

TOOL KIT

Amidst difficult times -

KEEP GOD
&
STAY CALM

*Do not fear, for I am with you,
Do not be afraid, for I am your God;
I will strengthen you, I will help you...*

ISAIAH 41:10

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HOPE
for the Hurting
BIBLE STUDY
TONY EVANS

Lifeway Press®
Nashville, Tennessee

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About the Author

Dr. Tony Evans is the founder and senior pastor of Oak Cliff Bible Fellowship in Dallas, founder and president of The Urban Alternative, former chaplain of the NBA's Dallas Mavericks, and author of over 100 books, booklets, and Bible studies. The first African American to earn a doctorate of theology from Dallas Theological Seminary, he has been named one of the twelve most effective preachers in the English-speaking world by Baylor University. Dr. Evans holds the honor of writing and publishing the first full-Bible commentary and study Bible by an African American.

His radio broadcast, *The Alternative with Dr. Tony Evans*, can be heard on more than 1,400 US outlets daily and in more than 130 countries.

Dr. Evans launched the Tony Evans Training Center in 2017, an online learning platform providing quality seminary-style courses for a fraction of the cost to any person in any place. The goal is to increase Bible literacy not only in lay people but also in those Christian leaders who cannot afford nor find the time for formal ongoing education.

Dr. Tony Evans was married to his late wife, Lois, for nearly fifty years. They are the proud parents of four, grandparents of thirteen and great-grandparents of three.

For more information, visit TonyEvans.org.

How to Get the Most from this Study

This Bible study book includes six weeks of content for group and personal study.

GROUP SESSIONS

Regardless of what day of the week your group meets, each week of content begins with the group session. Each group session uses the following format to facilitate meaningful interaction among group members, with God's Word, and with the teaching of Dr. Evans.

START. This page includes questions to get the conversation started and to introduce the video teaching.

WATCH. This page includes key points from Dr. Evans's teaching, along with blanks for taking notes as participants watch the video.

DISCUSS. This page includes questions and statements that guide the group to respond to Dr. Evans's video teaching and to relevant Bible passages.

PERSONAL STUDY

Each week provides three days of Bible study and learning activities for individual engagement between group sessions: "Hit the Streets" and two Bible studies.

HIT THE STREETS. This section highlights practical steps for taking the week's teaching and putting it into practice.

BIBLE STUDIES. These personal studies revisit stories, Scriptures, and themes introduced in the videos in order to understand and apply them on a personal level.

7

Tips for Leading a Small Group

Follow these guidelines to prepare for each group session.

PRAYERFULLY PREPARE

REVIEW. Review the weekly material and group questions ahead of time.

PRAY. Be intentional about praying for each person in the group.

Ask the Holy Spirit to work through you and the group discussion as you point to Jesus each week through God's Word.

MINIMIZE DISTRACTIONS

Create a comfortable environment. If group members are uncomfortable, they'll be distracted and therefore not engaged in the group experience. Plan ahead by considering details like seating, temperature, lighting, food and drink, surrounding noise, and general cleanliness.

At best, thoughtfulness and hospitality show guests and group members they're welcome and valued in whatever environment you choose to gather. At worst, people may never notice your effort, but they're also not distracted. Do everything in your ability to help people focus on what's most important: connecting with God, with the Bible, and with one another.

INCLUDE OTHERS

Your goal is to foster a community in which people are welcome just as they are but encouraged to grow spiritually. Always be aware of opportunities to include any people who visit the group and to invite new people to join your group.

An inexpensive way to make first-time guests feel welcome or to invite someone to get involved is to give them their own copies of this Bible-study book.

Hope for the Hurting

ENCOURAGE DISCUSSION

A good small-group experience has the following characteristics.

EVERYONE PARTICIPATES. Encourage everyone to ask questions, share responses, or read aloud.

NO ONE DOMINATES—NOT EVEN THE LEADER. Be sure that your time speaking as a leader takes up less than half of your time together as a group. Politely guide discussion if anyone dominates.

NOBODY IS RUSHED THROUGH QUESTIONS. Don't feel that a moment of silence is a bad thing. People often need time to think about their responses to questions they've just heard or to gain courage to share what God is stirring in their hearts.

INPUT IS AFFIRMED AND FOLLOWED UP. Make sure you point out something true or helpful in a response. Don't just move on. Build community with follow-up questions, asking how other people have experienced similar things or how a truth has shaped their understanding of God and the Scripture you're studying. People are less likely to speak up if they fear that you don't actually want to hear their answers or that you're looking for only a certain answer.

GOD AND HIS WORD ARE CENTRAL. Opinions and experiences can be helpful, but God has given us the truth. Trust God's Word to be the authority and God's Spirit to work in people's lives. You can't change anyone, but God can. Continually point people to the Word and to active steps of faith.

Tips for Leading a Small Group

KEEP CONNECTING

Think of ways to connect with group members during the week.

Participation during the group session is always improved when members spend time connecting with one another outside the group sessions. The more people are comfortable with and involved in one another's lives, the more they'll look forward to being together. When people move beyond being friendly to truly being friends who form a community, they come to each session eager to engage instead of merely attending.

Encourage group members with thoughts, commitments, or questions from the session by connecting through emails, texts and social media.

When possible, build deeper friendships by planning or spontaneously inviting group members to join you outside your regularly scheduled group time for meals, fun activities, or projects around your home, church or community.

Week 1

COMING TO THE COMFORTER

Hope for the Hurting

Start

Welcome to Group Session 1.

What shapes a person's view of his or her painful experiences in life?

How do upbringing, past experiences, expectations, and coping skills impact the healing process when painful scenarios pop up?

Imagine a Christmas tree with stacks of presents placed at its base. Examine each carefully wrapped present in your mind. You're likely not visualizing identically shaped and sized gifts because Christmas presents come in all shapes and sizes. Similarly, each person's pain, trauma, and triggers are unique to them. Your scars, scares, and challenges are unique to you. There is not a one-size-fits-all pain moment for all people. Neither is there a one-size-fits-all solution to the hurts we feel.

Everyone experiences pain differently. Some of us face it well. Some of us try to deny it. Others, even, succumb to its crushing weight, which only leads to more pain through the compounding consequences of additional poor personal choices. Unfortunately, many people miss the opportunities for growth that pain provides. The purpose of this Bible study is to help you face life's difficulties with dignity and come out stronger because of it.

Invite someone to pray, then watch the video teaching.

Coming to the Comforter

Watch

Follow along as you watch video Session 1.

Video sessions available at lifeway.com/hopeforthehurting

Hope for the Hurting

Discuss

Use the following questions to discuss the video teaching.

The passage we're going to discuss is an anchor passage for trying times.

Read this passage together and then discuss the following questions.

For we do not want you to be unaware, brethren, of our affliction which came to us in Asia, that we were burdened excessively, beyond our strength, so that we despaired even of life; indeed, we had the sentence of death within ourselves so that we would not trust in ourselves, but in God who raises the dead; who delivered us from so great a peril of death, and will deliver us, He on whom we have set our hope. And He will yet deliver us, you also joining in helping us through your prayers, so that thanks may be given by many persons on our behalf for the favor bestowed on us through the prayers of many.

2 CORINTHIANS 1:8-11

Have you ever heard the statement "God won't give you more than you can handle"? Why is this statement untrue and unhelpful?

We've all heard the statement that God won't put more on you than you can bear. No one wants to be the bearer of bad news, but this statement is untrue at best and unhelpful at worst. God often puts more on us than we can bear when he's trying to strip us of ourselves and lead us to depend on Him in our weakness. If we never experienced more than we could bear, there would never be a reason to depend on God.

Have you experienced a time when God put more on you than you felt you could bear? If so, what did you learn through that experience?

Coming to the Comforter

What are some reasons you believe God may allow us to struggle beyond what we feel individually able to solve or fix?

In the video, Dr. Evans talks about the season in the Evans home where they lost eight family members to death over a period of just two years. This season of crushing was more than they could bear on their own. He talks about how there are times in our lives when God is the only One remaining with strength to lean on because all human strength is gone. This is actually a good place to be—depending on the goodness of God and the faithfulness of others. In this passage, Paul described that the ultimate goal of our affliction is thankfulness for the favor that would be brought to us through the prayers of many.

What does it look like in practical terms to set your hope on God in the midst of a hopeless situation?

**What power comes when people come together to pray in one accord?
When have you felt the benefits of personal prayer?**

Share a time you came to know God's favor personally when you faced a hopeless scenario, and what was the result?

PRAYER

Lord, in times of trials and difficulties, it is easy to lose hope and lose heart. But You desire to produce new life and new gratitude through these difficult times. Help us not to give in to the despondency and despair, but rather help us to look to You with a spirit of expectation that Your favor will see us through this painful season. In Jesus' name, amen.

Hope for the Hurting

Hit the Streets

PUSHING THROUGH

When a person exercises, he or she will often look to something outside of themselves to distract them during the pain. This distraction helps them to keep going and push through. God doesn't want to just distract you in the pains of life, but He wants to comfort you. That is even better. His comfort provides a way for you to push through the challenges of hurt and loss, while also maximizing the opportunity for personal growth and development.

Below are three key passages, and a space for you to write a personal summary of each, to keep your eyes on when you are going through a painful season.

These things I have spoken to you, so that in Me you may have peace. In the world you have tribulation, but take courage; I have overcome the world.

JOHN 16:33

Personal Summary:

Coming to the Comforter

For just as the sufferings of Christ are ours in abundance,
so also our comfort is abundant through Christ.

2 CORINTHIANS 1:5

Personal Summary:

Naked I came from my mother's womb, and naked
I shall return there. The LORD gave and the LORD has
taken away. Blessed be the name of the LORD.

JOB 1:21

Personal Summary:

Bible Study 1

SEEKING COMFORT

If you live in Texas or the surrounding states, you will remember—like me—the terrible freeze we all went through in the early part of 2021. I had COVID-19 at the time with moderate symptoms. So, not only was I struggling to heal from the virus, I was also cold. The whole house was cold. The power grid had been hit so hard that many thousands lost power. In fact, nearly 200 people lost their lives during this horrific winter storm.

In order to keep warm, I had to use a number of blankets and comforters. My point might be obvious but in order for the comforters to do what they were created to do—keep me warm during the coldest winter I had ever known—I had to go grab them and cover myself with them. If the comforters were stacked in the closet or in a basket, they would do no good. I had to make the decision to go get the comforter and shelter under them in order to benefit from them.

