

NWX-OS-OGC-RKVL

Moderator: Jaclyn Ruiz
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Coordinator: Welcome and thank you for standing by. All participants will be in a listen-only mode until the question-and-answer session.

Today's conference is being recorded. If you have any objections, you may disconnect at this time.

I would now like to turn the meeting over to Deb Chilcoat. You may begin.

Deborah Chilcoat: Thanks, (Melinda). Good afternoon everybody, and welcome to today's Webinar, Creating a Safe Space: Integrating a Trauma-Informed Approach Into Your Teen Pregnancy Prevention Program. We want to thank the Office of Adolescent Health for the opportunity to bring this information to the grantees. And we hope that you really are able to learn a little more about trauma-informed approaches and how you can work with your staff to increase their ability to integrate trauma-informed approaches into their programs.

So as you heard, this is Deborah Chilcoat. I'm with Healthy Teen Network. I'm the Senior Training and Technical Assistance Provider, and I'll be facilitating and monitoring this Webinar.

I'd like to introduce our panel presenters. Joann, would you like to introduce yourself?

Joann Schladale: Yes my name is Joann Schladale, and I'm with Resources for Resolving Violence in Freeport, Maine.

Deb Chilcoat: And Cindy?

Cindy Carraway-Wilson: This is Cindy Carraway-Wilson, and I'm with Youth Catalytics. I am in Brunswick, Maine.

Deb Chilcoat: Monica.

Monica Faulkner: And I'm Monica Faulkner. I'm with Child and Family Research Institute at the University of Texas at Austin.

Deb Chilcoat: And we're really pleased to have all of our guest speakers joining us today, because they bring a wealth of knowledge and experience about trauma-informed approaches and we hope you have an opportunity to learn more from them.

Just to let you know, we are going to have a question and answer session at the end of the presentation. And if you are inclined to, you may always, always type in a question in the Q&A box. I'll be monitoring as the Webinar progresses.

So today's objective: we believe at the conclusion of this Webinar, you'll be able to define trauma and trauma-informed approaches using the Substance Abuse and Mental Health Services Administration, or SAMHSA's definition.

You'll be able to describe SAMHSA's six principles of trauma-informed approach. You'll also be able to state the importance of integrating a trauma-informed approach into teen pregnancy prevention programs, and finally, identify where your teen pregnancy prevention program is already utilizing a trauma-informed approach and/or opportunities for integrating a trauma-informed approach into your program.

So, just to get us started, we're going to conduct a poll. We're very interested to find out how familiar are you with trauma-informed approaches. Are you very familiar, familiar, somewhat familiar, or not familiar at all? I'm going to open the poll and please go ahead and type in your response.

All right. Looks like we've got pretty good results here. So a few of you, about 3%, are very familiar with trauma-informed approaches. About 30% are familiar. Over half are somewhat familiar, and then a small number, about 6% of you, said not familiar at all. So while you may be somewhat familiar to very familiar, we still believe that you're going to get a lot of good information from our guest speakers today.

So thank you for completing our poll, and there is your result.

So, I'm now going to turn it over to Joann to be able to walk us through a little bit more about trauma-informed approaches.

Joann Schladale: Thank you so much, Deb. And before I get started, I would like to give sincere thanks for the Office of Adolescent Health, Child Trends and Healthy Teen

Network to be able to accept this wonderful invitation. Thank you so very much.

So now I'll get into the SAMHSA definitions, and we'll read all of the definitions and be making some comments as we go forward.

So SAMHSA identifies trauma as 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 or adverse effects on the individual's physical, social, emotional, or spiritual well-being.

I think this is a vital definition. However, when we're working with young people in our teen pregnancy programs, I think there's a lot of words and a lot of syllables there for the young people. So I just want to add on that the definition I use for the young people I serve is that trauma is a deeply distressing or disturbing experience that has a lasting effect on a person's life.

So I think while all of the details of this are excellent for all of us to know, I think it's also important to think about the entire elements of the trauma-informed approach -- how do we take the research and make it as user friendly for the people we serve as possible?

Okay. So now I'd like to get into the four key elements the trauma identifies as components of the approach. And you'll see on this one that it starts out with realizes, that SAMHSA wants us to be clear on realizing the wide-set spread impact of trauma and to understand the potential paths for recovery.

And I think that this is a huge step that SAMHSA is taking because historically in the United States, there have been many efforts in the field of

mental health to not acknowledge and to realize that many people in the United States do suffer from trauma. And in the United States, we've had what we call the ACE studies -- or Adverse Childhood Experiences -- that are showing that many young people involved in trauma-informed services have had a high level of traumatic experiences in their life.

Okay. And the second element is to recognize the signs and symptoms of trauma in clients, family, staff, and others involved within the system. I think this is also vital in the recognition that when we're providing teen pregnancy prevention programs, that the young people's behavior can often indicate anxiety, distress, a range of different things, and depending on any adverse experiences they may have had in life, that simply the topic of sex education may cause them distress, particularly if they themselves have been sexually abused.

I think that historically, many trauma survivors were afraid to talk about it for fear of being disrespected and made to feel ashamed, and I think that this is a vital element of recognizing that we address this issue with young people. But I think an equally important component is that it's not just for the youth. It's who we are and that many of us may have experienced adverse childhood experiences that influenced our motivation and commitment to doing this work.

Okay, moving forward to the final two -- another element of the trauma-informed approach is that we respond by fully integrating the knowledge about trauma into policies, procedures, and practices. I believe that OAH, Child Trends, and HTN are committed at the highest level of excellence in doing this for all of you, and I think it's very important we're seeing a very broad national trend in responding to the current state of the research on how we address trauma optimally to promote successful outcomes and to help

young people experience sexual health and wellbeing for the rest of their lives.

And then finally, the last element and also very vital is that we all seek to actively resist or prevent retraumatization. And I know in the many years that I've been doing this, many people -- especially a range of different educators -- are not clinically and people are often fearful of saying the wrong thing or doing something to make the situation worse, for people who've experienced the trauma. While this is a very legitimate concern, you don't need to be clinically trained to develop some key skills that can prevent any sense of retraumatization with anyone who has experienced adverse childhood experiences.

Sometimes, it's as simple as learning to ask something like how can I help rather than telling people what you think they need to be doing. And we often use the term "ask, don't tell" as a mantra that we use in practice and training to ask the young people questions -- just like I said. How can I help? Is something going on? It seems that you might have some concerns here rather than saying you look terrible or it looks like you're having a bad time, these kinds of things. So just ask questions in checking in with people rather than telling them what you think is going on with them.

