**WorkforceGPS**

**Transcript of Webinar**

**Our Journey Together:**

**A Trauma-Informed Approach for Youth and the Workforce System**

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*Noble Transcription Services*

*Murrieta, CA*

JENNIFER JACOBS: Now, without further ado, I'd like to turn things over to our moderator today, Maisha Meminger, Manpower analyst for the U.S. Department of Labor, Employment & Training Administration at the Division of Youth Services. Maisha?

MAISHA MEMINGER: Thank you so much, Jenn. Welcome, welcome, everybody. We are so happy to have you all with us. We are so excited – I'm especially excited. I know many of you guys know my voice.

We have over 1,400 people registered for this webinar and that is truly phenomenal, because this is a topic of conversation that we in the workforce don't – we kind of talk about it a little bit here and there, but something we haven't dove deeply in since I've been with us and I think that it's an important topic that we need to address as we deal with young people who are suffering from trauma, seen and unseen, and maybe they don't know how to deal with it.

So we're here to learn and I wanted to share with you some of the amazing colleagues that we have with us today who are experts and I'm here to learn. So let's move forward. We have our colleague here, Rebecca Zornick. She's with SAMHSA, which is Substance Abuse and Mental Health Service Administration at HHS.

And she's going to be giving us a better perspective on the concept of trauma and the framework for trauma-informed approach as well as several resources that the federal government has put together to approach trauma and responses to it. We also have Brie Masselli. I want to make sure I say that right.

She's going to give us the youth perspective. She is with Youth MOVE National, a program director there and she is definitely going to approach the youth perspective and how young people respond to trauma on a daily basis, especially as they come into the workforce. We have Dr. Michael Surko.

He has a wealth of academic and clinical expertise and he's going to talk about the signs of trauma and program strategies to improve the interaction with young people who may have been traumatized. And finally, we have David De Mers from the Sacramento Regional Conservation Corps.

And he's going to share with you all how he's actually on the ground level using trauma-informed approach in his program to work with young people in the workforce system, and get them involved, and engaged, and retained, and get them opportunities outside of the program.

So really quickly, we're going to talk about trauma-informed care strategies that programs can use as well as technical assistance and resources as well as training for you all to use with your staff. So I have a quick question for you all. I have a polling question. You know how we love polling questions here.

Let's get that poll up. Where are you in your organization with being trauma-informed? And I guess you – the options are you have not started, you've been to a workshop or presentation, you have not been – you have been trained a little bit or you have not started or you are really trained.

And so a lot of you coming in really have not started or have attended a presentation or workshop of some sort, but many of you guys are on that end of the spectrum. And so that lets our presenters know where we are with this information that many of you guys are new to this area, are learning about it, want to make sure you and your staff, your colleagues on the ground level working with young people are well-informed and trained.

So thank you so much for that. Jenn, that gave us a little bit of a flow there. So we appreciate that. So the next slide basically just asks the question why does the workforce care about being trauma-informed?

And trauma-informed is very important for us, because when a young person walks into our doors, we can guarantee, just based upon the eligibility requirements for WIOA, that many of the young people who come into our doors have been traumatized.

They have been either disconnected from education, from their family, they have possibly spent some time in juvenile justice, they may have been in foster care, their parents may have been involved in justice system; they may be homeless, parenting and pregnant at an early age where they may not be prepared to do so.

And all of those aspects can cause a sense of disconnection from sense of self, reality, can cause trauma. Even if they themselves have not suffered trauma directly, they can be exposed to trauma in their neighborhoods and in family life. So we know that our young people come through our doors, many of them have been affected by trauma.

So I am actually here today as a student to learn from these experts on trauma-informed care and how we as – in the workforce system, can partner with our colleagues to make sure our young people's needs are met through support of services and on the ground level there. So I'm going to turn it over to my colleague, Rebecca.

And Rebecca, I'm going to let you take it over from here and we'll talk – and we'll learn from you with the following responses.

REBECCA ZORNICK: Great. Thank you so much, Maisha. So as mentioned, my name is Rebecca Zornick. I work at SAMHSA, the Substance Abuse Mental Health Services Administration. And I'm going to talk from a very kind of high-level policy.

And I'm going to encourage you, if you look at your resources for this webinar, there is a link or a file you can download, which is SAMHSA's concept of trauma and guidance for a trauma-informed approach. So I encourage you to download that and it's something that you can print out, put on your desk and it gives very plain language definitions and principles for becoming trauma-informed.

So I'm going to just give a very high-level overview of what's in this paper and then honestly, the presentations following mine are going to do a great job of giving you real world, on-the-ground examples of being trauma-informed. So this slide I won't spend too much on, but just know that SAMHSA is engaged in a comprehensive approach to addressing trauma.

We're doing this through working with – through policy, and technical assistance, and other training, and programs, and evaluation really to help other systems, beyond just behavioral health, beyond mental health and substance use, become trauma-informed, because with SAMHSA, we recognize that the issues that we're dealing with directly on mental health and substance use issues they're issues that come up in various areas of life and service sectors.

And we really want to reach out, like this – (inaudible) – day, to others outside of behavioral health and help them become trauma-informed. So this is the screenshot of what the paper looks like that you can download either from this webinar or you can go online and find it. It was released in May, 2014, but we're still seeing it's relevant today.

It's used on a variety of levels, whether you're an individual practitioner who wants to be trauma-informed, whether it's an organization, system-level, we're even seeing states that are wanting to become a trauma-informed state or community that have used a lot of the concepts in this paper.

So in the paper, you'll see that there is a definition, what we call our concept of trauma and we define it as the three E's. So an individual trauma results from an event, series of events or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional or spiritual wellbeing.

So one way to think about this is let's say you have two people who are in a car together and they're in an accident, one of the people in the car may experience this event as life threatening, they saw their life flash before them, it was just this very horrible event and therefore, afterwards they've had nightmares, they've had trouble moving on.

This is a person that would've experienced that as – who's experiencing trauma. So a passenger who was in the same car accident with them might not have had that same reaction and might've realized I had my seatbelt on, I'm going to be okay and they manage to move on from the event without a lot of lasting adverse effects.

So that's just – like one way to think about how the same event could cause trauma for one person and not for another and it's really those three E's that need to line up when we're talking about trauma. Also, in the paper is our definition for a trauma-informed approach, the four R's.

So an agent – an organization or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery, recognizes signs and symptoms of trauma in clients, families, staff and others involved in the system, responds by fully integrating knowledge about trauma into their policies, procedures and practices and then finally, resists – seeks to resist, to actively resist through traumatization.

As we know, a lot of use and individuals coming into our various agencies or systems are coming with trauma, but then sometimes the system that they're working in can create trauma for them as well. And so just being very aware of that and actively trying to resist it. So the real heart of our paper that – what we like to say are the key principles.

So these principles – and you can read more about them in the paper. I want to leave as much time for the other presenters as possible. So I won't go into the definitions of each, but just knowing that there are these six key principles that really need to be infused in everything that your organization does in order to truly be trauma-informed.

