



## **Webinar Transcript**

### **Beyond the Basics: Integrating Trauma-Informed Approaches in Your Teen Pregnancy Prevention Practice**

Operator: Thank you for standing by. At this time, all participants are in a listen-only mode. During the question and answer session of today's call, you may press star followed by one to ask a question. Today's conference is being recorded. If you have any objections, you may disconnect at this time. And now, I'll turn the call over to Jaclyn Ruiz. You may begin.

Jaclyn Ruiz: Thank you and hello everybody. My name is Jaclyn Ruiz. I'm a Public Health Advisor here at the Office of Adolescent Health and I wanted to welcome you to today's webinar, *Beyond the Basics: Integrating Trauma-Informed Approaches in Your Teen Pregnancy Prevention Practice*. Today's webinar will be facilitated by Deborah Chilcoat, Senior Training and Technical Assistance Manager at Healthy Teen Network and moderated by Lisa Schergen, the training manager at Cardea Services.

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the presenters and do not necessarily reflect the uses of the Office of Adolescent Health or the U.S. Department of Health and Human Services.

With that being said, I am now going to turn over this wonderful webinar to Deborah Chilcoat.

Deborah Chilcoat: Thanks, Jackie. Welcome to everyone, and thank you to OAH for supporting the development of today's webinar. I am absolutely thrilled to be facilitating today and hope you're as excited as I am to hear from our moderator, Lisa Schergen, and all of our guest panelists. They are Robert Diamond, National Social Work Supervisor from the Children's Aid Society Carrera Adolescent Pregnancy Prevention Program, Daesha Ramachandran, the program supervisor for the Adolescent Sexual Health Equity Program of Multnomah County Health Department, and Carmen Chaparro, Project Manager for City of Hartford's Department of Health and Human Services Teen Pregnancy Prevention Initiative.

They'll be sharing their successes, their challenges, lessons learned, and practical strategies for incorporating a trauma-informed approach into a teen pregnancy prevention program. So welcome to all of our panelists and attendees. So to get to know today's speakers a little bit more, I just want to ask them to tell you, the audience, how long they've been using a trauma-informed approach with their work, and then specifically with their work in teen pregnancy prevention.

So I'm going to open it to Lisa. Do you want to go ahead and start?

Lisa Schergen: Sure thing. Thanks so much, Deb. So I have been -- I am the training manager at Cardea in Austin, Texas and I have been teaching and training on a trauma-informed approach to sex ed for about the last five years now. I was the lead

trainer on a FYSB funded PREP project and our aim with that project was to evaluate how well certain teen pregnancy prevention programs and curricula worked in nontraditional settings. So we were implementing with youth in drug recovery centers, in foster care shelters, homeless shelters, and juvenile justice settings. And what we found out throughout the course of this project was that the youth in these settings had experienced trauma at higher rates than their peers, and that the EBIs, the evidence-based interventions we were using, were not meeting their needs.

So we quickly realized that a lot of the messages about sexuality that appeared in some evidence-based intervention would not be effective for talking with young survivors or really any young people about sex and relationships. So since that time, I've been developing and providing training and technical assistance on a trauma-informed approach to sexuality education and teen pregnancy prevention, and I've been doing that for organizations and programs all over Texas and nationally as well.

Deborah Chilcoat: Excellent. So we are excited to have you moderating today. Thanks, Lisa.

Lisa Schergen: Thank you. I'm excited to be here.

Deborah Chilcoat: Yes. So Rob, can you share a little bit about your experience with trauma-informed approaches?

Robert Diamond: Sure. I've been using trauma-informed approaches in pregnancy prevention for about eight years. The trauma-informed approaches have helped us work with participants who had difficulty with self-regulation, often due to chronic trauma. We quickly learned that the trauma-informed approach is helpful for all youth, not just all those who have been exposed to trauma.

Deborah Chilcoat: Thanks, Rob. We're looking forward to your remarks. Daesha, would you like to share now?

Daesha Ramachandran: Sure. I've been working specifically with a trauma-informed approach to sexual health for the past three years or so at Multnomah County Health Department with a focus on community level and intergenerational trauma and their impact on health equity. And our team has regularly integrated trauma-informed approaches into our work, providing sexuality education and capacity building to youth and parents as well as other caring adults in the community.

Deborah Chilcoat: Excellent. Wonderful. Carmen, would you like to go next?

Carmen Chaparro: Hi. I'm the project manager at the City of Hartford Health and Human Services Department and I've been using the trauma-informed approaches for the last seven years in teen pregnancy prevention work, and working with families in our city through a range of services. I am most accustomed to doing trauma-informed approaches with a Social Determinants lens.

Deborah Chilcoat: Fantastic. Thanks, Carmen. Well, I'm really, really excited because it definitely sounds like we've brought together a really solid team of presenters for today's webinar. So thank you all so much for being with us.

So now that you've heard about our speakers experience with trauma-informed approaches, we want to hear about your experience and we want to give you a little practice using the chat box. So if you would, audience, please respond to the following prompt. In what way, at least one way, are you integrating trauma-informed approaches into your work. And we'll stand by for everyone to just take a moment to go ahead and type in the chat box, which you'll find on the right hand side of your screen.

All right, slowly getting some responses. So it looks like some folks are integrating trauma-informed approaches in doc training, professional development, specifically instructing staff how to respond to triggers. Fantastic. Clinic staff training, how to approach patients in a trauma-informed manner, or provide trauma-informed care. Let's see. Yes. Staff counselors are getting -- wow, it looks like a lot of professional development, which I'm really excited because, Rob, that's your bailiwick is it not?

Robert Diamond: Sure.

Deborah Chilcoat: And then I have some folks saying that they used it while they were reviewing evidence-based programs and making sure that they were being implemented in a safe and supportive environment. So it sounds like there's a good number of folks who've had some experience. But we really believe that whether you have years of experience or you're just getting started with trauma-informed approaches, today is going to hopefully enhance the work that you do. So you can hear from some colleagues who are doing this as well.

So we want to encourage you, if you have a question, you are welcome to send it in the Q&A box or the chat box. There will be time at the end of the webinar to address that, but I'll monitor as we go and if something comes up, I'll bring it up to the panelists. So thank you very much everybody for responding. Next, I want to look at our objectives for today. So we really believe that using a trauma-informed approach is going to enhance the work that you do in teen pregnancy prevention or sexuality education. We believe that you'll be able to answer these very straightforward questions when we conclude today's webinar.

Why is it really imperative to integrate a trauma-informed approach in your TPP program? How can you integrate trauma-informed approaches in your program and then how can we improve our practice of trauma-informed approaches based on the results from the *Checklist for Integrating a Trauma-Informed Approach into Teen Pregnancy Prevention Programs*, which we know is one of the required assessments for TPP grantees.

So I hope you're as excited as I am and I also wanted to remind you that there are lots and lots of resources in Office of Adolescent Health Teen Pregnancy Prevention Resource Center, including the checklist, which you are required to complete. And the link to the checklist is now appearing in your chat box. You can see a little snapshot of it on your screen and if you need support with that, of course, you can reach out and we'll be able to help you if you have questions about that.