Okay. And moving forward, the next component of SAMHSA's definitions that is very important in our work is that they've identified six principles of a trauma-informed approach. I'll go through each one of those and of course I think it's a given, the issue of safety. I think in teen pregnancy prevention programs, safety is already a very important component of the foundation of everything we do.

We know, though, that for the people who've experienced adverse life experiences that they often perceive the situation to be physically, emotionally unsafe. And often, while we may have a physically safe setting, they still do not feel emotionally safe. So I think it's important to note two elements that comprise the issue of safety.

Trustworthiness and transparency -- and I'm going to take each of these words and deal with them separately. I think it is so important -- and clearly SAMHSA does, having it as their second key principle -- is to be trustworthy and to behave always in a trustworthy manner with the young people we serve. Often they have come from lives that they couldn't trust anyone, particularly if they've had multiple trauma in their life, and if the trauma was related to child abuse, where they could not trust the people who were supposed to love them the most.

So it is so important that all of us service providers exhibit our trustworthiness through clarity with the young people all the time. And that leads to the issue of transparency. When we can be absolutely clear about what we're planning to do with them, give them expectations for what's going to happen in our sex ed curriculum, in the activities that we're doing with them. I was trained clinically to always provide the rationale of what I'm doing, and that if I did not have a research-based foundation for anything that I was going to be doing with the people I serve, then I shouldn't be doing it.

So just think about the issue of always being able to clearly answer any questions. That's the issue of transparency.

Peer support is an interesting element because we know that in issues around juvenile delinquency and vulnerabilities for kids to be involved in the courts, that we do not want them involved with peers who may be influencing them to

cause criminal behavior or harm to self or others. But the flip side is so important, that SAMHSA included this as number three -- that when we can facilitate an environment where all of the young people being served learn to support each other, to respect each other, and to help each other along, this is also a vital principle in helping the young people to support themselves because we know that they often are more likely to turn to each other than adults.

The fourth principle is collaboration and mutuality. I think it's a given in our field that we see in almost all literature in the United States that we should all as the adults and service providers committed to working with vulnerable youth should be collaborating, and I strongly believe this and I've written in some of my publications about this very thing.

One of the things I want to highlight in this component is how do we collaborate with the young people? And now I'm going to add the issue of collaboration and mutuality. When young people feel that we have a reciprocal relationship with them, that we mutually value what they bring to the table and who they are in this process, and that we are committed to collaborating with them to help them make their decisions, that is the essence of principle number four -- which actually leads us to five -- the issues of empowerment, voice, and choice.

And I think that when we truly collaborate in a mutually respectful interaction, that young people feel empowered. They feel safe to take the risk to speak their truth, to give voice to whatever is going on in their lives, to possibly give us very real reasons about the sexual decision making and about the choices they are making.

So I hope you are seeing how each of these principles is building one after another.

And then finally, we get to the broadest element of each young person's unique cultural experience from the family, their community, their race, ethnicity, socioeconomic status, and also the issue of historical factors that play a vital role in a great deal of history and historical elements of communities and families, and then the gender issues.

So these are our six principles and I hope that you can see how interrelated, universal, and practical these principles are. They all promote positive use development, and research shows that people are more influenced by what they say rather than what others say to them. And that's why I've been talking about finding their voice and the importance of asking them questions, not telling them what to do.

Providing a physically and emotionally safe environment in which youth can trust educators to be open and transparent creates a mutually supportive situation in which youth are empowered to speak their truth and act on it. It is critical to give these young people opportunities to explore their choices, and to practice asserting their choices with their peers.

Research refers to this as autonomy. And the six key principles can provide a very valuable foundation for it.

Okay. Deb, we'll turn it over to you here.

Deborah Chilcoat: All right. Joann, that was wonderful. Thank you for providing a really solid foundation for us to move forward.

So this question is for the audience. We want to know what you think the benefits are of integrating a trauma-informed approach into teen pregnancy prevention programs. And so we'd like for you to type your answers in the Q&A box down on your screen. So I'll stand by, and as the responses come in I will read them aloud for all.

So what do you think the benefits are of integrating a trauma-informed approach into teen pregnancy prevention programs? Again, you'll be typing this into the Q&A box.

Excellent. We have some responses coming in. So some benefits could include some better retention of youth into your program. It will give a different way of working or approaching your work with teens. Let's see, to enable all participants to have a comfortable experience. Thank you. Allow young people to get more out of the program. And it may set the tone that young people may be more open. Maybe that's in conversation or open to the conversations or even some of the attitude items in some of our teen pregnancy prevention programs.

These are fabulous answers. Thank you. Thank you all for sharing your thoughts with us. Joann, I know you...

Joann Schladale: Thank you.

Deborah Chilcoat: ...have some thoughts about the benefits, so I'm going to go ahead and turn it back over to you.

Joann Schladale: Thank you very much Deb, and thanks to those of you who just wrote in your responses, because you're absolutely on target. I'll just highlight one element. For some of the young people we serve, they may never be comfortable

around the issue of sex education and sexuality -- particularly depending on their life experiences, if they did involve sexual abuse. But I think exactly what you said, that we want them to be as comfortable as possible, even if it can be a distressing topic, and to make it so important that it helps with their retention and they get more out of the program. So thank you for those comments.

So what are the benefits? Now I'm going to go to what the research shows, first of all, the research itself, that one of the benefits is that we now have really important and I would say we're reaching comprehensive empirical evidence to organize and guide all of our prevention efforts. And this is just huge in the field, as is a lot of this information is what we would call relatively new.

It provides a more comprehensive approach for prevention. So if we look at all prevention efforts to stop any type of harm for human beings that we are committed to in this country, that a trauma-informed approach for sex education can potentially go a long way in terms of the prevention, certainly of pregnancy -- what we're here for -- infections and diseases, and also harmful sexual behavior around coercion and sexual violence.

Another benefit is streamlined service provision -- that often, while people may have some level of nervousness about okay what does this mean to add a calm, informed approach to our teen pregnancy prevention, you may find that we are actually able to what I call piggyback a lot of this. And you may also find that you're already doing a very strong foundation of this and it's just a matter of integrating a few other things so it can streamline service provision. And somebody has already said better outcomes. Higher levels of retaining young people in our processes.

I also want to add -- although we didn't put it as a bulletin here -- is that I travel around the country. I see more meaningful and satisfying experiences for the young people, but I also see more meaningful and satisfying experiences for facilitators who feel like you are really able to address the crux of the challenges these young people have to practice optimal sexual decision making.