Similarly, God offers us comfort in our difficulties and pain. But He doesn't force His comfort on us. We need to seek Him out and grab hold of His truths and presence to gain access to His comfort. In other words, God's comfort is abundant but not automatic. We must participate with Him in the process of pain in order to realize the powerful nature of His comfort. The Scriptures teach that God is a God of comfort.

Read the following verses and pull out the phrases on "comfort" in each one. Write them below the verse:

Blessed be the God and Father of our Lord Jesus Christ,
the Father of mercies and God of all comfort.

2 CORINTHIANS 1:3

Comfort phrase:

Coming to the Comforter

Who comforts us in all our affliction so that we will be able to comfort those who are in any affliction with the comfort with which we ourselves are comforted by God.

2 CORINTHIANS 1:4

Comfort phrase:

For just as the sufferings of Christ are ours in abundance, so also our comfort is abundant through Christ.

2 CORINTHIANS 1:5

Comfort phrase:

God's comfort comes to us in the midst of suffering and affliction. If it were a hot summer day in Texas, I wouldn't have needed the comforters I rested beneath during that disastrous winter storm. I needed the comforters because of the cold. Similarly, we experience God's comfort when we choose to look to Him for comfort instead of to deny the difficulties we are facing.

In what ways does contemporary Christianity and even secular psychology teach people to deny the difficulties they are facing and put on a facade?

What eventually happens when a person denies or ignores the pain in his or her life?

Acknowledge the pain in your heart doesn't make you less spiritual. You aren't more mature because you put your chin up and pretend that life's blows don't really get to you. Stuffing your emotions so that you can tell others you are "blessed by the Best" only creates a ticking time bomb in your spirit which will eventually blow. We heal from pain by acknowledging it.

Hope for the Hurting

No one ever healed by ignoring a wound rather than treating it. Wounds heal when they are washed, cleansed, treated, and kept clean. Similarly, pain in our hearts needs to be acknowledged and addressed in order to heal.

Identify one painful area in your life which you may have been glossing over. Why have you chosen not to face it?

Why is acknowledging your pain necessary for receiving the comfort God has supplied?

Why do we fool ourselves into thinking denying or hiding our pain will be more comforting than admitting it?

How can we encourage one other to be more transparent about our wounds so that we can receive the healing and comfort we need?

The Greek word for “comforter” used in the verses we examined on the previous page shares a root word with a term Jesus used to describe the Holy Spirit in John 14:16. Here Jesus said “I will ask the Father, and He will give you another *Helper*, so that He may be with you forever.”

Thus, in every affliction, trouble, hurt, pain, distress, or difficulty that you may be facing, there is a Comforter. There is a blanket of blessing, if you will choose to grab it. Now, it’s possible to spend so much time in a cold room complaining about the cold all the while not choosing to pull the comforter up over you. The comforter is there. You’re just more focused on the temperature in the room.

Your focus affects what your experience.

Coming to the Comforter

Read Romans 8:28-29.

And we know that God causes all things to work together for good to those who love God, to those who are called according to His purpose. For those whom He foreknew, He also predestined to become conformed to the image of His Son, so that He would be the firstborn among many brothers and sisters..

ROMANS 8:28-29

What perspective do these verses give you concerning God's purpose for your pain?

Describe some characteristics of a person "conformed to the image of" Jesus Christ.

How might that relationship with Jesus shape his or her experience with pain?

Pray about your pain, troubles and triggers. Do you view them through the lens of God's purpose? Are you actively seeking to be conformed to the image of Jesus Christ more so than desiring a life of ease?

PRAYER

Spend some time in prayer asking God to align your heart and spirit with His purposes, and to enable you to be more authentic and aware of the personal traumas of your life that you need to acknowledge, address, and look to God for comfort in.

Bible Study 2
LIFE LOOPS

The promises of God's Word have never been a guarantee from pain and trouble. Rather they are promises to experience God in pain. Oftentimes, God does manifest His victory on our behalf by removing the challenge or bringing us through, but not until He has developed us through it. Being able to develop through our pain is a mark of spiritual maturity. It proves that when we are pressed we find comfort from our Comforter.

List some qualities of spiritual and emotional maturity..

Which of those qualities do you feel would be difficult to possess and maintain during painful times?

What is one quality of emotional and spiritual maturity you would like to strengthen in order to sustain you during hard times in life?

In fact, God will often allow us to remain in a painful situation until we are ready to be delivered from it. He does this in order that we might strengthen our spiritual maturity. When you or I don't learn the lessons we need to learn, it positions us in a life loop—a cyclical pattern of loss and pain. Until you break the cycle and seek God's grace for healing and growth, you'll be caught in a loop of self-doubt and limitation. Life loops are those times when we find ourselves being forced to learn the same lessons over and over again.

Coming to the Comforter

How can we find purpose in our pain and move beyond the life loop?

Understanding the purpose behind your pain requires accepting the sovereignty of God. God's sovereignty is His total control over all of life. It means that nothing happens to you unless it passes through His fingers first. In every circumstance, either God has caused it or He has allowed it. If He caused or allowed it, He has a reason for it. When you grasp that core spiritual truth, you can move past the "why me" or the "I wish I would have" or "If only I" or "If only He" thoughts and begin to acknowledge the fallout of the pain you are facing. You can shift your thinking in order to look for the important lesson at hand.

Is there an important life lesson that you feel may have been put on a "loop" in your life so that you are facing multiple opportunities to learn it?

Why do you feel this lesson is on a "loop"?

I often compare the life loop lessons we experience to taking a test in school. If you fail a test in school, the teacher will often ask you to retake it because the goal of teaching is to help you understand information and the only way the teacher knows that you understand the information is through passing the test. Similarly, God gives us tests in our own lives that center on aspects of wisdom, spiritual growth, and maturity. When we fail to learn these lessons, we'll be asked to take the same test again. Life loops happen to us in order to awaken our hearts to the critical need for spiritual growth.

Hope for the Hurting

When have you learned a tough lesson after many attempts at trying to learn it? Describe how you felt once you broke through and applied life's wisdom to your lesson.

One of the key traits people learn when going through a life lesson is humility. As you are probably aware, humility is a critical component of wisdom and essential for the Christian life. God intentionally opposes the proud (Ps. 138:6; Prov. 3:34; 29:23). That means, when you operate from position of pride or self-service, God will not get behind what you are doing. His Word tells us time and time again that pride comes from sin.

Pain removes pride from our hearts because it reveals our humanity. It reveals our need to honor and love others, and to not think more highly of ourselves than we ought. Pain topples the towers of pride erected in our souls. And while this may be unpleasant to go through, the outcomes, if you cooperate with the lessons of pain and loss, will be worth it. You'll find yourself living with greater levels of peace, contentment, and joy when you live a life devoid of pride.

Read the following verses and summarize their key points in your own words.

For the LORD is exalted,
Yet He looks after the lowly,
But He knows the haughty from afar.

PSALM 138:6

Summary:

"Behold, I am against you, arrogant one,"
Declares the Lord GOD of armies,
"For your day has come,
The time when I will punish you."

JEREMIAH 50:31

Coming to the Comforter

Summary:

The Lord GOD has sworn by Himself, the LORD God of armies has declared: "I loathe the arrogance of Jacob, And detest his citadels; Therefore I will give up the city and all it contains."

AMOS 6:8

Summary:

For the LORD of armies will have a day of reckoning
Against everyone who is arrogant and haughty,
And against everyone who is lifted up,
That he may be brought low.

ISAIAH 2:12

Summary:

What do these verses communicate as a whole?

PRAYER

Pray and ask God to reveal to you what lessons you need to learn from the painful life loops you have experienced. Let God know you want to break free from the cyclical lessons you've faced. Ask Him to place people and situations into your life to help you learn and apply what you need to in order to develop spiritual maturity at a deeper level than you've previously experienced.

Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening, and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being. The individual's experience of these events or circumstances helps to determine whether it is a traumatic event.

<http://www.samhsa.gov/traumajustice/traumadefinition/definition.aspx>



RECOGNIZING TRAUMA

Know the Facts and Find Help for Survivors

Types of Trauma

- Violence
- Physical, sexual, and/or emotional abuse
- Witnessing or exposure to violence/abuse
- Neglect
- War zone & refugee experiences
- Traumatic grief
- Terrorism and torture
- Immigration experiences
- Traumatic medical procedures

Manifestations of Trauma

- Unexpected reactions/overreactions (anger, hostility)
- Distractibility (jittering, fidgeting, difficulty focusing)
- Anxiety or irritability
- Difficulty regulating emotions
- Avoidance of people/places/situations
- Difficulty sleeping
- Substance use or abuse
- Difficulty coping with change or unanticipated circumstances

Prevalence

Sixty percent of American children were exposed to violence, crime or abuse in their homes, schools and communities in the most recently completed comprehensive national survey.

National Survey of Children's Exposure to Violence (2008)

Exposure to violence is a national crisis that affects approximately two-thirds of our children. Of the 76 million children currently residing in the United States, an estimated 46 million can expect to have their lives touched by violence, crime, abuse, and psychological trauma this year.

Report of the Attorney General's National Task Force on Children Exposed to Violence (December 2012)

In another study, more than 68% of children and adolescents had experienced a potentially traumatic event by the age of 16. Impairments—including school problems, emotional difficulties, and physical problems—occurred in more than 20% of children who had been traumatized. In those who had experienced more than one traumatic event, the rate was nearly 50%.

Copeland, W.E., Keeler, G., Angold, A., Costello, E.J. (2007). Traumatic events and posttraumatic stress in childhood.

How Parents, Caregivers, and Friends Can Help Trauma Survivors

- Be a dependable source of hope and optimism for the survivor.
- Help the survivor identify healthy coping skills for the strong emotions they manage, such as exercise, writing in a journal, and mindfulness.
- Help the survivor develop supportive relationships and a sense of connection.
- Do your best to create a sense of safety and stability for the survivor of trauma.
- Seek out information and support related to the specific type(s) of trauma that have been experienced (see reverse).
- Know your role: Be a good listener, but do not ask for details about the trauma. Seek guidance from experts when appropriate.
- Behaviors related to a trauma history are often interpreted as deliberate. Caregivers should rely on *positive behavior management techniques* rather than harsh punishments that may escalate a situation and trigger fear and anger.
- If trauma symptoms have a negative effect on behavior, daily living, or school performance, consider asking school staff for guidance or counseling (see reverse).