I know some of you have already completed the trauma-informed approaches checklist, which is fabulous. We think that this gives you an opportunity to gain some additional ideas of how you can continue to bolster your work with trauma-informed approaches. And then for those of you who have yet to complete the checklist, we hope that today's webinar really is going to get you excited and really jazzed up and motivated to not only complete it, but also take the information that you learned from it to figure out how can you continue to integrate trauma-informed approaches into your overall work.

So like I said, took at the link that will take you right to the checklist. If you have trouble with the link, you can always, always just search for it in the resource center on the OAH website. So at this time, I am very excited to turn it over to Lisa who is going to talk to us more about how important it is that we do integrate a trauma-informed approach into our work in teen pregnancy prevention programs. Lisa?

Lisa Schergen: Thanks so much, Deb. All right, so before we get sort of into the reasons why it's so important to think about incorporating a trauma-informed approach, I want to just take a minute or two to provide an overview of what a trauma-informed approach looks like or what it is. And you have a short sort of description there on your screen. But a trauma-informed approach is simply a way of providing information about sexuality and well-being that takes into account traumatic experiences and what impact those experiences might have on a young person's sexual decision-making.

So it's a simple concept and we're going to get into describing it in much more detail now. All right, so you just have a sort of basic definition there. And a trauma-informed approach to sexual health is pretty critical in promoting sort of a lifelong sexual health and well-being for anyone that has had adverse experiences or traumatic experiences. And as we will see as this webinar goes on, it's really an excellent approach for any person, regardless of their trauma history. All right?

Another important thing to remember as we talk about trauma and types of trauma, trauma in general could be the result of various types of abuse. So we're not just talking about sexual abuse or sexual trauma, but we want to also keep in mind that the individuals and the youth that we work with are not immune to the trauma that occurs in their community and at a systems level as well. So, we're going to hear from some of our panelists some more about how to incorporate that understanding into your approach.

So some principles of a trauma-informed approach can be easily integrated into really any teen pregnancy prevention program and there's a couple of characteristics of trauma-informed approaches that I'll just go over with you all now. But a trauma-informed approach to teen pregnancy prevention uses a

holistic and positive approach to adolescent sexuality. So it covers -- we're talking about more than just danger and risk. We're also exploring the positive potential of sexual health and well-being.

A trauma-informed approach to teen pregnancy prevention considers the gender and sexual diversity of the youth that we work with, especially with regard to the ways youth with marginalized identities are at increased risk for trauma and adverse experiences. This type of approach generally minimizes any judgment and shaming that we might see in teen pregnancy prevention programs, and in doing so prevents causing further psychological harm to the youth in our programs who may have experienced trauma. A trauma-informed approach should make all youth participants feel safe, accepted, and understood, which can then in turn help them be more prepared and willing to participate in the program.

So in following a trauma-informed approach best practice, it's important to sort of utilize this idea of universal precaution. So to assume that every participant may have had a trauma history and this is really necessary due to the high incidence of trauma and how vital it is to make sure all potential survivors are treated with the care that they need. And so I just want to take a minute to remind everyone of the trauma-informed approach checklist that was mentioned just a few minutes ago. And any of the stories that you're about to hear from panelists today, along with that checklist, can give you really good ideas and strategies for addressing some of the items on the checklist that you've sort of identified as in need of improvement.

Okay. So onto the importance of integrating this type of approach. It really boils down to this number that you see on the screen in front of you. So about 60 percent of adults report experiencing abuse or other difficult family circumstances during childhood, and that is just a really huge percentage of

the population. And so these difficult abuse or difficult family circumstances can include a lot of things, so what constitutes abuse or other difficult circumstances is pretty broad here. This could be sexual abuse or assault. It can be an acute trauma, such as a car accident or a natural disaster, or it can even be a seemingly innocuous event that a person experiences as traumatic.

So what's important to remember here is that events that we may not view as traumatic may be experienced by others as traumatic based on their own sort of background and understanding. For example, becoming a parent could be a traumatic experience for someone who grew up witnessing domestic violence in their own parent's relationship. So we have to sort of be sensitive to how people are experiencing different things. That helps to determine whether or not it's a traumatic event. And so a trauma-informed approach to teen pregnancy prevention, additionally, is important because up until recently, up until very recently I would say, trauma has not historically been considered in the design of sex education programming or teen pregnancy prevention interventions.

So this usually means that these materials contain messaging that could feel shaming to trauma survivors. Conventional approaches to teaching and talking about sex and sexuality with youth is steeped in discourses of danger and risk. So we really focus on the negative and in turn, sort of ignore the positive potential that this could play in a young person's life. And in general, a trauma-informed approach to adolescent sexual health is more inclusive and positive. So again, it's going to be an overall better way of providing services to any and all youth, and not just those youth that have experienced trauma.

So a trauma-informed teen pregnancy prevention program is one that is equitable, that provides a safe space for young people that's free of shaming and judgmental messaging, and inclusive of gender and sexual diversity. So as

you can see, these characteristics would be beneficial to all participants, not just young survivors. So if you were just looking at the bullet points on this slide and not paying any attention to the titles, those are things that would be helpful to any youth in your program, whether or not they've experienced trauma. So a trauma-informed approach really does improve programs and services for all your participants.

All right, so we're going to get into our panel discussion here in just a minute and during the discussion today, each of our guests is going to be sharing their unique perspective on using a trauma-informed approach. Rob has a lot of experience building the capacity of staff to use a trauma-informed approach and his responses will sort of reflect that perspective. Daesha's responses will expand our understanding of the social justice aspect of trauma-informed approaches and ways that you can do the same. And Carmen will sort of round out the discussion from a project management perspective and help to get you thinking about the broader implications of this approach on your project.

So we're going to start with our first question here and that is, how have trauma-informed approaches been integrated into your teen pregnancy prevention program? And we'll start with Rob.

Robert Diamond: Okay. Thank you so much, Lisa. I think most -- in terms of working with staff, we place a very high value on establishing and maintaining long-term relationships with participants. And for that reason, we work really hard at staff retention and helping them feel comfortable. We hire staff who can use clinical skills in a nonclinical setting, like a school or a community center, or riding a subway with a participant; who have experience working with children or teens exposed to trauma; and have experience using trauma-informed interventions.

By trauma-informed interventions, I'm talking about things like de-escalation, the importance of consistency and predictability, the importance of being clear about boundaries, the importance of creating safe spaces and giving participants the ability to choose what services they want and when. So we provide a lot of education about trauma and chronic trauma, the importance of attachment, self-regulation, and competency. One of the things left out of our list, I think, in terms of traumatic experiences was just the experience of neglect, which sometimes might not be on the radar of trauma but that certainly can be -- in the sense that it affects attachment -- it can be quite traumatic.

We also use CBT techniques and we work very hard on the why and the how of how to intervene in-vivo, in other words, in the midst of the crisis, in the midst of some kind of incident, how can you intervene in a way that's therapeutic, that's helpful to the student. So not just necessarily in the classroom. I want to also address the value of psychoeducation for school staff that we always try to have an impact on the school culture, and sort of preaching the gospel that what works for traumatized students works for all students.

