

Creating a Safe Space: Integrating a Trauma-Informed Approach into your TPP Program



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At the conclusion of this webinar, you will be able to:

- Define trauma and trauma-informed approaches using Substance Abuse and Mental Health Services Administration's (SAMHSA) definitions.
- Describe SAMHSA's Six Principles of a Trauma-Informed Approach (TIA).
- State the importance of integrating a TIA into teen pregnancy prevention (TPP) programs.
- Identify where your TPP program is already utilizing a trauma-informed approach and/or opportunities for integrating a trauma-informed approach into your program.

How familiar are you with trauma-informed approaches?

- Very familiar
- Familiar
- Somewhat familiar
- Not familiar at all

“...experiences that cause intense physical and psychological stress reactions. It can refer to a single event, multiple events, or a set of circumstances that is experienced by an individual as physically and emotionally harmful or threatening and that has lasting adverse effects on the individual’s physical, social, emotional, or spiritual well-being.”

SAMHSA. (Spring 2014).

- ***Realizes*** the widespread impact of trauma and understands potential paths for recovery;
- ***Recognizes*** the signs and symptoms of trauma in clients, families, staff, and others involved with the system;

SAMHSA, National Center for Trauma-Informed Care. (May 20, 2014).



- ***Responds*** by fully integrating knowledge about trauma into policies, procedures, and practices; and
- Seeks to actively resist ***re-traumatization***.

SAMHSA, National Center for Trauma-Informed Care. (May 20, 2014).



Six Principles of a TIA



1. Safety
2. Trustworthiness and transparency
3. Peer support
4. Collaboration and mutuality
5. Empowerment, voice, and choice
6. Cultural, historical, and gender issues

*What do you think the **benefits** are of integrating a TIA into teen pregnancy prevention programs?*

Please type your answers in the Q&A Box.



*What are the **benefits** of integrating a TIA into teen pregnancy prevention programs?*

- Empirical evidence to organize and guide prevention efforts
- A more comprehensive approach for prevention
- Streamlined service provision
- Better outcomes



How concerned are you that using a trauma-informed approach may affect the fidelity of an evidence-based program?

- Very concerned
- Concerned
- Somewhat concerned
- Not concerned at all

*How is a TIA **compatible** with evidence-based programs?*

- A TIA provides an empirical foundation for further enhancing the positive outcomes of EBPs.
- Using knowledge about domains of impairment can enhance communication and influence better decision making.
- It also has potential to make our jobs easier by reducing obstacles to change.

*How can **organizations** ensure a successful implementation of a TIA?*

- Assess service settings and create soothing environments for everyone involved- youth, families, and staff.
- Provide practical and effective training for all staff.
- Integrate ongoing supervision to enhance permanent integration of key concepts.

*How do **organizations** ensure a successful implementation of a TIA?*

- Monitor service delivery for continuous quality improvement.
- Document community resources and make sure staff and young people have easy access to them.
- Model sex positive communication that supports healing for those in need and promotes health and well being for everyone.

*Do organizations need to have
mental health professionals on staff?*

- No; specialized training and skill-building with corrective feedback.
- Provide warm, non-judgmental, empathic, and genuine interaction at all times.
- Maintain a referral directory.
- Ongoing consultation with TIA-TPP specialist.

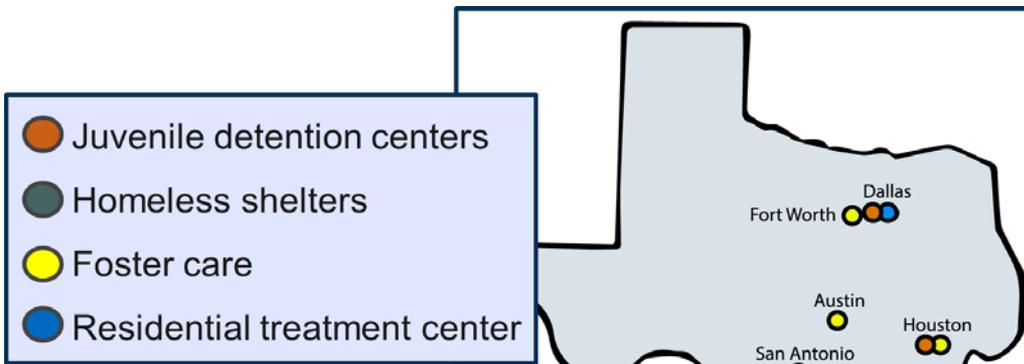
*Do organizations need to have
mental health professionals on staff?*

- Maintain a referral directory of local licensed mental health service providers who can document they have specialized training in a TIA.
- Consider ongoing consultation as needed with a licensed mental health service provider who specializes in TIA-TPP.