RESOURCES

Immigrant / Refugee Children

<http://www.refugees.org/resources/for-service-providers/working-with-refugees.html>

http://www.brycs.org/clearinghouse/search_resources.cfm

Childhood Trauma

<http://www.samhsa.gov/trauma/index.aspx#TipsChildren>

<http://www.nctsn.org/resources>

When a Child's Parent has PTSD

http://www.ptsd.va.gov/professional/treatment/children/pro_child_parent_ptsd.asp

Office of Psychology Services of the Fairfax County Public Schools

Provides consultation on student mental health, learning and behavioral issues.

Phone: (571) 423-4250

<http://www.fcps.edu/dss/ips/psychologists>

Office of School Social Work Services of the Fairfax County Public Schools

Provides consultation and resources to students and families around mental and behavioral health needs.

Phone: (571) 423-4300

<http://www.fcps.edu/dss/ips/socialworkers/index.shtml>

Northern Virginia Family Service

Violence Prevention and Intervention Services: Program for Children Exposed to Violence

Phone: (571) 748-2808

Entry and Referral Services - Fairfax-Falls Church Community Services Board

Provides mental/behavioral health intake, assessments and referrals

Phone: (703) 383-8500

<http://www.fairfaxcounty.gov/csb>



EMERGENCY AND CRISIS NUMBERS

Help is available 24/7

911 – in any life threatening situation

National Suicide Prevention Lifeline

Provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week. Also provides guidance for helping someone in distress.

National Hotline: 1-800-273-TALK (8255)

Web and chatline link: <http://www.suicidepreventionlifeline.org>

PRS CrisisLink

Provides 24-hour confidential listening, crisis intervention, information and referrals

Regional Hotline: (703) 527-4077

Text "CONNECT" to 85511

<http://prsinc.org/crisislink/services/>

Community Services Board Emergency Services : 703-573-5679

Fairfax County 24-Hour Domestic & Sexual Violence Hotline/Helpline:
703-360-7273

Alternative House Teen Crisis Hotline: 1-800-SAY-TEEN (729-8336)

Fairfax County Child Protection Services Hotline: 703-324-7400

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Fairfax County is committed to nondiscrimination on the basis of disability in all county programs, services and activities. Reasonable accommodations will be provided upon request. For more information, call 703-324-4600, TTY 711.



<https://mhav.org>



Advocacy

MHAV works to increase public awareness, decrease stigma and keep mental health issues on the forefront of policy and legislative agendas.

[2022 Policy and Legislative Priorities](#)

[2022 Bill Tracking Log](#)



Recovery Education

For individuals who have experienced challenges with trauma, mental health or addiction, our programs incorporate recovery principles, encourage self-empowerment and model peer support practices.

[Register to attend our Webinars and Virtual Trainings](#)



Support

Connect with MHAV's Peer-Run Warm Line and other resources for wellness and recovery.

Warm Line 866-400-MHAV (6428)

Mon - Fri 9:00 AM to 9:00 PM EST

Sat - Sun - Holidays 5:00 PM to 9:00 PM EST

Text /Chat Support

Wed, Fri - Sat 5:00 PM to 9:00 PM

Línea de apoyo de MHAV, atendida y administrada por pares

Addiction Recovery Support

Warm Line

1-833-4PEERVA (473-3782)

Mental Health America of Virginia understands that racism undermines mental health. Therefore, we are committed to anti-racism in all that we do. This means that we pledge to work against individual racism, interpersonal racism, and institutional racism in all their forms.



BEYOND THE NUMBERS: BLACK/AFRICAN AMERICAN HERITAGE

Nearly 45 million people in the U.S. [identify](#) as Black, with at least 3.1 million identifying as a [combination](#) of Black and another race. More than 7 million Black and African American individuals in the U.S. are living with a mental health [condition](#).

HISTORICAL CONTEXT

It is important to note that throughout the history of the United States, race and slavery overlap with mental health. In the mid-1800s, prominent American physician Samuel Cartwright created [two racist and false mental diagnoses](#), “drapetomania” and “dysaesthesia aethiopica,” to label Black people with the motive of keeping Black people oppressed, captive, and abused. Cartwright, much of the medical community, and even the U.S. Census claimed that free Black/African American individuals suffered from mental diagnoses more than enslaved folks and used this in arguments with abolitionists. Even in the early 1900s, leading academic psychiatrists claimed Black and African American people to be “psychologically unfit” for freedom.

The history of Black and African Americans in the U.S. has been plagued by trauma and oppression, but that does not make up the whole story. There is much to be celebrated and learned from Black and African American cultures. These communities, many of which whose specific ethnic origins have been lost over time due to slavery, came from various areas of Africa, including areas in which the earliest humans are thought to [originate](#) 2 to 6 million years ago. As such, the heritage of Black and African Americans stems from roots filled with innovation and community.

In the U.S., Black and African Americans have been relatively erased from history books, often being reduced to only the difficulties of their pasts. These communities have been on the front lines of activism and fights for justice, including and supporting historical greats such as Harriet Tubman and Dr. Martin Luther King Jr. Beyond the many prominent names that we as a nation have come to know, there is a history of innovation and fortitude. [Bebe Moore Campbell](#) was an author whose writings and advocacy around the experiences of Black women and those with mental health conditions led to the formal recognition of Bebe Moore Campbell National Minority Mental Health Awareness Month, the exact month that has allowed Mental Health America and others the much-needed space to talk about BIPOC mental health. Marsha P. Johnson was one of the [revolutionaries](#) who helped make LGBTQ+ pride what it is today. Audre Lorde spoke of intersectionality long before the term was coined by Kimberlé Crenshaw. Frederick McKinley Jones’ invention of the automatic refrigerated air-cooling unit led to [refrigeration](#), which allows us to preserve food, medicines, and other medical supplies.

Due to the erasure of Black positive history, many of these great innovators and activists are not nearly the commonly known names they deserve. Furthermore, there is still much to be learned about Black history, especially for those within the healthcare field. Historical dehumanization, oppression, and violence against Black and African Americans still exist today as intergenerational trauma. Past and present instances of negative treatment have led to a [distrust](#) of authorities, many of whom are not seen as having the best interests of Black and African Americans in mind. And despite progress made over the years, current-day racism – structural, institutional, and individual – continues to impact access to and delivery of care in the health system.

BARRIERS TO WELL-BEING

Racial [disparities](#) in mental health outcomes – and within the mental health care system – are well documented. Historically, the Black and African American experience in America has been unjustly characterized by violence and trauma, and racism and its effects are still pervasive. Black adults in the United States are more likely than white adults to [report](#) persistent symptoms of emotional distress – and face more barriers to receiving care. Less than half of Black and African American adults with serious mental health conditions received treatment, and even fewer Black and African American people with a substance use disorder

[received](#) treatment.

This lack of treatment is in part due to difficulty accessing services. While the Affordable Care Act helped close the gap in [uninsured](#) individuals, many Black Americans remain uninsured. Racism and bias within the health care system play an enormous role in this as well – with many Black Americans facing difficulties in getting needed care, tests, or treatment [compared](#) to white adults. Black Americans are also [offered](#) medication and therapy less often than the general population. Even when services are accessible, they aren't always culturally informed or relevant – very few of the psychology [workforce](#) is Black. Furthermore, screening tools have historically lacked cultural responsiveness and the ability to correctly identify key [stressors](#) in Black and African American communities.

Black and African American people with mental health conditions, specifically those involving psychosis, are more likely to be in jail or [prison](#) than people of other races because their symptoms are often labeled dangerous or scary. Instead of receiving needed care, Black and African Americans are instead [overrepresented](#) in prisons.

CULTURAL BELIEFS

Black and African American communities generally hold a strong stigma against mental health challenges and seeking help. According to [research](#), many Black and African American people – especially men – believe that mild depression or anxiety would be considered “crazy” in their social circles, inappropriate to discuss even among family, and sign of personal [weakness](#). The root of this stigma in the U.S. can be traced back to slavery – enslaved people were incorrectly thought to not be sophisticated enough to develop mental health conditions (except for made-up conditions created to keep them enslaved). Thus, mental health challenges were [ignored](#), explained away as “stress” or “exhaustion,” or blamed on the individual. These long-held negative attitudes cause many in the Black and African American community to feel shame and avoid seeking help for treatable mental health challenges and conditions.

Additionally, many people choose to seek support from their faith community over medical treatment. In several Black communities in the U.S., churches, mosques, and other faith-based institutions play a central role as a place to meet and support one another. Faith and spirituality can help aid in [healing](#) and be a valuable part of a treatment plan. For Black and African American communities, clinicians who seek to explore a person's faith or utilize it as a part of their treatment plan may have stronger chances at supporting the unique needs of the individual.

STRENGTHS AND RESILIENCY FACTORS

Some of the cultural aspects of Black communities are protective factors for mental health that support well-being and healing. Cultural values like family connection, expression through spirituality or art, and reliance on community networks can all be great sources of strength. Research has found religion, social and emotional support from family/peers/community, and Black identity to be among the most significant [protective](#) factors in Black populations.

Religion or faith often supports mental health in a few ways – it can connect individuals to a community of people with whom they have something in common, as well as provide a deeper meaning or structure to their lives. Some [studies](#) have found religion to be particularly helpful during times of high stress or significant change.

Connecting to Black identity and having a strong sense of community, heritage, and history can be another factor in resilience for Black individuals. [Studies](#) show that race is central to identity for Black Americans and impacts how they relate with each other and society at large. Having a strong sense of self is important to be able to thrive, and connecting with their cultural identity can foster that.

CALLS TO ACTION

In order to better support the mental health and well-being of those in the Black/African American community, the following calls to action are proposed:

- Explore community resources and other protective factors, such as faith, as part of treatment plans for Black/African Americans.
- Fund the development of a more culturally responsive mental health workforce through diverse recruitment, educational resources, and screening tools for Black/African Americans.
- Advocate for stronger overall systemic support for Black/African American communities, including in the justice system, education, and health care.



BEYOND THE NUMBERS: LATINX/HISPANIC HERITAGE



There are over 61 million Latinx/Hispanic individuals [living](#) in the U.S, and nearly 10 million of those people are living with mental health [conditions](#). But those numbers don't tell the whole story.



