you are infected.
- Continue to keep about at least 6 feet between yourself and others. The facemask is not a substitute for social distancing.

Cover coughs and sneezes

- If you are in a private setting and do not have on your face covering, remember to always cover your mouth and nose with a tissue when you cough or sneeze or use the inside of your elbow. Throw used tissues in the trash.
- Immediately wash your hands with soap and water for at least 20 seconds. If soap and water are not readily available, clean your hands with a hand sanitizer that contains at least 60% alcohol.

Clean and disinfect

- Clean AND disinfect frequently touched surfaces daily. This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks.
- If surfaces are dirty, clean them. Use detergent or soap and water prior to disinfection.
- Then, use a household disinfectant. Most common EPA-registered household disinfectants will work.

Monitor Your Health

- Be alert for symptoms. Watch for fever, cough, shortness of breath, or other symptoms of COVID-19. Especially important if you are running essential errands, going into the office or workplace, and in settings where it may be difficult to keep a physical distance of 6 feet.
- Take your temperature if symptoms develop.
- Don't take your temperature within 30 minutes of exercising or after taking medications that could lower your temperature, like acetaminophen.
- Follow CDC guidance if symptoms develop.

HURRICANE SAFETY

Pinellas County—A Complete Hurricane Preparedness Guide

http://www.pinellascounty.org/emergency/PDF/All_Hazard_Guide.pdf



Survival Kit

- One week supply of food that requires no cooking such as ready to eat canned meats, fruits, vegetables, nuts, beef jerky, trail mix, raisins, peanut butter, granola bars, formula, baby food, powdered milk
- One gallon of water per person-7 day supply
- Non-electric can opener
- Disposable cups, plates and utensils
- Cooler and ice
- Pet food
- Cash

Sanitation/First Aid

- Toilet paper and/or moist towelettes
- Feminine supplies
- Personal hygiene items
- Medications and copies of prescriptions

Kids and Entertainment

- Favorite nonperishable snacks
- Stuffed animal or favorite toy
- Blanket and pacifier
- Diapers and wipes
- Card or board games
- Books

Tools and Emergency Supplies

- Flashlights and/or lanterns
- Battery operated radio
- Matches or lighter
- Full tank of gas in vehicle
- Compass and local maps with shelters-know your flood zone
- Cell phone with charger
- Extra batteries
- Plastic sheeting and tarps
- Elastic cords or rope

Clothing and bedding

- One complete change of clothing and shoes per person
- Sturdy shoes
- Rain gear
- Blankets and sleeping bag

Legal

- Important documents together in air tight bag or container:
 - ⇒ social security cards
 - ⇒ health insurance information
 - ⇒ home or rental agreements and insurance coverage
 - ⇒ contracts
- Take photos or video and inventory your property before the storm just in case you have to make a claim.

LEGAL SERVICES

Bay Area Legal Services (English & Spanish)

1-800-625-2257-Pinellas, Pasco, Hillsborough, Sarasota & Manatee Counties www.bals.org
 Providing pro-bono services for low income residents.

Community Law Program Tel 727-582-7480

Office: 501 First Ave. N. Room 519, St. Petersburg 33701
 Apply by phone at the Legal Aid Hotline: 1-800-625-2257
 Provides free civil legal assistance in the areas of family law, housing, consumer rights, criminal records expunction, wills and more for Pinellas County resident with a household income of 185% at or below federal poverty guidelines. Website: www.lawprogram.org
 Email: clp@lawprogram.org

Human Trafficking hotline

24 a day/every day 1-888-373-7888, TTY: 711
 Live Chat go to: <https://humantraffickinghotline.org/state/florida>

Pinellas County Child Support Enforcement

1-850-488-kids (5437) Monday - Friday 7a.m. - 7p.m.
 11351 Ulmerton Road Suite 207, Largo, FL 33778
[Sixth Judicial Circuit of Florida - Pinellas and Pasco Counties - Child Support Enforcement \(jud6.org\)](http://www.jud6.org)

Services Unlimited Tel. 727-645-2856

Law assistance center helping with divorce, unemployment, child support, medical disability and more. Sliding scale fee available.

DNA Testing

1-800-DNA-CENTER (362-2368)

Family Law Pro Se Project

Resource center helping with guidance in child support, visitation, custody, paternity, name changes, etc.
 Locations in St. Petersburg & Clearwater - 727-582-7200

Gulf Coast Legal Services -family law cases

Apply by phone Monday thru Friday 9 am to 5 pm
 1-800-230-5920
www.gulfcoastlegal.org

Money Management International

Budget, credit, and bankruptcy assistance through pre-filing counseling and pre-discharge education, housing default and reverse mortgage counseling.
 Tel: 877-818-5923 www.moneymanagement.org

Self Help Center (Clerk of the Circuit Court)

M-F 8:30-4:30 Appointments M/W/F
 545 1st Ave N. Room 103, St. Petersburg
 Tel 727-582-7941
 315 Court Street Room 114, Clearwater 33756
 Tel: 727-464-5150
 29582 US 19 Room 101, Clearwater 33761
 Tel. 727-464-5150
<http://www.jud6.org/GeneralPublic/RepresentingYourselfInCourt.html>

MEDICAL SERVICES

Evara Health

Most major insurance plans accepted including Medicaid, Medicare, private and sliding scale.
 For appointment call #727-824-8181 or visit <https://evarahealth.org/>

Family, Pediatrics, Women's OB and GYN, Chiropractic
 707 Druid Road E, Clearwater M, & T 7:30a - 8pm W - F- 7:30a-5p
 702 Jasmine Way, Clearwater—Dental M-Th. 7am-6pm, Fri. 7am-4:30pm

Family Practice,
 12420 130th Ave N, Largo Mon - Fri 8am-5pm

Family, Pediatrics, Women's OB and GYN, Behavioral Health
 7550 43rd Street N., Pinellas Park M-7:30am-7pm, T/W/Thurs.-7:30am-8pm, Fri. 7:30a-5p Sat.

Family, Pediatrics, Women's OB and GYN, Dietician, Pharmacy, Dental & Prescription Assistance
 1344 22nd St S, St Petersburg Call for times and days since these vary.

Family, Pediatrics, Behavioral Health, Chiropractic
 247 S. Huey Avenue, Tarpon Springs Monday- 8am-7pm, Tues/ Thurs/Fri. 8a-5p, Wed. 8a-8p
 721 E. Lime Street, Tarpon Springs—Dental M-F 8am—5pm

At Bayfront: Family Practice, Podiatry, Behavioral Health & Substance Abuse
 701 6th St. S. Suite 741, St Petersburg M, T, W, Fri. -8a-5p Tues. 8a-6p

Family Medicine & Behavioral Health
 612 Dr. MLK Jr St N, St Petersburg M,T,W,F -8am-5pm Thurs 9am-6pm

Family Medicine, Pediatrics & Behavioral Health
 1721 Main Street, Dunedin M-F 8am-5pm

At Lealman: Family Practice, Pediatrics, GYN & Dental
 4950 34th St. N. St. Petersburg M-F 8am-5pm

Family Practice
 3860 Tampa Road, Suite C, Oldsmar 34677 M-F 8am-5pm

Highpoint Center
 14100 58th St. N. Clearwater Family Practice Pediatrics, Behavioral Health, OB/GYN
 M—F 8am-5pm

MEDICAL SERVICES CONT.