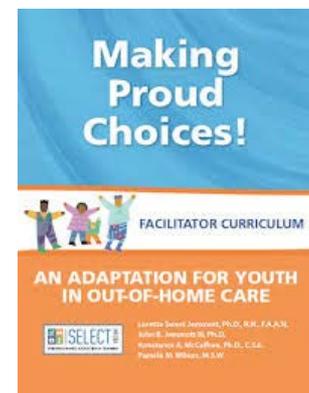
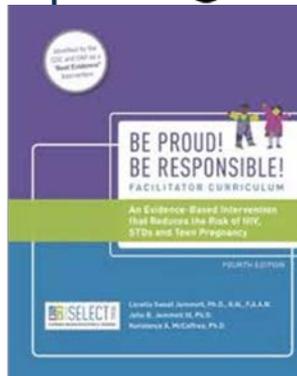
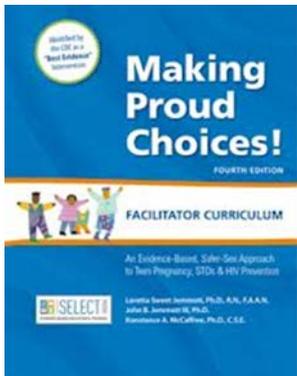
Connections Project PREP funding: Cardea (PI)



Healthy Youth Partnership OASH funding: UT (PI)



- Juvenile probation
- Foster care agencies
- Alternative charter school



Attitudes and Intent

Attitudes about sex over the next 3 months (1=very bad idea to 5=very good idea)

	Mean Pre-test	Mean Difference	Std. Dev	t-stat	p-value
Have sexual intercourse	3.73	-0.12	1.14	-2.22	0.03 😊
Use birth control	3.54	+0.31	1.40	4.53	0.00 😊
Use condoms	4.21	+0.09	1.18	1.58	0.11 😞

Behavioral intentions over next 6 months (1=not likely to 5=very likely)

	Mean Pre-test	Mean Difference	Std. Dev	t-stat	p-value
Have sexual intercourse	3.65	-0.40	1.60	-5.11	0.00 😊
Use birth control	3.51	+0.29	1.60	3.65	0.00 😊
Use condoms	3.74	+0.27	1.54	3.55	0.00 😊
Abstain from sexual intercourse	2.37	+0.29	1.63	3.60	0.00 😊