HISTORICAL CONTEXT

A mix of Indigenous and colonial heritage, Latinx/Hispanic cultures vary greatly in regions across the U.S., with Mexicans and Puerto Ricans making up the vast [majority](#) of these populations.. While the label of "Latinx and Hispanic" consists of those who are from Latin America or who come from a country that was or is primarily Spanish speaking, not all Latinx individuals are Hispanic, and not all Hispanic individuals are Latinx. For the purposes of this toolkit, these groups will be listed as "Latinx/Hispanic," and specific communities within those identities will be named when relevant. There are more than 20 different countries that make up these groups, all with different cultures, beliefs, and experiences.



Throughout history, many Latinx/Hispanic communities worldwide have [faced](#) political unrest, war, and oppression within their countries, often at the hands of U.S. government interventions, such as in Bolivia, Cuba, and Guatemala, to name a few. These eras of oppression led to a large number of internationally [displaced](#) persons, a contributing factor of the existing immigration crisis in the U.S. and leading to a high amount of undocumented individuals. Not all Latinx/Hispanic communities crossed borders to get to the U.S. though, with a large number of Mexican Americans predating present-day U.S. territories, including before the U.S. took over much of what once was Mexico. Additionally, Puerto Ricans are U.S. [citizens](#) with limited citizenship rights, due to territory not being officially recognized as a U.S. state.



There have been many [contributions](#) to U.S. culture by Latinx/Hispanic communities and individuals, specifically food, music, language, and politics. There is no doubt that these communities have made their marks on U.S. society in various ways.

BARRIERS TO WELL-BEING

From the historical effects of mass genocides and colonization to current day immigration and xenophobia, as well as various inequities across the U.S., those within Latinx/Hispanic communities have had to rise up to be given basic dignity and respect. These experiences have led to [cycles](#) of generational trauma that often place the burden of healing onto the most recent generation. Xenophobia in health care, conforming to a different culture, and threats of violence can be major [obstacles](#) that prevent individuals from seeking help. These [threats](#) can also cause fear in U.S.-born Latinx/Hispanic individuals due to stereotyping and biases. Additionally, systemic oppression in the U.S. has led to [challenges](#) around wealth, housing, food, and health care for both those born in the U.S. and those who immigrated here. For [undocumented](#) individuals, especially those who do not qualify under the Deferred Action for Childhood Arrivals (DACA) relief program, lack of health insurance, work permits, and fear of deportation can cause immense stress and inaccessible support.



One of the biggest challenges that Latinx and Hispanic communities face is access to health care and health education. Despite improvements, language [barriers](#) continue to play a major role in the ability for Latinx/Hispanic individuals to find care that is culturally and linguistically responsive, and financially accessible. Mental health concerns may also be difficult to [address](#) within this community due to Latinx/Hispanic individuals focusing on physical symptoms rather than the psychiatric ones, or use of idioms of distress that are often misinterpreted, misunderstood, or do not fall within the Western medical models of illness.



CULTURAL BELIEFS

Mental health and well-being can be a complex topic in many Latinx/Hispanic communities. There is often a need to hide one's struggles in order to appear strong and capable. In doing so, mental health conditions often are hidden. Statements such as "that's just how they are" can hinder the ability to identify and get treatment for mental health conditions. There may be a sense of shame that comes with vulnerability, which creates a mask of strength. Often, Latinx/Hispanic communities view themselves as hardworking and resilient individuals who have overcome immense challenges, which leads them to [overlook](#) their need for mental health support.

Latinx/Hispanic communities tend to maintain the [following](#) core beliefs:

- Familismo: the importance of families
- Personlismo/Simpatia: the importance of prioritizing rapport building
- Respeto: the importance of respect toward others, especially elders and authority figures
- Confianza: the importance of trust, confidence, and mutual reciprocity in a relationship

Many Latinx/Hispanic individuals live in the U.S. as immigrants or descendants of immigrants. They may straddle multiple worlds: one in which they physically live and one in which their family originates. Identity can be [complex](#) for children of immigrants and may lead individuals to suffer from feelings of inadequacy and displacement. Furthermore, it can often prevent Latinx/Hispanic individuals from getting the culturally relevant support they need.

STRENGTHS AND RESILIENCY FACTORS

Diversity within Latinx/Hispanic cultures generates resiliency and strength, especially those who have survived many challenges and learned to thrive for themselves and their loved ones. In addition, these communities have and continue to protect and rely on ancient wisdom and natural resources to maintain health and wellness.

Latinx/Hispanic communities are made up of mostly collectivist cultures. Connection to and understanding of one another is vital to community support and [success](#). For many Latinx/Hispanic individuals, religion is often centered throughout their lives. Churches can [serve](#) as ways to connect with loved ones, catch up on social topics, feel supported, and offer hope. For mental health, this factor of hope and faith can be a key anchor that holds an individual or community to their values and expectations.

Furthermore, knowledge of community allows individuals to know where to go for support. Latinx/Hispanic individuals are more [likely](#) to seek help for a mental health disorder from a primary care provider than from a mental health specialist. People in Latinx/Hispanic cultures may also seek out community care options, such as traditional healers or prayer circles, or support from their [families](#). The use of [traditional](#) and community-based practices of dance, music, food, and celebrations have additionally created spaces in which well-being and emotions are centered. Ultimately, these factors have paved the way for countless Latinx/Hispanic individuals to get mental health care, whatever that looks like for their unique needs.

CALLS TO ACTION

In order to provide more culturally responsive services to Latinx/Hispanic communities, the following calls to action are proposed:

- Fund diversified continuing education opportunities about Latinx/Hispanic cultures and recruit Latinx/Hispanic practitioners.
- Include community support resources in mental health care that include faith, arts, and family.
- Advocate for laws and policies that directly impact Latinx/Hispanic mental health and well-being, including fair wages, affordable housing, immigration support, and other social services.

Fairfax-Falls Church Community Services Board

Emergency numbers – answered 24/7

CSB Emergency Services
703-573-5679, TTY 711

Fairfax Detoxification Center
703-502-7000, TTY 703-322-9080

Call 911 for a life-threatening emergency.

Main CSB phone number for accessing services and referral information

CSB Entry & Referral Services
703-383-8500, TTY 711

Merrifield Center
8221 Willow Oaks Corporate Drive
Fairfax, Virginia 22031
703-559-3000, TTY 711

You can come to the Merrifield Center without a previous appointment to receive an evaluation, Monday through Friday from 9 a.m. to 5 p.m. Youth walk-in evaluations are offered during these times and also until 7 p.m. on Tuesdays.

Peer support services also available.



www.fairfaxcounty.gov/csb



This brochure is based on information published in 2010 by the Substance Abuse and Mental Health Services Administration of the U.S. Department of Health and Human Services.

Call 703-324-7000, TTY 711 to request this information in an alternate format.

June 2017

Should You Talk to Someone About a Drug, Alcohol, or Mental Health Problem?



Substance use and mental health problems are treatable, and help is available.

703-383-8500, TTY 711
www.fairfaxcounty.gov/csb



FAIRFAX - FALLS CHURCH

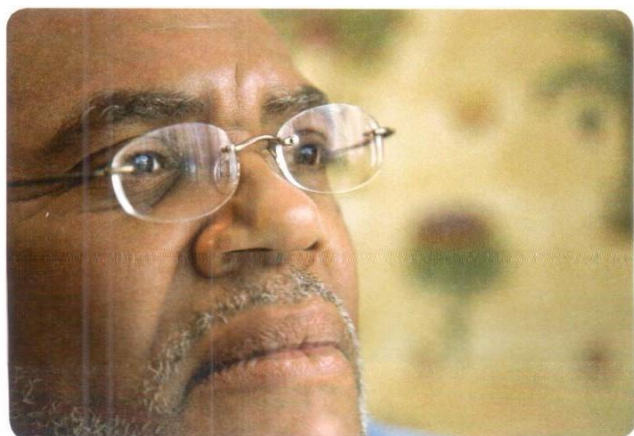
**Community
Services Board**

Many people struggle with both a substance use issue and a mental health issue. For people who experience problems from both issues, it is important to receive treatment for **both** to get better. Treatment works. Recovery starts with understanding that you may have one or both of these problems.

These questions can help you decide whether you need help with substance use, with a mental health issue, or with both.

- ☐ Over the past two weeks, have you felt down, depressed, or hopeless?
- ☐ Over the past two weeks, have you felt little interest or pleasure in doing things?
- ☐ In the past year, have you had significant problems with insomnia, bad dreams, or falling asleep during the day?
- ☐ In the past year, have you thought about ending your life or had thoughts about suicide?*

*** If you have had thoughts of not wanting to live, or harming yourself or anyone else, talk to or text someone immediately. Call 1-800-273-TALK (1-800-273-8255) or text "CONNECT" to 855-11. Do it NOW.**



- ☐ In the past year, have you had a hard time paying attention at school, work, or home?
- ☐ Have you ever felt you should cut down on your drinking or drug use (use less alcohol or drugs)?
- ☐ Have people annoyed (irritated, angered, etc.) you by criticizing your drinking or drug use?
- ☐ Have you ever felt bad or guilty about your drinking or drug use?
- ☐ Have you ever taken a drink or a drug first thing in the morning (an eye-opener) to steady your nerves or get rid of a hangover?

In the past, have you ever:

- ☐ (for men) Had five or more drinks in a day?
- ☐ (for women or anyone over age 65) Had four or more drinks in a day?
- ☐ Used recreational or prescription drugs to get high?

Unless you answered "never" to all of the above questions, talk to your doctor, a nurse, or a counselor about the details of your situation. They can help you decide what to do next. They may also help you find more information and resources.

A better, healthier life may be closer than you think.



FAIRFAX - FALLS CHURCH

Community Services Board

Resilience. Recovery. Community.



**Services for mental health,
substance use disorders,
intellectual/developmental
disabilities**

Need emergency help?

Emergency mental health services 24/7
703-573-5679 TTY 711

Or come directly to the Merrifield Center
8221 Willow Oaks Corporate Drive, Fairfax

*If situation is immediately life-threatening, call 911.
Ask for a crisis intervention team officer.*

Need information and services?

For other CSB services, call
CSB Entry & Referral
703-383-8500 TTY 711

Or come directly to the Merrifield Center
Mon. – Fri., 9 a.m. to 5 p.m.



www.fairfaxcounty.gov/csb



FAIRFAX - FALLS CHURCH

Community Services Board

Resiliencia. Recuperación. Comunidad.



**Servicios para salud mental,
trastornos por uso de sustancias,
y discapacidades intelectuales y
del desarrollo**

¿Necesita ayuda de emergencia?