Florida Department of Health in Pinellas



- 310 N. Myrtle Ave. Clearwater #727-275-6572
Primary care for uninsured adult, dental, pediatrics, immunizations, laboratory, MedNet, family planning.
- 8751 Ulmerton Rd, Largo #727-275-6382
Primary care ,for uninsured adult, immunizations, triage nursing, laboratory, family planning.
- 6350 76th Ave. N., Pinellas Park #727-547-7780
Primary care for uninsured adult, dental, laboratory, healthy families, triage., family planning.
- 301 S. Disston Ave., Tarpon Springs #727-485-1806
Primary care for uninsured adult, dental, lab., breast & cervical cancer detection, immunizations, family planning.
- 205 Dr. Martin Luther King Jr. St. N. St. Petersburg # 727-824-4127
Primary care for uninsured adult, dental, ADAP, laboratory, MedNet, family planning.

<p><u>Bayside Health Clinic- Mobil medical unit for homeless</u> 727-453-7866 Call for places, dates, times. Services persons and families without insurance or have the County Health Plan #727-464-4200. www.pinellascounty.org/humanservices/healthprogram.htm</p>	<p><u>Bayfront Family Health Family Care Center</u> 700 6th St. South, 3rd floor, St. Petersburg 727-893-6116</p> <p><u>Clinica Guadalupana</u> English and Spanish Tel. 727-461-7730 by appointment only 1020 Lakeview Rd. Suite 4, Clearwater</p>
<p><u>Clearwater Free Clinic</u> (ages 1 mo. – 65y/o) For the uninsured-sliding scale 1218 Court Street, Clearwater: 727-447-3041 Proof of citizenship, ID, Social Security number required. Pediatrics on Wednesday. www.clearwaterfreeclinic.org</p>	<p><u>Diabetic Solutions & Sunshine State Pharmacy</u> Medications shipped to home address with RX from medical provider. Most insurance accepted and uninsured will be assisted at discount. Call 954-346-7759 https://controlyourdiabetes.com/</p>
<p><u>Florida Family Primary Care Centers</u> 6245 66th St. N. Pinellas Park Tel. 727-873-3891 Adult and pediatric care.</p>	<p><u>Lions Sight Center</u> (vision exams for a \$25 donation) 330 5th St. N., St. Petersburg (2nd floor) 727-893-7152 – Leave message</p>
<p><u>Medication Assistance Program</u> BayCare’s program helps anyone obtain medication for less cost. Call: 813-901-6350</p> <p><u>MedNet prescription assistance</u> MedNet® Prescription Assistance Program Suncoast Health Council <u>Department of Health</u> Clearwater # 727-275-6579 Pinellas Park #727-369-3913 St. Petersburg # 727-824-6936 Mid County # 727-275-6363 <u>Johnnie Ruth Clarke Health Center</u> 1344 22nd St. S Tel: # 727-824-8181 <u>St Pete Free Clinic</u> 863 third Ave N. # 727-327-0333 ext. 311</p>	<p><u>Neonatal Follow-Up Program at Johns Hopkins All Children’s Hospital</u> 601 5th Street South, St. Petersburg www.hopkinsallchildrens.org/Services/Maternal-Fetal-Neonatal-Institute/Neonatal-Follow-Up-Program Ph. 727-767-2818 Fax: 727-767-4391 Continuum of care for high risk infants, through the first five years of life; Focused on improving their growth, nutrition, and neurodevelopmental outcomes.</p> <p><u>Preserve Vision Florida</u> 9200 Seminole Blvd. 2nd floor Seminole Tel. 813-874-2020 x. 4024 Vision screenings and free eye glasses depending on income. www.pvfla.org</p>
<p><u>St. Petersburg Family Care</u> 6450 38th Avenue North, Suite 400 St. Petersburg Tel 727-545-4444</p> <p><u>St Petersburg Free Clinic Health Center</u> 5501 4th St. N. St. Petersburg 727-327-0333 Adults ages 18 – 64 Need FL ID & Pinellas address.</p>	<p><u>Turley Family Health Center</u> 807 Myrtle Ave. N. Clearwater 727-467-2400</p> <p><u>Willa Carson Health Resource Center</u> 1108 N. Martin Luther King Ave, Clearwater, FL 33755 727-467-9411 Basic health services provided (no fee).</p>

NEIGHBORHOOD FAMILY CENTERS

Neighborhood Family Service and Resource Centers provide many services for families.

NORTH COUNTY

- CAP/Union Academy | 401 E. MLK, Jr. Drive, Tarpon Springs | 727-934-5881
- Mattie Williams | 1003 Dr. MLK St. N., Safety Harbor | 727-791-8255
- Hispanic Outreach | 612 Franklin St., Clearwater | 727-445-9734
- Dr. Martin Luther King/Greenwood | 900 N. Dr. MLK Jr. Ave, Clearwater | 727-442-5355
- North Greenwood Resource Center | 1310 North M.L.K. Jr. Ave. Clearwater | 727-400-6805

MID COUNTY

- High Point | 5812 150th Ave. N., Clearwater | 727-533-0730
- Family Center on Deafness | 12445 62nd St. Suite 303, Largo | 727-501-2323
- GRAYDI | 12601 130th Ave. North Largo | 727-595-1684
- Lealman/Asian Center | 4255 56th Ave. N., St. Petersburg | 727-528-7891

SOUTH COUNTY

- Sanderlin Center | 2335 22nd Ave. South, St. Petersburg | 727-321-9444
- Campbell Park Resource Center | 701 16th St. S. Building 7 St. Petersburg | 727-280-6703



PARENTING CLASSES

Directions for Living Tel. 727-524-4464 option 0

Early Childhood Consultation Services

Birth to 5 years old. Court approved. Free.

In home and locations in Largo and Clearwater.

www.directionsforliving.org

Life After Childbirth with BayCare

Support group for mothers who are currently pregnant or have delivered up a one year ago.

Email: alina.greeley@baycare.org

Tues. & Thurs. 10am-noon. Virtual on Microsoft Teams.

Helpline: 727-725-6795

measelifeafterchildbirth@baycare.org

St Pete General Hospital Classes for Moms, Dads and siblings (brothers and sisters)

6500 38th Ave N, St Petersburg Tel. 727-341-4055

All classes are free of charge, but reservations are requested.

Register online: <https://stpetegeneral.com/calendar/#/ce-landing-page/search>

St Petersburg College Tel. 727-341-3000

<https://www.spcollege.edu/friends-partners/community-resources/community-enrichment-classes>

Separation and Divorce a Child's View Class- via Zoom

Text4Baby

Totally free text messages 3 times a week to help you through pregnancy and baby's first year. Text BABY to 511411 to enroll.

www.text4baby.org

Child Welfare full list of Court Approved Parenting classes

<https://www.myflfamilies.com/service-programs/child-welfare/stabilization/online.shtml>

HIPPY Program:

<https://www.rclub.net/service/hippy-program/>

Home Instruction for Parents of Pre-school Youngsters.

School readiness program for parents with children ages 3-5 to help parents be their child's first educator. Tel. 727-570-8841

Operation Par Programs: Court Approved

Nurturing Parenting & Nurturing Parenting Intensive: Focus on children ages 0-5.

Parenting Wisely: For parents of children 5 and older.

Nurturing Parenting: Father's specific group.

#1-888-727-6398

<https://www.operationpar.org/services/womens-services/>

Parenting Class for Family Stabilization 1-800-767-8193

Court approval 1 day 4 hours course (\$45)

For those going thru a civil action with a child.

SNAP-Stop, Now, And Plan with Family Resources

727-521-5200

13 week group program for children ages 6-11 and their parents learn to manage emotions. Free childcare for siblings.

Suncoast Center

Tel. 727-388-1220 or 727-327-7656

Many parenting and sibling classes available.

<https://www.suncoastcenter.org/classes-support-groups-events>

USF St. Petersburg Infant Family Center Call 727-873-4876

Nurturing Parenting and Circle of Security classes for families with children 0-5. No cost. Call for times and locations.