And those principles are safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment, voice and choice and then cultural, historical and gender issues. And on this next slide, you'll see that there are key domains for an organization or agency to be working in in order to become trauma-informed.

And to anyone that's gone through some sort of organizational change effort, these probably look pretty familiar, but what makes them trauma-informed is when we start infusing those six key principles and making sure that in each of these areas, you're thinking about safety, you're thinking about peer support, you're thinking about collaboration.

And I just have a couple quick examples of how an organization might do that. So when thinking about cross sector collaboration, we know it's important, especially working with youth who touch on multiple systems, working across service sectors, working across agencies, making referrals. But when you're doing it, are your partners trauma-informed?

You know, all the great work that you've done to become trauma-informed can pretty quickly be erased when you start making linkages with other organizations that might not be following the same principles. Another area to think about is physical environment. You know, it's easy to think about having to create policies around being trauma-informed and doing trainings and implementing certain practices, but what about the basics?

When that youth is walking through your doors, who's greeting them? You know, is that person trauma-informed? Are there lights in the parking lot? Are there potential triggers that could make a difference, your interaction, once dealing with the individual? So these are just a few things to think about.

I do want to encourage you all if you have not already heard about Children's Mental Health Awareness Day, it is next Thursday. This is an event that has been put on by SAMHSA for a number of years now and this year's focus is an integrated health approach to supporting children, youth and young adults who have experienced trauma.

And there will be a live webcast. And you can use this link and tune in on May 10th at 7:00 p.m. and there'll be a town hall, there'll be some real leaders in the field, there'll be governor's spouses from various states across the country that are really working hard to implementing trauma-informed approach at a statewide level.

And it'll be another opportunity to learn more about how you can work collaboratively with other partners in your community to become trauma-informed. So at this point, I'll hand it back over.

MS. MEMINGER: Thank you so much, Rebecca for that. And hopefully everybody will be able to review that report and those wonderful key steps of the three E's and the four R's, which is important for us to at least be aware of and try to strengthen our programs in that area. So thank you so much. And next we have Brie.

Brie is coming for – to us, excuse me, from Youth MOVE National and she's going to talk about motivating other voices of experience and give us the youth perspective. So Brie, I'm going to turn it over to you.

BRIE MASSELLI: Great. Thank you. So I just want to share with you all a little bit about who we are at Youth MOVE National. MOVE, as mentioned, means Motivating Others through Voices of Experience and we're a national youth advocacy organization that supports young adults that have mental health challenges and often, many of them have also experienced trauma and have multiple systems involvement.

And our goal at Youth MOVE National is really to unite their voices and engage them and empower them to be seen as partners in contributing change. And so when we think of creating trauma-informed systems, it's really important to understand their perspective, use that perspective to shape what our trauma-informed organizations can look like.

We're a membership-based organization across the country. So where many of your programs are, we very well might have a local youth chapter that can partner with you, which is youth helping youth, we create opportunities for parent connection, we help them learn and grow through leadership and advocacy opportunities.

We partner with systems leaders and other community programs and really helps improve access and the quality of mental health services that they receive. So that's a little bit about us. And I'm going to be presenting a little bit about our efforts.

Over the years, we've been working with young people not from a clinical perspective, but an understanding of trauma from the individual perspective and we've created a guide, which is understanding trauma, which is in the File Share documents that you can download. It's an actual document that we created with using young adults that talk about trauma, what that means to them.

If they're not connected to mental health services, how they might be able to start a conversation with professionals. And so one thing here on this slide is really important is that from a clinical perspective, it might be really easy for the professional to acknowledge the signs and symptoms of trauma, but from the individual perspective, that's not a term that young people always walk around and say, I've been traumatized, I know exactly what to do with that.

So I'm a young person that grew up in a very dysfunctional family and experienced trauma myself and I never had a language to really articulate to the professionals that were trying to help me really what does that mean. And so I only had kind of my understanding. And so this slide touches upon what young people across the country have told us when we talk to them about trauma.

When we ask them have you experienced trauma, they don't call it trauma. They see their situation as complex, dysfunctional, bad things happen to good people, like my family's just in a bad position right now and oftentimes, they minimize the trauma that they are experiencing.

And they minimize that by brushing it off by we heard things that maybe I provoked it, I didn't follow the rules, so I got in trouble, maybe I should've known better, I was hanging out with the wrong crowd or I should've dressed differently, depending on the type of trauma.

And because young people don't always have an understanding of trauma, it's hard for them to acknowledge it and then to address it with professionals. So it's really important at Youth MOVE National that we help give young people the language and that's what this guide helps us do. So again, we follow SAMHSA's kind of approach to understanding events, experiences and the effects of that.

And as we help young people to understand what trauma is and what that means to them, we use an adverse childhood and experiences kind of approach. So understanding kind of what ACEs are and those 10 things have these happened to you and what that might do to help them connect the dots is really important for making connections.

So when we think of the events, we help young people understand since that event what has happened, what behaviors might've changed, how it has shaped who they are as people, does it make them more fearful, do they become more anxious, have they kind of withdrawn from and kind of how does that shape a young person's human development.

And how do we help a young person make the connections to understand, since this has happened, you've been acting this way. We also have to acknowledge that it's individualized. So it impacts each person differently requiring a tailored approach to services as well as supports. And so as spoken before with the example of the car accident, it's going to impact everyone differently.

And what's really important is that we need to allow the young person to feel confident in their truth even if another person experienced the same car accident, but is like, oh, that wasn't that bad, get over it, like it's been six months, like it's not easy for everyone to get over it. And so we have to acknowledge that and sometimes as families, we see that primarily with siblings.

Each sibling experiences something really different, but the parent is assuming that the same service or the same support should help when it might not. So we have to be a little bit more sensitive and patient when working with the young person.

Once young people understand that trauma impacts kind of who they are as a person and how they perceive their world, the guiding principles that were spoken to before you. end up losing those when you are violated or there has been trauma, you withdraw and you withdraw as a means to try to keep yourself safe.

Withdrawing makes engagement take longer, you don't trust people, you don't understand like is this person going to be there for me, are they not going to be there for me. And it's just really challenging to really think about how do we shape our services and support so that we're giving the time needed to build that engagement and that trust.

The next is realize, recognizing and responding. So if you acknowledge a young person experiencing trauma, we need to understand that they're coming to your programs because of their trauma. Just because they're coming doesn't mean they automatically trust you and it doesn't mean that they automatically feel safe.

So you have to still create those values, those trauma-informed principles within each individual relationship that you have. Survivors we need to recognize that each person develops a different way to cope and how they survive in the world based on their trauma experiencing. And so shifting that blaming or that shaming kind of approach to really an understanding why approach.

Again, this is the resisting to be re-traumatized. It's inadvertently providers and services need to be designed in a way that we don't re-traumatize. So understanding what that looks like in your environment is really important to do some consumer engagement. So work with your young people to understand what is helpful within the organization versus a structure of policies or practices that promote inadvertently harming them and then respond.