Okay. So if you look at the next slide here that we have, I don't know exactly who did this but this was a collaborative effort through OAH and Child Trends in creating this document. And this is so that you can see how we integrate a trauma-informed approach into a teen pregnancy program.

So generally, your teen pregnancy programming focuses on delivering sexual health, providing access to contraception and healthcare services, educating parents and community members, and engaging the youth -- a vital, vital contribution.

A trauma-informed approach is a way of addressing vital information about sexuality and well-being that takes into consideration the adverse life experiences and their potential influence on sexual decision making. So you see how it's building on some of the things that I've been talking about, and you can see how the six core values are influencing your program.

A trauma-informed approach adds trauma-sensitive interaction, trauma resources, and trauma therapy when indicated to a teen pregnancy program. The goals are the same. A trauma-informed approach simply uses practical application of neuroscience to enhance the young people's learning, their memory retention so that they remember the work that you are doing with it so that it influences them when they're at the point of making very important sexual decisions.

And affect regulation, which is simply how we manage our emotions that influence optimal sexual decision making.

While we don't have time today in this brief overview, they're very practical and user-friendly resources that all of your programs can easily integrate into your work settings.

Deborah Chilcoat: And Joann, this is Deb. I just want to let the audience know that there is a checklist being developed that you can use to affect your practice of trauma-informed approaches. It's not available quite yet for download, but we'll make sure that everybody knows when it's finalized.

Joann Schladale: Excellent, and I think that it's time for me to turn it over to you for next question.

Deborah Chilcoat: Okay. All right. We're going to conduct another poll. Thanks, Joann. Because I suspect some of you might be concerned about using a trauma-informed approach and how it might affect fidelity of your evidence-based program.

I just kind of want to take a poll and see where everybody's at with that. How are you feeling about that? So just give me one second to load up this poll. And go ahead and write very concerned, concerned, somewhat concerned, or not concerned at all.

All right, give it about five more seconds. Four, three, two, one. Okay. So looks like very few of you are very concerned about trauma-informed approaches and fidelity. About 13% are concerned, 36% are somewhat

concerned, and a little less than half are not concerned at all. That's really, really excellent. Excellent.

So Joann, how about if you talk (unintelligible) about how trauma-informed approaches actually are really quite compatible with evidence-based programs.

Joann Schladale: Absolutely and thank you. And thanks to all of you for your responses, because your responses are actually music to my ears. I am going to go over the three bullet points, but before I do that, I want to share some other information -- that we currently have 37 evidence-based teen pregnancy prevention programs identified by Health and Human Services Teen Pregnancy Prevention Evidence Review.

I was involved as part of a three-year national advisory council for the Annie E. Casey Foundation, addressing challenges in integrating a trauma-informed approach into evidence-based practices for adolescent sexual health. I think that involvement was 2010 to 2013. Around that time, I was also involved in a two-year national campaign grant addressing the same thing, and I continue involvement in this effort -- not only in evidence-based practices for teen pregnancy prevention, but for trauma-informed therapy for young people.

So it's really not hard work. So that's why I was really glad to see that so many of you are not that concerned. I think we need to be concerned, but not overly and fearful that the evidence-based practices predominately provide the content that changes knowledge, skills, and attitudes, and a calm, informed approach enhances the context and process while adding possibly a bit of information to the content.

So a TIA provides the empirical foundation for further enhancing the positive outcomes. It is compatible in that it uses knowledge about the domains of impairment. I'm not going to say a lot of that - talk much about that today, except I do want all of you to leave this Webinar with the knowledge that trauma greatly influences both brain processing and physiological processing, like our cardiovascular and our immunological systems.

And so having knowledge about these domains can enhance our communication and help to support and influence the youth in better decision making.

The trauma-informed is compatible in also that it has the potential -- I believe -- to make our jobs easier by reducing obstacles to change. So when using our knowledge about the (delays) of impairment to influence better decision making, it simply means that when we're thinking about these things, our work is easier if we know that if you've got a young person who's calling in sick a lot or coming in complaining about stomach problems or those kinds of things, in addition to maybe if you're witnessing anxiety or kids being challenged, having trouble focusing or concentrating, these are all elements of that. And that your programs, my hunches are often already giving the kids opportunity to practice skill but when we do so, in a way that is trauma-informed, it can really reduce the challenges that we face.

Deborah Chilcoat: Joann, this is Deb. I think that that's a really key point in that, you know, a young person cannot learn, they cannot change...

Joann Schladale: I lost you, Deb. Hello? Can somebody let me know if I'm still on.

Cindy Carraway-Wilson: Joann, this is Cindy. I can hear you.

Joann Schladale: Okay. I can't hear Deb. I can hear you, Cindy. Should I just keep going?

Cindy Carraway-Wilson: Yes I think we may have lost Deb, so I would just keep going, Joann.

Joann Schladale: Okay. Thank you. So I've moved forward to the next slide to continue how can an organization ensure a successful implementation of a trauma-informed approach.

So first of all, we can assess our service settings and create soothing environments for everyone involved -- our self, the youth and families we serve, and any other staff. So I think it's important for all of you to just take a good look at where you're providing the services. How do we think about the environment?

We teach staff to assess the physical environment to enhance the visual, tactile -- which is touch -- and auditory -- which is the hearing -- experience through things like pleasing colors if we can control that, if we have rooms that we can decide what paint color they have, to reduce clutter, to have the most comfortable furniture we can, to possible have quiet, non-interruptive things like Play Dough or markers and paper that they might quietly doodle on that's not distracting and that they can also continue to focus.

And sometimes we use very quiet, soothing music in the background in the hopes that it will help the young people feel calmer through the process.

The second bullet, as you see, is practical and effective training for all staff. I think it's vital that you all feel supported and that you're getting the training and the key elements that you need to be able to feel both competent and confident to be able to provide a trauma-informed approach.

An example of one of the trainings that I've done recently of the objectives that I did last year were integrating the research into a clearly defined, trauma-informed approach for sexual health and wellbeing. We wanted everybody to know what are the key components and what it look like on the day-to-day basis of having your program work.

Another objective from a training that I've done is engaging and motivating youths who have experienced trauma to prevent the unplanned and unwanted pregnancy, the infection and disease, and the prevention of sexual harm, coercion, or assault. So we want to provide that clearly for all of you so that you know what a trauma-informed approach can do for that element of prevention.

And then I think another part is that we ourselves, as service providers for these young people, promote and model our own self-regulation skills for health and well-being and finally that we communicate hope and optimism for all of the youth we serve.

There are actually research findings that say that when we are warm, non-judgmental, empathic, and genuine, and we support expectations for change and hope for the future, that that can influence higher successes in our outcomes.