<https://www.stpetersburg.usf.edu/resources/family-study-center/infant-family-mental-health/infant-family-center.aspx>

PEDIATRICIANS

LAST NAME	FIRST NAME	Practice Name	Address	City/St/Zip	Phone (727)	Languages
Ago, MD	Aileen	St. Petersburg Pediatrics	3475 East Bay Drive	Largo 33771	535-9700	
Alvarez, MD	Alfred	North Pinellas Children's Medical Center	31860 U.S. 19 N	Palm Harbor 34684	787-6335	
Anderson, MD	Wayne	Turley Family Health Center	807 North Myrtle Ave.	Clearwater, 33755	467-2400	
Arline, MD	Laura	Bardmoor Internal Med & Pediatrics	8787 Bryan Dairy Rd., #275	Largo 33777	394-5650	
Alfara MD	Carmen	All Children's General Pediatrics	601 5 th St. S., #504	St. Petersburg 33701	767-8917	
Aungst, MD	Cary	East Lake Pediatrics	4150 Woodlands Pkwy, #B	Palm Harbor 34685	372-6760	
Banks, MD	Elizabeth	Coastal Pediatric Care	8787 Bryan Dairy Rd. #350	Largo 33777	525-2161	Spanish
Bharucha, MD	Corrie	Coastal Pediatric Care	8787 Bryan Dairy Rd. #350	Largo 33777	525-2161	Spanish
Black, MD	Janet	North Pinellas Children's Medical Center	31860 U.S. 19 N.	Palm Harbor 34684	787-6335	
Bordon, MD	Holly	Lorie McAuliffe, MD	405 Pasadena Ave. S.	St. Petersburg 33707	345-2212	
Boreman, MD	Kathryn	Myrtle Pediatrics	613 S. Myrtle Ave., #205	Clearwater 33756	447-6458	
Bowermaster, APRN	Sarah	St. Petersburg Pediatrics	7050 Seminole Blvd.	Seminole 33772	392-8033	
Brinn, MD	Melissa	All Children's General Pediatrics	601 5 th St. S., #504	St. Petersburg 33701	767-8917	
Cano, MD	Carlos	Suncoast Pediatrics	1395 W. Bay Drive	Largo 33770	584-6802	Spanish
Carr, Peds APRN	Tracy	Clearwater Pediatric Care	2370 Drew Street, #B	Clearwater 33765	461-1543	Spanish
Cavanaugh, MD	Lara	North Pinellas Children's Medical Center	31860 U.S. 19 N.	Palm Harbor 34684	787-6335	
Chavez, MD	Heinz	All Children's General Pediatrics	601 5 th St. S., #504	St. Petersburg 33701	767-8917	Spanish
Chernaeva, MD	Daniella	Turley Family Health Care	807 N. Myrtle Ave.	Clearwater 33755	467-2400	Spanish
Cibran, MD	Mariano D.	St. Petersburg Pediatrics	4105 49th St. N.	St. Petersburg 33709	528-6900	Spanish
Class, MD	Michelle	Lori McAuliffe, MD	405 Pasadena Ave. S	St. Petersburg 33707	345-2212	
Colon, MD	Yaritza	Evara Health	7550 43 rd St. N.	Pinellas Park 33781	824-8181	
Cordoba, MD	Martha	Northeast Pediatrics	431 Southwest Blvd N	St. Petersburg 33703	526-7337	
Cotti, MD	Megan	Northeast Pediatrics	431 Southwest Blvd N	St. Petersburg 33703	526-7337	
Cross, MD	Kelli	Complete Wellness Pediatrics	5033 Central Avenue	St. Petersburg 33710	334-8523	Spanish
Czerwinski, DO	Carol	Evara Health	14100 58th St. N.	Clearwater 33760	824-8181	Polish, Spanish
Davidson, APRN	Denay	Evara Health	7550 43rd St. N.	Pinellas Park 33781	824-8181	
Davis, ARNP	Stephanie	St. Petersburg Pediatrics	12170 Seminole Blvd.	Largo 33778	586-5355	
Dawkins, MD	Rachel	All Children's General Peds.	601 5 th St. S., #504	St. Petersburg 33701	767-8917	
dePaz, MD, MPH	Nicole	Pediatric Health Care Alliance	6671 13th Ave. N., Suite 1D	St. Petersburg 33710	381-1147	Spanish
Ellis, APRN	Linda	Myrtle Avenue Pediatrics	613 S. Myrtle, #205	Clearwater 33756	447-6458	
Ellis, MD	Lynne	Cool Kidz Pediatrics	1111 7th Ave. N. #103	St. Petersburg 33705	822-5393	Spanish
Elvambuena, MD	Glivery	Evara Health	1721 Main Street	Dunedin 34698	824-8181	Tagalog
Farrar, MD	Ted	Turley Family Health Care	807 N. Myrtle Ave.	Clearwater 33755	467-2400	
Fine, APRN	Ann	Cool Kidz Pediatrics	1111 7th Ave. N. #103	St. Petersburg 33705	822-5393	Spanish

Medicaid: Most Pediatricians accept Medicaid.

When you call for an appointment, you must confirm which HMO/MCO is accepted in their practice.

Gadea, MD	Shayne	Pediatric Health Care Alliance	12951 Walsingham Rd.	Largo 33774	391-0158	
Garrigan, MD	Erin	St. Petersburg Pediatrics	4105 49th St. N.	St. Petersburg	528-6900	
Gayahan, MD	Glivery	Evara Health	707 Druid Rd E	Clearwater 33756	824-8181	
Gerke, PA-C	Cheryl	All Star Pediatrics	5571 4 th St. N.	St. Petersburg 33703	525-7852	
Gerstner, APRN	Jennifer	Cool Kidz Pediatrics	1111 7th Ave. N. #103	St. Petersburg 33705	822-5393	
Goldstein, MD	Gary	Palm Harbor Pediatrics	3890 Tampa Rd., #101	Palm Harbor 34684	789-5811	
Habib, MD	Marcelle	Pediatrics Rainbow	571 S. Duncan Ave.	Clearwater 33756	789-0777	Egyptian Arabic, Spanish, French, Moderate German, Italian
Halbert, MD	Doug	St. Petersburg Pediatrics	12170 Seminole Blvd.	Largo 33778	586-5355	
Hamilton, APRN	Jamie	St. Petersburg Pediatrics	4105 49th St. N.	St. Petersburg 33709	528-6900	
Herrero, MD	Vivian	Dunedin Pediatrics	424 Douglas Ave.	Dunedin 34698	734-7337	Spanish, French
Hicks, MD	Mary Ann	Clearwater Pediatric Care	2370 Drew Street, #B	Clearwater 33765	461-1543	
Hidalgo, MD	Carlos A.	Tarpon Springs Pediatrics	1007 E. Boyer Street	Tarpon Springs 34689	772-5982	
Hill, MD	Taryn	All Children's General Pediatrics	601 5 th St. S., #504	St. Petersburg 33701	767-8917	
Hirschfield, MD PA	Jeffrey	Jeffrey Hirschfield, MD	6705 38 th Ave. N., #A	St. Petersburg 33710	381-4305	German, Spanish
Hodgson, APRN	Lacey	East Lake Pediatrics	4150 Woodland Pkwy	Palm Harbor 34685	372-6760	
Hornbeck, MD	Elizabeth	St. Petersburg Pediatrics	7050 Seminole Blvd.	Seminole 33772	392-8033	
Hoyos, P.A.-C.	Amanda	St. Petersburg Pediatrics	4105 49 th St. N.	St. Petersburg 33709	528-6900	
Hutter, MD	George	Bayfront Family Health	700 6th Street S.	St. Petersburg 33701	893-6828	
Jackson-Curtis, MD	Danuta	Better Health Medical Center	28960 U.S. 19 N., #115	Clearwater 33761	771-8282	Spanish
Jacob, MD	Salil	All 4 Kidz Pediatrics	1907 Tyrone Blvd. North	St. Petersburg	317-2117	
Johnson, MD	Julie	Fifth Avenue Pediatrics	2855 5th Ave. N.	St. Petersburg 33710	323-2727	
Johnson-Milas, DO	Audrey	Suncoast Pediatrics	1395 W. Bay Drive	Largo 33770	584-6802	
Jones, MD	Emily	Clearwater Pediatric Care	2370 Drew Street, #B	Clearwater 33765	461-1543	
Jordan, MD	Mike	East Lake Pediatrics	4150 Woodland Pkwy	Palm Harbor 34685	372-6760	Spanish
Karges, MD	Stephen	All Star Pediatrics	5571 4 th St. N.	St. Petersburg 33703	525-7852	
Kelley, MD	Sarah	Evara Health	7550 43 rd St. N. 14100 58 th St. N.	Pinellas Park 33781 Clearwater 33760	824-8181	
Kelly, MD	Karen	Myrtle Pediatrics	613 S. Myrtle Ave., #205	Clearwater 33756	447-6458	
Kim, MD	Jennifer	Coastal Pediatric Care	8787 Bryan Dairy Rd. #350	Largo 33777	525-2161	
Kitterman, DO	Chris	Evara Health JRC	1344 22 nd St. S.	St. Petersburg 33712	824-8181	
Klammer, DO	Veronica	Evara Health	707 Druid Rd E	Clearwater 33756	824-8181	
Klaus, LCSW	Jenniver	East Lake Pediatrics	4150 Woodland Pkwy	Palm Harbor 34685	372-6760	
Klein, MD	Jay	North Pinellas Children's Medical Center	31860 U.S. 19 N.	Palm Harbor 34684	787-6335	Spanish
Lam, MD	Yim	Evara Health	4950 34th St. N.	St. Petersburg 33714	824-8181	
Lawrence, APRN	Samantha	St. Petersburg Pediatrics	2137 16 th St. N.	St. Petersburg 33704	822-1896	
Lawrence, MD	Elizabeth	Turley Family Health Care	807 N. Myrtle Ave.	Clearwater 33755	467-2400	
Leal, APRN	Jennifer	East Lake Pediatrics	4150 Woodland Pkwy	Palm Harbor 34685	372-6760	

