Initial Closed-Captioning Transcript for the Evidence-Based and Emerging Interventions for Children Exposed to Domestic Violence Webinar, presented by Dr. Linda Chamberlain and Futures Without Violence

October 23, 2018

[THE FOLLOWING TEXT IS THE BYPRODUCT OF THE CLOSED CAPTIONING OF THIS BROADCAST. THE TEXT HAS NOT BEEN PROOFREAD AND SHOULD NOT BE CONSIDERED A FINAL TRANSCRIPT.]

IF FOR ANY REASON YOU CAN'T HEAR ME, GO TO THE TOP RIGHT CORNER OF YOUR SCREEN, THERE SHOULD BE A BLUE EYE AND YOU CAN FOLLOW THE INSTRUCTIONS THERE TO JOIN YOUR AUDIO SO THAT YOU WILL BE ABLE TO HEAR WHAT IS GOING ON, BUT IF YOU HAVE ANY MORE ISSUES, YOU CAN ALWAYS CALL ADOBE TECH SUPPORT. I'M GOING TO PUT THE NUMBER IN THE CHAT BOX, BUT THAT IS 800‑433‑3423, AND THEY WILL BE ABLE TO HELP YOU.

AGAIN, PLEASE ENTER ANY QUESTIONS YOU HAVE IN THE CHAT BOX.

THIS WEBINAR IS BEING RECORDED AND WE WILL SEND YOU THE RECORDING AND THE SLIDES AFTER THE WEBINAR AND POST THEM ON OUR WEBSITE.

>> THANKS.

IF YOU ARE HAVING TROUBLE, YOU CAN SEND A PERSONAL CHAT MESSAGE TO THE HOST NAMED MIE, IT IS ACTUALLY JESS LOGGED ON AND THEY WILL GET BACK TO YOU AND TRY TO TROUBLESHOOT.

IF ANYONE HAS TROUBLE, MIE IS THE NAME YOU SHOULD PRIVATE MESSAGE.

I WANT TO SAY THANK YOU TO OUR FEDERAL PARTNERS.

THIS IS SPONSORED BY THE FAMILY AND YOUTH SERVICES BUREAU, THE FAMILY VIOLENCE AND PREVENTATIVE SERVICES PROGRAM.

WE HAVE ONE OF OUR OFFICERS ON THE LINE.

WE ALSO WORK WITH THEM AND WE ARE ETERNALLY GRATEFUL FOR YOUR CONTINUED PARTNERSHIP AND SUPPORT AROUND THESE ISSUES FOR YOUR PROJECT.

LET ME GET THIS SLIDE HERE.

OKAY.

SO MY NAME IS LEIANA.

I'M A PROGRAM DIRECTOR HERE AT "FUTURES WITHOUT VIOLENCE".

"FUTURES WITHOUT VIOLENCE" IS A NATIONAL NONPROFIT DEDICATED TO ENDING.

TEST.

WE OFFER A VARIETY OF TA, WE HAVE A WEBSITE ON THE SCREEN RIGHT NOW, WHICH IS PROMISINGFUTURESWITHOUTVIOLENCE.ORG, AND THAT WEBSITE HAS A TON OF DIFFERENT RESOURCES AND CAPACITY BUILDING TOOLS FOR FOLKS AT ALL DIFFERENT LEVELS OF PRACTICE AROUND WORKING WITH KIDS AND PARENTS TOGETHER.

WE ARE ALSO THE TA PROVIDER FOR THE SPECIALIZED SERVICES GRANTEES WHO ARE ‑‑ SO WE'RE WORKING WITH 12 GRAND ‑‑ GRANTEES AROUND THE COUNTRY AND THAT IS FUNDED, AND MANY OF YOU JOINED US ON THE WEBINAR SO I'M REALLY EXCITED YOU ARE HERE WITH US.

WE STARTED THIS NATIONAL SCAN INTO 2010.

WHAT OUR HOPES WERE WAS TO REALLY LOOK AT THE VAST ARRAY OF WORK THAT WAS HAPPENING OUT THERE IN COMMUNITY‑BASED PROGRAMS, STATE COALITIONS WE'RE FOCUSED ON HEALING FOR CHILDREN AND THEIR PARENTS.

WE WANTED TO CREATE A RESOURCE THAT WAS REALLY ACCESSIBLE TO DOMESTIC VIOLENCE ADVOCATES AND OTHER KINDS OF PROVIDERS.

WE KNOW THERE ARE A LOT OF NATIONAL REGISTRIES AROUND EVIDENCE‑BASED PRACTICE BUT THEY ARE HOUSED IN ALL DIFFERENT APPLAUSES AND SOMETIMES THE INFORMATION WITHIN THEM IS VERY COMPLICATED KIND OF HARD TO DIGEST, SO OUR GOAL IS TO REALLY BRING IT INTO A CENTRAL LOCATION AND ALSO EXPAND OUT BEYOND SORT OF THE GOLD STANDARD OF MODELS THAT MAY NOT HAVE THE LEVEL OF EVIDENCE THAT WOULD RISE TO THE TOP OF A RANDOMIZED CONTROL TRIAL AND REALLY LOOK AT THE ARRAY OF HIDDEN GEMS UP TO SORT OF, YOU KNOW, ONES THAT HAVE MULTIPLE EVALUATION STUDIES.

AND HOUSE IT INTO AN INTERVENTIONS DATABASE THAT CAN REALLY HELP FOLKS FIND DIFFERENT KINDS OF PROGRAMMING THAT MIGHT WORK IN THEIR COMMUNITY AND AS WELL AS REALLY FOCUS ON PROGRAMS BUILT FROM CULTURE UP OR OFFER CULTURAL ADAPTATIONS.

THESE MODELS WE FOUND IN THE LAST TWO YEARS AROUND THE UPDATE OF THE NATIONAL SCAN AND WE WILL GO INTO MORE DEPTH ON THOSE.

CURRENTLY ON THE WEBSITE, THERE IS 49.

WE ARE LOOKING FOR MORE.

IF YOU GO TO THE WEBSITE AND CLICK, WE WILL SHARE THE WORK DIRECTLY US TO.

WE WILL BE HAPPY TO SHARE THE CONVERSATION WITH YOU AND PROFILE ON OUR SITE GET IN TOUCH WITH YOU IF YOU WANT TO SHARE YOUR WORK WITH US.

WITHOUT FURTHER ADIEU, I WILL HAND IT OVER TO DR. LINDA CHAMBERLAIN TO TELL US ABOUT HERSELF BEFORE SHE GETS STARTED.

AND THANK YOU FOR JOINING US AND 0 FOR BEING A LONG‑TERM PARTNER ON THIS PROJECT AND REALLY LEADING US IN THIS NATIONAL SCAN OF INTERVENTIONS.

THANK YOU.

>> THANK YOU.

AND THANK YOU TO FUTURES AND OUR FEDERAL PARTNERS TO BE ABLE TO WORK ON THIS PROJECT ONCE AGAIN, JUST BY WAY OF A LITTLE BACKGROUND, I'M AN EPIDEMIOLOGIST BY TRAINING AND FOUNDING DIRECTOR OF THE ALASKA FAMILY VIOLENCE PREVENTION PROJECT, WHICH I LEFT A LITTLE OVER A YEAR AGO AS I AM NOW FOCUSING ON SEMATIC, IN OTHER WARDS, RAIN‑BODY BASED STRATEGY INTERVENTIONS TO PROMOTE SELF REGULATION AND HEALING FROM VIOLENCE AND TRAUMA SO IT IS GREAT TO BE ABLE TO WORK ON THIS PROJECT AGAIN, AND JUST GOING TO JUMP RIGHT INTO IT NOW.

OUR OBJECTIVES WERE TO UPDATE THE NATIONAL SCAN TO IDENTIFY EFFECTIVE INTERVENTION TO KIDS EXPOSED TO DOMESTIC VIOLENCE.

OF COURSE IN THAT, WE WANT TO INCLUDE EMERGING AND INNOVATIVE PRACTICES THAT MAY NOT HAVE THE SAME LEVEL OF EVALUATION DATA BEHIND IT BUT ARE CONSIDERED THE BEST OF PROMISING PRACTICES.