Recognizing trauma never goes away, it stays with young people. Developmentally, we see that they might do good for a little while and be feeling really, really well and then when there's a huge life change in their life, the trauma comes back up and they have to readdress it and process it from a different perspective.

So this is two other examples of how you can engage young people, listen to young people to learn more about trauma-informed from their perspective, both in the individual level as well as the organization level and these fit very nicely with SAMHSA's framework for trauma-informed care to reflect on your policies and programming.

This is just a nice graphic that one of the great successes of a trauma-informed system is that it is not just designed by the individual professionals working in the system, it is not just the organization policies and procedures that are in place, it's that all of that has been developed with the consumer, family and youth experience.

And so it's not the professional's design what they think is best, but they're doing that in partnerships. So this is just something to give you some structure of engaging young people at the policy, organization and direct level and types of engagements.

And again, this is another slide that gives some very concrete examples for you all to consider as you're on your trauma-informed journey, how you're engaging youth and adults and those that are seeking services in kind of designing the system and hearing from them on what works.

Here's a little bit – we can't talk about trauma without talking about resiliency. Young people are extremely resilient and have the ability to bounce back even when they have faced a lot of adversity. And so they are – it's important for us to build those resiliency pieces within our programming, but we also see a lot of support around the capacity in the internal and external factors.

So it's not just about what's happening within our program or how we're able to build our program, but it's really what's happening for young people outside of our programs as well and that's why it's really important for a community approach to trauma and helping young people recognize when your program is closed or you're not there for them, who else is there for them that can help support them.

So what's really important that we, at Youth MOVE National, really consider is that understanding adverse childhood experience, which is the ACE study, which there's a link here – if you haven't heard about the ACE study, it's a great foundational kind of approach to learning about what are 10 critical traumas that may have happened in early – in childhood prior to the age of 18 that are still bothering young people today.

With something that was life changing for me, I never understood my traumas until I took the test and was like, wow, like I've experienced these things, but I never connected them to being officially trauma or a diagnosis of PTSD until I was really able to learn the language and understand the connection of that mental health trauma to my physical health to how I was responding, how I was engaging with the service providers I was working with or avoiding the service providers I was working with.

So I really encourage you guys, if you – many of you guys are on the continuum of I've gone to a training or I haven't yet started. Start with the adverse childhood experience study, it gives you really great simplistic language that anyone in your organization can understand, not just the clinical staff or those that are specializing in kind of providing the direct clinical intervention.

And then these are some tips around resiliency as well as organizational considerations for the building blocks to have more resiliency within your program. And post-traumatic growth is a new kind of – I feel it's a little newer.

We often talk about post-traumatic stress, but when we're able to understand post-traumatic stress as well as building resiliency, it opens up a door for post-traumatic growth, which means that when young people participate in programs, they want save environments, they want people to listen without solving their problems, but to be there with them in that space and negotiate what that looks like together.

You want to highlight the changed perspectives. So not just focus on the what's wrong and what's not working in the relationship, you want to help them see that they can change their situation into something positive by reframing and growth and opportunity. And then you want access to appropriate services when appropriate.

So again, helping them get connected, access, identify what is going to help versus just putting them into a treatment of service or making a referral that may or may not work for them, it's really important.

And so at Youth MOVE National, we're – as I mentioned earlier, we're a national – I'm a project director and – of technical assistance and evaluation. We offer support to organizations on how to engage youth in creating trauma-informed systems as well as engaging them as advisors into the policy work and the organizational work that you all do. So feel free to reach out. And with that information, I will pass it on to our next presenter, Michael.

MS. MEMINGER: Thank you so much, Brie. I appreciate that. I appreciate you speaking to some simple things you could do, such as light and making sure that we don't re-traumatize them and engaging and not trying to solve young people's problems.

A lot of times we want to get them help, get them help, but we don't let them be a part of their own process of healing and their process to adulthood, because a lot of times many of us believe that we know what's best, but a lot of times there are young people that don't get an opportunity to engage in their own process of success.

So thank you for sharing that with us. Also, next we have Dr. Michael Surko. You're going to be talking to us about some more of the youth – about – more about trauma, excuse me, and more about building a trauma-informed youth program. So Dr. Surko, Mike, as we call you, take it away.

DR. MICHAEL SURKO: Thanks, Maisha. Hi, everyone. Again, I'm Dr. Mike Surko from Bellevue Hospital Center in New York and I direct our psychology services in juvenile detention. My piece today is going to have a clinical perspective, but it's – that's not because I hope that you're going to start thinking about the kids that you work with from a deficit-based perspective or thinking in terms of disorders or diagnoses.

I really think that the frame that Brie set and I believe David is going to be speaking from this perspective as well is really the right way to think about this question. And so I agree about the centrality, the importance of personal interactions and personal connections with young people. Those things are profoundly important for helping all kids drive and they're especially important for kids who've experienced trauma.

So I'm going to be talking a little bit about as you're doing that work, which again, I really think that that's the way forward for all kids and maybe even like we'll see especially for kids that experience trauma. As you're doing that, if you encounter kids that are experiencing post-traumatic symptoms, how can you spot those and what sorts of things might be helpful?

And the idea is if a past trauma is affecting one of your young people, you want to be able to, as much as possible, and you can't always know – but when you can, it gives you the opportunity to move from a response that sort of says, what's wrong with you to a response that says, what happened to you and not necessarily pressing kids for a discussion of things that have happened to them in the past, but it's a mindset that's – (inaudible).

So just a little about us, our team provides psychiatry and psychology services within juvenile detention for the city and we've been very fortunate to receive support from SAMHSA through its National Child Traumatic Stress Network, which has allowed us to work on promoting trauma-informed care in detention.

So for our team, and different people apply this differently as you saw with those trauma-informed frameworks, there are a lot of different directions that you could take that in and a lot of it depends on the setting that you're in, the population that you work with, the staff that you have.

Different opportunities sort of arise in different settings. So – but I wanted to give a sense about the sorts of things that we pursued in juvenile detention. So as a start, we have, I would say, quality mental health services, but to promote trauma-informed care, as you saw, it has to go beyond that.

So one important element is that we train staff and provide consultation for people on kind of a case by case basis. We run trauma skills groups for young people that teach them what are the effects of trauma on you, how does it affect your mind, how does it affect your body and teach them some kind of fundamental coping skills.

And we are also going to begin training family members with the same knowledge and skills. And the hope is that young people will have some increased knowledge and skills and that some of the adults that are around them will have those same knowledge and skills so that each group can kind of reinforce them for the others.

Another thing that we felt pretty strongly about when we started this in detention was that we needed to take advantage of the deep knowledge about the kids that the direct care staff members had.

And so as we've gone, we've tried to take every opportunity to engage them as co-trainers when we've done training, co-group leaders even for things that are a little bit more technical and more towards the mental health side and also, as internal champions for – to advocate for trauma-informed changes in the organization.