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Lewis, MD	Paul	Turley Family Health Care	807 N. Myrtle Ave.	Clearwater 33755	467-2400	
Logue, DO	Lyssa	Complete Wellness Pediatrics	5033 Central Avenue	St. Petersburg 33710	334-8523	Spanish
Lomicka, APRN	Carolyn	Clearwater Pediatric Care	2370 Drew Street, #B	Clearwater 33765	461-1543	
Lopez, MD	Maria	St. Petersburg Pediatrics	12170 Seminole Blvd.	Largo 33778	586-5355	Spanish
Lopez-Molina, MD	Norma	Evara Health	247 S. Huey Ave.	Tarpon Springs 34689	824-8181	Spanish
Lupert, MD	Nick	St. Petersburg Pediatrics	7500 Park Blvd.	Pinellas Park 33781	544-5437	
Mak, DO	Sheila	Clearwater Pediatric Care	2370 Drew Street, #B	Clearwater 33765	461-1543	
McAuliffe, MD	Lori	Lori McAuliffe, MD	405 Pasadena Ave. S	St. Petersburg 33707	345-2212	Spanish
McCormick, APRN	Leah	East Lake Pediatrics	4150 Woodlands Pkwy #B	Palm Harbor 34685	372-6760	
McHugh, APRN	Sara	St. Petersburg Pediatrics	3475 East Bay Drive	Largo 33771	535-9700	
McNeely, MD	Kathryn	Pinellas Pediatrics	1105 S. Ft. Harrison	Clearwater 33756	461-3163	
Meyer, MD	Ernesto	Partners in Pediatrics	401 Corbett St, #210	Clearwater 33756	446-1161	Spanish
Meyer, MD	Laura	Partners in Pediatrics	401 Corbett St., #210	Clearwater 33756	446-1161	Spanish
Mickey, MD	Jaimie	Bardmoor Family Practice	8787 Bryan Dairy Rd. #250	Largo 33777	391-6296	Spanish
Mikus, MD	Paul	Bardmoor Internal Med & Pediatrics	8787 Bryan Dairy Rd., #275	Largo 33777	394-5650	
Millette, MD	Kinjal	Evara Health	7550 43 rd St. N.	Pinellas Park 33781	824-8181	
Miranda, MD	Elinor	St. Pete Family Care	6450 38 th Ave. No., Suite 400	St. Petersburg 33710	545-4444	Spanish
Money-McKinnis MD	Deborah	Evara Health	707 Druid Rd E	Clearwater 33756	824-8181	
Moore, APRN	Christine	All Children's General Pediatrics	601 5 th St. S., #504	St. Petersburg 33701	767-8917	
Moore, MD	Steven	Peninsula Pediatrics	13131 66 th Street North	Largo 33773	228-7000	
Morgan, APRN	Morgan	St. Petersburg Pediatrics	7500 Park Blvd	Pinellas Park 33781	544-5437	
Morgan, MD	Steven R.	Suncoast Pediatrics	1395 W. Bay Drive	Largo 33770	584-6802	Spanish
Mularoni, MD	Kimberly	Northeast Pediatrics	431 Southwest Blvd N	St. Petersburg 33703	526-7337	
Nakajima, PA-C	Meri	All Star Pediatrics	5571 4 th St. N.	St. Petersburg 33709	525-7852	French, Greek, Spanish
Neri, MD	Karena	Palm Harbor Internal Med & Peds	3890 Tampa Rd., #101	Palm Harbor 34684	789-5811	Spanish
Notter, MD	Sarah	Bardmoor Internal Med & Peds.	8787 Bryan Dairy Rd., #275	Largo 33777	394-5650	
Odom, MD	Kimberly	Myrtle Pediatrics	250 Pine Ave. N. 613 S. Myrtle Ave., #205	Oldsmar 34677 Clearwater 33756	447-6458	
O'Halleran, MD	Michael	Northeast Pediatrics	431 Southwest Blvd N	St. Petersburg 33703	526-7337	
Oyama, PhD	Oliver	Turley Family Health Care	807 N. Myrtle Ave.	Clearwater 33755	467-2400	Spanish
Pai, MD	Rajendra	Clearwater Pediatric Care	2370 Drew Street, #B	Clearwater 33765	461-1543	Spanish
Pantages, MD	Dino	North Pinellas Children's Medical Ctr.	31860 U.S. 19 N.	Palm Harbor 34684	787-6335	Indian