ULTIMATELY, BECAUSE THIS IS WHERE YOU WILL FIND THE MOST INFORMATION ABOUT EACH OF THE PROGRAMS THAT WE CHOSE TO HIGHLIGHT TODAY, THEY UPDATE THAT WEB‑BASE RED SOURCES, PROMISINGFUTURESWITHOUTVIOLENCE.ORG, THAT SERVICE PROVIDERS CAN GO IN AND IT IS A SEARCHABLE DATABASE AND WITH LOTS OF INFORMATION AND CAN SEARCH BY DIFFERENT CATEGORIES ABOUT THESE INTERVENTIONS, IN ADDITION TO ALL THE OTHER TOOLS THAT SHE WAS MENTIONING.

THE THREE‑PRONG APPROACH WAS LITERATURE REVIEW.

AND THEN, A REVIEW OF EVIDENCE‑BASED PRACTICE, ON LINE DATABASES.

IF YOU GO TO THE REPORT, YOU CAN SEE WHAT DATABASES WE WERE LOOKING AT, KEY ONES WOULD INCLUDE THE NATIONAL REGISTRY FOR EVIDENCE‑BASED PRACTICES, THE CALIFORNIA CLEARINGHOUSE BASED PRACTICES, THE NATIONAL CHILD TRAUMATIC SAFETY NETWORK WEB‑BASED RESOURCE, AS WELL, WERE SOME KEY ONES AND OUT REACH TO EXPERT THAT IS MAY NOT BE CAPTURED IN THE OTHER TWO PRONGS.

I WANT TO MENTION, THIS WAS IN THE ORIGINAL BASE‑LINE REPORT, YOU CAN SEE IN THE DOCUMENT YOU DOWNLOAD BECAUSE IT IS AN ASPECT THAT IS STILL IMPORTANT TO EMPHASIZE THAT WHEN WE SAY EVIDENCE‑BASED DECISION MAKING, VERY TIMELY, THE CENTERS FOR DISEASE CONTROL CAME OUT WITH A REPORT IN 2011 AS WE WERE GETTING READY TO PUBLISH THAT FIRST REPORT AND ALSO THE IMPLEMENTATION OF THE WEBSITE, THAT DOESN'T MEAN JUST THAT IT IS RIGOROUSLY EVALUATED, SAY, WITH THE RANDOMIZED CONTROL TRIALS.

YES, BEST AVAILABLE RESEARCH EVIDENCE IS VERY KEY, BUT SO ARE EQUALLY IMPORTANT, NOTICE THE SAME SIZE AND INTERSECTION OF THESE CIRCLES, PROFESSIONAL INSIGHT, UNDERSTANDING, SKILL, ACCUMULATED OVER TIME, EXPERIENTIAL EVIDENCE, IN OTHER WORDS, ALL THE WORK YOU DO, AND CONTEXTUAL EVIDENCE, WHEN YOU TAKE THIS INTERVENTION, IS IT ACCEPTABLE IN A COMMUNITY, HAS THAT BEEN TRANSLATED FOR ANOTHER CULTURE?

HAS IT BEEN ADAPTED AND HAS IT BEEN SUCCESSFUL?

SO THESE ARE ALL DETERMINING EVIDENCE‑BASED DECISIONS AND YOU WANT THAT TO BE IN THE BACKDROP AS WE TALK ABOUT THESE INTERVENTIONS.

INCLUSION CRITERIA, WE NEEDED TO HAVE A STANDARD CRITERIA SO LOOKING AT ALL THESE DIFFERENT INTERVENTIONS AND WHILE THIS WAS QUITE WORDY TO BE ABLE TO CAPTURE THE BIG PICTURE OF KIDS EXPOSED TO DOMESTIC VIOLENCE, AS MENTIONED, THEY VERY MUCH SUPPORT AND THE PATTERN IS WITH INTERVENTIONS INVOLVING CAREGIVERS AND FAMILY MEMBERS SO YOU SEE THAT LANGUAGE THERE, AND ALSO THE FACT THAT THERE ARE MANY TRAUMA‑BASED INTERVENTIONS THAT ARE INCLUDING CHILDHOOD EXPOSURE TO DOMESTIC VIOLENCE AS A PRIMARY SOURCE OF TRAUMA AND ULTIMATELY, THIS PROVIDES A CONTINUUM OF EVIDENCE THAT IS SERVICE DELIVERY FOR KIDS EXPOSED TO DOMESTIC VIOLENCE.

THERE IS A PATTERN THAT SURPRISED US.

YOU WILL FIND MORE ABOUT WHAT WE DID IN THE COMPREHENSIVE REVIEW DOCUMENT THAT YOU CAN DOWNLOAD FROM THE WEBINAR HERE, BUT WE WERE SURPRISED BECAUSE THE BASELINE SCAN COVERED THE 1990S TO 2011, AND THEN THE FOLLOW‑UP FROM 2011 TO 2017, SO WE DID NOT EXPECT TO SEE NEARLY AN EQUAL NUMBER OF INTERVENTIONS THAT THAT SHORT A FOLLOW‑UP TIME, BUT THIS IS WHAT HAPPENED.

WE SHOW YOU IN THE THREE PRONGS.

IN TERMS OF PATTERN WILL WERE FOUR PICKED UP IN THE LITERATURE REVIEW FOR THAT TIME, THE NUMBERS IDENTIFIED IN EVIDENCE‑BASED PRACTICE REGISTRIES MORE THAN DOUBLED.

AND, THEN, DIRECT INQUIRY, WE SAW QUITE A DECREES IN THAT PARTIALLY DUE TO THAT MANY THINGS THAT WERE IDENTIFIED HAD ALREADY BEEN IDENTIFIED AND WERE IN THE WEBSITE.

BUT, THE EVIDENCE‑BASED PRACTICE REGISTRIES WERE VERY PROLIFIC DUE TO A PATTERN OF NOW INCLUDING CHILDHOOD EXPOSURE TO DOMESTIC VIOLENCE, ALONG WITH OTHER TYPES OF TRAUMA BEING ADDRESSED.

SO WE WILL BE TALKING A LITTLE BIT MORE ABOUT THAT.

BUT WE DID NOT REALIZE THAT IT WOULD NEARLY DOUBLE THE NUMBER OF INTERVENTIONS ON THE WEBSITE AND IN THE REPORT.

SO, WE'LL JUST START FROM THE LITERATURE REVIEW.

THERE WERE TWO OUT OF FOUR INTERVENTIONS THAT MET THE INCLUSION CRITERIA THAT WERE SPECIFIC TO ADDRESSING CHILDHOOD EXPOSURE TO DOMESTIC VIOLENCE, AND I'M GOING TO TALK ABOUT THOSE TWO.

COMPARISON OF TWO MOTHER‑

CHIDE GROUP INTERVENTIONS AND MODIFICATION OF THERAPY.

TWO PLAY‑BASED INTERVENTIONS THAT WOULD COME IN DURING THIS REVIEW WHILE THERE WERE NONE IN THE BASELINE.

AND, THE OTHER TWO INTERVENTIONS THAT WERE IDENTIFIED IN THE LITERATURE REVIEW WERE NOT SPECIFIC TO CHILDHOOD EXPOSURE TO DOMESTIC VIOLENCE SO WE WILL TALK ABOUT BOTH OF THOSE NEXT.

OR SHORTLY.

WHEN WE TALK ABOUT WHAT WE SAW, IN TERMS OF KEY FINDINGS IN THE EVIDENCE‑BASED, BUT WAS DOMESTIC VIOLENCE SPECIFIC, CHILDREN AFFECTED BY DV.

NOT ALL BUT NEARLY ALL WERE DELIVERED BY MENTAL HEALTH PROFESSIONALS.

MOST WERE IMPLEMENT THE IN MULTIPLE SETTINGS, AND 10 OF THOSE COULD BE DELIVERED AT HOME.

THERE IS A TREND WE MENTIONED, WE'RE SEEING INTERVENTIONS ADDRESS MANY DIFFERENT TYPES OF TRAUMA AND SPECIFICALLY NO CHILDHOOD EXPOSURE TO DOMESTIC VIOLENCE.

AND, ALSO, COMPLEX TRAUMA BEING SPECIFICALLY NOTED IN FIVE OF THE INTERVENTIONS.

AND JUST CONTINUING ON THIS IN TERMS OF SOME KEY TREND FINDINGS IN THE EVIDENCE‑BASE PRACTICED ONLINE DATABASES, WATCH THE PATTERN OF FAMILY FOCUS.