And then the third -- also key element -- is to integrate ongoing supervision to enhance permanent integration of the key concepts. Well, what does that mean? I don't know how many are supervisors of you are on the call, but I think it's vital that you feel supported up the chain of command by your project liaison, and that you're able to provide supervision for your staff to be

able to support them in whatever challenge they're facing in the direct services with the young people.

Okay. Our next slide is continued issues of how to ensure successful implementation. We should be monitoring our service delivery for continuous quality improvement. When those of you who are actually providing the services for young people, if you feel that there are elements that may not be working as well as you would like, or that you've tried some ways of working with the kids that you think is trauma-informed, but you're not getting results, I think it's vital that we monitor this service delivery and have a forum to collaborate and see how we might want to improve that service delivery.

To document our community resources and make sure staff and young people have easy access to them. I am a strong promoter that in each of your local communities, you should be able to identify licensed mental health providers who specialize in a trauma-informed approach for teen pregnancy prevention so that in the case that you do need therapy to make referrals for therapy services for any of your young people, that you have easy access to a roster or a directory and that you can easily support the youngsters and help them access those resources also.

And then to model sex-positive communication that supports healing for those in need and promotes health and well-being for everyone involved.

So one of the questions that I'm asked around our country is do organizations need to have mental health professionals on staff. And you see my first word in my answer is no. Specialized training and skill building with corrective feedback in the staff we have has been shown to be equally effective. Research consistently shows that education levels and years of experience are not correlated with successful outcomes in service delivery. Specialized

training that focuses on your skill building to your opportunities to practice with feedback from whoever's providing the services and maybe ongoing clinical supervision is the most effective preparation.

So no, organizations do not necessarily need to have mental health professionals on staff to provide excellent trauma-informed services.

As I already said, providing a warm, non-judgmental, empathic, and genuine interaction at all times has been showing up in the research since 1995 as the most critical thing we can do to enhance successful outcomes through therapeutic relationships with the young people we serve.

I already talked about maintaining a referral directory, so I won't say anything more about that.

And then your programs might want to consider ongoing consultation with a trauma-informed approach teen pregnancy specialist. Keep in mind that anyone who professes to specialize in this work should be able to easily articulate all of the information we are sharing here today and tell you how they came to do this and they approach they're going to use in supporting your efforts.

Finally, we need to maintain a referral directory. I think I've already mentioned that. We can document that. So this seems redundant. So I'm just going to go forward.

Okay. I think it's time for me to turn it over to Deb, and thank you all for being a part of this Webinar.

Deborah Chilcoat: Thank you, Joann. I just want to make sure everybody can hear me.

Cindy Carraway-Wilson: Yes we can. Deb.

Deborah Chilcoat: Fantastic. I'm not sure what was going on. We were having some tech issues. But I'm glad I was able to be heard. Okay, Joann, wow -- that is a whole lot of information. And really I think some of the key pieces are -- at least that I heard -- was number one, it's common (unintelligible) approaches are absolutely compatible with our programs, even the evidence-based programs. It's an enhancement.

It's an approach. It's definitely something that the young people would benefit, because really learning can't happen, build teams and (unintelligible) can't happen if they're anxious and they're being way traumatized. And it's no good, no good. So that was really important.

I think that the leadership support with an organization is critical. And then , you know, we don't all have to be mental health professionals and experts in mental health and therapy to be able to integrate this into our work. So thank you so much. I think there might have been a little bit of anxiety around those three pieces and I think that you definitely have addressed those in a positive way. So Joann, thank you so much for your time and sharing your knowledge with the audience.

So I'm now going to turn it over to Monica Faulkner. And she is with the Child and Family Research Institute and she is going to tell us a little bit more about their work with trauma-informed approaches. And this is going to give you, the audience, an opportunity to hear how one of your colleagues is using it practically on the ground. So Monica?

Monica Faulkner: Okay. Thank you, Deb. Welcome. I'm currently working on two federally funded projects where we are implementing teen pregnancy prevention EVPs for use in high-risk settings.

The first is a PREP funded project where I'm the evaluator and the lead agency is (Cardia). In that project, we have seven sites across Texas for implementing Making Proud Choices and Be Proud, Be Responsible at juvenile detention centers, foster care agencies, one substance abuse center, and a homeless shelter.

And then in another project, funded through (OAH) I'm the principle investigator and direct education is a part of our grant funded activities. And with that, we're providing Making Proud Choices for youth in out of home care for non-profits in Central Texas, one juvenile probation office, two agencies serving foster youth, and an alternative charter school for kids who are at risk of dropping out.

And all of our education in both of those two programs are primarily provided by Planned Parenthood educators. And in all cases, we've given flexibility to the sites to choose their curriculum and choose the parameters for implementation. So some sites prefer educators come every day and provide modules back to back. For youth who are actually in detention facilities, our educators are usually asked to provide all the curriculum modules on a Saturday or a Sunday to make sure youth are present.

Attrition is definitely a large issue with our study, but we expected that. And we've still been able to collect quite a few pre- and post- tests from youth. I think we're up to about 600 right now.

So I wanted to show you a little bit about our findings. And I'm not going to go into the statistics really here, but since our PREP grant is ending -- it's in its third year -- this is some of the data from it right now.

What I find really interesting is that our findings -- no matter when I've run this data -- have showed that these curricula are increasing knowledge, attitudes, and behavioral intents. And you can see my little happy and sad face system was a way of communicating that to the site sort of what was happening. So, and then if I were to say another (unintelligible) of the behavioral intent, or it'd be knowledge, we are increasing knowledge of HIV and STIs as well.

So it looks like we're doing a great job, and I think we are in terms of what the curricula are supposed to do.

So when we've gone and we've interviewed staff and youth for our process evaluation, we've discovered some interesting things. So we learned that the youth serving professionals at the agencies are anxious to talk about sex. Many youth, such as those in foster care, treatment, or juvenile detention, are living with adults who are not their parents and who will not be in their life for very long.

So these proxy parents, so to speak, tend to use quick one line conversations with the youths, like just don't do it, I think it's best to wait. Most of the staff we've talked to, however, avoid the topic for fear that the youth will disclose sexual abuse or they feel it's not their place to talk about sexual relationships with youths.

So at the beginning of our program, we encountered a lot of agency staff actually who would not send youths to classes because they didn't think it was

appropriate or they didn't care. They would schedule a field trip that same time or have pizza for dinner or something that encouraged youth to not end up going to the classes.

But even with that said, despite the reluctance, there was a general acknowledgement by the youth serving professionals that use our - that they are working with have already experienced sexual violence, and that the youth are very aware of that.