Servicios de emergencia de CSB
(atención las 24 horas)
703-573-5679 TTY 711

O venga directamente al Merrifield Center
8221 Willow Oaks Corporate Drive, Fairfax

*Llame al 911 en caso de una emergencia potencialmente
mortal. Pide un policía con entrenamiento en cómo
entrevistar en un crisis de salud mental.*

¿Necesita información y servicios?

Para acceder a los otros
servicios de CSB, llame al:
703-383-8500 TTY 711

O venga directamente al Merrifield Center
Lunes a viernes, 9 a.m. to 5 p.m.



www.fairfaxcounty.gov/csb

Resilience. Recovery. Community.

"I have a life now...a job, a home, friends, and a future." Joaquín's decision to enter the CSB's detoxification center and residential treatment for long-time drug addiction changed his life. In recovery, he has worked as a counselor at a local shelter and attended college.



"Since my daughter moved into her group home she has shown tremendous development. The individualized support has allowed her to become who she can be, employed and happy with a wonderful circle of natural supports." – Mother of a daughter with intellectual disability.

"It's been a transforming venture." Kevin recognized the need to work closely with his doctor to manage his mental illness and build a healthier life. Now a CSB recovery specialist, Kevin helps others do the same.



"The staff has taught me so much about how to help Joe make sense of his world. For a child who is blind and hypersensitive to sensory stimuli, this is especially challenging. Our whole family really benefits as Joe becomes happier and more confident." – Family receiving services through the Infant and Toddler Connection.

Know someone who needs help?

**Call the Fairfax-Falls Church
Community Services Board
703-383-8500
www.fairfaxcounty.gov/csb**

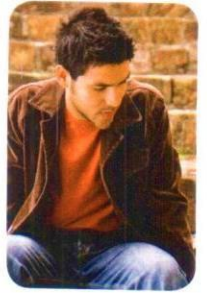


Call 703-324-7000 to request
this information in an alternate format.

Oct. 2016

Resiliencia. Recuperación. Comunidad.

"Ahora tengo una vida... un empleo, una casa, amigos y un futuro." La decisión de Joaquín de ingresar al centro de desintoxicación de CSB y realizar el tratamiento residencial cambió su vida. En recuperación, ha trabajado como consejero en un refugio local y asistió a la universidad.



"A partir del momento en que mi hija se mudó a su residencia grupal ha progresado muchísimo. El apoyo individual que recibe se ha convertido en la persona que puede ser, con un trabajo y un maravilloso círculo de apoyos naturales." – Madre de una hija con discapacidad intelectual

"Ha sido una experiencia transformadora." Kevin reconoció la necesidad de trabajar estrechamente con su médico para tratar su enfermedad mental y construir una vida más sana. Ahora como especialista en recuperación, Kevin ayuda a los demás a que hagan lo mismo.



"El personal me enseñó mucho sobre cómo ayudar a Joe a entender su mundo. Para un niño ciego e hipersensible a los estímulos sensoriales, esto presenta un desafío especial. Toda nuestra familia se beneficia a medida que Joe está más contento y seguro". – Familia que recibe servicios a través de la Conexión para bebés y niños menores de 3 años.

¿Conoce a alguien que necesita ayuda?

**Llame a la Junta de Servicios
Comunitarios de Fairfax-Falls Church
703-383-8500
www.fairfaxcounty.gov/csb**



Llame al 703-324-7000 para solicitar
esta información en otro formato.

Octubre 2016

Not sure about reporting Child Abuse or Neglect?

It's often really hard to know if a child is being harmed. Sometimes we may see it happening with our own eyes, but other times we may only see signs of what could be happening.

What are some possible signs that a child may need help?

Caregiver's Behavior

- ▶ Appearing to be very overwhelmed, threatening physical harm, berating a child, or making hurtful remarks.

Physical Appearance

- ▶ Any unexplained or concerning bruises, marks, abrasions, welts, or burns on children.
- ▶ Child appears malnourished or unkempt.

Child's Behavior

- ▶ Changes in mood; sudden lack of engagement.
- ▶ Screaming or crying uncontrollably.
- ▶ Appears to be withdrawn, fearful, or isolated.
- ▶ Use of drugs or alcohol.

Environment

- ▶ Safety hazards in the home such as exposed wires, cluttered walkways, spoiled food on counter tops and floors, feces, broken or no furniture, hazardous materials that children can access, or infestations of roaches and other insects.
- ▶ Lack of food, inoperable utilities.

Supervision

- ▶ A child answering the phone or in virtual classroom/activity with no adults or age-appropriate caregiver around.
- ▶ Child appears to be too young to be left alone or developmentally it appears they should not be home alone.

What if a child discloses harm being done to them or someone else?

- ▶ Listen to what the child has to say.
- ▶ Tell the child you care and want to help.
- ▶ Let the child know he or she is not alone.
- ▶ Let the child know what is happening is not his or her fault.

Do I have enough information to make a report?

The hotline staff you are reporting to will help determine if there is enough information to proceed. Even if it's not enough info, if additional reports are made for that same child, then sometimes multiple reports can lead to a response.

How do I make a report?

What information do I need?

- ▶ Child's name, address and age
- ▶ Parent's name and address
- ▶ Reason for making the report

What information is helpful?

- ▶ Alleged abuser's name
- ▶ Signs that you've observed or what the child disclosed to you

If you suspect Child Abuse or Neglect, do not hesitate to call the Fairfax County Child Protective Services Hotline at

703-324-7400

Our CPS HOTLINE is a HELP Line!

If something doesn't look safe, sound safe, or feel safe—Report it!

If a child is in immediate danger or is under the age of 7 and unsupervised, **please call 911** for an immediate response.

For more information, visit **fairfaxcounty.gov** search "report child abuse"



Where a TTY number is not indicated, use 711/Virginia Relay.
Reasonable accommodations made upon request



FAIRFAX COUNTY DEPARTMENT OF
FAMILY SERVICES

FAIRFAX COUNTY PUBLICATION 07/2020



Staying Safe at Home

These are stressful times because of risks to our health and because many of us must stay home. For some people, staying home doesn't always feel safe because someone there may threaten or hurt you. If this is you, know that you can call the Fairfax County Domestic and Sexual Violence Hotline for help 24 hours a day at **703-360-7273**. If it is not safe to talk, text or chat (text **LOVEIS** to **22522** for the National Domestic Violence Hotline, chat at rainn.org for the National Sexual Violence Hotline). **If you are in immediate danger, please call 911.**

You are the best judge of safety in your own situation. But here are some ideas for keeping yourself and others in your home safe.

FAIRFAX COUNTY DOMESTIC AND SEXUAL VIOLENCE HOTLINE

24 hours a day

703-360-7273

If it is not safe to talk, text or chat
LOVEIS to 22522

YOUR LIVING SPACE

- ▶ Set separate spaces or times to use certain areas.
- ▶ Try to keep a routine and activities to keep everyone occupied.
- ▶ Be aware of safe rooms with locks and which rooms have doors or windows for quick exit. Discuss these with children and other family members.
- ▶ Think of a place you can go or send other family members in an emergency or long term.
- ▶ Try to avoid being in rooms with items that could be used as weapons.
- ▶ Use shopping, family needs, walks or other safe activities to give you time out of your home, or as reasons to leave when you sense danger.

PLAN AHEAD

- ▶ Keep track of important items you may need in emergency or if you leave, such as phones, money, ID, car keys, medical cards and medications.
- ▶ Make a list of safe contacts and emergency resources. Some people find it helpful to hide copies of important documents and safe contacts somewhere outside the home, such as buried in a planter or at a safe neighbor's home.
- ▶ Arrange daily check-ins or code words with people you trust.
- ▶ Plan with kids and other family members if you can. Think about their safety options.

TAKE CARE OF YOURSELF

- ▶ Be aware of triggers and tactics that might tell you violence is coming but take care of yourself and your own emotional needs.
- ▶ As often as is safe to do so, stay connected to family and friends through phone calls, video chats or by meeting outside in places where you can practice social distancing.
- ▶ Meditate, use mindfulness apps, or find other ways to help you moderate your reactions.
- ▶ Talk with kids and other family members about things you can do together that help them feel safe.
- ▶ Reach out to your faith community if that feels safe.
- ▶ If you or someone else gets sick or injured, make medical staff aware of dangerous situations.
- ▶ Delete call records and internet histories that show you are seeking help, use an internet phone service so calls aren't on your phone bill, or use devices that aren't monitored.

Be aware that if your partner has access to guns, has choked or strangled you, has threatened to kill you or your children, or threatened suicide, you could be in serious danger, and it is important to talk to a hotline advocate if it is safe to do so.

Call the Domestic and Sexual Violence Hotline at **703-360-7273** for confidential help. **We can connect you with emergency shelter, financial assistance, and housing resources.** We can help you stay safer at home or help you find safety elsewhere.



FAIRFAX COUNTY DEPARTMENT OF
FAMILY SERVICES



A FAIRFAX COUNTY, VA.
PUBLICATION. 4/2020



Where a TTY number is not indicated, use 711/
Virginia Relay. Reasonable accommodations
provided upon request, call 703-324-5730.

A place for friendship

The

The space for healing

Women's Group

of Mount Vernon



Sexual Violence
Child Abuse



Domestic Violence
Women's Issues

1st and 3rd Fridays

7:00 PM

Round table discussions



Mt. Vernon Government Center
2511 Parker's Lane
Alexandria, VA 22306



Mattie Palmore
571-290-8019

Childcare provided

(UPON REQUEST)



The Women's Group of Mt. Vernon, Inc.