WORKING WITH CHILDREN, YOUTH AND CAREGIVERS.

YOUTH PUSHED INTO THE 20S.

21, SOMETIMES 25, ENHANCING PARENTING SKILLS, STRENGTHENING PARENT‑CHILD RELATIONSHIPS SO BIG FAMILY FOCUS.

15 OUT OF 17 WERE SUPPORTED BY VALUATION DATA AND QUITE A FEW OF THEM HAD RANDOMIZED CONTROL TRIALS AND WE HAVE A LOT MORE INTERVENTIONS IN THIS UPDATE THAT CAN BE IMPLEMENTED IN SCHOOLS, COMPARED TO BASELINE.

AND, ALSO, LOOKING AT CULTURAL ADAPTATIONS AND TRANSLATIONS THERE WERE TWO THAT ARE HONORING CHILDREN AND MAKING RELATIVES FOR AMERICAN INDIAN AND ALASKA NATIVE FAMILIES.

AND, FOR SPANISH FAMILIES, MORE THAN BEING TRANSLATED, CELEBRANDO FAMILIAS!, DESIGNED FOR AND IMPLEMENTED WITH THESE POPULATIONS AND WE ALSO SAW QUITE A FEW INTERVENTIONS WHERE THEY'VE JUST BEEN TRANSLATED, CURRICULUM INTO SPANISH AND FEW IN SEVERAL LANGUAGES.

TWO FOCUSED ON FAMILY INTERVENTIONS AND FOCUSED ON A LESS DENSE FROM THE BASELINE SCAN.

AND ONE EARLY EDUCATION INTERVENTION MODEL, THIS TRAUMA SMART, A DIRECT INQUIRY, WHICH WAS A CONSULTANT DOING OUT REACH IN THE FIELD AND TALKING TO FOLKS ABOUT NEW AND PROMISING EMERGING PROGRAMS.

IN THE TIME I HAVE, THE SLIDES WILL LOOK WORDY TO YOU, AS IT IS, BUT WE HAVE SELECTED INTERVENTIONS THAT WE CAN'T REVIEW ALL OF THEM IN THIS TIME, BUT YOU HAVE ALL OF THEM IN THE WRITTEN DOCUMENT AND THEY ARE ON THE WEBSITE, AS WELL WITH FAR MORE INFORMATION THAN WE COULD FIT IN A WEBINAR OR THAT I CAN RETAIN IN MY BRAIN.

SO WE'RE GOING TO START WITH THOSE INTERVENTIONS, START WITH A COUPLE THAT OF DOMESTIC VIOLENCE SPECIFIC IN TERMS OF CHILDHOOD EXPOSURE AND THEY WERE IDENTIFIED IN THE LIT REVIEW.

THE FIRST IS THE COMMUNITY‑BASED GROUP INTERVENTIONS FOR WOMEN AND CHILDREN EXPOSED BY INTIMATE PARTNER VIOLENCE.

IT WAS COME TO PARSON OF GOAL‑ORIENTED GROUP INTERVENTION AND THEN EMOTION‑FOCUSED GROUP INTERVENTION.

IT WAS A COGNITIVE BEHAVIORAL APPROACH WITH ELEMENTS OF MOTIVATIONAL INTERVIEWS AND THEY HAVE FOCUSED ON SETTING GOALS TO DECREES NONADAPTIVE COPING STRATEGIES AND INCREASING ADAPTIVE STRATEGIES, BOTH WITH MOMS AND THE CHILDREN.

IN THE EMOTION‑FOCUSED INTERVENTION, ALSO A COGNITIVE BEHAVIORAL APPROACH, HAS THIS EDUCATION AND POWER AND FOCUS WITH A CURRICULUM THAT WORKED ON HEALTHY AND NON‑HEALTHY RELATIONSHIPS AND, AGAIN, COPING STRATEGIES.

AND CURRICULUM FOR THE CHILDREN THAT HAD CONTENT ON SOCIAL AND EMOTIONAL SKILLS, UNDERSTANDING EMOTIONS AND UNDERSTANDING NEEDS AND FEELINGS AND COPING SKILLS AND UNDERSTANDING ABUSE AND SAFETY STRATEGIES.

AND RANDOMIZED TRIALS, AND THE CHILDREN RECITED FROM FAMILY HOMELESS SHELTER, FIVE GROUP SESSIONS THAT WERE HELD ONCE A WEEK, AND BOTH OF THE INTERVENTIONS SHOWED A DECREES IN FAMILY CONFLICTS, ALTHOUGH THAT WAS GREATER IN THE GOAL‑ORIENTED GROUP, AND FOR WOMEN AND THEN WOMEN IN BOTH INTERVENTION GROUPS ALSO REPORTED IMPROVED SOCIAL SUPPORT ALTHOUGH THAT WAS GREATER FOR THE EMOTIONS FOCUSED GROUP AND IN TERMS OF THE CHILDREN, BOTH REPORTED REDUCTIONS IN PRESSURE CONFLICTS AND IMPROVEMENTS IN EMOTIONAL WELL‑BEING AND SELF‑ESTEEM.

NEXT THING TO TALK ABOUT IS STEPPED CARE TRAUMA FOCUSED COGNITIVE BEHAVIORAL THERAPY, TF‑CBT.

IT IS LIKE ALPHABET SOUP, WE HAVE A LOT OF THINGS FOR THESE CONCEPT INTERCEPTIONS.

WE HAD IT USED IN THE BASELINE REPORT BUT THIS WAS 2002‑STEP APPROACH TO IMPROVE ACCESSIBILITY AND ULTIMATELY REDUCE COST.

AND STEP ONE IS SIX WEEKS IN LENGTH AND THREE OF THOSE VISITS DURING THE SIX WEEKS ARE THERAPIST‑DIRECTED SESSIONS IN THE OFFICE THAT IS ORIENTATION, PSYCHOEDUCATION AND RELAXATION TECHNIQUES, BUT THEN THE REMINDER OF THE SESSIONS ARE PARENT‑LED THERAPIST ASSISTED AT HOME THROUGH TELEPHONE SUPPORT AND A LOT OF WEB‑BASED RESOURCES.

AND THEY'VE DESIGNED A PARENT‑CHILD WORK BOOK CALLED "STEPPING TOGETHER" THAT STRESSES STRESS MANAGEMENT AND BEHAVIOR MANAGEMENT AND SKILL‑BUILDING ACTIVITIES.

IF STEP ONE IS FOLLOWED, IT IS FOLLOWED UP BY PARENT LED MAINTENANCE TO FACILITATE OPEN PARENT‑CHILD COMMUNICATION AND USE OF NEW TOOLS.

IF THE NEED IS DETERMINED TO CONTINUE ON, STEP TWO FOR CHILDREN WHO NEED MORE INTENSIVE CARE, T‑F‑CBT, COUNTRIES MORE REVIEWING OF PSYCHOEDUCATION ON TRAUMA, RELAXATION STRATEGIES, AND A SMALL TRIAL HAS DEMONSTRATED REDUCTION IN PTSD SYMPTOMS FOR YOUNG CHILDREN AGE 3‑6 WHO COMPLETED STEP ONE AND THEN THOSE REDUCTIONS WHERE THEY MAINTAINED A THREE‑MONTH FOLLOW‑UP.

THERE IS A CLINICAL TRIAL UNDER WAY THAT IS EVALUATING STEP ONE AND STEP TWO.

AND THAT DATA IS NOT AVAILABLE YET.

THERAPLAY IS A STRUCTURED PLAY THERAPY TO ADDRESS COMPLEX RELATIONAL TRAUMA WITH PARENTS AND CHILDREN.

IT CAN BE GROUP, AT HOME OR COMMUNITY SETTINGS, SO THERE IS A LOT OF FLEXIBILITY ON THE SETTINGS AND THERE ARE RANDOMIZED CONTROLLED TRIALS INDICATING REDUCTIONS, INCLUDING THIS ONE, IN INTERNALIZE BEHAVIORS.

BUT THEN, ALSO, THIS WAS THE OTHER INTERVENTION THROUGH THE LITERATURE REVIEW THAT WE IDENTIFIED AT DOMESTIC VIOLENCE EXPOSURE SPECIFIC BECAUSE OF AN ADAPTIVE VERSION SHORTENED TO SIX WEEKS AND A QUALITATIVE ASSESSMENT THAT ADDRESSED CONCERNS ABOUT POTENTIAL CONCERNS, ABOUT THERAPLAY IN TERMS OF RESPECTING PERSONAL BOUNDARIES, MOMS AUTHORITY.