And finally, we have worked to support new ideas that can make the facilities more trauma-informed and those can be pretty diverse. Some of them face toward the kids, some of them actually face toward the staff, because one of the things that we've really come to learn is that particularly, in our setting – but I think this applies for everybody that works for a population that experienced a lot of trauma and sort of has a high level of need, if you can't take care of the staff, you can't take care of the kids.

And so particularly, in the last couple years, we've been focusing much more on support for staff. Examples of changes that can move in that direction could be something like a visiting dog program for the kids and then sometimes staff get to join in too, renovations to a staff lounge can actually mean a surprising amount, a youth leader of the month program or tips for staff on caring for each particular young person.

So that's just our kind of frame for trauma-informed care so far in juvenile detention and we're definitely still working on it.

So now what I'd like to do is turn and talk a little bit about specific signs of trauma reactions and the idea here is that when kids have experienced trauma, which could be from things like physical or sexual abuse, emotional or psychological abuse, violence in the home, violence in the community, losses of important loved ones, when kids are continuing to struggle with a past experience like that, how can they be affected and how would you know?

So I'm using some materials here that were developed for educators that I think are useful for our purposes as well. So one thing that you certainly will see there could be a lot of reasons for school difficulties, but it's important to keep in mind that post-traumatic symptoms can also be affecting young people's ability to engage successfully in structured activities.

That could be school, that could be a program of some sort. So you may see them having difficulties kind of in the moment and you may also see kind of cumulative effects over time. So kids experiencing post-traumatic symptoms may have slow academic progress and you may see them having problems with things like reading.

So as an aside, I'm sure that many of you have had to find ways to make young people feel safe and supported in a group setting, despite having problems with reading, specifically and finding ways to do that to either structure things or provide help discretely or whatever.

That's kind of an example of the sort of safety that Brie was talking about and it's one of those elements that really crucial for resilience and recovery from trauma. So if a young person is struggling with a post-traumatic reaction while they're there with you, what outward signs might you see?

These are some of the much more visible ones. A young person might seem impulsive or unpredictable, they might seem overly reactive to sounds or movements and some young people, based on traumas that they've experienced in the past, are chronically in kind of a state of alarm.

After past traumas, their body is responding like they're in actual physical danger over and over again and that makes it hard for them to engage in a calm way and settled way in things like school or work. And another thing that's sort of an implication of the fact that their body is sort of over and over again responding as if they're in danger, it also can make things like transitions and change feel upsetting.

So for example, if you have a young person and they're in that kind of a state, that survival mode kind of a state for a lot of the day and then if you imagine sort of a calm, consistent stretch of activity, they're in a group and they're able to settle and let their body come back to normal for a while, that's something that we definitely see in detention.

You know, it's very noisy and boisterous a lot of the time, but then sometimes you have something like a yoga class that goes really well or an art activity that they all get very absorbed in. So you see these kids sitting around a table doing watercolors or something.

And if you just listen to the sound in the room and you could sort of see where the energy goes, it can take maybe 20 minutes or so, but you can sort of hear this calm take over the room and sometimes it's – sometimes the activity is silent too, but you can just feel them settle. And it's really kids' nervous systems coming out of that survival mode, at least for some of them.

And so they have that time where they have that respite from what that survival mode feels like and they're able to settle. And so you could imagine then when that ends, the transition out of that activity, how that happens, is important. Kids need to – when they're going to go be around other kids, certainly, they're going to – their energy level is going to go up.

They may have a particular face that they present to the world, but that transition out of that calm space could be kind of smooth and gradual or it could be jarring. And so sometimes transitions can be difficult for kids because of the way it makes them feel sort of physically. Another thing that can happen is that young people can have very strong reactions to reminders of a past trauma.

And sometimes they're not visible and they're not something you would immediately spot and you may – or they may also not realize and sometimes you have to work back to what they are after the fact. So a young person might get into an unexpected argument with a staff member and what's happening is that the staff member's cologne reminded the young person of a past.

On that day, it's the anniversary of the loss of a loved one. And so that's another thing where kids can have these strong reactions and it's not immediately apparent what it's in response to.

Another thing that you'll see, and you all, I'm sure, have seen this in the work that you do, kids who have experienced betrayal, abandonment or mistreatment by caregivers may have difficulties in their relationships with authority figures.

So that seemingly minor disappointments, like a staff member forgetting something they said they would do can be very upsetting for the young person, because it brings up that past traumatic experience and it makes them fear that they can't trust the adults. It's not necessarily true, but that's how it feels, because it's bringing up that past traumatic experience.

So if kids are traumatized, they have strong emotional and physical reactions to trauma reminders. And a couple other examples might be people yelling, being touched, being criticized, certain kind of humors or certain jokes can also be something that can serve as a trauma reminder and a trigger for kids.

So I wanted to highlight a couple other points about the emotional response that kids can have. One is that when kids become upset, it can take a long time to become calm again.

I would imagine that some of you have had the experience of a young person getting upset, you or a coworker provides support and it works well, they're able to calm down, they're talking with you and engaging with you, maybe still a little bit heated, but it seems like it's going in the right direction and you think that you're ready to transition.

I'm just saying this, because we've certainly had these experiences in different places and I think everybody has at one time or the other. You think you're ready to transition, but then something happens and just right away they're back to 100, back where they were. They're in that upset state all over again.

And something that people that have looked at the physiological changes in the body that take place after trauma have realized is that traumatized kids require much longer for their bodies to come back to baseline after something upsetting.

And so that's just something to keep in mind, that if you think that you have a kid that – where it's much easier for them to become upset or dysregulated, you might want to think in terms of when they're calming down of maybe doubling the amount of time that you would normally set aside for a young person or making it considerably longer.

Another thing that can happen is that kids may perceive that someone is threatening them when they're not and they may be aggressive proactively.

So it's worth asking could what's going on actually be that this young person is feeling unsafe and are there particular things that are happening with the peers, with the adults that are working, with the young person, with the physical space that people are in or there are things that could be stirring up those feelings of being not safe.

And finally, certainly, the responses when kids become upset or aggressive are the ones that are most visible, but another thing that is a very common response to trauma is that the kids might also have times when they become numb emotionally and that can be one of those that people may misinterpret.

I think that that can look sometimes like a young person being unmotivated, defiant, uncommitted, uncooperative. And so the thing to consider is is this a young person's nervous system taking over to protect them from emotional pain, because that certainly happens with some kids that have experienced trauma.

So as we talked about earlier, there are a lot of reasons a kid could have learning problems. I'd like to add onto that a little bit just to say that kids that are raised in chronically chaotic environments that may not have met their developmental needs may have kind of underdeveloped skills in a couple specific areas that are important and I imagine they're important for the programs that you all do.

So some of those things could be reasoning about their actions now, future events, the links between the two, planning a future action and then persisting with it.

And sometimes kids that have experienced trauma need practice with this and in the same way as a kid that is having some difficulties reading, they need support that helps them engage and practice those skills without feeling kind of on the spot or feeling a sense of shame about things that maybe other people may take more for granted, that having the opportunity to really work on some of those things in a safe environment could be tremendously valuable.