For example, it's essential to train staff about the assumptions and techniques of trauma-informed approaches, emphasize the use of universal precautions, which was mentioned earlier, and prepare staff to handle situations when a student is triggered. I think in your material there's a recommended resource called *Treating Traumatic Stress in Children and Adolescents: How to Foster Resilience Through Attachment, Self-regulation, and Competency*, Margaret Bloustein and Christine Kinenburg. I highly recommend that because it really gives you a nice framework for developing a trauma-informed approach at your program.

Lisa Schergen: Excellent. Thanks so much, Rob, for all of that input and I really like that idea that what works for survivors works for all. I think that's a good reminder for us to keep in mind. And Daesha, let's move on to hear from Daesha now. How have trauma-informed approaches been integrated into your program?

Daesha Ramachandran: In general, we've incorporated it through kind of three primary strategies and I think as mentioned earlier and as a caveat, we pay heavy attention to the trauma of systemic oppression that manifests in the isms and phobias socially. So racism, sexism, classism, ableism, transphobia, et cetera that can marginalize social identities and disempower communities and ultimately manifest as health disparities.

So specifically, our three primary strategies are, one, kind of extend to adaptations of evidence-based curricula. We've grounded our lessons on contraception, for example, in a reproductive justice framework highlighting examples when people of color have not had the chance to exercise body sovereignty. The following are examples of key messages that have been incorporated.

In one of the curricula, we say, for example, there are many methods of birth control that give every person options, to give every person options. Every person's body is different and you can try different methods to find out what works for you. Everyone has the right to choose for themselves what happens to their bodies, and this includes choosing the method of birth control you want. This is an example of the human rights we talk about at the beginning of our classes. We also add that in the past and even until quite recently, there are examples of people being forced to be sterilized or have birth control methods tested on them and this is especially true for women of color and women with disabilities. And this is a violation of human rights. So every

person, including young people, have the right -- has the right to make decisions about their bodies and sexual health. But unfortunately, it can still be difficult for all people to exercise that right. And on top of that, some people might feel pretty wary of clinics because of previous bad experiences or things that have happened in past generations to people in their communities. We prompt conversation in classrooms around whether or not anyone has heard stories from people in their families about some of these historical issues. Students may bring up test for the syphilis experiments, forced sterilization in Indian boarding schools, other forced sterilization of Native American women or Latino women, or testing of birth control pills on women in Puerto Rico, for example. We try to make sure that these examples, if they're prompted, are acknowledged as serious human rights violation and that everyone deserves respectful and trustworthy healthcare.

So that's kind of a robust example of where we are mindful of some of the historical factors that play out in sexuality education today. The second strategy we've used is a really participatory approach to the revision of our curriculum. So we've used subcommittees to review and adapt curricula that were culturally responsive and grounded in kind of present community context in our county. We also have a youth leadership council that vetted role-plays and selected lesson material to make sure it was relevant and user friendly. We also held focus groups after pilot sessions to incorporate feedback from youth about what aspects worked or didn't work in the curriculum and some of the issues that were raised were around how the original content framed consent and how victim blaming it was.

So we edited the lessons based on this feedback as well as our own review. And finally, we attend to sort of the professional development side of trauma through staff support, training policies that can prevent or buffer secondary trauma that's potentially experienced. And given what has been shared today

about the prevalence of trauma in the lives of people that we serve, we try to acknowledge that staff has experienced or currently experienced trauma, particularly among staff of color on my team and the current national climate of racism. I think that something that's come up a lot for us. So as a team, we practice a variety of self-care strategies, including flexing time, walking meetings, huddles that hold space for reflection and sharing, and ensuring that our team is aware of all of the employee mental health services that the county provides.

Lisa Schergen: Great. Thank you, Daesha, and thanks for that important reminder that this approach extends to ourselves and our coworkers and colleagues and to those of us doing this work and not just the youth that we work with. Thank you. And last but not least, Carmen, how has your program been integrating a trauma-informed approach?

Carmen Chaparro: So for us, I think that we thought we were doing more around trauma-informed approaches than we actually were. So as we began looking at the scope of trauma-informed approaches further, we essentially realized that we were really only skimming the top.

So in March of last year, we had our lead evaluator lead our core partner leadership team through the completion of the *Checklist for Integrating a Trauma-Informed Approach in Teen Pregnancy Prevention Programs*. And the process was so arduous for us, but the findings for those assessments we then used to inform our year two work plan and our objectives.

So this process really helped us to determine on a scale what trauma-informed approaches characteristics described as well and what characteristics did not describe as well at all. So based on how we graded ourselves, so we used a scale of [unintelligible] meaning that this approach did not describe us at all,

and then a three would be that the approach described us well. We then determined our work plan and our actions based on that scoring. So what we found, what we were able to find after taking average scores and categorizing them out by how we were doing at the organizational level, the program level, and the staff level, we actually found that where we needed to focus most of our work was at that organizational level.

So we then started implementing strategies into our work plan, identifying what trainings were needed as a result of using that tool.

Lisa Schergen: Great. Thanks, Carmen. I mentioned earlier that I worked on a project that sort of focused around making some of these evidence-based interventions more trauma-informed. And the way that we were able to do that in that project was mostly through facilitator education and training. So we did make some pretty minor adaptations to our curriculum for evidence-based intervention, but really integrating a trauma-informed approach came through training the educators and facilitators in that approach and providing them with some more context for historical trauma or intergenerational trauma.

And we used SAMHSA's principles of a trauma-informed approach to really help us sort of come up with some concrete strategies. SAMHSA has a document called *SAMHSA's Definition of Trauma in a Trauma-Informed Approach*. And they outline six principles of a trauma-informed approach, and those are things like safety, trustworthiness and transparency, collaboration, peer support, and cultural and historical issues. And so we just looked at those six principles and came up with five to ten concrete strategies for implementing those principles in the work. And then we trained our facilitators and staff on those specific strategies.

So we'll talk a little bit more about SAMHSA's principles in a few minutes. But I just wanted to mention that here too. Okay, so let's sort of summarize some of the takeaways from this first question. In terms of how folks have been incorporating trauma-informed approaches into their teen pregnancy prevention programs, training and ongoing supervision has been key. Understanding that trauma occurs on multiple levels is really important. Being explicit with participants about confidentiality and its limitations. Considering the needed adaptations in consultation with the PO, and also it's important to remember to do our due diligence. And I think we've sort of seen this from Carmen's story.

So even if you think you're doing it right, it's important to move through a self-assessment process, to look at that trauma-informed approach readiness checklist, or something else that you have in place in your community to make sure that what you're doing is in fact a trauma-informed approach. Did our panelists have anything to add here? If not, I'll move us along to question two.

So now, we'll hear a little bit about the challenges. So from each of our panelists, what was an unanticipated challenge to taking a trauma-informed approach and how did you address it? And again, we'll start with you, Rob.

Robert Diamond: Well, one unanticipated challenge was that the school's programs that we were working within did not necessarily have the same lens that we did in regards to trauma or even just their general approach to working with youth. So what we found was we had to sort of identify where we could have an impact, what was in our control, and what was outside of our control. And so within the school system, some schools we really couldn't impact an environment that was pretty chaotic and really often driven by the behavior of students who had experienced a lot of trauma.

But we could do our best in terms of the classrooms or the areas that we worked in to make sure that they were safe when we were working with them, with the participants. And we also could be, even though teachers and school staff may not conduct themselves in a way that's trauma-informed, we could do that ourselves in our relationships with the participants. So we really tried to be careful about our relationships and be consistent and clear to meet their needs.