IMPORTANT RESOURCES

Fairfax County Domestic & Sexual Violence 24-hour Hotline 703-360-7273

Artemis House (24-hour DV crisis shelter)	703-435-4940
Ayuda	703-444-7009
Commonwealth's Attorney (Criminal charges)	703-246-2776
Coordinated Services Planning (Basic needs & shelter intake)	703-222-0880
Inova Fairfax FACT department (DV forensic exams)	703-776-6666
Jewish Coalition Against Domestic Abuse	877-885-2232
JDRDC Domestic Relations Services (Protective orders)	703-246-3040
Legal Services of Northern Virginia Magistrate (Criminal charges, EPOs)	703-778-6800 703-246-2178
Northern Virginia Family Service (Multicultural counseling & referrals)	571-748-2800
Office for Women & Domestic and Sexual Violence Services (Advocacy, counseling, & referrals)	703-324-5730
Tahirih Justice Center (Immigrant legal services)	571-282-6161
Victim Services Section, Fairfax County Police Department	703-246-2141
The Women's Center (Advocacy, counseling & referrals)	703-281-2657
National Domestic Violence Hotline	1-800-799-SAFE(7233)
Virginia Domestic Violence Hotline	1-800-838-8238

POLICE DEPARTMENT NON-EMERGENCY NUMBERS

Fairfax County	703-691-2131
City of Fairfax	703-385-7924
Town of Herndon	703-435-6846
Town of Vienna	703-255-6366

IN CASE OF EMERGENCY, DIAL 911

DVAC PARTNERS

- ▶ A Way Forward
- ▶ Ayuda
- ▶ Court Services Unit, Juvenile and Domestic Relations District Court
- ▶ Jewish Coalition Against Domestic Abuse
- ▶ Legal Services of Northern Virginia
- ▶ Northern Virginia Family Service
- ▶ Office for Women & Domestic and Sexual Violence Services
- ▶ Office of the Commonwealth's Attorney
- ▶ Shelter House, Inc.
- ▶ Tahirih Justice Center
- ▶ Victim Services Section, Fairfax County Police Department
- ▶ The Women's Center

SERVICES at DVAC

- ▶ Crisis intervention & options counseling.
- ▶ Victim advocacy, including safety planning and court accompaniment.
- ▶ Information & referrals, including shelter, counseling, legal and social services.
- ▶ Education about the criminal and civil justice systems, including assistance with filing for a protective order.
- ▶ Free court and job interview attire.

All services are confidential, free, and provided regardless of race, gender, ethnicity, national origin, age, disability, religion, gender identity or sexual orientation.

This project was supported by the Office on Violence Against Women, U.S. Department of Justice, award No. 2014-WE-AX-0014. The opinion, findings, and conclusions or recommendations expressed in this publication are those of the author(s) and do not necessarily reflect the view of the Department of Justice.

Where a TTY number is not indicated, please use 711, Virginia Relay. Reasonable accommodations made upon request, call 703-324-5870. April 2018



domestic violence action center

A comprehensive, co-located service center, staffed by county agency and community non-profit partners, created to provide culturally responsive information and support services for victims of intimate partner domestic and sexual violence and stalking.

A FAIRFAX COUNTY & COMMUNITY PARTNERSHIP

Fairfax Historic Courthouse Building
4000 Chain Bridge Road, Suite 2702
Fairfax, Virginia 22030

703-246-4573

www.fairfaxcounty.gov/familyservices
Search: **DVAC**

WHAT is DOMESTIC VIOLENCE?

Domestic violence is a pattern of behaviors used by one person in a relationship to control the other.* Partners may be married, living together, separated, or dating. Victims can be of any age, sex, race, culture, religion, education, employment, sexual orientation, gender identity or marital status.

Some examples of domestic violence include:

- ♦ Actual or threatened physical harm
- ♦ Sexual assault
- ♦ Stalking
- ♦ Intimidation
- ♦ Name-calling or put downs
- ♦ Withholding money
- ♦ Stopping a partner from getting or keeping a job
- ♦ Keeping a partner from contacting family or friends

*Note that the definition of family abuse (described in the protective orders section) in the Virginia code reads differently than the definition above.

IMPACT on FAMILIES

15.5 million

Approximate number of children who are exposed to domestic violence every year.

30%-60%

Of domestic violence offenders also abuse children in the household.

1 in 3

Virginia women have been assaulted, raped, sexually assaulted and/or stalked by an intimate partner at some point in their lifetime.



Boys who witness domestic violence are **2X** as likely to abuse their own partners and children when they become adults.

On average, more than **3** women and **1** man are murdered by their intimate partners in the U.S. every day.

Only **1 in 4** of all physical assaults, **1 in 5** of all rapes, and **1 in 2** of all stalkings perpetrated against females by intimate partners are reported to the police.

*Sources: Centers for Disease Control and Prevention, Domestic Violence Resource Center, National Coalition Against Domestic Violence, National Network to End Domestic Violence, and The Hotline.

FAMILY ABUSE PROTECTIVE ORDERS

WHAT IS THE DEFINITION OF FAMILY ABUSE?

Any act involving violence, force, or threat, including any forceful detention, which results in bodily injury or places one in reasonable fear of death, sexual assault or bodily injury and which is committed by a person against such person's family or household member.

WHAT ARE FAMILY ABUSE PROTECTIVE ORDERS & HOW LONG DO THEY LAST?

You may be eligible for a protective order if you have experienced family abuse by a family or household member. In Virginia, there are three kinds of family abuse protective orders* that can protect you and others in your family or home:

1. Emergency Protective Orders: Requested by the police; can only be issued by a magistrate

or a judge and lasts up to 72 hours or until the listed expiration date. Victims can also make an emergency request for this order at the magistrate's office.

2. Preliminary Protective Orders: Issued only by a judge when danger for further abuse exists but there isn't enough time for a full hearing with both parties; generally only lasts 15 days; can be extended if the offender/respondent can't be served or was not notified of the court date.

3. Protective Orders: Can be issued for up to two years by a judge if both parties have notice to come to court. Can also be extended for an additional two years upon request; no limit on the number of extensions that can be granted.

HOW DO I GET A PROTECTIVE ORDER?

Schedule an appointment with Juvenile & Domestic Relations District Court at 703-246-3040 to fill out a protective order petition.

WHEN DO PROTECTIVE ORDERS TAKE EFFECT?

The offender/respondent must be served (formally notified) with the emergency, preliminary, or permanent protective order before it becomes valid. You can contact the Sheriff's Department at 703-246-3227 (press 3) and ask if it has been served.

*If your relationship does not fit under the definition of family or household member, you may still be eligible for a protective order from the General District Court by calling 703-246-3012.

NEED MORE DETAILS? VISIT
WWW.FAIRFAXCOUNTY.GOV/FAMILYSERVICES
SEARCH: DVAC

If you have any questions about protective orders, please call DVAC at 703-246-4573. Remember, a protective order does not guarantee your safety.

IF YOU FEEL YOU ARE IN IMMINENT DANGER OR ARE EXPERIENCING AN EMERGENCY, CALL 911

Palliative Care

Who Pays for Palliative Care?

Palliative care is covered by Medicare, Medicaid and most private insurances, but is available to all patients – regardless of ability to pay.

How to Get Palliative Care

Palliative care services are available at all Inova hospitals. Talk to your doctor or healthcare team about a palliative care consultation. In the hospital, patients are typically seen the same day. Outside of the hospital, a home or clinic appointment can be arranged.

Learn about Inova's palliative care services, visit www.inova.org/palliative-care



How can Palliative Care be helpful?

Select any of the following and discuss with your physician and care team.

- ☐ I need help controlling pain.
- ☐ I need help controlling distressing symptoms like shortness of breath, nausea, anxiety, sadness, confusion, decreased appetite, etc.
- ☐ I need help understanding my illness and what happens next.
- ☐ I need help understanding treatment options and expected results.
- ☐ I would like additional guidance making medical decisions now, or for the future.
- ☐ I need help understanding how this illness will impact caregiving needs, living arrangements, insurance, finances, etc.
- ☐ I would like a family meeting with my care team.
- ☐ I would like help communicating with loved ones or my care team.

Your care team will work with you to meet your needs. If you need additional support, request a palliative care consult.



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Palliative Care for a Better Quality of Life Now

If you are dealing with serious illness, special care is available to help control your symptoms and make you more comfortable *right now*.

Why Consider Palliative Care?

Advanced or complex diseases come with challenging symptoms that can negatively affect your ability to maximize healing and enjoy life. Palliative care is provided hand-in-hand with curative care to help with symptom control and communication regarding options for your plan of care. It focuses on lessening the impact of physical issues on emotional well being, to improve comfort and quality of life for patients and their families. In some cases, palliative care has been shown to increase length of life.

Palliative care is not the same as hospice. Palliative care can be provided at any stage of illness, even if a cure is likely. Hospice care provides services for patients who are at the end stages of an illness and may have a year or less to live.

What is Palliative Care?

Palliative care is specialized medical care focused on the unique physical, psychological, and spiritual needs of patients living with serious or life threatening illness. Palliative care enables the best quality of life by providing patients with relief from the symptoms, pain, loss of function, and stress caused by serious illnesses, including:

- Dementia
- Heart Disease
- Kidney Disease
- Lung Disease
- Neurologic conditions (ALS, MS, Stroke)
- Cancer
- Any serious illness, regardless of whether it is curable, chronic or life-threatening

Palliative care teams may consist of board-certified or specially trained:

- Palliative care physicians*
- Chaplains
- Nurses
- Nutritionists
- Occupational therapists
- Social workers
- Speech therapists
- Psychologists
- Others

**Palliative care physicians do not replace a patient's primary physician(s), but work alongside them.*

When is Palliative Care Offered?

Palliative care is available at any stage of serious illness and appropriate for patients of all ages.

Palliative Care Services

Your doctor may request a palliative care consultation for you to assist with:

- **Treatments to relieve symptoms:** Expert treatment for relief of pain and other burdensome symptoms such as shortness of breath, nausea, fatigue, anxiety, decreased appetite, and others.
- **Emotional and spiritual support for the patient and family:** Living with a serious illness can be frightening, isolating and stressful for all touched by it. Palliative care helps foster communication and support to one another throughout an illness.
- **Guidance on medical information and treatment options:** Information regarding illness and treatment options can be overwhelming and confusing. Palliative care can help coordinate health information and care providers in a way that helps individuals define and achieve their personal goals for care.



Atención paliativa

¿Quién paga por la atención paliativa?

La atención paliativa está cubierta por Medicare, Medicaid y la mayoría de los seguros privados, y también está disponible para todos los pacientes, independientemente de su capacidad de pago.

Cómo obtener la atención paliativa

Los servicios de atención paliativa están disponibles en todos los hospitales de Inova. Consulte a su médico o a su equipo de atención médica acerca de la atención paliativa. Cuando se encuentra en el hospital, generalmente se atiende a los pacientes en el mismo día. Cuando se encuentra fuera del hospital, se puede programar una cita en el hogar o en la clínica.

Obtenga más información acerca de los servicios de atención paliativa en www.inova.org/palliative-care.



¿Cómo puede ser de ayuda la atención paliativa?

Seleccione alguna de las siguientes opciones y hable con su médico y equipo de atención médica.