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Patranello, MD	Pamela	Fifth Avenue Pediatrics	2855 5th Ave. N.	St. Petersburg 33710	323-2727	Spanish
Patterson, MD	Jebhar	St. Petersburg Pediatrics	2137 16 th St. N.	St. Petersburg 33704	822-1896	
Peters, DO	Bruce	Evara Health	707 Druid Rd E	Clearwater 33756	824-8181	
Petitfils, MD	Lisa	Cool Kidz Pediatrics	1111 7th Ave. N. #103	St. Petersburg 33705	822-5393	
Pillai, MD	Ananth	Cool Kidz Pediatrics	1111 7th Ave. N. #103	St. Petersburg 33705	822-5393	
Rankin, MD	George	Turley Family Health Care	807 N. Myrtle Ave.	Clearwater 33755	467-2400	
Rash, MD	Trudi	East Lake Pediatrics	4150 Woodlands Pkwy, #B	Palm Harbor 34685	372-6760	
Razman, MD	Dolores	North Pinellas Children's Medical. Ctr.	31860 U.S. 19 N.	Palm Harbor 34684	787-6335	Spanish
Reese, MD	Jasmine	All Children's General Pediatrics	601 5 th St. S., #504	St. Petersburg 33701	767-8917	
Reilly, MD	Elizabeth	St. Petersburg Pediatrics	2137 16th St. N.	St. Petersburg 33704	822-1896	Spanish
Reilly, MD	Jessica	Fifth Avenue Pediatrics	2855 5th Ave. N.	St. Petersburg 33710	323-2727	
Reyes, MD	Manual	Turley Family Health Care	807 N. Myrtle Ave.	Clearwater 33755	467-2400	
Richardson, MD	Athena	Pediatric Health Care Alliance	6671 13th Ave. N. Ste. 1D	St. Petersburg 33710	381-1147	Spanish
Riles, ARNP	Roxene	Sunshine Family Medical Center	3955 58th St. North	St. Petersburg 33709	347-2557	
Rodriguez, APRN	Rosie	East Lake Pediatrics	4150 Woodlands Pkwy, #B	Palm Harbor 34685	372-6760	
Rolland, MD	Lilivette	Cool Kidz Pediatrics	1111 7th Ave. N. #103	St. Petersburg 33705	822-5393	
Rommel, MD	Duane	North Pinellas Children's Medical Ctr.	31860 U.S. 19 N.	Palm Harbor 34684	787-6335	
Rowe, APRN	Amanda	East Lake Pediatrics	4150 Woodlands Pkwy, #B	Palm Harbor 34685	372-6760	
Salansky, MD	Jennifer	Bardmoor Family Practice	8787 Bryan Dairy Rd., #250	Largo 33777	391-6296	
Salomon, MD	Jeth	Jeth V Salomon Pediatrics	6560 9 th Ave. N., #1	St. Petersburg 33710	381-5437	
Savel, MD	Greg	Myrtle Pediatrics	250 Pine Ave. N., #B	Oldsmar 34677	447-6458	
Sando, MD	Jane	ACH General Pediatrics	601 5th St. South #504	St. Petersburg 33701	767-8917	
Sawka, MD	Jennifer	North Pinellas Children's Medical Ctr.	31860 U.S. 19 N.	Palm Harbor 34684	787-6335	
Schuhmann, APRN	Cindy	Pediatric Health Care Alliance	12951 Walsingham Rd 6671 13th Ave. N. #1D	Largo 33744 St. Petersburg 33710	391-0158 381-1147	
Sherbuck, ARNP	Christine	St. Petersburg Pediatrics	2137 16th St. N.	St. Petersburg 33704	822-1896	
Skinner, MD	Tara	Bardmoor Family Practice	8787 Bryan Dairy Rd., #250	Largo 33777	391-6296	
Smith, MBChB	Chris	East Lake Pediatrics	4150 Woodlands Pkwy, #B	Palm Harbor 34685	372-6760	
Smith, MD	Jessica	East Lake Pediatrics	4150 Woodlands Pkwy, #B	Palm Harbor 34685	372-6760	
Smith, MD	Sally	Fifth Avenue Pediatrics	2855 5th Ave. N.	St. Petersburg 33710	323-2727	
Smith, MD	Vicky	St. Petersburg Pediatrics	12170 Seminole Blvd.	Largo	586-5355	
Sourbeer, MD	Jeffrey	Turley Family Health Care	807 N. Myrtle Ave.	Clearwater 33755	467-2400	
Specter, MD	Naushin	Lori McAuliffe, MD	405 Pasadena Ave. S	St. Petersburg 33707	345-2212	Polish
Spiochi, ARNP	Amanda	St. Petersburg Pediatrics	2701 54th Ave. S.	St. Petersburg 33712	867-5788	
Sterling, DO	Fran E.	Suncoast Pediatrics	1395 W. Bay Drive	Largo 33770	584-6802	
Strickland, APRN	Kim A.	All Star Pediatrics	5571 4 th ST. N.	St. Petersburg 33703	525-7852	Spanish
Strickland, APRN	Kim	Evara Health – JRC	1344 22nd St. S.	St. Petersburg 33712	824-8181	
Theophilopoulos, MD	Ellyn	East Lake Pediatrics	4150 Woodlands Pkwy, #B	Palm Harbor 34685	372-6760	

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When you call for an appointment, you must confirm which HMO/MCO is accepted in their practice.

Threadgill, MD	Nichelle	Evara Health - JRC	1344 22nd St. S.	St. Petersburg 33712	824-8181	
Tran, MD	Thien	St. Petersburg Pediatrics	2701 54 th Ave. S.	St. Petersburg 33712	867-5788	Vietnamese
Upadhyay, MD	Bhumi	Northeast Pediatrics	431 Southwest Blvd N	St. Petersburg 33703	526-7337	
Vaughan, MD	Timothy	Bay Pediatrics	1725 E. Bay Dr., #A	Largo 33771	584-9810	
Vindhya, MD	Naveena	Cool Kidz Pediatrics	1111 7th Ave. N., #103	St. Petersburg 33705	822-5393	
Voltarel, MD	Stephen	Pediatric Health Care Alliance	6671 13th Ave. N. #1D	St. Petersburg 33710	381-1147	Spanish
Weber, MD	Charlene	North Pinellas Children's Medical Center	31860 U. S. 19 N.	Palm Harbor 34684	787-6335	
Weinberger, MD	Alyssa	Coastal Pediatric Care	8787 Bryan Dairy Rd, #350	Largo 33777	525-2171	
Wesnofske, APRN	Cassandra	St. Petersburg Pediatrics	.7500 Park Blvd	Pinellas Park 33781	544-5437	
White, APRN	Sarah	St. Petersburg Pediatrics	3475 East Bay Dr.	Largo 33771	535-9700	
Wolf, APRN	Richard	St. Petersburg Pediatrics	7050 Seminole Blvd.	Largo	392-8033	
Zhao, MD	Wenyng	St. Petersburg Pediatrics	1012 4th St. S.	St. Petersburg 33701	894-2231	Spanish

Medicaid: Most Pediatricians accept Medicaid. When you call for an appointment, you must confirm which HMO/MCO is accepted in their practice.

Language Key: All practices have English speaking staff in addition to other languages listed.

For updates or other helpful information, go to our website: www.healthystartpinellas.org

PREGNANCY CENTER SUPPORT

Services & items offered at no charge and may include: pregnancy tests, limited ultrasound, std/sti testing, childbirth & parenting classes, maternity and infant clothing, diapers, baby equipment, supplies and baby formula & food. Please call each center for details and days & hours of operation.

A Woman's Place

927 Klosterman Road, Tarpon Springs, FL #727-940-2626
8001 66th Street North, Pinellas Park, FL #727-545-1234

Foundations of Life Pregnancy Center

905 S. Prospect Ave. Clearwater FL
#727-550-4236 or email: fopinellas@ccdosp.org

Kimberly Home

1189 NE Cleveland Street, Clearwater, FL #727-443-0471

The Next STEPP Center (Services to Those Experiencing Pregnancy or Parenting)

1210 22nd Street South, St. Petersburg, FL
#727-896-9119

Bay Area Family & Pregnancy Center

2380 Drew Street, #6, Clearwater, FL #727-449-1988
5812 150th Avenue North, Clearwater, FL #727-200-9165
4000 43rd Street North, St. Petersburg, FL #727-200-9166
Times of operation vary at each location.

Mary's Outreach

Email: lima4144@gmail.com or #727-323-5100
Face to face in home services following COVID 19 rules.

Upper Pinellas Support Services Pregnancy Center

80 North Walton Avenue, Tarpon Springs, FL
#727-937-4304

Project Teen Birth Call- 813-820-1660

Providing a full spectrum doula to achieve continuity of care during all pregnancy experiences, prenatal and postpartum visits in the comfort of your home or partnering birth centers. Working with mothers ages 13-20.

Also, virtual monthly support groups for young parents.