IN A SHELTER YOU HAVE CHANGING MEMBERSHIP IN WEEKLY GROUPS AND IT WAS DETERMINED THESE WERE NOT BARRIERS TO IMPLEMENTING THIS IN A SHELTER SETTING AND THERE WERE ADAPTATIONS TO THE CONTENT TO INCLUDE UNDERSTANDING DOMESTIC VIOLENCE, BEING ABLE TO DISCUSS WORRIES AND CONCERNS AND FEELINGS RELATIVE TO VIOLENCE AND SAFETY.

CUE‑CENTERED TREATMENT, CCT, SOME OF THESE I WON'T SAY EVERYTHING ON THE SLIDE BUT THIS IS A 15‑WEEK INTERVENTION FOR YOUTH 8‑18 YEARS OLD.

IT IS GETTING MORE AND THAT CHRONIC EXPOSURE AND COMPLEX TRAUMA, REALLY WORKING WITH YOUTH AND THEIR CAREGIVERS TO UNDERSTAND HOW TRAUMA CAN BE CONNECTED TO MALADAPTIVE BEHAVIORS AND IT IS REALLY COMBINING SEVERAL DIFFERENT APPROACHES AND THEY DID A RANDOMIZED CONTROL EVALUATION IN A SCHOOL SETTING THAT SHOWED SIGNIFICANT REDUCTION IN POST TRAUMATIC STRESS SYMPTOMS, ANXIETY AND DEPRESSION AMONG THE YOUTH RECEIVING CUE‑CENTERED TREATMENT OVER THE 15‑WEEK INTERVENTION.

ATTACHMENT AND BIO BEHAVIORAL CATCH‑UP, ABC, NOW GETTING INTO THE EVIDENCE‑BASED DATABASES AND THIS IS BASED ON ATTACHMENT THEORY AND STRESS BIOLOGY, SO A DIFFERENT CORE APPROACH WITH THE INTERVENTIONS OF HELPING PARENTS TO RECOGNIZE BEHAVIORAL SIGNS OF TRAUMA THAT THEY MAY NOT SEE AS SUCH, INITIALLY, SUCH AS PUSHING AWAY A CAREGIVER, HELPING THEM TO LEARN HOW TO PROVIDE THAT PREDICTABLE RESPONSIVE ENVIRONMENT THAT IS SO KEY FOR EVERY CHILD AND ESPECIALLY CHILDREN WHO EXPOSE THE TRAUMA AND MORE LIKELY TO HAVE CHALLENGES WITH SELF REGULATION AND POTENTIALLY BEHAVIORAL ISSUES.

AND THEN JUST RECOGNIZING THEIR OWN BEHAVIORS IN PARENTS THAT MAY BE FRIGHTENING, TRIGGERING ARE OVERWHELMING TO A CHILD WHO HAS EXPOSURE TO VIOLENCE OR OTHER TRAUMA.

VIDEOTAPED AND DELIVERED BY THE PARENT OR SHELTER SUPERVISION.

THIS WAS DEVELOPED FOR LOW‑INCOME FAMILIES WITH YOUNG CHILDREN, RANDOMIZED DROLLED TRIAL FOR CHILDREN WITH CHILD PROTECTION SERVICES INVOLVED, CHILDREN WITH NEGLECT.

SEEING CHILDREN RECEIVING ABC HAD MORE TYPICAL CORTISOL PRODUCTION, SO THEY'RE LOOKING AT REAL BIOLOGICAL MEASURE OF STRESS REDUCTIONS AND DISORGANIZED ATTACHMENT AND HIGHER RATES OF ATTACHMENT.

CELEBRATING FAMILIES.

REFERRED TO AS CF WITH AN EXCLAMATION POINT.

IT IS VERY FAMILY‑INCLUSIVE, TRAUMA‑INFORMED, BUILDING SKILLS, TARGETED TO FAMILIES RECOVERING FROM SUBSTANCE ABUSE AND HIGH RISK FOR DOMESTIC VIOLENCE OR CHILD ABUSE AND NEGLECT.

15 WEEKLY‑BASED SESSIONS DELIVERED BY PARAPROFESSIONALS.

IT INCLUDES FAMILY MEALS, WHICH IS JUST REALLY INTERESTING TO SEE BECAUSE THAT IS SUCH AN IMPORTANT PROTECTIVE RESILIENCY FACTOR.

AND IT IS INCLUDING CHILDREN FROM BIRTH THROUGH UP TO 17 YEARS OLD.

THEY HAVE SEPARATE GROUPS AND PARENT‑CHILD GROUP ACTIVITIES WHERE THEY ALL COME TOGETHER.

AND THERE'S THEN A NUMBER OF EVALUATION STUDIES OF THIS OVER THE YEARS, SHOWING IMPROVEMENTS IN PARENTING SKILLS AND POSITIVE PARENTING.

ALSO RELATIVE TO FAMILY REUNIFICATION FOR CHILD PROTECTIVE SERVICES AND FAMILIES.

AND EVALUATION THAT COMPARES INTERVENTION WITH HISPANIC AND NONHISPANIC FAMILIES.

THE SPANISH VERSION CALLED CELEBRANDO FAMILIAS!

SO NOW, COGNITIVE BEHAVIORAL THERAPY, CPC‑CPT.

THIS IS ADDRESSING WORLD PUNISHMENT, STRATEGIES WE CAN SEE BEING ASSOCIATED WITH FAMILY VIOLENCE.

IT INCORPORATED ELEMENTS FOR FAMILY SYSTEMS AND TRAUMA THEORIES.

IT HAS A PRETTY BROAD RANGE, 3‑17 YEARS OLD.

ESSENTIAL COMPONENTS, ENGAGEMENT AND PSYCHOEDUCATION, EFFECTIVE COPING AND SKILL BUILDING, FAMILY SAFETY AND CLARIFYING WHAT ABUSIVE BEHAVIOR IS.

COMBINED PARENT‑CHILD COGNITIVE BEHAVIORAL THERAPY.

THE PARENTS RECEIVED ONLY A GAMES AND ARTS INTERVENTION WITH BASIC COGNITIVE BEHAVIORAL THERAPY.

AT POSTTEST, WE SAW WITH THIS INTERVENTION, THE CHILDREN RECEIVING THIS INTERVENTION HAD LOWER POST TRAUMATIC STRESS SYMPTOMS.

WHEN WE WERE FIRST TALKING ABOUT THE DATA WERE ANY MALE CAREGIVERS IN THE POPULATION.

IT WAS PREDOMINANTLY MOTHERS THERE WERE SOME FATHERS, AS WELL.

EARLY PATHWAYS PROGRAM, HOME‑BASED.

PARENTED CHILD THERAPY RELATED TO TRAUMA AND DISRUPTIVE BEHAVIORS IN YOUNG CHILDREN, INCLUDING 1‑5 YEARS OLD.

STRENGTHENING PARENT‑CHILD RELATIONSHIP THROUGH PLAY.

MAINTAINING DEVELOPMENTALLY APPROPRIATE BEHAVIORS AND HOW TO RESPOND AND POSITIVE REINFORCEMENT AND HOW IMPORTANT THAT HOME ROUTINE IS IN STRENGTHENING PRO‑SOCIAL BEHAVIOR AND THAT SUPERVISION.

THIS IS A CLINICIAN‑DRIVEN INTERVENTION WITH EARLY SESSIONS FOCUSED ON PARENT CHILD RELATIONSHIPS AND LATER SESSIONS ON DISCIPLINE STRATEGIES, USUALLY 8‑16 WEEKS.

HERE ARE FINDINGS FROM RANDOMIZED CONTROL TRIALS THAT CHILDREN HAVE FEWER TRAUMA SYSTEMS THAT PARENTS IN THE EARLY PATHWAYS PROGRAM HAD FEWER ‑‑ WERE LESS LIKELY TO USE VERBAL AND CORPORAL PUNISHMENT AND MORE POSITIVE NURTURING ACTIVITIES.

HERE WE SEE A MEASURE SPECIFIC TO CORPORAL PUNISHMENT IN THIS INTERVENTION.