↑ Safer sex attitudes

↑ Condom use intentions



Staff/professionals who work with youth in these settings

Are anxious about talking with youth about sexual health

Are uncomfortable discussing sexuality

May use shaming and/or focus on the negatives

Realities of these youth are intense

Sexual abuse

Sex trafficking/prostitution

Early sexual activity

Previous STI

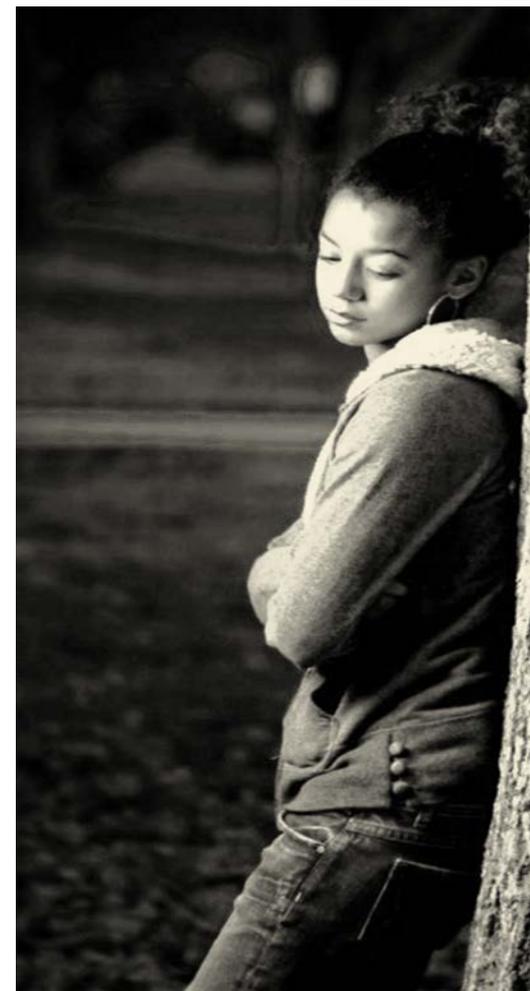


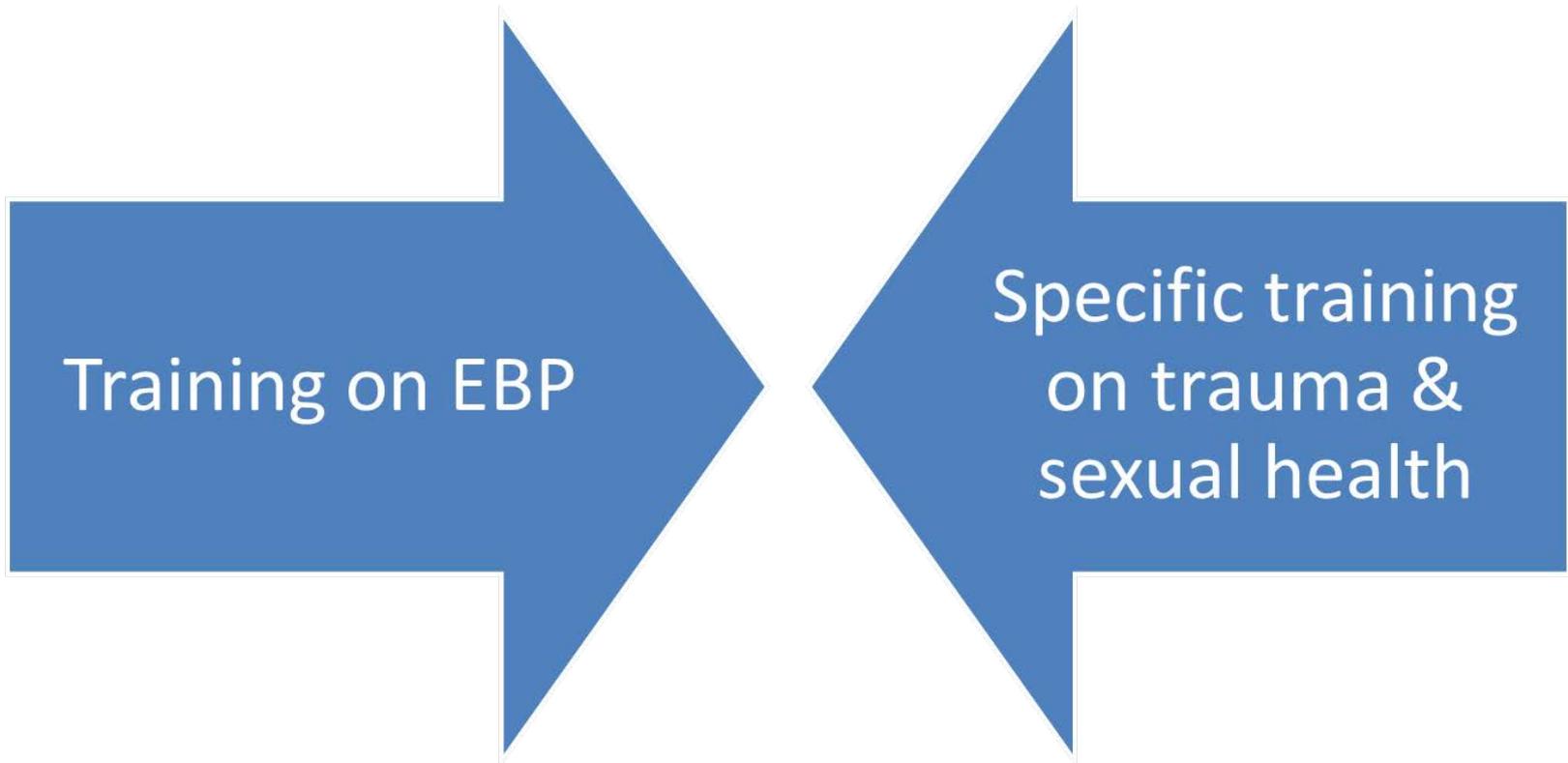
Staff/professionals who work with youth in these settings