Connect: Online- www.projectteenbirth.org

Serving Pinellas and Hillsborough counties.

Doula=someone that provides guidance and support to pregnant mothers.

A Safe Haven For Newborns

1-877-767-2229

Infants 7 days old or less

Don't panic! You are not alone. We are here to help. Don't abandon your baby. Give your baby to any staff at a hospital, EMS or Fire station.

Expert written resources and information for families.

www.newmomhealth.com



PREGNANCY MEDICAID

Pregnancy Medicaid Application Guidelines– April 2021

All women must apply on line by going to: <http://www.myflorida.com/accessflorida/>

If only applying for Pregnancy Medicaid (not SNAP/food stamps or TANF/cash assistance) the process should take under 10 minutes. Complete the application by faxing the following items to: **1-866-940-7126**

- 1) proof of identity (for example, driver’s license) or proof of your U. S. citizenship (for example, birth certificate) or non-citizen status
- 3) proof of last 4 weeks gross income for household members listed on your federal tax return. **Each faxed page must include your name, date of birth and DCF Case or Application Number. Note the following:**

Make sure your income **does not exceed the following limits:**

Household Size (Include Your Unborn Child)	Gross Monthly Income/Before Taxes (these figures include 5% standard disregard)
2	\$2,773
3	\$3,496
4	\$4,219
5	\$4,941
6	\$5,664
7	\$6,387
8	\$7,109

Child Support and SSI are not counted as income and proof of pregnancy is **not** required.

All Medicaid recipients must choose one of the following HMO/PSN plans: Humana, Simply, Staywell or Sunshine. Once your Medicaid is approved, speak with your prenatal care provider to see what plan/s they accept in their practice. To then make this choice, go to the following site: www.flmedicaidmanagedcare.com/

If you do not have access to a computer, you can call 1-877-711-3662 to talk to a choice counselor.

Pinellas County Providers who accept Medicaid are listed on page 26- make an appointment right away! Note that a few may see you before your Medicaid is approved – they will bill Medicaid for services you receive.

Pregnant? Third Trimester? Start Counting!
Counting kicks is simple. We'll show you how...

- 1 Pick a time when your baby is active and count at the same time each day.
- 2 Count your baby's kicks with the free Count the Kicks app.
- 3 Call your provider right away if you notice a change in your baby's movement pattern.

Count the Kicks app logo and social media icons (Facebook, Twitter, Instagram). Download on the App Store and GET IT ON Google play.

My NICU Baby app interface showing a family with a baby, navigation menu, and sections for LEARN, TRACKERS, NICU PARTNERS, PHOTOBOOTH, and FAVORITES. Includes Download on the App Store and GET IT ON Google play buttons. MARCH OF DIMES logo at the bottom.

PRENATAL PROVIDERS

***These providers may not accept Medicaid.**

CLEARWATER

***A Place for Women** – Drs. Delia Delgado, Lorraine Cuadros, Alexis Lipton, Annika Chadee, Beth Benson and Mariza Mushezo, APRN – (see Seminole location) – 727-393-2800

All Femcare – Drs. Hugo Perez-Artiles & Jose Calderon-Guzman – 727-785-7686

BayCare Medical Group– Drs. Elvia Vallejo, Christopher Kraft, Rachel Lambert & Eden Zeleke - 727-462-3401

Evra Health – Drs. Amy Gabriel, Erica Schneider, Michael Kinder & Scott Greenberg, Tanya deGroot and CNM, APRN's Sharon Turpin, Elizabeth Plumley, Jaime Clark, Lucy Bosley & Callie Ashlock and Jenny Bagg, CNM and APRN's Emily Michelson & Rachel Russell- 727-824-8181 – (see PP and two SP locations)

Gulfoast Institute of Ob/Gyn – Drs. Romeo Acosta, Guillermo Calderon, Emanuel Javate, Christy Shamas, Wilfredo Lorenzo and Taylor Ann Lentz, PA – 727-540-0670 (see SP & Seminole locations)

Dr. G. Stephen Igel – 727-461-7611 (see Tarpon Springs location)

Turley Family Health Center – Dr. Daniel Chernaev and CNM's Carol Hay, Rachel Stall & Susan Salazar –727-467-2400

***Dr. Thomas Walter and Amy Harrington, APRN** - 727-669-6242

***Women's Care Florida/Countryside Obstetrics & Gynecology** – Drs. Anjana Patel, Trisha Llewellyn, Maria Pimentel & Joshua Jones and Kristin Carl, APRN, - 727-725-5121

***Women's Care Florida/Lerner, Rudolph, McCance & Associates** – Drs. Saul Lerner, Richard Rudolph, Gigi McCance, Ryan Brosch, Susan Marcelli, Jacqueline Fernandes, Katharine Weinstock & James Lee – 727-461-2757 (see offices in SP & PH)

LARGO

Breath of Life –APRN's Cynthia McCullough, Laci Spengler, Ellen Hope & Chanel Blanchard & Tammy Taylor – 727-216-1420

Women's Care Florida/ Contemporary Women's Care—Drs. Katherine Dadisman, Brooke Ritter, Diana Connor & Ashley Long and CNM's Debbie Landis-Nussbaum & Tonia Badura and APRN's Jordan Bennett& Chelsea DeLuca and Pamela Rox, APRN, CNM – 727-462-2229 (see Palm Harbor location)

PALM HARBOR

Ladies & Babies – Dr. Arleigh Ancheta – 727-781-3448

Women's Care Florida/Contemporary Women's Care – (See Largo location) –727-281-9649

***Women's Care Florida/Lerner, Rudolph, McCance & Associates** – 727-461-2757 (see providers in CW & see SP location)

PINELLAS COUNTY

Childbirth Options – Sizzly Auer, LM, CPM – home births – 813-381-6430, ext. 101

***Circle of Life - Cheryl Moore, LM** –home births - 813-426-2397

***Labor Lovelies— Nedra Miller, CNM, APRN**—home births—727-478-0617

***Mama Centered Midwife – Michelle Gallagher, LM, CPM** – home birth—727-228-2879

Uma Midwifery – Zulgail “Zul” E. Ruiz Ginés LM, CPM – home births - 310-425-9414

PINELLAS PARK

Evra Health – (see providers in CW & see SP locations) –727-824-8181

SAFETY HARBOR

***Florida Women's Care** – Dr. James Gallagher – 727-786-8678

Women's Care Florida/ Williams, Goldman & Watson – Drs. A. Trent Williams, Joshua Goldman, Jennifer Watson, Christy Nolan, Sarah Shelden, Jennifer Bowen & Lauren Moorehead and Renee Pinheiro, MPAS and Jackie Tinny, CNM & Nicole Gregory and Lynn DeVries, APRN – 727-376-7734

ST. PETERSBURG

***JH/ACH Maternal Fetal & Neonatal Institute Perinatology Specialists** –

Drs. Karen Raimer, Jose Prieto, Katherine Apostolakis-Kyrus, Rachele Schwartz, Mayra Cruz Ithier. Tiffany Tonismae & Jose Perez Yordan– 727-767-7903

JH/ACH OB-GYN Specialists – Drs. Sheila Devanesan, Suzanne Icely, Laura Politz, Tammy Nguyen, Jenny Michael, Tess Chance, Tara Taylor and APRN, CNM's Amy Johnson – 727-767-6060

Bayfront Family Health Center – 727-893-6198 - High Risk Clinic/CMS/Regional- directed by JH/ACH Maternal & Neonatal Institute Perinatology Specialists listed above

Evra Health at JRC and Bayfront– (see providers in CW and locations in Pinellas Park) – 727-824-8181

Gulfoast Institute of Ob/Gyn –727-344-4651 – (see providers in CW & see Seminole location)