And then when we talked to youth, they told us that even though they had gone through these curricula and that they generally liked them, that they still had very misconstrued ideas about gender roles, regarding who should initiate sex, what consent is, and in general they just expressed a lot of shame and secrecy about sex and relationships.

So but taken together, those findings showed us that the curricula were doing what they were supposed to do. They were increasing knowledge, increasing positive behavioral intent, but there was still a lot of work that we needed to do to support the youth.

So in order to empower youth and staff, our program saw a need from our initial process evaluation to provide trauma-informed care and sex education training to agencies and the sexual health educators.

So what had been happening is in most cases, higher level agency staff had worked with (Cardia) and the sexual health educator to coordinate the program, but the direct care staff -- so those actually on the ground who were there when our sexual health educators arrived -- would either not prioritize youth detaining or they would suggest that youth didn't really have to attend.

So to counter that, we had to train agency staff. So in some cases, sexual health educators provided brief overview of the curricula modules, or sometimes staff would just sit in on the entire curricula.

And then, in order to ensure that professionals at the agencies were supportive of youth, trauma-informed sex education training was also offered. Many agencies -- particularly the foster care agencies -- had already had trauma-informed care training, but they had not necessarily thought of trauma in terms of sex education.

So a large part of the training that we develop focuses on deconstructing harmful messages that adults use with youth.

So whenever possible, we try to train staff or provide them with an overview or information provided in the (EBT) and then we developed a trauma-informed sex ed training that we've adapted both for sexual health educators and for youth-serving professionals because the type of information that both those groups needed different - and we were also developing one for foster parents right now.

So with sexual health educators, the goal of training is to help them understand the impact of trauma and sexual activity, and to deconstruct some of the messages that are conveyed to youth through the EBT. For instance, a message that having an STI is devastating is going to shut down a child who's already had an STI.

Another example is around consent -- telling youth that only they can choose to prevent pregnancy or STIs can be really confusing to a child who has already experienced sexual violence.

It's important therefore to insert language around consent and make sure youth know that forced sexual activity is not their fault. And that we work with educators on an activity where we actually go through and make green light adaptations to several excerpts from the EBTs that we used.

And then in educating youth serving professionals , sometimes we really have to start basic and just acknowledge that kids have sex. So for instance in our state, youth serving professionals who went through our public school system generally have not been exposed to any sex education. So they themselves lack medical information. And so they have a hard time talking to youth and giving them appropriate information because they don't feel qualified.

So sometimes we have to just start with the basics with them. In our training, we go through media messages with both youth serving professionals and educators and we look at the messages that youth receive around sex and ask them to look at those messages through the eyes of a 12-year-old who had been sexually abused.

And our ultimate message is that no matter what the professional may personally believe, it is important to send non-shaming message to youth -- some messages like sex should be a really healthy part of your life when you decide you're ready for it instead of some girls have sex before they're married just because they want attention, which is something I heard in my own social work practice.

So to help people craft those good messages, we go through developmental charts that maps developmental theories to positive messages about sex and information that children - youth need at each developmental age range. And then we have people practice those scenarios. And we use youth serving professionals in particular, since they're not used to discussing sex, get very

uncomfortable with it, but eventually they get through it and tend to see a lot of value in it.

So I think my final takeaways are that it is really important to understand that (ETPs) are not a substitute for an ongoing dialog about sex and sexuality. In reality, no one should receive all their sex education in eight to ten modules. Parents should be around to continue a dialog with children on future goals and relationships, but since so many of the youth that we are particularly working with are high risk youth who don't have stable caregivers, or they're in foster care and they have somebody else caring them. Youth serving professionals really have to step up and accept the responsibility for having these discussions with you and recognize that just because they're bringing in EBT into their agency does not mean that those are going to take care of everything with that youth, that there has to be a larger conversation.

Deborah Chilcoat: Thanks Monica...

Monica Faulkner: So I will - you bet.

Deborah Chilcoat: Yes. Yes Monica I think that was really, really helpful for us to understand what you were doing in Texas with your work and just to reemphasize that it's kind of like what we say about the talk about sex. It can't just be a single conversation. It has to be threaded throughout other conversations and you have to look for those opportune moments. And you're absolutely right. These evidence-based programs they're not comprehensive and therefore we have other work that we need to do to bolster the outcomes that they realize. I just want to summarize and just clarify something. So on one of your slides you were saying that the staff of professionals were anxious about talking with you. And I just want to clarify and not like excited anxious like hey we need this, right?

Monica Faulkner: No. It's terrified anxious.

Deborah Chilcoat: Yes. So it sounds like also one of the things that we need to keep in mind is, you know, building their knowledge and their skills increases their confidence to then be able to have some effect on their attitudes. And that obviously will just permeate through the environment that these young people are experiencing with these professionals. It absolutely is important to get them prepared really to face this head on.

And I think it's really important also what you were saying about making sure that, you know, language matters. And so some of these interventions you might have to come through so you can see where you might need to adjust some of the language so that it really does kind of stay with the tenants of (unintelligible) informed approach.

And, you know, I bet too if you ask some of these professionals they probably didn't even realize. They weren't even aware maybe that they were, you know, potentially re-traumatizing or causing harm with all these kind of negative comments and such. So I think just bringing some awareness and taking them along that journey to getting them where they need to be to be able to really support these young people in a positive way was just absolutely essential. So thank you for the work that you do down there in Texas.

Okay. So I'm going to turn it over to Cindy and Cindy Carraway-Wilson from Youth Catalytics is going to share with us a little bit about the work that they're doing up in Connecticut. Cindy?

Cindy Carraway-Wilson: Good afternoon, everyone. Thank you again for having us all here to speak with you today about trauma informed approaches. Speaking for the

group I think it's safe to say that we're all pretty passionate about this and really want to see the use of trauma informed practices be the standard for all services, including sexuality education. So that was my little soap box speech.

I'd like to go - get a brief overview as to how we're implementing our program in the state of Connecticut at the moment. We are implementing Wyman's Teen Outreach Program in Connecticut as an OAH tier one grantee. So we're replicating the model as it was designed.

It's a nine-month model and it is a positive youth development model that was a pretty amazing impact on reducing risk of pregnancy as well as some academic outcomes. We are implementing the teen outreach program all throughout the state of Connecticut from the southern part all the way up to the northwestern part towards the New York border. So we're pretty broadly spread out.

And you can see from the graph on the right side of this slide that we are in a variety of different types of settings including therapeutic foster care organizations, regular and therapeutic group homes. We have - we are in two clinically based therapeutic day schools. We have some community based programs that are in either public schools or after school programs, in several charter schools and also in alternative education schools.