And then we started to try to impact the broader culture by building relationships in the school with the staff and getting involved in staff development with them, getting involved in grade team meetings, those kind of settings to just kind of slowly help them understand how a trauma-informed approach can be helpful.

Lisa Schergen: Great. So it sounds like it was important to sort of let go of the things you couldn't control but then also try to influence some things that you did have some control over.

Robert Diamond: That's right.

Lisa Schergen: Great. All right, thanks Rob. And Daesha, what about your team? What was an unanticipated challenge and how did you all address that?

Daesha Ramachandran: I don't think we anticipated the level of revision that would be needed to make the evidence-based curricula trauma-informed and because we're using three of them, it was significant - and also because we've used such a participatory process. It's been a labor of love getting everything revised and ensuring buy-in across all stakeholders.

Lisa Schergen: Yes, I can only imagine. And can you give us an example of maybe something that you revised or adapted in your evidence-based intervention?

Daesha Ramachandran: Sure. One of the curricula we're using is called *Reducing the Risk* and in lesson three, it talks about kind of refusal skills. So gender role, one of the things we've added is gender roles can impact how we say no to someone and which refusal strategies tend to be associated with society's expectations of men and of women. And we kind of prompt discussions around that. And we discuss how this can be harmful and why both learning to refuse and accept refusal is really important. So affirmative consent, but also boundary setting and respecting boundaries.

And in that same lesson, the Observer Checklist is part of the activity but it only checks off how the one refusing performs and not the one accepting the refusal. So we adapted it to include items for the person that's doing the observation to see how well the person accepts the refusal. So did they listen actively? Did they ask for clarification? Did they show understanding and respect the boundaries or wishes of those stated by the person refusing.

Another example in lesson 12 of that same curriculum is in the homework there's a line that said that if I had HIV, it would harm me in these ways and that's pretty fear based and stigmatizing for those who are living with HIV. And so we changed it to some possible health outcomes of having HIV are dot, dot, dot. And kind of a corollary to these issues that we have run into as an unanticipated challenge is our role as mandatory reporters. So apart from the curriculum adaptations, one of the things that we find really challenging is how to build a trauma-informed setting where disclosure of specific issues cascades automatically into a mandatory response.

So the remedy, we do a couple of things pretty proactively. We tell program participants on the first day of the program that we're mandatory reporters and that if they share something that is happening to them or that they're doing to someone else, such as child abuse or neglect, or child sexual abuse, we're required by law to report it to the police but we also have a contact person and phone number for someone at Volunteers of America who is not a mandatory reporter should students want to disclose information but are unsure of what the next best steps are for them, and we generally write this person's contact information on the board at every class.

Lisa Schergen: Wow, those sound like a lot of great ideas for adaptations in there. Thank you, Daesha. And Carmen, what was one of the challenges your team faces and how did you all address it?

Carmen Chaparro: I think the biggest unanticipated challenge is that trauma can be transpired in so many different behaviors or not at all. So like you mentioned before, Lisa, trauma is easy to acknowledge when it's acute or when it's blatant. For instance, if there is a shooting in the community or if there's unrest in the community, or somebody just looks disheveled or is really blatant. So really when it's generally disguised behind good behavior, participation, manners, that's when it gets really hard to identify.

And also we have, in most of our evidence-based curriculum interventions, we have a limited time with some of these youth. These students in that limited time can be really great at using some of those coping mechanisms. So specifically for us, and it seems like so obvious, but really something that's been difficult for us is identifying trauma within our Youth Leadership Team, for instance.

So typically for this group, we set the standards really high because they're role models to their peers. The adults in the community love them and depend on them to be those role models and to be the link to youth in their communities. But when one of those youth leaders doesn't show up to a meeting, or is late, or has held up the group, whatever it might be, we found that we were easily reverting back to lecturing, or reminding them about our expectations.

So when we haven't been able to decipher the behavior for the sake of behavior, or behavior as a result of some sort of trauma, we get frustrated. And at that point, we'll call the team into the meeting and it's really only then when we have that one-on-one that we kind of see the big picture.

So for instance, they were late because they just moved very recently and unexpectedly, and no longer live close by their meeting space, or they even show up because they didn't have clean clothes to wear or because they had to take care of their siblings at home, or couldn't go home to get something. So those experiences, and we've actually experienced it with several of your youth leaders this year, has really driven us to implement a new strategy with our Youth Leadership Team.

So this year and moving forward as we bring youth leaders on board, they'll have to have check-ins with their youth leadership coordinator, at which time they'll talk about attendance, they'll talk about needs, they'll talk about expectations from both the youth leader and the coordinator. And we hope and we really believe that this will help build that connectedness and will create a larger sense of security for those teams who are likely to reveal some of those challenges on a one-on-one situation with their youth leadership coordinators.

Lisa Schergen: Absolutely, thanks Carmen. It sounds like your team's self-reflectiveness has sort of come in really handy in this ability to be able to reflect on how you're carrying out the process and determining whether it's working or not working. And it's also a really good reminder for us that trauma is not always visible, but the telltale signs and things that we're trained to see and look for might not always be present. So thanks again, Carmen. And the project that I was a part of, we had one unanticipated challenge that we had was integrating cultural, gender, and historical issues, which is sort of part of those six SAMHSA principles of a trauma-informed approach. A lot of facilitators, educators, social workers are very skilled at recognizing and responding to individuals who have experienced trauma, but what can be more difficult is recognizing and understanding the impact of historical or multigenerational trauma, or institutional trauma, which effects entire communities. And it's often more difficult to address because of a systemic or institutional nature of these types of traumas.

And so integrating cultural/gender/historical issues often means attending to race and privilege within the context of the classroom, and that means having an understanding of the historical or intergenerational traumas that may be impacting the youth that are served by the program. So for example, if you're implementing with Native American youth that's going to require those facilitators to have an understanding of what community-level traumas have affected that group and how that might impact their decision making. It's also important to have an understanding of how the very systems and institutions within which we work may have had or may still be having traumatic effects on the youth that we work with or on their families and communities.

Another thing we ran into was that we found it was important for people to understand traumatic stress, which is sometimes people call minority stress, but it's basically stress -- it's not a traumatic event, but it's stress that results

from ongoing exposure to discrimination that's related to a person's identity. So over time, this type of traumatic stress can take a toll that's really similar to that of a traumatic event.

And so what we did in our program was modify language to be more inclusive and less shaming and judgmental. And I'm going to share a resource in the chat box now that sort of outlines some of the strategies for looking at the language in your evidence based intervention and modifying it so that it's more positive, affirming, and inclusive. Okay, and so this is a resource that I was able to work on at Cardea and it's full of strategies for incorporating a trauma-informed approach into your teen pregnancy prevention program. So it sort of expands on lots of the things that we've been talking about already.

All right. So some of the takeaways from this discussion about challenges and how they were addressed are up on your screen now. So some of the ways that you all have addressed challenges are by genuinely engaging and building relationships with school staff where that's appropriate, offering capacity building on a trauma-informed approach. This awareness that trauma could be hard to identify is important so it's not always going to look a certain way or jump out at us. And it also was pretty important for some of the panelists here to secure community partners who also support the work that the organization is doing and who are also sort of on board with a trauma-informed approach.