So that could be having some of those conversations one on one, framing it as a matter of positive skill building along with the other skills that they're building through – in their program participation and certainly, giving specific praise for successes, both small and large.

Some other less visible signs of trauma that are very important to be aware of, trauma expert Kenneth Hardy has described trauma as a wounding of the soul and of the spirit. And we as adults can support young people in specific ways when that has happened. Our sense of self is really powerfully shaped by childhood experiences.

And so that includes experiences of reliable caring and trust, that includes messages we receive from caregivers, adults and society at large about ourselves. And in healthy development, that's a lot of small, continuous positive experiences, positive messages, encouragement and we end up with a positive enough, secure enough sense of self.

But kids who have experienced psychological and emotional trauma have had experiences and they receive messages that injure their sense of self and can leave them with distorted, negative beliefs about themselves, about others in the world and that can interfere with their ability to feel a sense of hope and purpose.

So again, to take this back to the overall frame of connection with young people, really, as adults, I think job one is that building and maintaining the personal relationship and in the context of that, then helping young people experience their strengths, talents and achievements and recognizing their accomplishments.

Just a little bit more about some of the symptom related things and then I want to move more towards the supports. But I just wanted to make a quick point about unhealthy behaviors that adolescents can engage in and these ones you see on the slide are familiar to all of us.

Just to say that for traumatized kids, sometimes the behavior either served a somewhat protective purpose in the past or it's serving a protective purpose in some way now. And that doesn't meant that it's healthy or it's overall a good result or positive long-term solution, but it can helpful to think about are there other reasons that might be behind this, for example, fighting or reluctance to trust other people?

And again, taking it back to the idea about what has happened with this young person, because sometimes that can suggest a way forward. So when thinking about the contributions that people working in programs with young people make to specifically promoting resilience from trauma, and even leaving aside the more general positive impacts, this one seemed pretty relevant to me.

And so this is a model that shows how relationships with caring, positive adults help young people become more resilient after traumatic experiences. So if you think about the end result that we want for young people, I think we can agree that healthy behaviors, healthy beliefs and clear standards go a long way.

So the model asks, how do kids learn and internalize those healthy beliefs and clear standards? And it's through bonding to important other people, like caring adults who hold out those beliefs and standards. And what is it that promotes bonding?

And in this model, and this is kind of based in research about how these things work when you look at it from a resilience perspective, it's opportunities, skills and recognition. So it's opportunities to learn and grow and do things that really matter, chances to learn new skills, and that includes the making mistakes and trying again and importantly, receiving recognition for their positive achievements and contributions.

So in addition to the emotional support and the experience of truly mattering to a caring, positive adult, another thing that promotes resilience is the things that kids learn, even skills that wouldn't seem to relate to something kind of emotional and the values that they internalize over time, those play an important role in recovery of trauma.

So I wanted to share a few tips for providing support to youth who experience post-traumatic symptoms and these are going to be pretty straight forward for everyone, I think. And again, basically, these are just different ways that you can create and increase psychological and emotional safety.

You want to create opportunities for positive learning and give youth a sense of self efficacy by promoting voice and choice. So with these, there's a – those ones about safe space to talk and allowing time-outs if kids need to step away, supporting a young person's ability to manage their own feelings and coping, like through time-outs if they need them, helps them build an important skill and it enhances their sense of control.

And control is really important for people that have experienced trauma, because trauma is something – by definition, it's out of our control. And so being able to build in opportunities for young people to have control and choice helps rebuild a sense of safety and a sense of self-advocacy.

And then lastly, this is a lot of words on the slide and a little complex, but I just wanted to call attention to the kind of categories they used. This is framework that we use to communicate information to staff about a young person.

It comes from a training curriculum for juvenile justice providers called Think Trauma, which was developed by the National Child Traumatic Stress Network. And it points to a couple things that we have found helpful. First, the way that this is developed is somebody speaks to the young person and to the staff that know the young person well.

And what we identify are triggers. So what are things that may really engender a strong, emotional response in – for the young person? And possibly because it's serving as some kind of trauma reminder. And something to know about this is you can start the list, but nobody really immediately knows all their triggers and the adults don't either.

And so it's something that you sort of need to add to over time, but the more that we know about them the better and the more that kids can begin to look for those in themselves, in their bodies, in the way that they're feeling, the better that they're able to manage their situation. Second, signs of distress, if the person's becoming upset, how would we know and how would they know?

And then we list coping skills a young person can use and supports that the staff can offer. And finally, we share strengths, talents, goals, values, because again, going back to that frame, it's one of the best places to engage young people. So for those of you who are more – interested in more information around trauma and trauma-related resources, I highly recommend the NCTSN website.

And in particular, there's a section for school personnel that has a number of resources that may be relevant for program providers. So thanks.

MS. MEMINGER: Thank you. That was amazing. That was a lot. I think from just talking about staff being able to be well taken care of and making sure that we're re-checking our staff, that they could best serve our young people when they are best served themselves; right? A lot of ourselves are under a lot of stress dealing with a lot of of our young people.

And all the way through just talking about some of the – I appreciate you talking about some of the signals and signs.

A lot of times when we're dealing with young people, we may want to call them bad or other kind of distinguishing factors that we – it's easy for us to kind of call them out, but we don't – sometimes we fail to reflect on them kind of dealing with post-traumatic stress and seeing them in a different light and kind of humanizing a lot of their situations that they're dealing with.

And even – I appreciate all the way up until the end talking about different ways that – of coping and survival coping and ways that we can improve our program. So thank you so very much for that, Doctor.

And I'm going to go next to David who's going to give us more of the program perspectives. All of you guys are having some great conversations and also, excuse me, questions, I apologize. So keep those questions coming in.

We're going to answer those at the end as a panel more discussion, because multiple people may have responses to your questions. So please keep those coming in as you're thinking about them for resources or ideas.

And we want to go to David, because David is working with young people in a workforce program on the ground level, how his staff has improved, because we want to make sure that we link this trauma to not just serving people as a program, but also, when we put our young people in these internships and these opportunities at apprenticeships and pre-apprenticeships and jobs, this trauma follows them.

And so we want to make sure that we're doing the best that we can to prepare them for a safe work environment and that they can have those – and David, you talked about yoga, meditation and kind of breathing and leadership activities that they can do to themselves or in the bathroom to prepare them for a successful work day.

And so that they don't have to take that into the workforce and may be traumatized again or lose their job. So we want to see how David is working there in Sacramento. So David, are you ready to share with us how you're doing there?

DAVID DE MERS: Yes. I am, thank you very much.

MS. MEMINGER: Welcome on. Thank you.

MR. DE MERS: So I – so first of all, I just want to let you know where my – where the foundation is. I'm a child of trauma, but I'm not 50, so I've had to learn to live with my trauma for the last 30 years or so.

I have spent the last 11 years in the nonprofit years, spent about 20 months teaching inside the Los Angeles County jails, all of this time, the last 11 years, been working with what has been defined as at-risk youth, which I think we could very clearly define as more trauma-affected youth today.