HONORING CHILDREN‑MAKING RELATIVES WE CAN MENTIONED BEFORE.

THIS IS REALLY A TRANSLATION OF PARENT‑CHILD INTERVENTION THERAPY, SUPPORTING AMERICAN INDIAN AND TRADITIONAL ALASKA NATIVE BELIEFS IN PARENTING.

IT IS MUCH MORE THAN JUST ABOUT LANGUAGE.

CAREGIVERS RESPONSIBILITY TO CULTIVATE POSITIVE NATURE OFF CHILD WITH HONOR AND RESPECT, VIEW DISCIPLINE AS TEACHING SELF CONTROL AND LEARNING RULES OF LIFE VERSUS FOCUS ON PUNISHMENT.

AND AVOIDED JARGON AND TECHNICAL ASPECTS OF PCIT THAT MAY BE OVERWHELMING OR OFFENSIVE TO CAREGIVERS.

ON‑LINE VIDEO CONSULTATION USED IN REMOTE, REAL TIME COPING SESSIONS TO OVERCOME ISSUE OF DISTANCE AND TIME CONSTRAINTS.

12‑16 WEEK SESSION FOR CHILDREN 3‑7 YEARS OLD.

IT ADDRESSES ISSUES OF IMPLEMENTATION AND DISSEMINATION OF EB‑INTERVENTIONS IN RURAL OR ISOLATED TRIBAL COMMUNITIES AND WORKING WITH LIMITED‑LICENSED PROFESSIONALS.

PA IS PART OF INDIAN COUNTRY CHILD TRAUMA CENTER'S WORK TO TRANSFORM EB‑MODELS FOR THESE CHILDREN.

AND ITCT‑A, LIFTING UP, IT IS VERY ASSESSMENT DRIVEN.

THAT IS A NOTABLE ASPECT OF THIS INTERVENTION.

MULTI COMPONENT THERAPY REALLY GETTING AT COMPLEX TRAUMA, MULTI TRAUMATIZED ADOLESCENCE AT AGE 12 TO THE AGE OF 21.

AND CONTINUOUS MONITORING OF THAT ASSESSMENT OF SOCIAL AND PHYSICAL ENVIRONMENT SO IT IS MUCH BROADER THAN WHEN YOU LOOK AT THE REPORT, WHAT YOU MIGHT TYPICALLY THINK ABOUT IN TERMS OF ASSESSMENT.

AND MULTIPLE SETTINGS, INCLUDING OUT PATIENT CLINIC, SCHOOLS, RESIDENTIAL CARE AND JUVE JUSTICE SENTENCES.

AND RESPONSIVE AND SENSITIVE TO CULTURAL DIFFERENCES AND EFFECTS OF POVERTY AND SOCIAL MARGINALIZATION.

AND ONE GROUP TESTS HAD SUGGEST REDUCTIONS IN ANXIETY, DEPRESSION, POST TRAUMATIC STRESS, ANGER, DISASSOCIATION AND SEXUAL CONCERNS AS A FUNCTION OF THE TIME THE ADOLESCENT WAS IN THE TREATMENT OR INTERVENTION.

PARENTING WITH LOVE AND LIMITS, PLL, COMBINES FAMILY THERAPY AND FAMILY TRAUMA TREATMENT INTO ONE CONTINUUM OF CARE.

IT HAS BOTH GROUP OR MULTI FAMILY AND INDIVIDUAL FAMILY THERAPY SESSIONS OVER A PERIOD OF 3‑6 MONTHS, TEACHING FAMILIES WITH KIDS AGES 10‑18 HOW TO REALLY RESTORE THAT PARENTAL RELATIONSHIP.

THEY DO SPECIFICALLY USE THE WORD "HIERARCHY" SO THAT I HAVE IN THE SLIDES, BUT IT IS ABOUT FAMILY ATTACHMENTS, REESTABLISHING HEALTHY COMMUNICATION, DELIVERED BY A FAMILY COUNSELOR CAN RECOLLECT DONE AT HOME AND COMMUNITY AGENCY SETTINGS.

CAN BE AN ALTERNATIVE FOR OUT OF HOME PLACEMENT FOR YOUTH.

I WILL BE TALKING ABOUT THIS TOMORROW IN A JUVENILE SETTING AND IT IS AVAILABLE IN SPANISH.

HERE IS SOME DATA FROM THE QUASI EXPERIMENTAL STUDY, ON EVALUATION, YOUTH RECEIVING CARE IN A MENTAL HEALTH CARE SYSTEM WHO THEN RECEIVED PARENTING WITH LOVE AND LIMITS AT LOWER RATES FOR OUT PATIENT CARING, CRISIS AND INPATIENT CARE COMPARED TO YOUTH RECEIVING TREATMENT AS USUAL IF THAT FACILITY.

AND YOUTH TRANSITIONING FROM RESIDENTIAL PLACEMENT TO COMMUNITY.

THE YOUTH RECEIVING PLL HAD LOWER RATES OF REARREST, RE‑ADJUDICATION AND RECEIVES STANDARD AFTER CARE SERVICES.

REAL LIFE HEROES.

RLH.

SOMETHING THAT STANDS OUT ABOUT THIS INTERVENTION IS BECAUSE WE KNOW CHILDREN AND FAMILIES ARE MOVING BETWEEN CAREGIVERS AND SYSTEMS THAT THIS INTERVENTION WAS DESIGNED VERY MUCH TO HAVE TRANSFERABLE TOOLS SO THAT IF THE CHILD IS GOING FROM ONE THERAPIST TO ANOTHER OR, AGAIN, DIFFERENT SETTINGS THAT CAN TRAVEL WITH THEM.

SO THE INTERVENTION INCLUDED A LIFE STORYBOOK, AND THAT STORYBOOK IS BUILT AROUND METAPHOR OF HEROES.

IT ALSO USED MULTI SENSORY CREATIVE ARTS AND IMPROV.

MINDFULNESS AND YOGA.

I AM SEEING SO MUCH DATA AND WORKING WITH THAT SO MUCH NOW BECAUSE OF THE VERY IMPRESSIVE FINDINGS IN TERMS OF THESE INTERVENTIONS.

IT HELPS PRACTITIONERS TO REFRAME REFERS BASED ON PATHOLOGIES AND BLAME, TO THINK MORE ABOUT WHAT STRENGTHS AND RESTORING AND BUILDING SUPPORTIVE RELATIONSHIPS.

AND THAT SELF REGULATORY STILL DEVELOPMENT FOR CHILDREN AND CAREGIVERS.

CORE COMPONENTS INCLUDE PSYCHOEDUCATION ON TRAUMATIC STRESS, ACTIVITIES TO FOSTER ATTUNEMENT AND TRUST WITH CARING ADULTS.

DEVELOPING SOCIAL SUPPORT, SKILLS FOR AFFECT RECOGNITION AND MANAGEMENT.

WEEKLY SESSIONS DELIVERED BY PSYCHOLOGISTS OR SOCIAL WORKER.

SETTINGS INCLUDE HOME, CLINICS AND RESIDENTIAL CARE.

AND STAIR‑A/NST.

SKILLS TRAINING AND AFFECTIVE AND INTERPERSONAL REGULATION FOR ADOLESCENTS.

EXTENDING THAT AGE FROM 12‑21 YEARS OLD, INCLUDES REGULATION SKILLS, SOCIAL SKILLS, SELF DEFINITION EXERCISES, GOAL SETTING AND ACHIEVEMENT AND THREE VERSIONS OF STAIR, SO ONE IS BRIEF AND DESIGNED FOR IN‑PATIENT, AND THEN LONGER INDIVIDUAL WITH 8 TO 10 SESSIONS AND GROUP FORMAT THAT IS 10 TO 12 SESSION.

WHEN YOU HAVE STAIR WITH NST, THAT IS ADDING A SECOND PHASE OF SIX INDIVIDUAL SESSIONS THAT FOCUS ON EMOTIONAL PROCESSING OF TRAUMA.

SO GOING DEEPER WITH AN EXTENDED MODEL.

IT IS A TWO‑STEP MODEL LAKE WE TALKED ABOUT FOR TRAUMA FOCUSED COGNITIVE BEHAVIORAL THERAPY.