All right, on to our next question here. So panelists, how do you adjust a trauma-informed approach for the audience that you're working with? What steps have you taken to tailor it to the participants' needs? And again, we'll start with Rob.

Robert Diamond: So I imagine that this is where each program is the expert on the cohort with whom they work. The approach should be age and stage appropriate,

culturally competent, and include the real-life experiences of the participants. And as we keep saying, always take universal precautions even if it's not immediately evident someone in the room has experienced trauma and could be triggered. So always be prepared to address it. If you can't control the composition of groups you're working with, sometimes you can create a mix that makes establishing safe spaces easier.

For example, you can create group rosters that make it easier to have safety during sensitive discussions, separating students who trigger each other or parent participants with strong emotional regulation in the same classroom with those who have weak emotional regulation, creating smaller classes for students who are easily triggered. We've had groups as small as three because the students have such a hard time; they were so hypervigilant that they were easily triggered with bigger groups. So sometimes you're not able to do that.

Lisa Schergen: Absolutely. In times where you are able to have control of the group composition, those sound like really great ideas. Thanks, Rob.

Robert Diamond: Sure.

Lisa Schergen: And Daesha, you want to weigh in on this question? How have you adjusted the trauma-informed approaches for your audiences?

Daesha Ramachandran: Actually, I'm going to pass it off to Carmen, I believe.

Lisa Schergen: Okay. Thanks. Carmen?

Carmen Chaparro: I actually -- I agree with Rob on this one. It's really about knowing your audience and we acknowledge that that can sometimes be difficult if we don't necessarily have control over group composition. So for instance, if you're

implementing in a school or another large setting that's probably likely. But the great indicator that we need to really have good relationships. I think Daesha and Lisa mentioned earlier how imperative having those good relationships with individuals who do know the audience. So if the teacher is implementing, if a community-based organization has a staff member that's implementing, making sure that they're well trained and that you have a good relationship with them and they understand what the expectations are, and that they fully are comprehending what the needs of the students that they're serving are.

Lisa Schergen: Yes, so it sounds like knowing your audience is really important and when that's not possible, working with someone who really knows that audience would be imperative. Great. Thank you all. I'm going to take this time here to talk about SAMHSA's six key principles again. And this was one strategy that my team used to adjust our trauma-informed approach to the different audiences we were working with.

So the great thing about these six principles are that they're the same no matter where you are or who you're talking to, but that you can come up with strategies for implementing these principles that can be very different and tailored to a specific group's needs. So using a sort of general guideline, like these principles can be helpful in addressing different audiences, because you can always sort of modify the strategies to meet the needs of the audience that you're working with.

Also, beforehand, before the program begins, taking stock of the types of trauma. Survivors that you're working with might have experienced can be important and sort of taking stock of the prevalence of certain kinds of trauma within the specific community can also be important. And those are things that you would do ahead of time ideally.

All right, so some of these key takeaways for this question on adjusting approaches for audience are [unintelligible] consider what you know about participants as you work to create a safer space. Group composition really matters here. Where you do have some control over that, it might be helpful to arrange the groups in a way that create a safe space. Understanding trauma at the community level is also really important and then building relationships with those who do know the young people well is also important.

And we're going to move onto our last question here for the panelists. So for all of you, how have you adapted evidence-based programs to make them more trauma-informed? And again, we'll start with Rob.

Robert Diamond: Okay. Can we go out to someone else for a moment? I'm a little distracted. Sorry.

Lisa Schergen: Sure, absolutely. Before I throw it to another panelist, I just want to remind folks that a trauma-informed approach is just that. It's your approach to the work that you're doing and it shouldn't really affect fidelity of your program. We do want you to keep in mind, though, that OAH requires that you seek approval before making any major adaptations and that it's always just good practice to discuss any adaptation ideas you have with your project officer before implementation just to make sure you're not impacting the core components of the program.

So with that in mind, let's turn it back to our panelists, and maybe Daesha could jump in here and tell us a little bit about how you've adapted programs.

Daesha Ramachandran: Sure. We've been doing extensive revisions so I've got lots of examples. Another one that we haven't touched on is just the way in which

abstinence is discussed in some of the curriculum. So in *Reducing the Risk*, again, for example. Many of the reasons for abstinence in the curriculum as it is put a value on abstinence and implicitly make character judgments about people who choose not to abstain. For example, on Page 47 of the text for the curriculum it says, "Abstinence can be a sign of emotional maturity and integrity," and it implies that people who choose to have sex or either emotionally immature or don't possess integrity.

And so our adaptation or the recommended adaptation we've made is that we changed the reasons to maintain abstinence to be value neutral. So we've included language that suggests that people may choose to abstain for lots of reasons. Some abstain because of religious or moral beliefs, because they're not ready to have sex, or perhaps because they're not interested in sex, but there are folks that identify as asexual because they're more interested in building on the non-sexual parts of their relationship like talking, or going out, or adventuring. And so that's one of the adaptations.

Lisa Schergen: Thanks for those additional examples. Carmen?

Carmen Chaparro: So I'll take us even a couple steps further back in just even identifying the curriculum that might work for your community. So one curriculum that we are using is called *Get Real* and when we looked at it, it does reflect the trauma-sensitive approach in the very first module. So the curriculum uses the social-emotional learning concept. So this is a process by which children and adults develop fundamental skills for life effectiveness. So the social emotional learning teaches skills we all need to handle ourselves. So thinking about that universal piece that we keep mentioning. So it teaches us to handle ourselves, our relationships, and our work effectively and ethically.

So this particular curriculum incorporates size of these social-emotional learning skills that include self-awareness, self-management, social awareness, and relationship skills, and responsible decision making. Additionally, a great majority of our staff has a background in social work or education and developmental psychology. So we pay close attention to how we develop our trainings and how we guide other adults in the community to have awareness and sensitivity to youth in the family. Specifically, we emphasize the importance of safe and comfortable environments and we encourage healthy relationships with participants and their families.

So while we don't have to do too much to the particular curriculum that we're using, so far from what we've experienced, we set the foundation for our facilitators and training by providing the training that has a foundation in trauma-informed approaches. So we were fortunate to be able to have the opportunity to go through that process quite recently and really unexpectedly actually. So it was kind of a blessing in disguise for us.

Lisa Schergen: Thank you, Carmen, and good to hear that there is a curriculum out there that seems to already sort of take this approach or at least incorporate it a little bit more so than some of the other ones. So thanks. So let's summarize again some of the takeaways from this last question. So in terms of making your evidenced based program more trauma-informed, you could just start by selecting a program that uses a trauma-informed approach, is possible.

If that isn't possible then definitely looking very closely at and then maybe modifying or adapting some of the language in the evidence-based intervention you are using is another good option. And also connecting with other grantees about what adaptations they have made or are maybe considering making can also be really helpful.

Okay. I think I said this previous question was our last one, but this will be our last one and I just want to throw it out to all the panelists, again. How has taking a trauma-informed approach improved your program or services? And we'll start with Rob.

Robert Diamond: So we've been able to be more effective in helping students cope with stressors in their live and therefore, by doing that, we've been able to help them delay parenthood until their twenties at least.