And so I just want to give you a little bit of a picture of what a program may look like on the ground as you're trying to either kick it off or as you're trying to kind of work your way through different policies or ways to work with youth from a trauma-informed perspective.

And so we start with this, oftentimes, the question is how do – how are we approaching our youth or how do we see our youth? And so I'm going to ask you the question and just kind of – you can kind of reflect on this how we're doing within our own departments or our own organizations, but do we see our youth as different from us or do we see them as the same as us?

And what I mean by that is is there something different about them or are – do we recognize that we're all the same people and we've all – while we may not have had the same experiences, a lot of the same things in life affect all of us and find some common ground there. Do we see them as wrong, their behaviors, the way that they act, the things that they do?

Do we see those things as wrong or do we see them – can we look at them differently? Can we look at them as right for the environment that they've grown up in?

Most of our youth have tools that may be counterproductive for their participation in one of our programs, but when you look at that – those behaviors in the context of their home environment or their neighborhoods, those are absolutely the correct behaviors.

Not only are they correct, but they're the necessary behaviors for that youth to be successful in the environment that they grew up and they're just bringing them into the new environment. Does it means that it's – that they should go ahead and carry on with it? No. But it's not exactly a wrong behavior, it's their right behavior, we're just looking at it from a different context.

Do we see them as damaged or do we see them as amazing? What we recognize with trauma is trauma doesn't go away. We – those of us that have experienced trauma as children it's always with us, it's just how we embrace that trauma and how we move forward with the tools to be able to mitigate the impact of it.

And so when you look at a youth as amazing, you look at them for all the values and all the skills that they're actually bringing to the table. It doesn't mean that you overlook the challenges, it just means that now you're looking at them from a very positive perspective and they're receiving it that way.

Do we look at them from a – as costly or do we look as valuable? And what I mean by costly is this child that has experienced trauma is probably going to expend a lot more of your energy than a child that has not experienced trauma. And so it's costly from a time standpoint, they're costly from an energy standpoint.

Or do we look at them as a valuable young man or young woman and how can we help bring that value out of them? How can we begin to help them see how amazing and valuable that they are? And one of them – this is so big, do we look at our youth as somebody that needs to be fixed? Do we look at their behaviors as something that needs to be fixed?

Or do we look at our youth as somebody that we can serve? And along the way while we're serving them, as we develop these relationships with them, can we then begin to help infuse within them some wisdom, and some meaning, and some reason for why they want to go through a process of change, and begin to build them these new behaviors.

And so a lot of times we see – and that's one of the things that we saw in our staff when I first arrived here is we felt like our role was to fix our youth. And changing the way that we see how we engage with our youth has actually changed the way we emotionally engage with our youth and it's actually helped our youth to not have this pressure on them.

They're not a car that needs to be put up on a lift and have the tires rotated or have the engine oil changed or have the engine changed in it completely, they are actually young men and women of significant value and if we walk alongside them and see them that way, they actually embrace the staff that are doing that with them.

So this is just – again, our start point is that we have – that we see our youth as the same as us, we see them as right, we see them as amazing, we see them as valuable, we see them as young men and women that we want to serve.

I want to also make sure that I address this, because we also don't go through – as an organization, we have about 150 youth that come through on any given day and we don't see our youth as somebody that has experienced trauma or we don't identify them as somebody that's experienced trauma or not trauma. We identify with each individual as they come.

And so the assumption is that all of our youth have experienced some form of trauma or something that's caused their behavior or their life experience to be such that they need a program like ours. And so when they engage in a program like ours, we're actually looking to build one-on-one relationships with them.

And so the way I would like to kind of change the way that we're – or the narrative on this is that we talk about things in the form of trauma-informed care and it makes people feel like, oh, my goodness, I need to go and get all this information.

And yes, we do need to get the information, but if you're just starting out and you don't know where else to start, consider it this, instead of it being trauma-informed care, consider it being human-informed care.

This is instead of trying to get somebody through a box that doesn't fit, we're actually working with the individual to find out what it is that's going on with them and meet their individualized needs within our programs. And so when we consider it from a human-informed care context, it changes the way we see it.

And so the way I like to put it is this is the way that we – that each one of us would like somebody else to serve our own children. That's the way we approach the youth that come into the program here in Sacramento. And so I'm going to give you a few things just – I want to blitz through this really quickly, because I want to leave some time for questions and answers.

But we start with an unconditional acceptance of the youth, but we also have an awareness of our organizational or programmatic limitations. In other words, there are things we can do and there are things we simply can't do. There are things that we need to develop complimentary program support from the community to help us handle.

For example, we aren't a mental health organization, we need mental health support. So we need a partner in the community that can do that. We need people in the community that can do housing, that can do childcare, food, that provide educational services.

If these are not things that we're trying to do, we need to find partners that can do these things so that we can connect our youth to services that can help them overcome the barriers that they're up against. We plan for and train staff on trauma-informed responses, specifically for the ones that we see regularly.

We see a lot of anger responses, we see a lot of youth that blow up in the middle of a classroom or a workforce setting. And so we train our staff on how to do what's called mental health first aid, but we recognize that we are not counselors. It's not our job to really get into the depths of or what the trauma was.

It's really our job to help that youth get back to even for that moment so that they can continue to engage in our program and then connect them to resources and partners in the community. And again, we focus on building relationships with each of our youth. That's the core, that's the fundamental to all of this.

It doesn't work if we're treating them all like cattle and pushing them through a program. Each one of them needs to feel valued within our programs. Our process, we call it time-in. In other words, we make every effort we can not to send a person home, not to send a person away, not to kick a person out of our program, but to actually keep them in and that requires what we call restorative consequences.

There are things within our program where we will ask a youth if they're having challenges in an area, to actually engage in some new learning opportunities, but we try to do everything we can to keep the youth here, because we recognize most of the challenges that they're facing are coming from outside of here, not in their participation in our program.

Teaching staff that this is not personal, that what's going on with the youth it's truly – it's not personal even though it feels personal when the youth is blowing up at us. It's not personal and it's not about us. The problem – or the challenge we face is that when a staff takes it personally, all of the sudden they engage.

And when they engage, they actually create more problems and more confusion and they can re-traumatize a youth, because now they've triggered something and now they're engaged into some kind of interaction with the youth that's not necessarily productive. So it's not personal, it's not personal, it's not personal.

We just have to keep remembering that when the youth are going through their challenges. Train and try, you're going to get a lot of training. I saw almost 80 percent of the people are really on the early end of the spectrum on this. I got a lot of training, but it doesn't – none of the training matters if you don't actually go out there and try to put it in place.

This is very much – this is that bungee cord thing. You can get all the training and they can put the bungy cord on you and get you up there strapped up, but if you don't – if you aren't willing to jump off, you're not going to get the excitement from this.

It's an awesome experience, but you've got to get out there and try it and you've got to be willing to mess up and then humbly apologize to the youth if you do mess up. It's – we're going to – we're not always going to hit the nail on the head, but we're doing the best we can with this. Who's catching?