What all of these settings have in common is that the young people that we're specifically targeting are young people who have been or are in out of home placements of various types and/or who have been identified as being in need of additional behavioral and clinical support services due to severe social emotional disturbances.

We estimate that somewhere between 85% to 90% of our young people that we serve have experienced four or more adverse childhood experiences in - so far in their lifetime. This is to put it into the context of the ACIS study that Joann mentioned. I pulled some data from our near four data so that I can show you some pre and post results that are specifically focused on the theme of safety and both creating a new life and safer environments to engage young people which is my focus for today.

You can see that the first two pieces, the idea that people are generally trustworthy and that they have - they can trust people safely and the idea that there is some good in most people increased from our pre surveys to our post surveys. They look like small increases on this chart but given the pretty complex trauma histories that most of the young people we serve have had this increase in a nine month intervention is pretty amazing. You can also see under the safety area that's only measured on the post survey that most of our young people felt safe in our top club.

And they're feeling safe within these clubs despite the fact that their peer groups are fluctuating occasionally because of placement changes. And also despite the fact that they're touching on some topics. So they're pretty triggering for young people who have been through trauma. And their facilitators have to know that these levels - know that levels of changing and participation and have heard from young people at the end of our top clubs when they're getting feedback that the top clubs themselves have had a pretty positive effect on them and on their experiences.

One of the things that I wanted to also focus on is pulling in some (unintelligible) presentation but three of the - the three Rs of trauma informed practices to recognize, to realize and to respond. So first and foremost are top facilitators recognize that the majority of the young people that they engage in

our top clubs have had some type of traumatic event and many of them have had complex trauma that has happened over periods of time. Rather than assuming that these histories, these trauma histories, do lead to people to be forever damaged or live a sort of half life. They realize and recognize that all of these young people have the potential to not just survive the traumatic experience but to move beyond that to begin to strengthen their resilience and come to a place of thriving. And that includes having a happy, healthy and dare I say pleasurable sex life.

Our young people are in the process of building that resilience and dealing in their programs and that carries over into our sexuality education program as well. The interesting behaviors that we sometimes see in our top clubs our facilitators are trained to recognize that many of these behaviors are manifestations of the trauma.

They are not behaviors that are being used to create havoc or push buttons or push - or, you know, generally disrupt the group necessarily but they are survival tactics that are related to those trauma experiences that they've had. And that the young people themselves may not even be aware that the behavior is coming from that place.

And so our top facilitators work to adjust their behavior. When they see behavioral cues from young people where they start to become disruptive or display signs of nervousness, start to pace, perspire. You'll start to see breathing changes sometimes in some of the young people. What our facilitators do is they recognize that those are trauma - signs of trauma triggers happening in the young person. And so they will do things to help the young people move - self regulate. They will change their behaviors.

They will remind people - the young people on the safety of the space and help to bring their breathing back in control which I'll talk about later. But most importantly our facilitators recognize that these behaviors really are adaptive in that these behaviors have oftentimes helped them to avoid the unbearable pain that those trauma memories are bringing back to them.

So I wanted to speak today about some things that we do explicitly to enhance safety in our top clubs. All of our top clubs are kind of - have a foundation of these core values. And our facilitators pretty explicitly talk about these values with our top clubs. And so every young person in every club no matter where they're coming from knows that they can expect safety, trustworthiness, choice, collaboration and empower. And Joann and Monica both have talked about each and every one of these points that we bring up in our top clubs as well.

I'm bringing up another slide that I frequently use in trainings around trauma informed work but I'm not going to - I'm not necessarily going to go through all of these. I've highlighted a couple that I wanted to speak about today. The first one that I'm going to be focusing on today is the second bullet to be curious rather than be analytical.

This ties right into the component that Joann was speaking about that we want to ask young people how we can help them rather than assume that we can tell them what they need. At one point I think Joann said ask don't tell which is nice - that's a nice kind of moniker to have, ask don't tell. Be curious not analytical.

So we do this in many of the typical ways that people do, using open ended questions, engaging use in the - through the content in conversations rather than creating a classroom environment that is only one way adult to youth.

Really we're engaging them in a back and forth. Also a particularly powerful way of being curious rather than analytical is to engage in storytelling approaches with youth to really phrase content and provide content within the context of a story, examples perhaps, so that young people can hear the metaphor within the context of that story and understand the content while still feeling safe and not feeling as though they are a specimen under a magnifying glass.

The next one that I want to jump down to is around the boundaries. Clear boundaries are absolutely essential with young people in general but also particularly within people who've been through traumas particularly if those traumas were - involved personal violence because their boundaries have been ignored, have been violated.

And so we need to be really clear on where we end as adults in the room and where young people begin. And we help young people to understand this in the - in a pretty kind of I think traditional way by really being really clear with the expectations for behavior that we have for ourselves and also for them. But we also engage young people in helping us to understand what makes them feel safe. We ask them and we ask them about the boundaries that feel comfortable for them.

At the same time, we want to be really certain that our boundaries aren't so rigid that we lose that empathy, that we don't come across as being empathic, that we don't come across as being nonjudgmental and welcoming, those components that Joann spoke about earlier today.

Jumping down to the areas of visual stimulation and the things that we have in our interventions. The top intervention particularly tends to have supplies in the room especially since we tend to use a lot of multiple intelligence work.

We also tend to have stress balls and fiddles we call them, hand manipulatives that people can use to kind of get out that nervous energy. It's important, however, to keep stimulation whether it's visual or auditory or any of the - really any of the senses. Keep it organized. So in a lesson, in a top lesson where we have a lot of stuff we might create stations or we might put up some things on the wall, have a conversation about it and then transition by taking those things down and getting other things out.

That way what we're doing for our young people around safety is we're limiting the number of things that they have to assess for threats. Because young people who've been through trauma are oftentimes looking at their environment for potential threats. So we want to make that easier for them.

And then finally I want to just jump all the way down to the bottom around the use of breath and that ties into transition rituals. So we are frequently working with our young people to engage in a lot of different types of self regulation but breathing is really key. We will oftentimes start our top clubs with a ritual where we breath the club in.

So we might do a ten count and with each count a person will take an inhale or are cued to take an inhale. And then they'll exhale out the stress of the day and bring another inhale in to bring out - bring in your intent to the top club but exhale all the negativity that you may have walked through today. So each breath that we take in and out is tied to an affirmation and tied to a positive intent.