Lisa Schergen: Great. Excellent. And Daesha?

Daesha Ramachandran: I think it's been stated already here, but we think a trauma-informed approach is essential in sexuality education and we've generally applied this lens to our work historically, but I think in the past year, the strategies we've used to involve and center the people of greatest focus of this grant in particular, so youth, and youth of color, and LGBTQ youth have also helped mend in both trust with communities who have historically not trusted or have been mistreated by government entities and health departments.

So even for a health department that is attuned to these issues, I think that the work our program has done over the past year has become a model of how to work in true partnership with communities of color in particular.

Lisa Schergen: Great. Thank you. And Carmen?

Carmen Chaparro: Yes, the trauma-informed approach process significantly, I think, has improved our work so far. Our community has always centered our work around addressing the social determinacy of health. So this trauma-informed approach falls nicely into place with how we intentionally do our work. And also, by completing the trauma-informed approach checklist, we're forced to

take a closer, honest look at what we're doing and what we could be doing better. Trauma-informed approach is complex and it's just as complex as something like the social determinacy of health in that in order to make change, we have to have a plan to address both the macro- and micro-level action based stuff. And, in order to have an impact on the overall community.

So we need to work on that community level to impact the individual level. So the process that we took is really helping us to do that and really to identify what the needs are and how we need to address it, because it is that complex.

Lisa Schergen: Absolutely, and it's great to hear from all of you that a trauma-informed approach has sort of improved things across the board for students who may be survivors and who may not be. That's great. Thank you. So some key takeaways here about how trauma-informed approaches have improved programs and services. So this type of approach gives young people the skills they need to plan pregnancy and parenthood for when they're ready. This approach complements our people's commitments to address the social determinacy of health and seems to be fitting very nicely in with other frameworks and sort of ideas that guide the way that you do your work.

A trauma-informed approach can also actually serve to mend and build trust with communities that may have lost trust with institutions and systems. So that's another excellent takeaway.

Well, panelists, I really, truly appreciate your insight and hope that the audience has been thinking about some really great questions for each of you. Before we start the Q&A, though, I'm going to turn things back over to Deb for a moment.

Deborah Chilcoat: Great. Thanks, Lisa. I appreciate it and thank you to all of the panelists and sit tight, we'll be back. I'm sure the audience is thinking of some really great questions. So with that said, I think we can all agree that young people absolutely deserve safe and supportive environments, and using a trauma-informed approach is definitely one way to do that. And I want to acknowledge that it was really important to hear that we often need to take care of the adults who are working with these young people, and isn't it great that you now will have really amazing experts to support you and guide you as you continue your work in trauma-informed approaches.

Well, what am I talking about? Well, on July 1 of this year, the Office of Adolescent Health funded the Children's Hospital of Los Angeles to provide capacity-building assistance to you, the teen pregnancy prevention grantees. So at this time, I'd like to introduce Mia Humphries from the Center for Strengthening Youth Prevention Paradigms. She's going to tell you more about their work as a capacity-building agency. So Mia, do you want to just give an overview of the capacity-building assistance that you'll be providing the 18 pregnancy prevention grantees?

Mia Humphries: Sure, absolutely. Thank you so much, Deb, and thank you to all the webinar organizers for kind of thinking of including me in this -- in the webinar just to introduce myself and our program. Very much appreciative. So just a little bit about who we are. The SYPP Center is part of the new team of support providers charged with supporting the OAH teen pregnancy prevention grantees with the implementation of their TPP programs. So each of the five support providers really focus on different themes and us at Children's Hospital of Los Angeles SYPP Center, our particular charge is kind of supporting OAH TPP grantees in working with them to create safe and supportive environments for young people and their families.

And for us and for everyone that means a lot of different things, but definitely on the top of that list in almost kind of an umbrella thing that's always kind of important in all of the work that you're doing to build safe and supportive environments is we're making sure that we're being trauma informed. And that's something that we take to heart in the work that we do in our direct service work at Children's Hospital and that we always kind of work and learn on how to be trauma-informed ourselves, and it's a topic that we care a lot about and also make sure that we train other youth serving providers on.

So the SYPP Center is a capacity-building assistance program. We're within the Division of Adolescent and Young Adult Medicine at Children's Hospital Los Angeles and the division has many years' experience working direct service with young people and also a lot with partnerships with communities. So we build off of that experience in our capacity-building assistance work. A lot of, I think, the panelists and people today really talked about the importance of social determinants of health and structural change, and those are things that we take to heart in our philosophies. We really always talk about social determinants of health and how they need to be addressed in order to really improve the health and well-being of young people. And so those are like those isms, [unintelligible] systemic forms of a discrimination who can access health care and who can't.

And those really kind of form the context of the work that we do and how we can work both to make sure that we're culturally competent as providers, but also making sure that we're transforming our systems that we work within, and our institutions themselves. So we're excited to be providing capacity-building for youth-serving providers through this grant opportunity. On trauma-informed practice, LGBT cultural competency, youth development partnerships are just some of the topics that we hope to provide training, technical assistance, resources around. And all things including making sure

that we're building safe and supportive environments for young people and really all fall under that trauma-informed care umbrella as well.

Our focus really tends to focus on both the historical issues and the context of why these issues are important, best practices with working with youth and families, and like I mentioned before, how can we really focus on institutional or community change. How do we modify the practices and policies to really build safe and supportive environments? So, really excited to get started with that. I just wanted to give you all a brief kind of overview of who we are, our context, and what are some of the things that we might be working on together.

Of course, our approach is we're always learning. So we're excited to be kind of learning with you all in the process as well. I just wanted to make sure to share my contact information. The new support providers came on board a couple of months ago and we're having our first orientation meeting in the next couple of weeks. And probably at that meeting, we'll make a decision about how to best communicate with all the grantees. So you'll be hearing from us soon. But in the meantime, please feel free to reach out to me if you want to talk through any issues or have any [unintelligible] needs.

And then I also want to just kind of share our website, [CHLA.org/sypp](http://CHLA.org/sypp). We have a long history of doing webinars on adolescent health and young adult issues, so you can find an archived webinar library and some resource library information there on lots of different topics around reproductive health, reproductive justice, trauma-informed care, LGBT issues, all kind of with that the central focus on structural change, like what can we do with this information.

So that's it. Looking forward to hearing from anyone who wants to reach out, and thanks again, Deb.

Deborah Chilcoat: Absolutely. My pleasure. So at this point, I want to just again thank Lisa for moderating the panel discussion and of course, a big thank you to Rob, Daesha, and Carmen for being part of today's webinar, and Mia, welcome aboard and please relay that to your team there at the Children's Hospital of Los Angeles.

So we do have a few minutes for our question and answer session. If you have a question for any of our guest panelists, if you could, you're welcome to type it in the Q&A. The panelists will be the only ones who see that question. If you are okay with everybody else seeing it, go ahead and type it in the chat box. We'll monitor both locations. So there's a request if we can go back to the information for SYPP. Sure, I can do that while everybody else is typing a question.

And again, Mia is going to share what's the communication plan for requesting technical assistance, capacity- building assistance from her organization, and I suspect there's going to be something else for the rest of the organizations as well.

Jaclyn Ruiz: And Deb, this is Jaclyn. Can the operator just give one more time instructions for anybody who wants to ask questions verbally?