The Birth Center of St. Pete – Jessica Willoughby, LM – 727-895-2300

Women's Care Florida/Absolute Health & Wellness – Drs. Jennifer Gilby, Sarah Miller, Nadia Pile & Jenna Harrison and APRN, CNM's Kelly Murray, Amanda Klawinski, Jayma Holt, Kathryn Steckel & Kat Ambler– 727-323-3838

Women's Care Florida/BayView OB/GYN – Drs. Thomas McNeill, Jr. & Carlos Reyes and APRN, CNM's Darlean Weingarten, Michelle Griner, Brandi Haugabook and APRN Liz Gonzalez – 727-895-1300

***Women's Care Florida/Lerner, Rudolph, McCance & Associates** – 727-461-2757 (see providers in CW and see PH location)

Women's Care Florida/New Beginnings – Drs. Kimberly Biss & Raphael Guichard and Connie Rudolph, APRN, CNM and Nicole Gueli, APRN-C and CNM's Stephanie Tracey & Michelle Pease– 727-456-0080

Women's Care Florida/St. Petersburg Obstetrics & Gynecology – Drs. Molly Long, Beth Diner, Linda Tijerino, Anna Wouters & Prashanti Logeswaren and Donna Wilkinson, PRN-C and Amanda Freeman, APRN (two locations) – 727-954-7121

SEMINOLE

***A Place for Women** – (see providers in CW location) - 727-393-2800

Gulfoast Institute of Ob/Gyn– 727-319-2303 – (see providers in CW & see SP location)

TARPON SPRINGS

Dr. G. Stephen Igel – 727-461-7611 (see Clearwater location)

SHELTERS/EMERGENCY HOUSING

Alpha House <http://alphahousepinellas.org/>

701 5th Ave. N., St. Petersburg, FL • 727-822-8190

Homeless woman ages 14-41 pregnant or with baby 9 months or younger. Six months clean and sober. School attendance or work required to maintain placement.

CASA <https://www.casa-stpete.org/>

Tel. 727-895-4912 24 hr. domestic violence hotline

For survivors of domestic violence. Emergency and temporary housing program.

Pinellas Hope <https://pinellashope.org/emergency-shelter/>

5726 126th Ave, N. Clearwater, FL. 727-556-6397. A 90-day shelter for homeless men and women clean and sober; case managers and adult GED classes on site. Sponsored by Catholic Charities.

Hope Villages of America <https://hopevillagesofamerica.org/>

1552 S. Myrtle Avenue, Clearwater, FL • 727-446-5954

Eligibility: Homeless families with children; maximum stay 8 weeks, and referral to mental health services if needed. Must be employed or employable for 18 & over. Drug test and background check required.

Salvation Army Emergency Shelter

• 340 14th Ave. S., St. Petersburg, FL • 727- 550-8080

Call for appt. Family dorm, female dorm and male dorm on premises. First 7 days free, thereafter \$10.00 a night to stay.

• Hope Crest 1521 E. Druid Rd. Clearwater #727-446-4177

For working families with minor children in their care and enrolled in some educational training.

Family Promise of Pinellas County <https://fppinellas.org/>

6201 22nd Ave N. St. Petersburg, FL #727-201-9571

Families with children under 18 years of age.

H.E.P. (Homeless Empowerment Program)

1120 N. Betty Lane Clearwater, FL 33756 • 727-442-9041

Housing and support for individuals, families and veterans.

<https://www.hepempowers.org/>

Pinellas Safe Harbor 14840 49th Street North, Clearwater, Florida

727-464-8058. A homeless shelter and jail diversion program designed to be a safe haven for homeless. 24 Hours 7 Days per week. Pinellas County residents.

Family Resources—Safe place 2B <https://familyresourcesinc.org/>

North County: 727-298-1607

South County: 727-893-1893

Supporting homeless youth ages 10-17 from all backgrounds.

St. Petersburg Free Clinic/We help

863 3rd. Ave. N. St. Petersburg 33701

Women's Residence-case managed 727-821-3894

Beacon House-long term, for men 727-823-5780

<https://stpetersburgfreeclinic.org/>

SUBSTANCE USE TREATMENT

Operation PAR

24 hour helpline 1-888-727-6398

Administrative Center: 6655 66th Street North Pinellas Park 33781
727-454-7564

Detox Tel. 727-538-7243

6150 150th Ave N, Clearwater, FL 33760

PAR Village for Women

13800 66th St N, Largo 33771

Residential treatment and drug abuse rehab

Motivating New Parents (PAR)

Home visitation and supportive services

Contact Jamie: 727-422-6647

Contact Gustavo: 727-263-7127

COSA Developmental Center

1930 4th St. South St. Petersburg 33705

727-551-5194 ext. 5404

Fairwinds Residential Treatment

<https://fairwindstreatment.com/>

1569 South Fort Harrison, Clearwater

Tel. 727-449-0300

Hospital In Patient /Residential Short Term

Self-pay/private insurance/No Medicaid

WestCare Florida

OUTPATIENT SERVICES CENTERS: Tel. 727-490-6768

Main office: 8800 49th St. North #402 Pinellas Park 33782

& 5999 Central Ave. #401 St. Petersburg 33710

SERVICES: Ryan White, Re-entry, Drug Court, Prevention, Veteran's Treatment Court

Clients under influence of substance. No insurance required/homeless ok

Alcoholics Anonymous: 24/7 Helpline 727-530-0415

Tel. 727-333-7118

www.aapinellas.org

Bay Area Narcotics Anonymous:

Tel: 1-888-779-7117

www.bascna.org

Al-Anon Family Groups

Tel: 1-888-425-2666

<https://al-anon.org/>

Smoking Cessation

Tobacco Free Florida-Quit support groups at 877-848-6696 or 813-929-1000 visit: www.tobaccofreeflorida.com/quityourway

CDC tips and resources: <https://www.cdc.gov/tobacco/campaign/tips/quit-smoking/guide/index.html>

Also: <https://smokefree.gov/>

Suncoast Center <https://www.suncoastcenter.org/>

Central Office: 4024 Central Ave. St Petersburg

For appointments call: 727-388-1220

Locations all over Pinellas county.

Many programs available focusing on mental health, substance use, family counseling, trauma assessment and counseling.

Windmoor Health Care <https://windmoor.com/>

11300 US 19 N, Clearwater

Tel. 727-541-2646 24 hours a day

Medicare, private and some Medicaid/HMO

Ask for WIN team if no insurance

In patient detox 18 yrs. and older

Outpatient /inpatient services for mental health.

TRANSPORTATION

Medicaid transportation

All Medicaid recipients in Pinellas and Pasco Counties will have to access Medicaid services, including transportation, through one of the four Managed Care Organizations listed below.

Contact Medicaid/AHCA to find out more by calling their Choice Counselor Hotline at **(877) 711-3662**

Managed Care Organizations (MCO) serving Pinellas County are:

***Humana:** 1-800-477-6931 TTY: 711

<https://www.humana.com/medicaid/florida-medicaid/member-support/new-members>

***Simply Healthcare:** 1-844-406-2396 TTY: 711

<https://www.simplyhealthcareplans.com/florida-medicaid/benefits/medicaid-benefits.html>

***Sunshine:** 1-866-796-0530 TTY: 1-800-955-8770

<https://www.sunshinehealth.com/>

*more specialty plans exists.



Call the Medicaid provider 3-4 days in advance and you will be asked for your Medicaid number, trip purpose and details like address and time of appointment. They will send this information to one of their transportation brokers, who will schedule the trip with a local transportation provider.

If there is a problem with the trip, file a complaint with AHCA via their website or phone number posted above.