STREETWISE PROJECT, THIS IS THE FIRST TIME WE'VE HAD AN INTERVENTION THAT REALLY IS FOCUSING ON HOMELESS, STREET‑INVOLVED YOUTH FOR THIS REVIEW, SO IT USE AS HARM REDUCTION PHILOSOPHY THAT FOCUSES ON BUILDING TRUST AND SELF‑ESTEEM FOR EMPOWERING YOUTH TO CHANGE THE HIGH‑RISK BEHAVIORS THAT ARE OFTEN THE REALITY OF BEING HOMELESS AND LIVING ON THE STREET.

IT PROVIDES COUNSELING, STABILIZATION AND CASE MANAGEMENT, VERY MUCH ABOUT MATCHING YOUTH UP ONE‑ON‑ONE WITH A DEDICATED CASE MANAGER AND ENHANCING THEIR INDIVIDUALITY.

DROP‑IN CENTERS AND TREATMENT CENTERS FOR YOUTH RANGES IN AGE FROM 13 TO 23 YEARS OLD.

THEY'RE TRYING TO CREATE A ONE‑STOP CARE SITUATION WITH LEGAL, MEDICAL, PSYCHIATRIC CARE, COUNSELING, EMERGENCY AND TRANSITIONAL HOUSING, GED PREP, CLOTHING, PARENTING GROUPS, WELLNESS ACTIVITIES AND A PLACE TO SOCIALIZE.

TRAUMA SMART, SO THIS IS THE HEAD START TRAUMA SMART THAT WAS IDENTIFIED THROUGH DIRECT INQUIRY, AND IT'S THE FOCUS IS ON INTEGRATING EDUCATION, MENTAL HEALTH AND OVER ALL CHILD WELL‑BEING INTO ONE MODEL TO BUILD TRAUMA INFORMED APPROACH BASED ON THESE FOUR PILLARS, STAFF RESILIENCE, SO THERE IS A LOT OF STAFF TRAINING AND SKILL BUILDING INVOLVED THERE.

MASTERY OF CLASSROOM STRATEGIES.

WELL, ALSO, TOTALLY ENGAGING PARENTS AND WORKING ON SKILL BUILDING WITH PARENTS, AS WELL, AS FOR THE CHILDREN AND RESPOND FORGET CHILDREN WITH HIGH NEEDS.

THIS STARTED IN HEAD START SETTINGS AND IS EXPANDING NOW TO MORE GRADES, PRIMARY SCHOOL AND EVEN BEING ADAPTED FOR EVEN MIDDLE SCHOOL IMPLEMENTATION.

ARC, WHICH YOU MAY BE FAMILIAR WITH, PROVIDES EXTENSIVE TRAINING, CLASSROOM LEVEL COACHING AND CONSULTATION FOR TEACHERS, PARENTS AND TO PRACTICE AT HOME.

IT HAS THAT ELEMENT TO, HOW DO YOU TAKE THIS HOPE.

I GUESS I ALREADY SAID THAT, IT STARTED IN HEAD START PROGRAMS.

THAT WAS IN THE STATE OF MISSOURI AND EXPANDED STATEWIDE THERE AND THEN EXPANDED TO OTHER STATES AND CHILDCARE SETTINGS, AND THERE'S BE FINDINGS FROM A PRETEST, THE POSTTEST GROUP OF ONE EVALUATION OF CHILDREN RECEIVING TRAUMA SMART IN A HEAD START PROGRAM AND SOME OF THOSE SIGNIFICANT IMPROVEMENTS WERE TEACHER REPORTED ABILITY TO PAY ATTENTION, TEACHER‑REPORTED EXTERNALIZING BEHAVIORS AND OPPOSITIONAL DEFIANCE AND, YOU KNOW, SO DECREES IN THOSE BEHAVIORS AND PARENT‑REPORTED CHILDREN EXTERNALIZING BEHAVIORS DECREES AND INTERNALIZE BEHAVIORS AND A DAY CREASE IN THAT AND IMPROVEMENT IN ATTENTION IN HYPER ACTIVITY.

SO, NOW JUST KIND OF WRAPPING UP WITH SOME OF THE INSIGHTS AND TRENDS THAT WE SAW.

THESE ARE NOT ALL OF THE INTERVENTIONS WE IDENTIFIED THROUGH THE UPDATE, BUT ALL OF THEM ARE INCLUDED ON THE WEB‑BASED RESOURCE AND THE COMPREHENSIVE REVIEW REPORT.

REALLY A PROLIFERATION OF MULTIPLE TRAUMAS THAT THEY INCLUDE SPECIFIC EXPOSURE TO TRAUMA IN CHILDREN.

REALLY IDENTIFYING THAT IS GOING TO HELP TO RAISE AWARENESS FOR CHILDREN EXPOSED TO DOMESTIC VIOLENCE AND OTHER ADVERSITIES.

WE JUST SAW THE INCLUDE OF CEDV IN INTERVENTIONS THAT ARE ADDRESSING A WIDE SCOPE OF DIFFERENT TYPES OF TRAUMA.

WE RECOGNIZE THOSE CAN OFTEN BE CO‑OCCURRING AS WE ARE LEARNING MORE AND MORE WITH THE RESEARCH AND CO‑OCCURRING ADVERSITIES.

THERE IS ALSO THAT INCLUSION OF CHRONIC EXPOSURE, NOTING THE CHRONIC EXPOSURE TO COMPLEX TRAUMA.

DEFINITELY AN EXPANSION, WHICH IS WHY I INCLUDED THAT CHART IN THE BEGINNING OF ONLINE EVIDENCE‑BASED PRACTICE REGISTRIES, THEY'RE GROWING IN TERMS OF CONTENT AND REALLY SUPPORT THAT TREND, SUPPORTED WEB‑BASED RESOURCES SUCH AS PROMISING FUTURES WITHOUT VIOLENCE, WEB‑BASED RESOURCE.

THAT IS THE WAY TO GO IN SO MANY WAYS OF WHERE PEOPLE ARE LOOKING FOR INFORMATION AND WHERE DATA IS BEING HOUSED.

SO, CONCLUSIONS HERE ARE, YOU KNOW, TO PRIORITIZE THE DEVELOPMENT AND VALUATION OF INTERVENTIONS WORKING WITH DIVERSE AND MARGINALIZED COMMUNITIES.

THERE WERE ONLY TWO WITH TRANSITION AND ADAPTATION OF THOSE INTERVENTIONS.

WHILE SOME HAD BEEN TRANSLATED, THAT IS CLEARLY AN ONGOING NEED.

TARGETING EVALUATION TO FUND INNOVATIVE AND EMERGING PRACTICES AND SUPPORT LONGER TERMING FOLLOW‑UP OF INTERVENTIONS.

WHEN YOU LOOK AT THE EVALUATION STUDIES, LIKE MOST EVALUATION YOU LOOK AT, THE FOLLOW‑UP IS FAIRLY SHORT‑TERM THAT IF WE LOOK AT DATES AFTER THE INTERVENTION AND SOMETIMES IT IS THREE MONTHS, SOMETIMES IT IS SIX MONTHS.

YOU WILL RARELY SEE A YEAR OR LONGER IN A FOLLOW‑UP OF AN EVALUATION.

AND, CONTINUING PERIODIC UPDATES USING A MULTI‑PRONGED APPROACH.

THERE ARE SO MANY INTERVENTIONS THAT, GIVEN WHAT WAS IDENTIFIED IN A FIVE‑YEAR PERIOD, THINGS ARE MOVING FAST IN TERMS OF INTERVENTIONS IN EXPANDING, INCLUDING CHILDHOOD EXPOSURE TO DOMESTIC VIOLENCE, PARTICULARLY ON THE WEB‑BASED ONLINE DATABASES, AND ALSO THE NEED TO STRENGTHEN THE DIRECT INQUIRY OUT REACH TO IDENTIFY INNOVATIVE AND EMERGING PRACTICES.

AT THE TIME OF THE BASELINE, THE CONFERENCE, FUTURES CONFERENCE WAS ALSO GOING ON SO THERE WAS AN INCREDIBLE OPPORTUNITY FOR TALKING DIRECTLY TO PEOPLE FROM AROUND THE WORLD WHO ARE AT THAT CONFERENCE, AND YOU KNOW, FOLLOWING UP ON THOSE LINES OF INQUIRY AND SO I THINK SOME CONVERSATION AROUND STRATEGIES THAT WOULD MAKE, ENABLE US TO TALK TO MORE PEOPLE AROUND DIRECT INQUIRY IS KEY.