Deborah Chilcoat: Sure. Shirley?

Operator: Thank you. If you would like to ask a question over the phone line, please press star then one. You must record your first and last name to ask your question and to withdraw your question, you may press star then two.

Deborah Chilcoat: Okay. Also, if you have a question for one of our panelists specifically, like if you want to ask Daesha a question, if you would kindly just put her name in parentheses or just put D and I'll know it's for her, since she is an expert. Okay, let's get started with the questions and I think this could really be for anyone. How did you decide or how did your organization or program decide to integrate trauma-informed approaches into your work? It's not a decision that I suspect you made lightly. It's hard work and there's a lot of organizational change that happens with that.

So what were some of the things you were thinking about when you were deciding to jump into this? Lisa, do you want to kick us off here? Oh, you might be muted.

Lisa Schergen: Yes, I was. Sorry about that.

Deborah Chilcoat: No worries.

Lisa Schergen: With our program and our project, what sort of spurred us on was really the reaction of the youth that were implementing with. So they were calling us out left and right on the curricula being shaming and LGBT exclusive, and they had a lot of input and the constructive criticisms really started coming from them. And so as we sort of began to look more closely at the curricula we were using, it was pretty clear that the language was sort of really steeped in just this idea that adolescent sexuality is dangerous, and scary, and that only bad things result.

And once we were -- it only took us getting alerted to it and once we sort of became attuned to that stuff, it was really easy to pick out in our materials. So it sort of started with just revising the materials and then it became really clear

that as we were training new educators and facilitators on these materials, they needed some more background and an understanding of why we were approaching the topic from the this trauma-informed approach. So it wasn't something that our educators or facilitators were very familiar with, so we realized we needed to do a lot of education and professional development there and then also our youth were calling out the curricula in the program and sort of already giving us ideas on how to fix it. So that's how we got started.

Deborah Chilcoat: Daesha, how about you all? How did you get into this?

Daesha Ramachandran: Oh my God. Well, it was a mandate of the grant. So we kind of just [unintelligible]. That's one way to get into it, but it sounded like you accepted that challenge. No, absolutely. Our staff are kind of just well-equipped and really seasoned in this work. And it was a natural place to work, I think. Not a very instructive answer for folks and I saw there's a question around resources being available for adaptations to EBIs. It is challenging and I would say that while my staff are really seasoned, it is still a learning process. It's figuring out what works, what doesn't, did we take it far enough, are we going too far. And there are some constraints as far as echoes with regards to the grant guidelines as well, which is -- I know I'm going a little off-road on the answer here, but we just dove in. We invited community partners to join us. We kind of did a four-corners assessment of who was missing from the conversation and circled back, which is why this process for us has been so iterative and ten months in the making.

Deborah Chilcoat: You had mentioned that it is arduous but always in the back of your mind or maybe in the front of your mind is the fact that it is the right thing to do, making this more trauma informed like you all were saying, absolutely it's going to benefit everybody. So yes, so for those of you who haven't seen, there was a question about resources available to make adaptations to EBIs so

that they were more trauma informed. There is -- you can obviously use the checklist, but I think that, gosh, wouldn't it be wonderful if we all would cross-share when you come across something in a particular intervention. And maybe, Jackie, that's something that we can just note to follow-up on after the webinar, how folks can do that. Maybe there's something on max.gov that would be a great place to have that ongoing conversation about these adaptations. Put you on the spot, but...

Jacklyn Ruiz: No, no. It's no problem. It's actually a conversation we've been having in our office a lot about one of our -- we had a fellow here that was here for a few months and she actually sort of did a review of everybody's -- well not everybody's because we have 81 grantees -- but she tried her best to really get a sample of [unintelligible] grantees had submitted as they did their inclusivity reviews, and some informed reviews, and all those things. And then did some follow-up conversations and she talked to us about some of the great things grantees are doing and it got us talking about how we really do need to facilitate a conversation on grantees because you guys are doing a lot of great things. And I think there's a lot of [unintelligible] out there that are like, how do I get this started? Am I supposed to do that? I'm not an expert. Am I supposed to go to somebody else and get it done?

And there's just a lot of expertise within our own grantees and not just that, but people who have gone through the process and learned a lot of things that they can then share with others as they go through that process. So it's definitely something worth thinking about. Hopefully, Mia from Children's Hospital of Los Angeles can help us out a little bit with that as a CBI grantee, and I do think there's some room in max.gov to facilitate that conversation. So just be tuned. We know that it's something that we need to help coordinate and facilitate and we're just sort of trying to figure out the best way to do it.

Deborah Chilcoat: Okay. Sounds good. Hey, Lisa, I know we didn't share every single one of the examples back on Slide 18 about adaptation. So I'm going to pick on you for a second. I'm going to ask you to go back and maybe share a couple things that you did with some of the evidence-based curricula and I think you also had some general things that you wanted to share. So would you mind running back to Slide 18? We can leave it on this Q&A on the screen, but if you could head back to your notes, I think that would be really helpful for the audience to hear.

Lisa Schergen: Yes, absolutely. So this is Lisa and in our program, we made a lot of modifications to *Making Proud Choices* and *Be Proud! Be Responsible!* And those are those Select Media curricula. And we were using the fourth edition for each of those. And so, for example, we had -- we were sort of highlighting language that could be experienced as shaming to survivors of trauma and then tried different ways to modify that language to make it more affirming.

So for example, let's see, there was a quote from the -- from *Making Proud Choices* that reads, "If you get an STD from sexual activity you engaged in willingly, you should be upset with yourself because it's your responsibility to be protected." And we thought that was somewhat shaming and the youth called it out as well. And so what we ended up changing it to was, "Ultimately, it is your responsibility to protect yourself from STDs. Choose abstinence or, if you want to have sex, use a latex condom or a dental dam every time you have sex." So we really didn't see any reason why we needed to be telling youth that they needed to be upset with themselves if they got an STI or an STD. So we just took that element out completely and reframed the message.

Another example for *Making Proud Choices*, there was a quote that read, "A girl can get pregnant the first time she has sexual intercourse." And so we

wanted to make this statement more inclusive to gender and sexual diversity, so we changed it to, "It is possible for someone to become pregnant the first time they have sexual intercourse." So it didn't require training people on LGBTQ inclusion. It was just a slight language modification that everybody still understood, that was still discernible to the young people we were talking to without making the language gendered or gendering body parts.

Some other curriculum adaptations that we did included adding a brief check-in ritual at the beginning of each instructional session. So we just had a really simple -- the facilitator would ask all the youth in the room, usually who were sitting in a circle, to put their thumbs up, down, or to the side to indicate their mood. So thumbs up they were feeling good, thumbs down feeling not so good and to the side, feeling okay. And it was just -- it became a ritual and a way for the facilitator to check in on the youth, and for the youth to sort of take stock of where their peers were on any given day. And it became a really important sort of ritual in our sessions.

We also added roleplays that were explicitly same-sex couples. There are some curricula out there that try to do the roleplays by using gender-neutral names, which sort of leaves it up to the role-players to decide. But we felt really strongly that there needed to be explicitly same-sex role plays in order to really affirm and represent LGBTQ relationships. So we added those. We added some extra processing questions to the pressure scenarios, really similar to what Daesha was describing. So a lot of those scenarios, they'll ask -- the processing questions are things like what could so and so have done differently so that their partner heard their no? And so we added extra processing questions along the lines of what could the person pressuring their partner have done differently to hear them better, to follow their wishes, to listen to what they were saying. So we added those.