LEARN MORE:

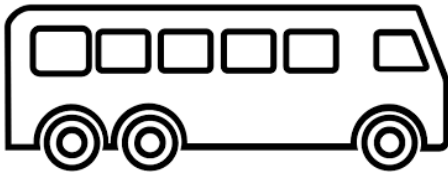
AHCA has a comprehensive website with links to a program snapshot: <http://www.ahca.myflorida.com/smmc>

Reduced-Cost PSTA Bus Passes <https://www.psta.net/> Call 727-540-1900

The Pinellas Suncoast Transit Authority (PSTA) provides bus service throughout most of the county.

All buses are air-conditioned and wheelchair accessible.

- ◆ Regular Cash Fare \$2.25
- ◆ Reduced Cash Fare \$1.10
- ◆ Downtown Looper—Free
- ◆ Jolley Trolley—\$5 unlimited, \$2.50 Seniors
 - ◆ Go Cards
- ◆ Flamingo Fare—<https://flamingofares.com/>



If you are pregnant a Urinary Tract Infection can cause:

- Preterm labor
- Severe Infection
- Anemia and more.

UTILITY OR RENTAL ASSISTANCE

Each program has different eligibility guidelines and funding sources

Assurance Wireless Phone Program:

Assurance Wireless Benefits - FREE Phone, unlimited text & 1000 FREE Voice Minutes Monthly. Eligibility varies by state, but you may qualify for Assurance Wireless. Tel. 1-888-321-5880 www.assurancewireless.com

CAP Center of Alliance and Progress https://www.citizensallianceforprogress.org/family.html#Emergency_link

Helping with utility bill assistance for families involved in their family support program.

401 East MLK Jr. Dr. Tarpon Springs Tel. 727-934-5881 ext. 0

Catholic Charities

Provides support and guidance to stabilize poor individuals and families in crisis in danger of becoming homeless in need of emergency utility assistance. Tel. 727-893-1313 <https://www.ccdosp.org/financial-assistance-pinellas-county/>

Family Services Initiative (FSI)

Call 211 or 727-210-4211 Text your zip code to 898211

To be eligible, there must be one person in the household with a social security and the family must be able to prove sustainability within 30 day of assistance.

Florida Life Line/Linkup Florida Discount phone services and phone bill assistance. Call. #800-540-7039

Good Samaritan Program

Assists the residents of Dunedin, Largo, Seminole and Clearwater with partial costs of water and electric bills. By appointment only. Tel. 727-644-4795

H.E.P. (Homeless Empowerment Program) <https://www.hepempowers.org/rental-assistance/>

1120 N. Betty Lane Clearwater, FL 33756 • 727-442-9041 Rental assistance. Complete from online and email to pwhite@hepempowers.org

Our Florida <https://www.ourflorida.com/> Helping Floridians get back on their feet. #833-493-0594

Pinellas County Emergency Rental Assistance Program

855-379-3515 Provides rental assistance to residents who have been impacted by Covid 19.

[Where To Get Help - Pinellas County COVID-19 Response and Recommendations](#)

Pinellas County Low Income Home Energy Assistance Program (LIHEAP)

727-327-0977 (must have appointment) **Calls start at 8:15 a.m.**

Must meet income criteria., complete application and provide identification, proof of household income and assets.

Assistance is limited to once a year. Provides assistance to pay a portion of the home energy costs.

Pinellas Opportunity Council, Inc.

Admin. Office: 501 1st Avenue North Suite 517, St. Petersburg: 727-823-4101 Call for requirements and eligibility.

Emergency assistance for energy bills, rent, mortgage, and budgeting classes etc.

RCS/Hope Villages of America

727-443-4031 ext. 108 700 Druid Rd. Clearwater FL Duke energy and rental assistance.

Safelink Wireless Phone Program:

Safelink Wireless is a government supported program that provides a free cell phone and airtime minutes. Customer must call for guidelines.

1-800-723-3546 www.safelinkwireless.com

Salvation Army Financial Assistance Social Services Office -call for an appointment

Services provided one time every 12 months. Helping with utilities and rent. Some documents required, call for details.

St. Petersburg –3800 9th Ave. N.: 727-323-2222– Helping St. Petersburg and surrounding cities.

1400 4th St. South: 727-822-4954 ext. 3

Clearwater- 1521 East Druid Road: 727-446-4177—Helping Clearwater, part of Largo, Dunedin and Safety Harbor

Tarpon Springs –209 S. Pinellas Ave., 727-934-4476– Helping people living in Tarpon Springs, Palm Harbor and Oldsmar

St. Nicholas Philoptochos Church

Assistance with electric, water and other financial needs for residents of Tarpon Springs, and Palm Harbor (also New Port Richey and Holiday).

Call 727-944-3366 *funding is limited*

St. Vincent de Paul CARES Assisting with rental and utilities for those participating in their program.

South Pinellas: 727-823-2516

We Help/St. Petersburg Free Clinic

863 3rd Ave. N., St. Petersburg: Tel. 727-821-1200 – Eligibility determined by a needs assessment of individual and family. Requires ID, verification of income and expenses. Call for days & time. Assistance with ID, BC, transportation, water bill, baby items, medical supplies and more.

VITAL DOCUMENTS

<p>Driver's License & ID Cards</p> <p>https://www.flhsmv.gov/</p> <p>Make and appt. 850-617-2000</p> <p>Driver licenses, ID cards, reinstatements, written and skills exams.</p> <p>Clearwater: 29399 US Hwy 19 N. #100 Clearwater: 1663 Gulf to Bay Largo: 13025 Starkey Rd. St Petersburg: 1800 66th St N. St Petersburg: 1067 62nd Ave. S.</p>	<p>Social Security Card www.ssa.gov</p> <p>1-800-772-1213 TTY 1-800-325-0778</p> <p>Apply for original SS card, replacement card, name changes on card, request benefit verification letter, Social Security benefit statement, replacement Medicare card, and more.</p> <p>2340 Drew St, Clearwater, FL 33765</p> <p>30 Dr. MLK St. S, St. Petersburg, FL 33701</p>	<p>Birth Certificate/Death Certificate https://www.vitalchek.com/vital-records/florida/florida-vital-statistics</p> <p>Office of Vital Statistics</p> <p>727-507-4330 x 7613</p> <p>8751 Ulmerton Rd. Suite 1700 Largo, FL 33771</p> <p>Birth/Death/Marriage/Divorce Certificates</p>
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Voters Registration

Tel. 727-464-VOTE (8683)

Offices in Clearwater, Largo, & St. Petersburg

You must be 18 to vote.



WIC



Nutrition program for pregnant, post-partum & breastfeeding women and infants & children up to five years old providing healthy foods including fresh fruits, vegetables & breastfeeding support at no cost.

For an appointment call 727-824-6913 or 727-824-6914

<p>St Petersburg 205 Dr. MLK Jr. St. N. 727-824-6900</p>	<p>Mid County 8751 Ulmerton Rd., Largo 727-524-4410 Drive through available.</p>	<p>Tarpon Springs 301 S. Disston Ave. 727-942-5457</p>
<p>Safety Harbor Neighborhood Center 1003 MLK St. N. Safety Harbor 727-791-8255</p>	<p>Pinellas Park 6350 76th Ave North 727-547-7780</p>	<p>Clearwater 310 Myrtle Ave. 727-469-5800</p>

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Roundtable Discussion Worksheet

Please appoint one notetaker to compile the roundtable discussion feedback. Upon the conclusion of the roundtable discussion, one table spokesperson will provide feedback to conference attendees during the open group discussion.

What tools or ideas will you incorporate into your practice or courtroom?

Provide feedback about successful resiliency strategies currently being utilized in your practice or in the courtroom that weren't discussed in today's conference?

What will you do differently to assist children and parents in overcoming ACEs and building resiliency?

Please provide additional ACEs and resiliency resources that may not have been discussed today.

Please use back if additional space is needed

Worksheets will be collected at the end of the session to compile the additional resources noted and provide to conference attendees.