- Need training, support, and PRACTICE

Youth need adults who are not going to

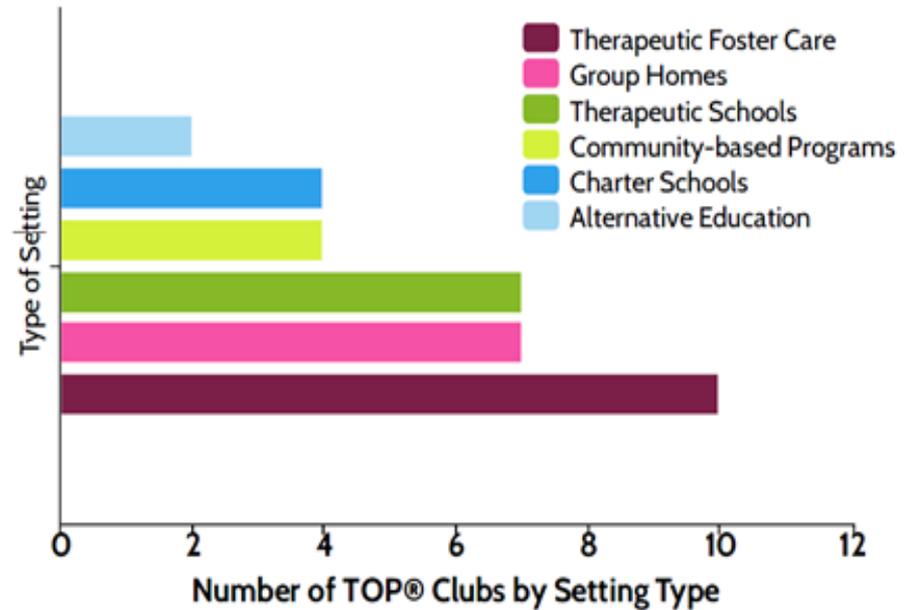
- Stifle their voices
- Judge their choices





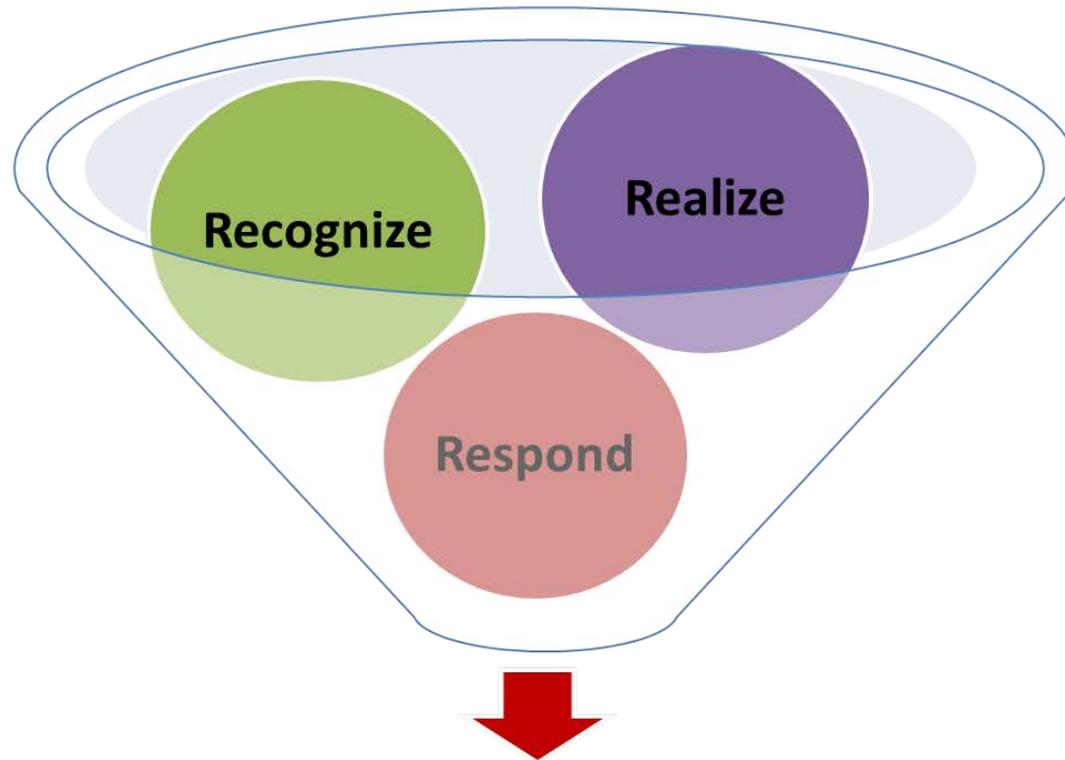
- Recognize that EBPs are not a substitute for an ongoing sexual health dialogue.
- Youth-serving professional have to accept responsibility for having sexual health discussions with youth, especially for youth without stable caregivers.