And we also modified some language around -- some language that assumed that sex is always a choice for everyone. So we encouraged our facilitators to make statements like sex can be healthy and enjoyable when everyone involved consents or chooses to take part. Other times, it's not healthy like when one person is forced by another person or raped. Sometimes people have sex when they don't really want to because they feel pressured. Sometimes people are forced to have sex. Sometimes people have sex in order to make money or survive, or have a place to stay, or have something to eat.

So making those statements sort of acknowledging the fact that not everybody, unfortunately, has a choice or has had a choice. We also asked facilitators to emphasize no matter how a person has experienced sex in the past, they can have a healthy sexuality or sex life. Even if someone has been forced to have sex in the past, they can still have a healthy sexuality and sex life, and that was really well received by youth. We also would print out a list of the topics covered in each instructional session, so we sort of were giving you the head's up about what topics were coming up and what we were going to be doing in the next session. And we found that it was really important to alert youth ahead of time, anytime we were going to be showing graphic diagrams of anatomy or using penis or vagina models.

And in addition to that, we always allowed time for sort of anonymous question and answer. That was really important too.

Deborah Chilcoat: Yes, and actually with that last one, Lisa, did you encourage the facilitators to review the questions ahead of time so that it wouldn't be a random question that might trigger somebody? Or just tell me a little bit about how they [unintelligible] the Q&A?

Lisa Schergen: Yes, in general, our facilitators would just sort of pass out notecards at the end of the session, ask everyone in the classroom to write something down, whether they had a question or not. So if they didn't have a question, they could tell us something they learned, how they were feeling, or draw us a picture. And then we would collect those and the instructor would actually answer them in the next session. So ideally, the facilitator has some time to go through those questions and sort of assess whether or not they might be triggering and then come up with ways of sort of addressing that or avoiding a triggering incident when answering those questions.

Deborah Chilcoat: Would they ever just change the language a little bit so that the essence of the question was still there but maybe wouldn't have been so triggering?

Lisa Schergen: Yes, absolutely. If the questions contained a lot of slang or language that we didn't agree to use in the classroom, whether it was naming body parts or describing experiences, we definitely would try to get the gist of the question when we sort of presented it to everyone and then made sure to just check in with youth or leave the door open. If we didn't answer your question or if this wasn't your question, we would encourage folks to ask again or to submit another question.

Deborah Chilcoat: I want to, again, say if anybody has questions, please type them in. We're getting down to the wire here. We don't want to forget anybody. But one of the things I think was really critical that you mentioned was this isn't easy to make this change. We know change is hard regardless of what we're talking about, right. And so I wonder if you all would be willing to share a little bit about how you manage any resistance to a trauma-informed approach or integrating this into the work that you're doing? Anybody?

Lisa Schergen: That's a really good question.

[Crosstalk]

Robert Diamond: This is Rob. I think one of the pushbacks that we got was that particularly from staff who have experienced or continue to experience trauma is that they had a tendency to minimize trauma and this was their way of coping. That's how they coped. That's how they got to where they were. They pulled themselves up from their bootstraps. Nobody coddled me. That's how I got here. And so really appreciating -- and this goes back to recognizing many of your staff have experienced something similar to what we're talking about. And that's why I always emphasize that you're always operating with this parallel process that the way you deliver this material to your staff should be consistent with the way you want them to deliver it to your participants.

And so the way we would handle that resistance, very gingerly and really trying to appreciate the person's point of view, and really hear them out. I think one of the things that -- so this is really important to use whatever's being given to you as an example of how to work with the participants. I think one of the things we learned from that experience was that using a lot of jargon, professional jargon, psychological terminology and social work stuff, that seems to really put people off. So that's one thing we took away from it. I don't know if that answers the question.

Deborah Chilcoat: Yes, definitely. And you probably encounter that regardless of the setting. It could be a school setting, clinic setting. But also I'm thinking juvenile justice setting or foster care setting where I think that there may be even a more enhanced resistance sometimes. So anybody else want to kind of chime in here? I know they're making great strides. I believe that all of those settings are making great strides, but any other comments from...

Lisa Schergen: I will jump in. This is Lisa. Over the course of our project, which was about three years or so, when we started doing training on a trauma-informed approach, we were only training our partners who were already sex educators. So we were training a group of educators who were then going to go into drug recovery centers and juvenile justice centers, and homeless shelters, and deliver the curriculum. And after that was how we were proceeding for a while, it became really clear that staff -- the educators were having a hard time delivering the curricula using a trauma-informed approach because staff in the organizations were not familiar with the approach. And there was a lot of resistance because systems in a place -- like in a juvenile justice setting, up until relatively recently, have sort of been the opposite almost of trauma-informed, or they have not been the opposite, but they just haven't taken trauma into account or didn't think about the impact of trauma on behavior.

And so once it became clear that staff in some of these settings were open to and interested in learning more, we set up and scheduled time to organize trainings of the staff. So our original plan and the responsibilities that we were being held accountable to really just were about educating the facilitators. But we decided with input from our other partner organizations that it really was going to be imperative for the program to be successful and sustainable to have staff at these different settings trained as well. So staff were able to decide whether or not they wanted to come take our training. Our staff trainings were always full. They also got trained in the curricula and they got trained in a trauma-informed approach.

So it was not part of our original plan, but we quickly realized that we needed to expand to do that also.

Deborah Chilcoat: Yes, because if you go back and look at those six principles that SAMHSA laid out, yes, safety is really, really key but there's a couple other ones that

might be really hard for them to make a significant change quickly. So I would imagine there's lots of discussion about how to embrace the notion of empowerment, and voice, and choice, and those kinds of things in some settings. So I think it's really important for all of us just to know that just keep trying, just keep working at this. Continually look at your performance. We talked about the checklist, but Daesha, I love the idea of maybe just kind of these routine check-ins with the team to see how everybody is managing and making sure that really, you're continuing to strive to get better and better at how you do this with the work that we're doing with these young people.

Any final thoughts before we come to a close, panelists?

Jacklyn Ruiz: Deb, this is Jackie. I just wanted to do a plug for the evaluation of the webinar real quick. I know Brandon or Jaclyn Ruiz, technically, put it in the chat box, the link to the SurveyMonkey, for people to give feedback for the webinar. So please look there, please give us your feedback. Your feedback really does help us develop webinars in the future and make them better and more helpful.

Deborah Chilcoat: Yes, for sure. Definitely. So thank you to all the attendees for sticking in there for a few minutes past 4:30, and guest speakers, for all your time and effort. It was really, really imperative to have you join and share your knowledge and wisdom. Jackie, I think that it's always helpful to get the feedback and we don't want to forget that there's always ways to connect with OAH. You can definitely check out the website, Twitter, hopefully you get the e-updates, and check out the YouTube channel.

For all of the panelists and on behalf of OAH, thank you all so much for joining us today and we hope you all have a great, great day.

Operator: Thank you. This concludes today's conference. Thank you for your participation. You may disconnect at this time.

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