AND NOW I'M GOING TO TRANSITION TO TALK ABOUT USING THE INTERVENTIONS DATABASE.

>> SURE.

ACTUALLY, LINDA, WHY DON'T WE ANSWER JUST A FEW OF THE QUESTIONS WHILE IT IS FRESH IN FOLK'S MINDS.

THERE ARE SOME SPECIFIC ONES THAT YOU MIGHT BE ABLE TO ANSWER, AND IF NOT, I'M SURE THEY CAN CHECK THE PROFILES IN THE DATABASE.

LET'S SEE.

SO DO YOU KNOW IF THE STEPPING TOGETHER, I THINK THAT'S THE TF‑CBT IS AVAILABLE IN SPANISH?

THAT MIGHT BE TOO DETAILED.

>> THE WAY TO CHECK IS GOING ON TO THE DATABASE ‑‑ THIS IS A GREAT EXAMPLE TO DEMONSTRATE HOW THE DATABASE WORKS.

I'M GOING TO TRY TO TAKE QUICK LOOK HERE IN THE REPORT, BUT THE WAY THE PROFILE FOR THE PROGRAMS ARE STRUCTURED ON THE DATABASE, IT INDICATE WHAT IS LANGUAGE IT IS AVAILABLE IN, SO I'M GOING TO TAKE A QUICK LOOK HERE JUST TO SEE.

>> SURE.

>> I CAN'T SWITCH ON MY COMPUTER BUT I DO WANT TO SEE IF I CAN TELL, BASED ON THE PROFILE ON THE REPORT.

>> SURE.

AND I CAN ACTUALLY ‑‑ I'LL SWITCH TO THIS MIGHT BE A GOOD SEGUE TO THE INTERVENTIONS DATABASE.

FOR FOLKS LOOKING AT THE SLIDES ONLINE, THIS IS A SCREEN SHOT OF THE LINK I HAD PUT IN THE CHAT EARLIER WHERE ALL OF THE PROGRAM PROFILES ARE LOCATED.

THERE IS A NUMBER OF WAYS YOU CAN ACCESS THE 49 INTERVENTIONS THAT ARE HERE.

YOU CAN SEARCH FOR A PROGRAM IN THE TOP NAV BAR, YOU CAN ALSO CLICK ON THE VARIOUS CATEGORIES ON THE LEFT HAND SIDE, SO POPULATION, TRAINING LANGUAGE, TRAUMA TYPE, LENGTH OF SERVICE, AGE, SETTING AND YOU CAN ACTUALLY REALLY HONE IN ON THE MODEL YOU MIGHT BE LOOKING FOR.

AND THAT WAY IT WILL FILTER THE RESULTS AND JUST GIVE YOU KIND OF WHAT YOU'RE LOOKING FOR.

AND ONCE AGAIN, THIS DATABASE IS LOCATED ON THE PROMISING FUTURES WEBSITE.

SO THIS, WHEN YOU CLICK INTO THE, ONE WAS THE PROFILES, SO THIS IS THE ONE FOR CHILD‑PARENT PSYCHO THERAPY.

YOU WILL NOTICE WE HAVE THE KIND OF QUICK NUTS AND BOLTS OF EACH OF THOSE MODELS LISTED AND THESE CORRESPOND TO THE CATEGORIES THEY'RE ORGANIZED BY YOU WILL SEE FOR CPP IT HAS A MIXED APPROACH, CHILDREN AROUND PARTIALS TOGETHER AND INDIVIDUAL FOR PARENTS AND CHILDREN.

IT IS GREATER THAN 12 WEEKS.

THERE IS OVERVIEW, POPULATION SERVES, AND WITHIN THE EVALUATION TAB WE HAVE CITATIONS TO THE VARIETY OF RESEARCH STUDIES OR ARTICLES THAT HAVE BEEN PUBLISHED ABOUT THE MODEL, AS WELL AS SOME OF THE KEY RESULTS OR FINDINGS FROM EACH OF THE STUDIES OR KEY SIGNIFICANT INFORMATION THAT MIGHT BE USEFUL TO FOLKS WHO ARE LOOKING AT THIS MODEL.

NOW, YOU WILL ALSO NOTICE ON THIS PAGE, I THINK ON PRETTY MUCH EVERY PAGE, ON THE RIGHT HAND SIDE THERE IS A WIDGET THAT SAYS, "SHARE YOUR WORK".

IF YOU'RE ON THIS CALL RIGHT NOW SAYING WE HAVE THIS GREAT MODEL WE'RE USING, I DON'T SEE IT ON THIS WEBSITE, I WOULD LIKE TO SUBMIT IT FOR REVIEW AND POTENTIALLY PROFILING, SIMPLY CLICK ON THAT WIDGET ON THE WEBSITE, THIS IS A STATIC SCREEN SHOT, AND YOU CAN SEND AN E‑MAIL DIRECTLY US TO AND WE WILL BE IN TOUCH ABOUT THE REVIEW PROCESS AND HAVE CONVERSATION.

WE WOULD LOVE TO PROFILE SOME OF THE AMAZING WORK CURRENTLY HAPPENING OUT THERE IN THE FIELD ON THIS WEBSITE.

SO, LET'S SEE, LET ME GO BACK HERE.

SO IT LOOKS LIKE, LINDA, YOU SAY THE TF‑CBT IS NOT AVAILABLE IN SPANISH AT THIS TIME.

THANK YOU FOR LOOKING FOR THAT.

>> THIS IS A RELATIVELY NEWLY‑EVALUATED INTERVENTION, THE STEPPED CARE VERSION.

WHEN YOU GO INTO THE WEB‑BASED RESOURCE OR IN THE REPORT, YOU WILL HAVE A CONTACT PERSON, AND IT IS REALLY WORTH CONTACTING THEM TO SAY YOU'RE INTERESTED IN THIS RESOURCE IN SPANISH.

BECAUSE, FIRST OF ALL, IT MAY BE HAPPENING, AND SECOND OF ALL, THEY MAY BE ENCOURAGED TO DO SO IF THEY KNOW THERE IS INTEREST.

>> THAT'S A GOOD POINT.

SO I CAN'T SEE IT ON HERE, BUT ON EACH OF THESE PROFILES IS E‑MAIL AND A PHONE AND A NAME AND AN ORGANIZATION WHERE THE MODEL WAS DEVELOPED OUT OF OR IS CURRENTLY BEING EITHER EVALUATED OR HOUSED.

SO LET'S SEE.

ANOTHER QUESTION FROM THE AUDIENCE WE HAD IS ENGAGEMENT IN THE INTERVENTIONS MANDATORY OR PRIMARILY VOLUNTEER?

I THINK THAT'S SORT OF JUST ASKING GENERALLY ACROSS‑THE‑BOARD, YOU DID FIND MOSTLY MANDATORY OR PRIMARY ‑‑ OR MOSTLY VOLUNTARY?

>> THAT IS A VERY INTERESTING QUESTION.

I DIDN'T SEE ANY INDICATION IN ANY OF THE PROGRAMS THAT IT WAS MANDATORY.

I DON'T KNOW ‑‑ THE THING IS RELATIVE TO DIFFERENT SETTINGS, IF YOU LOOK AT THE INTERVENTION FOR THE JUVE JUSTICE SETTING, THEY MAY HAVE MANDATORY PARTICIPATION.

BUT, THAT IS NEVER INDICATED IN ANY OF THESE, YOU KNOW, THERAPEUTIC‑BASED INTERVENTIONS.

BECAUSE THEY'RE VERY THERAPY COGNITIVE BEHAVIORAL ORIENTED SO THERE IS A GOOD UNDERSTANDING THAT FORCING SOMEONE INTO THERAPY ISN'T USUALLY EFFECTIVE.

>> CORRECT, RIGHT.

THAT MAKES SENSE.

LET'S SEE.

HERE IS MORE OF A BIG PICTURE QUESTION.

WHAT WOULD YOU CONSIDER TO BE THE MOST IMPORTANT NEXT STEP IN SORT OF FAMILY‑CENTERED OR PARENT‑CHILD YOUTH INTERVENTIONS FOR MARGINALIZED OR SYSTEM‑INVOLVED FAMILIES.