The other thing that we do around breathing particularly for nerves and anxiety in the group is we may match our breathing to young people where they are at that moment and then slowly change our breathing pattern and do it in an obvious way. And oftentimes our young people will model that behavior

back. Their breathing will slow down. When their breathing slows down and regulates it decreases the stress response in the brain and in the body, again key pieces that Joann spoke about today.

So I'm not going to speak about this but I use this quote also. This is from obviously from (Fred Rogers). What I want to say about this is that we need to recognize that we're not necessarily initially perceived as helpers to our youth. And so what we need to do is to we need to help our young people and help young people who've been through trauma to find those helping people and those helping things in their environment so that they can move beyond the trauma.

And then finally and not the least of course is that we recognize that sexual healthy development and healing from trauma exposures both happen within the context of supportive positive relationships and that's what we endeavor to do. Thank you.

Deborah Chilcoat: Excellent. Thank you Cindy. I really appreciate you sharing your experiences. I just have a couple highlights and a couple questions that I might ask you if you don't mind. You know, you really - you spoke very strongly about, you know, the resilience of young people and we know that there have been, you know, some of the perspectives that we have for making sure that we really do continue to bolster them up and really get them to the point of thriving. I have a question very simply about the trauma triggers.

I wonder do - how - do your facilitators note that or and also the strategies that they use to address that? Or is that something that is not noted at maybe - with their interactions with the young people? How do they kind of capture that experience?

Cindy Carraway-Wilson: That's a very good question. Well the first of all I should say that our facilitators have all been through trauma training, trauma model trainings, either risking connections and/or the sanctuary model for the most part. And they also have had trauma informed approaches training very similar to this. And so they're pretty well versed in what they might see when a young person is beginning to feel triggered by something. Sometimes it's content. Sometimes it's something outside the room.

It could have been a bad phone call with a family member or whatever. And so when they see these behaviors happening, whether it's nervousness or breath issues or sweating or whatever they will pause and they would literally stop the group at that moment in a very gentle way and say Okay. I'd like to regroup for a moment. How about we all get up and do a stretch? So you might give them a physical stretch outlet because they know that trauma lives in the body. And sometimes people just need to move to let it out.

They might again do a breathing exercise. They might reassess their content and if they can they might shift to a different activity within the lesson and then come back to that triggering activity. You know, yes those type of things. On a rare occasion, what they've done is they've been in a position where they needed to pause the club, get out of content and ask what's going on, especially if you can see the whole group becoming activated. And they will ask. Oftentimes if there's something going on in the community, many won't do content.

So for example our top clubs were highly affected and impacted by the shootings at the Newtown elementary school. And we knew we weren't going to cover content but we held the clubs anyways to get them consistency and a place - space where they can talk about what it was like and what they were experiencing. And what that resulted in is it resulted in almost 100% of our

clubs choosing to do community service learning activities for the community of Newtown. So they then took that anxiety, took that experience and channeled it into a positive interaction for the community.

Deborah Chilcoat: That's beautiful. That's amazing. So one of the things that - one of the strategies that I think you had mentioned was, you know, the breathing and such and then I think you had said something about, you know, going for a walk because you're right. I mean the tension and the stress, the trauma is in the body.

Now one of the things that I just want to clarify is this is - would this be something that the entire group does? Because I just - it's not punishment to go for a walk and we don't want the young person to feel as though they're banished from the group. So it's not like they're being sent out of the room. It's - is this something that happens as a group or maybe with just a subset of the group? How does that look?

Cindy Carraway-Wilson: Good question again. One thing I do want to say is we have never - I should lock on what I want to say this. But our facilities have never ejected a youth from a top club. Now having said that, they would remind you that they have an opportunity to take space. All of the programs have that ability to take space. Many of our top clubs are co-facilitated but even if they're not co-facilitated we have program staff readily on hand.

And so if a young person needs to just leave for a moment to regroup, they have that ability to do that. And what we did in our implementation is we made that part of an expectation with our partners. And so I think that...

Deborah Chilcoat: Yes and I that those expectations both for the partners and facilitators - I mean young people is essential. And that has - and I don't know how you all

did it but it seemed like this has to be set up ahead of time before day one, minute one of implementation. You know, how are we going to manage all of this? So these can be probably pretty tough conversations especially if your approach might look a little bit different than say like a juvenile detention center's approach.

Cindy Carraway-Wilson: Absolutely. Absolutely. And I think the harder conversations there can oftentimes be with program staff sometimes who will be - who will take that as this youth has just been kicked out of the top club and therefore requires a consequence. And we're not saying that. So we had to be really clear that we acknowledge that some of the tops could trigger and therefore we want a place for young people to go where they can regroup and be safe. And generally I think speaking has been effective.

Deborah Chilcoat: Yes good and what I was going to say was I mean it kind of loops back to what Joann was saying. You know, there could be triggers for the staff to and I guess that should also be part of the conversation...

Cindy Carraway-Wilson: Absolutely.

Deborah Chilcoat: And, you know, if a staff gets agitated and, you know, are your facilitators responsible for supporting them as well?

Cindy Carraway-Wilson: We've had a little bit of discomfort from adults who are in the room around - usually around the sexuality components truth is like Monica said. And we kind of - we encourage those adults to kind of acknowledge wow this is making me a little uncomfortable because they're modeling for the youth that they can also do that, that they can own that they're uncomfortable. And then our team, our facilitators, will also acknowledge that yes it's an uncomfortable process and you - to the young people they would say that

everybody participates to their best level. Generally speaking if we know it could be a triggering topic, our program staff are aware of what's coming in. So generally they're not blindsided. Occasionally they have been if there was a substitute in for some reason or another. Yes.

Deborah Chilcoat: Okay. Okay. And actually Monica I want to ask you a question too and Joann feel free to jump in here. You know, a couple of the other in state programs really the way that they're written is to have the facilitator have really high energy and to kind of like crank out this content and the, you know, activities and such. And so how do you find the balance between kind of the developer's intent to have kind of like this high energy experience with creating that soothing and calm environment?

Monica Faulkner: That's a good question. I think we have really great educators who have just like has been discussed they really learn how to read kids and figure out what is the energy level in the room and how do I adapt what I'm doing to that. And I think they've done a great job of it so far.

Deborah Chilcoat: Okay.

Cindy Carraway-Wilson: Can I jump in there?

Joann Schladale: Hey this is Joann.

Cindy Carraway-Wilson: This is...

Joann Schladale: I would absolutely mirror what Monica is saying that it's vital to be vigilant among in observing all of the young people in the room and to have that balance and to allow the energy level to ebb and flow in terms of energy expenditure but also energy renewal within that process.