Wyman's Teen Outreach Program (TOP) in Connecticut OAH Tier 1 Funding



Pre- and Post-Survey Results





Creates a Sense of Safety

Supported by Values

- ✧ Safety
- ✧ Trustworthiness
- ✧ Choice
- ✧ Collaboration
- ✧ Empowerment



- Provide choice & control
- Be curious not analytical
- Clear expectations
- Shared group values
- Clear boundaries
- Visual stimulation
- Use music
- Modulate tone of voice
- Regulate speaking tempo
- Smaller non-verbals
- Model breathing
- Transition rituals





When I was a boy and I would see scary things in the news, my mother would say to me, “Look for the helpers. You will always find people who are helping.” To this day, especially in times of ‘disaster,’ I remember my mother’s words and I am always comforted by realizing that there are still so many helpers – so many caring people in this world.

~ Fred Rodgers



What is one “ah-ha” you’ve had so far during today’s webinar?



Questions & Answers



In Summary...

- Many people experience trauma.
- We can all use a trauma-informed approach!
- There are many benefits of using a trauma-informed approach.
- A trauma-informed approach can enhance TPP programs.



Are you ready to assess your
trauma-informed approach?

- Definitely!
- Yes.
- Maybe.
- Not yet.

Trauma-Informed Care

-  The National Center for Trauma-Informed Care (HHS, SAMHSA)
-  Trauma-Informed Care: Tips for Teen Pregnancy Prevention Programs Part 1, Part 2 (HHS, Office of Adolescent Health)
-  Voices from the Field: Dr. Sandra Bloom on the Sanctuary Model (HHS, ACF, Family and Youth Services Bureau)
-  SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach (HHS, Substance Abuse and Mental Health Services Administration); July, 2014
-  Voices from the Field: Fighting Trauma With the Whole Community (HHS, Children's Bureau); September, 2013
-  Discussing Issues of Sexuality with a Trauma Survivor (HHS, Office of Adolescent Health); March, 2013
-  Understanding the Impact of Trauma in Developing Teen Pregnancy Prevention Programs for Tribal Youth (HHS, ACF, Family and Youth Services Bureau); January, 2013; [Slides](#), [Audio](#), [Transcript](#)
-  Exposure to Violence: A Significant Issue for Teen Pregnancy Prevention Programs (HHS, Office of Adolescent Health); March, 2012
-  Understanding Trauma-Informed Care (HHS, ACF, Family and Youth Services Bureau); December, 2011; [Slides](#), [Transcript](#)
-  Trauma-Informed Care: What Do We Know? (HHS, SAMHSA, Homelessness Resource Center); 2011
-  What Does It Mean to be a Trauma-Informed Clinician? (HHS, SAMHSA, Homelessness Resource Center); 2010
-  10 Tips for Recovery-Oriented, Trauma-Informed Agencies (HHS, SAMHSA, Homelessness Resource Center); 2009
-  Trauma-Informed Organizational Toolkit (HHS, SAMHSA, Homelessness Resource Center); 2009
-  Adverse Childhood Experiences Study (ACE) (HHS, Centers for Disease Control and Prevention); 1998

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[http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/training/cultural-competence.html#Trauma-Informed Care](http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/training/cultural-competence.html#Trauma-Informed_Care)





Widening Our Lens:
*Co-Occurring Risk
Behaviors During
Adolescence*

May 28th
2:00-3:00pm ET