This is really simply there's – and when I worked in retail, there was something called a manager on duty. You need to have somebody that can catch the person.

If you've got a group that you're working with, if you're working with a team and somebody's kind – one of your youth has kind of lost it a little bit, you may try to mitigate some things right there, but you may need to call that person that can kind of step in and allow you to continue to do the work that you've got to do. We really don't want to stop doing everything else and have all of the other youth gawking at whatever's going on with this one youth.

So you need somebody like a manager on duty, like a person that can handle that. And I say patient, but I'm going to spend most of the rest of this time on this patience piece, because you need to one, define your principles. What are your non-negotiables about your program policy or your program objectives and your values?

But define those principles, reinforce them every single day with all of your staff so that they're reminded this is what we're doing this for, this is why we do this the way that we do this. Actively engage with disagreement. There are going to be staff that completely disagree with the direction that you're going from a trauma-informed standpoint.

There are a lot of people that love to say we need tough love. I'm a big – one of my favorite quotes is tough love, "If you like tough love, but the kid doesn't know that you love them, then it's just straight mean and they're going to receive it as mean."

We need to recognize that there's going to be staff that disagree, but we need to coach those staff into a more trauma-informed setting rather than allowing them to kind of unravel everything we're doing because they feel a need to have a really firm hand on the youth. Prepare for the rough patches, it's not going to be easy.

I'm going to tell you this right now sometimes it feels like anarchy even from my perspective, and I'm the executive director. It feels like the youth are doing whatever they want to do. That's not what's happening, it's just when you come from a compassionate and trauma-informed standpoint, you're not – there are youth that are going to blow up and they're actually going to stay with you.

They're not going to be sent home for the day and it's going to feel like, wow, we're letting them get away with this. We're not. We're actually encouraging them to really open up to us and making sure that they know that we really do genuinely care about them.

Celebrate the small wins, you're going to get a few of those at first and then they're going to come and then they're going to come pouring in, but always celebrate those small wins. I say it's always darkest before the dawn. Once you finally turn the table or turn the corner on it, it's amazing, but it's getting to that point.

There's a lot of staff resistance, there are youth that feel like, you used to do it this way, I don't know why you're doing it this way; this doesn't feel right. Just know that what you're doing from a trauma-informed standpoint works, it really does. As long as you stick to your guns and you stay with it, you can do this.

I'm going to give you this last quote, "Kids don't care what you know until they know that you care and they'll let you know when you care." And what that means is that when you engaged with a youth and you've really let them know that you care, when they – they'll let you know when they begin to ask you questions, how did you do it, how are you able to do this, why does this work this way?

When they begin to ask you the questions, that's when you're winning. And I'll finish with a couple – if you're really interested, you want to do a little bit more reading today, the web links that are below here are amazing. There's a couple books you can buy. There's one called, Better Than Carrots or Sticks. It's a fantastic restorative justice book.

And then there's another book called, There's No Such Thing as a Bad Kid. It's by Charles Appelstein. There are stories in there that will truly break your heart, but they will help you understand what it is we're facing. Our youth are amazing. There is absolutely nothing wrong with them. They are exactly who they're supposed to be based on the environment that they grew up in.

What they need is for us to help guide them to the next environment, the one that's going to allow them to get living wage jobs and connect with their families, with their communities and do some wonderful things for our country. And that's it.

MS. MEMINGER: Thank you. Thank you so much, David. I really appreciate those tips you gave us, and the process, and the patience, and kind of rethinking, not taking it personal; right? You know, some person's blowing up at you and you have to sit back and reflect as an adult, as a staffer not to take this personal.

It's not at you, this young person is having a moment and what clues we can use to, again, reformat that situation and make it more positive. So we have questions in our cue. So presenters, hopefully – let me know – we have 15 minutes. And so I'm going – I think some of these questions have been answered, but let me go from the back forward.

There's a question that says, what are some examples of restorative consequences? I think – Dave, I think you talked about that. Who talked about – who wants to answer that question, I should say?

MR. DE MERS: So I would start with any – the restorative consequences that we've used have been more engagement related. So we are more looking at getting the youth involved in healing circles with other youth that have been affected by the trauma. We're looking at if there's some damage – if they've done some damage, to actually go through a learning experience with restoring that damage.

If it's something within the community, we're getting them to do a little bit of maybe some community service, things like that, but it's not punitive, it's all about learning. I'll give you the best example that I've got. We had a young man that blew up in one of our classes and was really –

He did the best he could to keep from getting into a fight with the youth, but the aggression was pretty severe. There was no fight, but he was pretty aggression and we – it took quite a while to help him understand that they – that it wasn't punitive to get him to participate in anger management, it was actually a long-term restorative piece for him to participate in anger management.

And so when he got involved in our anger management classes, he began to realize that this was for him. It wasn't because he was being punished, it was actually going to benefit him over the long-term. So it's looking at what happened and not turning it into a punishment, but turning it into an opportunity to learn more is really where – what restorative practices are designed to be.

MS. MEMINGER: So maybe the way we approach the consequence, right, the way we frame the consequence, quote-unquote, the positive consequence for that incident instead of throwing them out, I think, keeping them in. I think this is something we may want to look at. I know in Baltimore, for some schools, they do –

This is going throughout the country now, doing yoga as an alternative to kicking kids out of school or giving them some type of positive community service activity to kind of engage them instead of them being at home all day and disengaging.

So there are different ways of restorative consequences that are going around the country in schools, and out of schools to keep young people still on site, and keep them engaged, and keep them in appositive atmosphere. So thank you, again. Does anybody else want to say anything about that as well?

MR. DE MERS: Maisha, one of the things I was going to say is the book that I mentioned was Better Than Carrots or Sticks and it's written – it's by Smith, Fisher & Frey, but again, Better Than Carrots or Sticks. It's a wonderful book.

MS. MEMINGER: Okay. Thank you. Anybody else want to take some of these questions? I'm trying to see what we haven't answered here. We've got a lot of questions. What types of skills are being taught about – to measure non-clinical staff self-efficacy and self-regulating post-trauma-informed training? Who wants to take that one? I don't know who spoke about that? Is that you, Dr. Mike?

DR. SURKO: I could say a little bit about that. We use a survey that was specifically designed for juvenile justice settings, but it looks at some of those same key areas in some of the SAMHSA models.

So for example, it looks at physical and psychological safety for clients, which in this case is our kids, physical and psychological safety for staff, training, interdisciplinary collaboration. And so that's something that right now we just got through administering and then we'll be able to do that at a future time.

And the things that we would look for with staff are what sort of changes do people report, particularly in the types of support and the level of support they receive from supervision and leadership in a facility? How good are the debriefing procedures after some kind of crisis?

Are there other types of supports that they could be connected with if they needed? And so that's a survey that we're using to try to track some of that.

MS. MEMINGER: That's great. David and Brie, are there any suggestions for approaching a youth who has experienced trauma, but who's not disclosed that trauma to a staff person?