Cindy Carraway-Wilson: That's nicely said Joann. This is Cindy. One of the other things that we're careful about around that because we talked at another model that has a lot of the activity and energy is that facilitators themselves need to be aware of how much space they take up because that physical space that they take up whether it's through moving around the room or big gestures. I'm a big gesture person.

So you guys can't see me but I am gesturing all over the place. And I know that if I'm in the room with a top club doing observations or in some other role that I need to tone it down because it can - that can be frightening.

Deborah Chilcoat: Well that's interesting that you say - this is Deb. Cindy thank you for saying that and I think, you know, it - part of creating that soothing environment I mean might be something as simple as the way that you set the room up and, you know, how closely the young people, you know, are in proximity to one another. I mean I'm just wondering like what other things do you think about when setting up the space?

Jaclyn Ruiz: Deb can I - this is Jackie. I just wanted to interrupt because I know we only have about five minutes left (unintelligible). So I wanted to sort of give an opportunity for people to ask questions.

Deborah Chilcoat: Okay. All right well I'll tell you what. Hold that question. Maybe that is something somebody else would be curious about but I want to just ask the audience, you know, what was one ah ha you've had so far during the Webinar. And you can use your question and answer box to share your response. As soon as I start getting some answers I'll read them aloud.

Jaclyn Ruiz: And then if the operator can give instructions on how to ask a verbal question.

Coordinator: Thank you. We'll begin a question and answer session. If you would like to ask a question, please press star one. Please unmute your phone and record your name clearly when prompted. Your name is required to introduce your question. To withdraw your request, it's star two. It'll be just one moment for any phone questions.

Deborah Chilcoat: Well hopefully folks are typing furiously or are manipulating their phones to present their question. So it seems like some folks are saying that they're ah ha is, you know, of course to ask the questions on how, you know, making sure that you use curiosity instead of analytics. Yes, I think that there's also a kind of a style and approach that you need to use with that particular one and I would say practice.

Okay. So one of the questions is, you know, are there best practices or models for successfully incorporating trauma informed approaches into youth programming? I think Cindy I think you were really quick to speak about the two models that you had your folks trained on. Can you say that a little more slowly and tell us a moment for, you know, a moment what those are about?

Cindy Carraway-Wilson: Sure. The risking connections model is the first model and sanctuary is the second model. And those - they are specific trauma informed approaches versus being generic trauma informed practices. I don't think you necessarily need to be trained in a specific model to do trauma informed work very, very well. So I just want to kind of say that.

One of the - some of the things that those two models have in common is the idea that all people within an organization need to be trained in the approach. Joann said that also and I think Monica did as well. And it is - they're about creating environments wherein young people can experience all of the trauma

informed approaches that we just spoke about. They're - they both also have a lot of information around practitioner self care and how we must take care of ourselves in order to care for others. They also have specific protocols around having young people be able to remain engaged, communicate learning experiences when things don't go so well. So those are just a few key pieces.

Deborah Chilcoat: Okay. And one of the other questions that came in was so how significant of a change was there to your operating procedures when you started integrating a trauma informed approach. Like was this something that took a lot of planning and buy in by the staff? Tell me a little bit about that.

Cindy Carraway-Wilson: This is Cindy. I guess I'll jump in because it's really quiet there.

Deborah Chilcoat: Sure. Sure.

Cindy Carraway-Wilson: It - for us actually there wasn't a whole lot of change because most of the organizations within which were offering top clubs are coming from that space anyway because it's such a specialized population. The one exception would be an alternative school and what we needed to do there is we needed to be very aware of what their policies and practices were and then talk about the policies and practices that we intended to integrate and why.

And generally speaking we were able to meet. It just needed to be clarified. And every so often we'd have to revisit it because somehow our ships would miss in the night. And so we needed to kind of come back and have that conversation again.

Deborah Chilcoat: Yes and a couple more ah has came in about, you know, the need for training and also to take a trauma informed approach to training adults. So I think that - I think that we're seeing that at all levels we need to be really

sensitive about this as well. So I want to be mindful of time but I have a real quick question. Here's a summary so it sounds like what has been shared today can be summarized very briefly. And that, you know, many people experience trauma.

It is something that can happen to anyone. We can all use a trauma informed approach. I think you've heard that multiple times throughout the presentation. There's definitely benefits of using a trauma informed approach and we absolutely believe that it can enhance your teen pregnancy prevention programs.

So with that I want to ask one more question, one more poll I want to launch, if you would just indulge me. Get those fingers ready. Are you ready to assess your trauma informed approach? Oh everybody's answering so quickly. This is fabulous. Keep going. Keep going. So definitely yes, maybe or not yet. All right and five, four, three, two, one. Wow over 80% of you have said that yes definitely or yes you're going to.

A couple of you might seem a little bit hesitant. And so what I would do is I would encourage you to reach out to your project officer and talk about how you might be able to use trauma informed approaches in your work to see if it's a good fit for what you're doing.

So I'm going to run back here to our presentation real quick and thank you for participating. We want to encourage you to check out some of the resources on the Office of Adolescent Health Web site. It's kind of tricky to find. So if you could take a look at the cultural confidence resource section is going to be trauma informed care. And there's lots of information there that you can take a look at. As always, we would really, really appreciate having you provide your feedback to us and you can actually complete the feedback survey from

your computer screen. So once it pops up, once it populates, you'll be able to get started on that.

However, I want to make you aware that there's going to be some more Webinars that we really want to encourage you to attend and the next one up is going to be on May 28 from 2:00 to 3:00 pm and it's called Widening Our Lens, Co-Occurring Risk Behaviors During Adolescence. And we really hope that you can join the Office of Adolescent Health for that particular Webinar.

And then we also want to let you know from a previous Webinar that the positive youth development checklist is now available for download. And if you see up on the top tab there's a content tab. If you take a look in there, you can download it from there. And we hope that that particular checklist is really, really useful.

And don't forget, we're putting the final touches on the checklist for trauma informed approaches and we'll definitely let you know when that is available. So with that, I want to thank Joann, Monica and Cindy, the Office of Adolescent Health (unintelligible) and those here at Health and Teen Networks who helped support this particular Webinar. It's such a great success.

And again if you have any questions, reach out to your project officer. They'll connect you to the resources and the folks who can help you in this work. So thank you everybody. We hope that today was a useful use of your time. We encourage you to continue doing the good work that you do and we hope everyone has a wonderful afternoon. Thanks so much.

Cindy Carraway-Wilson: Thank you Deb.

Woman: Thank you.

Coordinator: Thank you. This will conclude today's call. You may go ahead and disconnect.

END