- ☐ Necesito ayuda para controlar el dolor.
- ☐ Necesito ayuda para controlar los síntomas molestos, como dificultad para respirar, náuseas, ansiedad, melancolía, confusión, disminución del apetito, etc.
- ☐ Necesito ayuda para comprender mi enfermedad y lo que sucederá después.
- ☐ Necesito ayuda para comprender las opciones de tratamiento y los resultados esperados.
- ☐ Me gustaría recibir orientación adicional para tomar decisiones sobre mi salud ahora o en el futuro.
- ☐ Necesito ayuda para comprender cómo afectará esta enfermedad mis necesidades de asistencia, los arreglos en materia de vivienda, el seguro, la situación financiera, etc.
- ☐ Me gustaría tener una reunión familiar con mi equipo de atención médica.
- ☐ Me gustaría recibir ayuda para comunicarme con mis seres queridos o con mi equipo de atención médica.

El equipo de atención médica trabajará con usted para satisfacer sus necesidades. Si necesita ayuda adicional, solicite una consulta sobre atención paliativa.



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Atención paliativa para disfrutar de una mejor calidad de vida ahora

Si tiene una enfermedad grave, contamos con atención especial para controlar sus síntomas y para que se sienta mejor en este mismo momento.

¿Por qué debería considerar la atención paliativa?

Las enfermedades avanzadas o complejas presentan síntomas difíciles de tratar, que pueden disminuir su habilidad para recuperarse y disfrutar de la vida. La atención paliativa se proporciona conjuntamente con la atención curativa para controlar los síntomas y la comunicación sobre las opciones para su plan de atención médica. Se enfoca en la disminución del impacto de los problemas físicos sobre el bienestar emocional, en la mejora de la comodidad y calidad de vida de pacientes y familiares. En algunos casos, se ha demostrado que la atención paliativa prolonga el tiempo de vida.

La atención paliativa difiere de los servicios para enfermos terminales. La atención paliativa puede proporcionarse en cualquier etapa de la enfermedad, incluso ante la posibilidad de una cura. Las residencias para enfermos terminales proporcionan servicios a los pacientes que se encuentran en las etapas terminales de una enfermedad y podrían tener un año o menos de vida.

¿Qué es la atención paliativa?

La atención paliativa es la atención médica especializada enfocada en las necesidades físicas, psicológicas y espirituales singulares de los pacientes con una enfermedad grave o potencialmente mortal. La atención paliativa permite disfrutar de la mejor calidad de vida posible al proporcionar a los pacientes un alivio de los síntomas, el dolor, la pérdida de funciones y el estrés provocado por enfermedades graves, que incluyen:

- Demencia
- Enfermedades cardíacas
- Enfermedad renal
- Enfermedad pulmonar
- Afecciones neurológicas: esclerosis lateral amiotrófica, esclerosis múltiple, ataque cerebral
- Cáncer
- Cualquier enfermedad grave, independientemente de si es curable, crónica o potencialmente mortal

Los equipos de atención paliativa cuentan con personas certificadas y especialmente capacitadas como:

- Médicos especializados en atención paliativa*
- Capellanes
- Enfermeras
- Nutricionistas
- Terapeutas ocupacionales
- Asistentes sociales
- Terapeutas del habla
- Psicólogos
- Otros

** Los médicos especializados en atención paliativa no reemplazan a los médicos de atención primaria, sino que trabajan en equipo.*

¿Cuándo se ofrece la atención paliativa?

La atención paliativa está disponible en cualquier etapa de una enfermedad grave y es apropiada para pacientes de todas las edades.

Servicios de atención paliativa

Su médico puede solicitar una consulta sobre atención paliativa en relación con:

- **Tratamientos para aliviar los síntomas:** tratamiento de especialistas para el alivio del dolor y otros síntomas agobiantes, como dificultad para respirar, náuseas, fatiga, ansiedad y disminución del apetito, entre otros.
- **Apoyo emocional y espiritual para pacientes y familiares:** vivir con una enfermedad grave puede ser aterrador, aislante y estresante para todos los involucrados. La atención paliativa permite fomentar la comunicación y el apoyo mutuo a lo largo de la enfermedad.
- **Orientación sobre información médica y opciones de tratamiento:** la información sobre enfermedades y opciones de tratamiento puede ser abrumadora y confusa. La atención paliativa permite coordinar la información sobre salud con los proveedores de atención médica a fin de ayudar a las personas a definir y alcanzar sus objetivos personales de atención médica.





3ADV

I, _____ willingly and voluntarily
 First Name Last Name Date of Birth
 make known my wishes in the event my physician determines I am incapable of making an informed decision, as follows:

I. Appointment and Powers of my Agent

I hereby appoint: _____
 Name of Primary Agent Telephone Number City/State

as my agent to make health care decisions on my behalf as authorized in this document. If the primary agent is not reasonably available or is unable or unwilling to act as my agent, then I appoint the following as back-up agent(s):

 Name of Back-up Agent(s) Telephone Number City/State

My agent shall have authority only when, and for as long as, I have been determined to be incapable of making an informed decision. I want my agent to follow my desires and preferences as stated in this document or as otherwise known to my agent when making health care decisions on my behalf. If my agent cannot determine what health care choice I would have made for myself, I want my agent to make a choice based upon what she/he believes is in my best interests. The powers of my agent shall include the following, except those that I have crossed out:

- A. To consent, refuse, or withdraw consent to any type of health care, treatment, surgical or diagnostic procedure, medication, use of technology or other procedure that affects my bodily function, including, but not limited to, artificial respiration (breathing machine), artificially administered nutrition (tube feeding) and hydration (IV fluids), and cardiopulmonary resuscitation (CPR).
- B. To request, receive, and review any written or verbal information regarding my physical or mental health, including but not limited to, medical and hospital records, and to consent to the disclosure of this information.
- C. To employ and discharge my health care providers.
- D. To take any lawful actions that may be necessary to carry out these decisions, including the granting of releases of liability to medical providers.
- E. My agent has the authority to make decisions regarding funeral arrangements, unless I appoint an alternative person here: _____

 Name Telephone Number City/State

II. Specific Instructions About My Health Care OR ☐ I am not completing this section

I understand this document and I am willingly and voluntarily signing it. I also understand that I may revoke all or any part of it at any time as provided by law. I further understand that I may change my health care agent at any time by creating a new advance directive for healthcare and providing a copy to my healthcare provider.

Patient (signature): _____ Date: _____

The person named above signed this advance directive in my presence (TWO adult witnesses needed):

Witness (signature): _____ (print name): _____ Date: _____

Witness (signature): _____ (print name): _____ Date: _____

By initialing here, I am choosing not to make any further decisions about my care. If I wish to make further decisions about my care, I will complete and sign the reverse side of this page.

PATIENT IDENTIFICATION

If label is not available, please complete:

Patient Name: _____

Date of Birth: _____ Medical Record # _____

Gender: ☐ Male ☐ Female

Inova Virginia Advance Directive for Health Care

☐ IAH ☐ IFH ☐ IFOH ☐ ILH ☐ IMVH

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III. Additional Health Care Instructions OR

☐ I am not completing this section

1. In the event my death is imminent (very close) and medical treatment will not help me recover:

Choose ONE option:

- ☐ I do not want treatment to prolong my life. This may include tube feeding, IV fluids, cardiopulmonary resuscitation (CPR), ventilator/respirator (breathing machine), kidney dialysis or antibiotics. I understand that I still will receive treatment to relieve pain and make me comfortable. **(OR)**
- ☐ I want all treatments to prolong my life as long as possible within the limits of generally accepted health care standards. I understand that I will receive treatment to relieve pain and make me comfortable.

2. If my condition makes me unaware of myself or my surroundings or unable to interact with others, and it is reasonably certain that I will never recover this awareness or ability:

Choose ONE option:

- ☐ I do not want treatment to prolong my life. This may include tube feeding, IV fluids, cardiopulmonary resuscitation (CPR), ventilator/respirator (breathing machine), kidney dialysis or antibiotics. I understand that I still will receive treatment to relieve pain and make me comfortable. **(OR)**
- ☐ I want all treatments to prolong my life as long as possible within the limits of generally accepted health care standards. I understand that I will receive treatment to relieve pain and make me comfortable. **(OR)**
- ☐ I want to try treatments for a period of time in the hope of some improvement of my condition. I suggest _____ as the period of time after which such treatment should be stopped if my condition has not improved. The exact time period is at the discretion of my agent or surrogate in consultation with my physician. I understand that I still will receive treatment to relieve pain and make me comfortable.

IV. Additional Mental Health Care Instructions OR

☐ I am not completing this section

You may use this section to give additional instructions about your mental health care. If you do not give specific instructions, your mental health care will be based on your values and wishes, if known, to the extent allowable by law.

- A. I specifically request that I receive the following mental health care if it is medically appropriate: _____
- B. I specifically request that I not receive the following mental health care: _____
- C. My agent named on the front of this document may also make mental health decisions in the event I am unable to make them for myself. ☐ Yes ☐ No

I understand this document and that I am willingly and voluntarily signing it. I also understand that I may revoke all or any part of it at any time as provided by law. **I further understand that I may change my health care agent at any time by creating a new advance directive for healthcare and providing a copy to my healthcare provider.**

Patient (signature): _____ Date: _____

The person named signed this advance directive in my presence (TWO adult witnesses needed):

Witness (signature): _____ (print name): _____ Date: _____

Witness (signature): _____ (print name): _____ Date: _____

Interpreter Information (To be completed by Inova staff, if applicable):

- ☐ In person ☐ Telephonic ☐ Video Interpreter name/ID number (if applicable) _____
- ☐ Patient/Designated Decision Maker was offered and refused interpreter ☐ Waiver signed

PATIENT IDENTIFICATION

If label is not available, please complete:

Patient Name: _____

Date of Birth: _____ Medical Record #: _____

Gender: ☐ Male ☐ Female

Inova Virginia Advance Directive for Health Care

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3ADV

Yo, _____ por voluntad propia
 Nombre (Name) Apellido (Last name) Fecha de nacimiento (DOB)
 hago conocer mis deseos en caso de que mi médico determine que estoy incapacitado para tomar decisiones informadas, como indico a continuación:

I. Designación y poderes de mi agente

Por este medio, designo a

Nombre del agente principal (Name of Primary Agent)	N.º de teléfono (Telephone Number)	Ciudad/Estado (City/State)
--	---------------------------------------	-------------------------------

como mi agente para tomar decisiones sobre atención médica a mi nombre según lo autoriza este documento. En caso de que el agente principal antes designado no esté razonablemente disponible, no pueda o no desee actuar como mi agente, designo a la siguiente persona como agente de respaldo:

Nombre del agente de respaldo (Name of Back-up Agent(s))	N.º de teléfono (Telephone Number)	Ciudad/Estado (City/State)
---	---------------------------------------	-------------------------------

Mi agente tendrá esta facultad solamente cuando se haya determinado que yo soy incapaz de tomar una decisión fundada y mientras yo siga en ese estado. Cuando tome decisiones en nombre mío con respecto a mi atención médica, deseo que mi agente cumpla mis deseos y preferencias tal como están estipulados en este documento o que mi agente conozca por otro medio. Si mi agente no puede determinar qué tipo de atención médica hubiera elegido yo, deseo que escoja una opción en nombre mío según lo que él o ella crea que sea más beneficioso para mí. Los poderes de mi agente incluirán lo siguiente, excepto lo que taché:

- Consentir, negar o retirar su consentimiento a cualquier tipo de atención médica, tratamiento, procedimiento diagnóstico o quirúrgico, medicamentos, uso de tecnología u otro procedimiento que afecte la función de mi cuerpo, incluyendo, entre otros, respiración artificial (respirador), nutrición parenteral (alimentación por sonda), hidratación (administración de líquidos por vía intravenosa) y reanimación cardiopulmonar (RCP).
- Solicitar, recibir y revisar toda información, oral o escrita, sobre mi salud física o mental, incluyendo entre otros, expedientes médicos y hospitalarios, y consentir a la divulgación de esta información.
- Emplear y despedir a mis proveedores de cuidados de salud.
- Ejecutar toda acción legítima que pueda ser necesaria para cumplir estas decisiones como, por ejemplo, conceder a los proveedores de atención médica la exención de responsabilidad.
- Mi agente tiene autoridad para tomar decisiones en relación con los arreglos funerarios, a menos que yo designe a una persona alternativa aquí:

Nombre (name)	N.º de teléfono (Telephone Number)	Ciudad/Estado (City/State)
---------------	------------------------------------	----------------------------

II. Instrucciones específicas sobre mi atención de salud O BIEN, ☐ No llenaré esta sección

Comprendo este documento y lo firmo por voluntad propia. También entiendo que puedo anular parte de este documento o su totalidad en cualquier momento conforme a lo que estipule la ley. **De igual manera, comprendo que puedo cambiar a mi agente de atención médica en cualquier momento creando nuevas directivas anticipadas para la atención médica y proporcionando una copia a mi proveedor de atención médica.**

Paciente (firma) (Patient (signature)): _____ Fecha (Date): _____

La persona nombrada arriba firmó esta directriz anticipada en mi presencia (se necesitan DOS testigos adultos):

Testigo (firma): _____ (nombre en letra de imprenta) _____ Fecha: _____
 (Witness Signature) [print name] (Date)

Testigo (firma): _____ (nombre en letra de imprenta) _____ Fecha: _____
 (Witness Signature) [print name] (Date)

_____ Al colocar mis iniciales aquí, elijo no tomar ninguna decisión adicional sobre mi atención. Si deseo tomar decisiones adicionales sobre mi atención, llenaré y firmaré el reverso de esta página.

PATIENT IDENTIFICATION

If label is not available, please complete:

Patient Name: _____

Date of Birth: _____ Medical Record # _____

Gender: ☐ Male ☐ Female

Inova

Directiva anticipada para la atención médica en Virginia

Virginia Advance Directive for HealthCare

SPANISH

☐ IAH ☐ IFH ☐ IFOH ☐ ILH ☐ IMVH

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III. Instrucciones adicionales sobre la atención médica ☐ **O BIEN,** ☐ **No llenaré esta sección**

1. En caso de que mi muerte sea inminente (esté por suceder pronto) y los tratamientos médicos no me ayudarán a recuperarme:

Elija UNA opción:

- ☐ No deseo ningún tratamiento para prolongar la vida. Esto puede incluir alimentación por sonda, la administración de líquidos por vía intravenosa, la reanimación cardiopulmonar (RCP), conexión a un respirador o ventilador, diálisis renal o la administración de antibióticos. Comprendo que de todos modos seguiré recibiendo tratamientos para reducir el dolor y hacerme sentir bien. **(O BIEN)**
- ☐ Deseo recibir todos los tratamientos que prolonguen la vida durante todo el tiempo que sea posible dentro de los límites de los estándares de atención médica generalmente aceptados. Comprendo que recibiré tratamientos para reducir el dolor y hacerme sentir bien.

2. Si mi afección hace que pierda la conciencia de mí mismo o mi alrededor o no me permite la interacción con los demás y sea bastante probable que no vaya a recobrar la conciencia o mis facultades:

Elija UNA opción:

- ☐ No deseo ningún tratamiento para prolongar la vida. Esto puede incluir alimentación por sonda, la administración de líquidos por vía intravenosa, la reanimación cardiopulmonar (RCP), conexión a un respirador o ventilador, diálisis renal o la administración de antibióticos. Comprendo que de todos modos seguiré recibiendo tratamientos para reducir el dolor y hacerme sentir bien. **(O BIEN)**
- ☐ Deseo recibir todos los tratamientos que prolonguen la vida durante todo el tiempo que sea posible dentro de los límites de los estándares de atención médica generalmente aceptados. Comprendo que recibiré tratamientos para reducir el dolor y hacerme sentir bien. **(O BIEN)**
- ☐ Deseo probar tratamientos durante un tiempo con la esperanza de tener una mejoría de mi afección. Sugiero _____ como el tiempo tras el cual dicho tratamiento debe interrumpirse si mi afección no ha mejorado. El tiempo exacto queda a criterio de mi agente o sustituto luego de haberlo consultado con mi médico. Comprendo que de todos modos seguiré recibiendo tratamientos para reducir el dolor y hacerme sentir bien.

IV. Instrucciones adicionales sobre la atención de la salud mental ☐ **O BIEN,** ☐ **No llenaré esta sección**

Puede usar esta sección para dar instrucciones adicionales sobre la atención de su salud mental. Si no da instrucciones específicas, la atención de su salud mental se basará en sus valores y deseos, si se conocen, en la medida que la ley lo permita.

- A. Solicito específicamente que deseo recibir la siguiente atención de salud mental si es apropiado desde el punto de vista médico: _____
- B. Solicito específicamente que no deseo recibir la siguiente atención de salud mental: _____
- C. Mi agente nombrado al principio de este documento también puede tomar decisiones de salud mental en caso de que yo no sea capaz de hacerlas por mí mismo. ☐ Sí ☐ No

Comprendo este documento y lo firmo por voluntad propia. También entiendo que puedo anular parte de este documento o su totalidad en cualquier momento conforme a lo que estipule la ley. **De igual manera, comprendo que puedo cambiar a mi agente de atención médica en cualquier momento creando nuevas directivas anticipadas para la atención médica y proporcionando una copia a mi proveedor de atención médica.**

Paciente (firma) (*Patient [signature]*): _____ Fecha (*Date*): _____

La persona nombrada arriba firmó esta directriz anticipada en mi presencia (se necesitan DOS testigos adultos):

Testigo (firma): _____ (nombre en letra de imprenta) _____ Fecha: _____
(*Witness Signature*) [print name] (*Date*)

Testigo (firma): _____ (nombre en letra de imprenta) _____ Fecha: _____
(*Witness Signature*) [print name] (*Date*)

Información sobre el intérprete (para que el personal de Inova la complete (si corresponde)

Interpreter Information (To be completed by Inova staff, if applicable):

☐ In person ☐ Telephonic ☐ Video Interpreter name/ID number (if applicable) _____

☐ Patient/Designated Decision Maker was offered and refused interpreter ☐ Waiver signed

PATIENT IDENTIFICATION

If label is not available, please complete:

Patient Name: _____

Date of Birth: _____ Medical Record # _____

Gender: ☐ Male ☐ Female

Inova

Directiva anticipada para la atención médica en Virginia

Virginia Advance Directive for HealthCare

SPANISH

RESOURCES

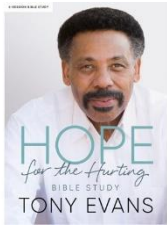
"As a part of this permission, we would request that your church direct those interested in digging deeper to our website for the full study."

Connie Swinehart

Legal Coordinator

Lifeway

[Hope for the Hurting - Bible Study Book - Lifeway](#)



[Hope for the Hurting - Bible Study Book - Lifeway](#)

Hope for the Hurting Bible Study Book includes printed content for six sessions, personal study between group sessions, applicable Scripture, "How to Use This Study," a leader guide, and tips for leading a group. Life is painful. Its unique challenges, difficulties, bumps, and bruises can leave us lost and drowning in their wake. But Jesus said, "In this world you will have tribulations

www.lifeway.com



Safe Harbor
BEHAVIORAL CARE, LLC

OUR PROCESS

When you reach out for the first time, you will be connected to a scheduling coordinator who will listen to your specific needs and will connect you with a counselor who is the very best fit for you. Our scheduling coordinators will collect some basic demographic information from you including your insurance information, will find out what

type of services you are looking for, and schedule your first appointment with one of our providers. Typically, depending on availability, you can be scheduled and seen within 24 hours to one week from initial contact with Safe Harbor. <https://www.safeharborbc.com/>



Community victim advocates, system-based advocates, and other service providers offer a safe environment where victims can feel comfortable exploring their options and accessing the services and resources they may need. All services are free and, when possible, confidential. Some of the services include:

- Assistance with individualized safety planning.
- Crisis intervention, emotional support, and options counseling.
- Education about the criminal and civil justice systems (including civil protective orders and criminal injuries compensation).
- Emergency shelter.

- Housing information and referral.
- Referrals to other county and community-based resources.
- Short-term case management.

Get more information about DVAC by calling 703-246-4573.

<https://www.fairfaxcounty.gov/familyservices/domestic-sexual-violence/24-hour-hotline>



Get more information about palliative care and advanced directives by visiting us online at the following websites:

<https://www.inova.org/patient-and-visitor-information/advance-directives-and-making-end-life-decisions>

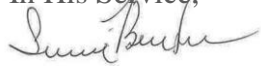
<https://theconversationproject.org/>

<https://prepareforyourcare.org/en/welcome>

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In His Service,



Tammy Burton, BBC Health Ministry



E. Bernice Graddy, BBC Stewardship Ministry

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