MS. MASSELLI: So this is Brie. And I think David really touched upon kind of this idea of a universal approach, that kind of assuming that, because young people are engaged in these programs, that they might've had some challenges.

From a young adult perspective, I think that as adults, professionals within the workforce, young people kind of look to you to kind of already have some answers at times. So sometimes there's that unspoken of how you're engaging in the sensitivity that you have towards them instantly helps build a connection, builds trust and when they're able and ready, they may be able to share.

So the other kind of flipside is oftentimes, as I mentioned before, young people don't have the language. So they might be able to tell you that something bad happened, but they might not make the connection that that is trauma.

And so the adverse childhood experience is just as you want to train up your staff about what is trauma and what is trauma's impact, there's ways that you can actually bring that to teaching that to young people.

So understanding what is trauma, what does that look like for them in their community, in their life and how might they be able to learn a language to then be able to say, wow, maybe that's why I'm struggling maintaining relationships, maybe that's impacting my learning, maybe that's why whenever my boss gets upset with me, I flip out and I quit the job versus trying to work on it.

So helping them make the connections on why they might be responding. And I just encourage you guys to look at the guide that was attached. That was created by youth for youth and it was done by youth that had been through training on ACES and it's actually a communication guide.

So it's a comic book strip that's like one person that's already experienced trauma negotiating and talking through what that looked like for them to a young person that's like, I don't think I've experienced trauma, bad things happen to me, but that's about it, I don't know what to do about it. So that guide gives you some tips on how to start the conversation and it's very use-friendly.

So that could be something that you could bring into your programs or share between some of your young adults that – or your staff that are not sure how to start the conversations. They could use a book like that.

MS. MEMINGER: Thank you.

DR. SURKO: So I want to chime in on this just really quickly and that is that I think the question – one of the questions you've got to ask yourself is if you knew what trauma that child had received, would it change how you engage with them? See, as a clinical psychologist, I'm sure it would, but as a workforce development professional, it really can't, because I don't have those treatment options.

And so what I'm going to do is I'm going to approach that youth as an individual. I don't need to know why they have trauma, I just need to – I can see from the behavior that there's good reason to assume that they've had trauma.

MS. MEMINGER: Thank you for that. I'm just going to flip around a little bit more, because have like seven minutes. For Brie, Becky or Mike, it has been my experience that frontline staff working with youth and others with trauma often themselves have high ACE's scores and personal experience of trauma.

How can organizations turn attention from – to creating a trauma-informed workforce to include supporting the needs of impacted staff? That's a great question. Who wants to jump on that one?

MS. ZORNICK: This is Becky. I'll start and then I'll hand it over real quickly. But I just want to return to the SAMHSA concept paper and if you read through that, you'll see that it is essential that staff are included – their needs are included when implementing the trauma-informed approach.

And by necessity, by going through those domains and thinking through these questions and incorporating those principles, you will be addressing the trauma of not only those you're serving, but the staff as well, because we know that staff have their own histories of trauma, but then they also can experience secondary trauma through the work that they do.

MS. MASSELLI: And this is Brie. This is actually my graduate thesis kind of study was helping the workforce in trauma. And so in the State of Maine where I started doing most of my trauma-informed work, the mental health organization that we worked in actually did a volunteer ACE score on all of the employees and they were privately insured.

So what they were able to do was to look at the ACE scores that were optional for staff to complete and then they were able to look at their insurance claims and they realized that the staff was actually having a lot of the same symptoms that the clientele were that they were serving and that they were using really high costs.

They also were able to look at their absenteeisms and their staff turnover rates. And so the senior leadership of that mental health organization was really able to look at that from a trauma-informed perspective to say, here we are as the professionals to help others in need who have experienced trauma in our workforce, have experienced trauma and we're not providing them any sort of intervention or support.

So they were able to be creative. They ended up having the flexibility of providing a benefit package that was trauma-informed. They started just as yoga and exercise is important. They were making sure that there was a reimbursement process in place if people wanted a gym membership.

They started making sure that all of the supervisors had more training to support their staff when their staff might've been triggered on the job. They were able to implement a lot of workforce culture wellness type of activities within the benefit package that were at the dispose of staff.

And that just really cultivated a different type of how they engaged and it gave staff permission to talk to their boss and not feel judged or not feel that they weren't competent or able to handle the job, but to just create a dialogue of like this is hard work, I might need to kind of take a break or shift my caseload or however they were working with in the job and that seemed to provide staff more support to feel healthier and more resilient on the job.

MS. MEMINGER: Thank you for that. And I'm going to have one more question. There are more questions here. Now, what I want to encourage everybody to do – and we have some contact information in a second. Jenn's going to switch it back over, because we only have two more minutes, but –

In fact, I'm actually going to end the Q&A there, because we don't have time to answer this question. But Jenn, can you go back to the PowerPoint presentation for me real quick? Because I want to make sure people are able to get some additional information. So Brie provided her contact information, David provided his contact information.

And I'm going to go through some resource slides. These are some slides that we had some questions. This was some trauma resources that were provided by Prevention News Digest this year, February, that have kind of taken the federal responses or federal pieces. This is – again, this PowerPoint is available to you as an attachment.

You can click on these various resources, you've received resources in this presentation. But I know if you're question was not answered, we have about maybe a few more questions that were not answered that were really, really good.

Please, by all means, contact directly Brie, David and then I'm going to give you the Youth Services email account and we can make sure that Rebecca gets that or Dr. Mike gets that when they can if you want to direct it to a specific person. To remind you all, we have –

It is National Mental Health Month, May, and we have our National Children's Mental Health Awareness Day next week on Thursday. You're invited to join the webcast. Please, by all means, register for that and join – get some more of those nuggets of information.

And believe it or not, it just so happens that last year we were planning this webinar for the workforce not knowing what the theme was going to be, but the theme this year is an integrated health approach to supporting children, youth and young adults who have experienced trauma. Wow, it all kind of comes together. So I'm real excited about that.

I will be on next week. And just today we have released our next webinar this month on our journey together. It's going to be talking about foster care youth. We're going to be working with our colleagues again at HHS, The Administration for Children and Families. We're going to talk about foster care youth and supporting them and what their needs are.

And that was just released today, you can register ASAP. Go to our WorkforceGPS site, go to events and it should be one of the first kind of events coming up on May 22nd. So there's some more conversations about youth who, again, have barriers and challenges to workforce success as well as education success, how we can be supportive of them.

And again, you have our Youth Services account, Youth.services@dol.gov. Any outstanding questions that you may have you can send it there. I am the person who takes care of that email address, I can forward it to the right people and we can get those questions answered for you. I just want to say this is an amazing, amazing webinar.

I want to thank the panelists; I want to thank the speakers. Rebecca, thank you so much for your time and energy for helping put this together for the department of labor and making sure that our workforce kind of hear these times and get some of these common nuggets going on in their head and rethink some things.

And we are here to support you guys and thank you, again. And Jenn, we can wrap it up at this point.

(END)