I'M KIND OF TAKING THAT QUESTION TO MEAN WHAT IS THE SORT OF NEXT STEP IN SORT OF CENTER, WORK WITH MARGINALIZED AND SYSTEM‑INVOLVED FAMILIES, IS THERE A, YOU KNOW, WHEN YOU LOOK AT THE RESEARCH BASE DID YOU SEE THAT HAPPENING MORE OFTEN IN MODELS OR NOT MUCH AT ALL?

WHAT DO YOU SEE AS THE NEXT STEP IN BUILDING THOSE PROGRAMS.

>> LOOKING AT THAT QUESTION RIGHT NOW, I'M THINKING OF DIFFERENT PARTS AND STOP ME IF YOU FEEL I'M NOT BEING RESPONSIVE.

IN SOME REGARDS, WHAT WE SAW IN THIS UPDATE WAS MORE FOCUSED ON INTERVENTIONS THAT WERE FOR SYSTEMED INVOLVED, NOTING THAT, YOU KNOW, PARENTING CHILD INTERVENTION, WHEN THEY'RE IN THE SYSTEM IN TERMS OF CHIDE PROTECTIVE SERVICES, AND THEN SPECIFIC TO TRYING TO PREVENT OUT OF HOME PLACEMENT, SO KIDS THAT ARE OBVIOUSLY, YOU KNOW, ACTIVE IN THAT SYSTEM, OR JUVE JUSTICE.

SO I THINK THERE IS MORE HAPPENING AROUND THERE THAT SYSTEM IS INVOLVED.

BUT, WHEN I SEE THE WORD MARGINALIZED, I THINK OF THE DISCUSSIONS THAT WE ‑‑ AND ALSO THAT IN CELEBRATING FAMILIES FOR SPECIFIC FOR SUBSTANCE ABUSE AND FAMILY VIOLENCE, SO THING IS PROGRESS BEING MADE IN THAT ARENA, BUT WHEN WE TALK ABOUT THE CULTURALLY RELEVANT AND THE FACT THAT THERE IS ONLY ONE INTERVENTION FOR HOMELESS YOUTH, AND THAT ONE IS SPECIFICALLY NOTED FOR HOMELESS FAMILIES, THEN I THINK THERE'S THE NEED TO HAVE THE CONVERSATION AROUND, CAN WE BE LOOKING AT SOME OF THESE INTERVENTIONS AND DO AN ADAPTATION, LIKE WAS DONE FOR PARENT‑CHILD INTERVENTION THERAPY FOR HONORING FAMILIES AND MAKING RELATIVES, INTERVENTION, WHAT ABOUT LOOKING AT OTHER INTERVENTIONS AND THAT TYPE OF VERY INTENSE ADAPTATION WHERE WE'RE LOOKING AT VALUES AND SETTING AND ALL OF REALITIES THAT HAVE TO COME INTO PLAY FOR AN ADAPTATION, AS ONE THING THAT COMES TO MIND TO ME.

AND I'M JUST GOING TO LOOK AT THIS A LITTLE.

SO, I THINK A NEXT STEP AROUND THAT IS THAT NOW THAT WE HAVE SUCH A BROAD PALATE AND LOOKING AT ALMOST 50 PROGRAMS THAT NOTE OR ARE SPECIFIC TO CHILDHOOD EXPOSURE TO DOMESTIC VIOLENCE THERE ARE VERY SPECIFIC GAPS RELATIVE TO TALKING ABOUT MARGINALIZED FAMILY WE GET MORE SPECIFIC THAT WORD, AND WHAT SYSTEMS AREN'T BEING ADDRESSED.

AND REALLY IDENTIFY THOSE AND THEN THINK ABOUT WHAT, BASED ON ADAPTATIONS WE'VE SEEN WHAT COULD WE BE TALKING ABOUT AND WHAT COULD A PROPOSAL LOOK LIKE TO SAY WE HAVE TO ADDRESS THESE GAPS.

AM I ANSWERING THE QUESTION?

>> I'M NOT TOTALLY SURE BUT I LIKE THE DISCUSSION YOU'RE HAVING.

>> THERE ARE EXISTING VALUATION FORM GUIDES FOR COMMUNITY INTERVENTION.

AND EVALUATION FORMS GUIDES.

I THINK, IF I'M UNDERSTANDING THE QUESTION, NO, THE EVALUATIONS TO EACH INTERVENTION ARE SPECIFIC TO THE OUTCOMES THEY CHOOSE TO LOOK AT RELATIVE TO THE DESIGN OF THE INTERVENTION, SO I HAVEN'T SEEN SOMETHING LIKE THAT.

>> OKAY.

>> YOU'RE GOING TO FIND, THERE ARE SOME OF THEM, THE OUTCOMES WE'RE LOOKING AT ARE COMMON, WE WANT TO LOOK AT DECREEING INTERNALIZING AND EXTERNALIZING BEHAVIOR, PROMOTES RESILIENCE, THINGS THAT ACTUALLY, THOSE TWO THINGS ARE NEWER ON THE TABLE IN TERMS OF FOCUS.

BUT, THE WAY THEY ARE MEASURED, THE TOOL CHOSEN STUFF, THEY VARY BETWEEN THE DIFFERENT VALUATION STUDIES.

>> THANK YOU.

I WAS WONDERING IF YOU COULD TALK A LITTLE BIT ABOUT SOME OF THE SEMATIC, MAYBE NOT INTERVENTIONS THAT MADE IT INTO THIS, BUT WHEN WE TALKED ABOUT WHAT YOU WERE FINDING THERE WAS INCREASED EMPHASIS ON SORT OF MIND‑BODY CONNECTION, YOU COULD TALK A LITTLE BIT ABOUT SORT OF WHERE WE ARE IN TERMS OF THE SCIENCE OR SORT OF EMERGING STRATEGIES?

>> WE ARE IN A GREAT PLACE IN TERMS OF THE SCIENCE.

IT WAS VERY AFFIRMING TO ME, OBVIOUSLY I HAVE A TREMENDOUS BIAS BECAUSE THAT IS WHAT I DO NOW AND THAT FOCUS ON MIND, BODY, BRAIN‑BASED BODY STRATEGIES TO ADDRESS HOW STRESS AND TRAUMA GETS STORED IN THE BODY.

BECAUSE WHAT WE'RE SEEING OVER AND OVER AGAIN IS THAT YOU CAN, WHILE WE CAN DO THE MORE ‑‑ WHEN THERE ARE TYPES OF INTERVENTIONS THROUGH TALK THERAPY AND OTHERWISE TO ADDRESS TRAUMA, YOU STILL HAVE OFTEN THE EFFECTS THAT WE ARE NOW VERY WELL DOCUMENTED IN TERMS OF HOW STRESS AND TRAUMA IS STORED IN THE BODY.

AT THE TIME OF THE BASELINE SCAN, WE DIDN'T REALLY SEE ANY MENTION IN THESE INTERVENTIONS OF QUOTE, UNQUOTE, MIND, BODY, I WOULD REALLY SAY BRAIN BODY INTERVENTIONS AT ALL BUT DEFINITELY A CHANGE FOR THE FOLLOW‑UP SCAN, AND MEANWHILE IN MY WORLD, I AM SITTING ON A MOUNTAIN OF DATA, RIGOROUS EVALUATION, WHETHER WE ARE TALKING ABOUT BEING WHAT I WILL REFER TO AS BEING PRESENT IN THE MOMENT, REFER TO AS, YOU KNOW, MINDFULNESS AND MEDITATION, INTERVENTION SPECIFIC TO TRAUMA, RELATIVE TO THE HUGE IMPORTANCE OF USING MOVEMENT TO ADDRESS HOW TRAUMA GETS STORED IN THE BODY.

AND THERE ARE INTERVENTIONS COMING OUT FROM ALL DIFFERENT DIRECTIONS.

THE MILITARY CENTERS FOR EXCELLENCE, YOU KNOW, YOU CAN GO ONLINE AND SEE HOW THEY'RE USING EMOTIONAL FREEDOM TECHNIQUE, AND ACUPRESSURE POINTS AND SO FORTH.

HAVING MENTIONED THAT, I HAVE OVER 100 CLINICAL TRIALS ON QUOTE, UNQUOTE, TAPPING.

SO IT IS REALLY TYING JUST TO ‑‑ AND THESE ARE VERY ACCESSIBLE, EASY TO TEACH, WHAT WE WOULD CALL POPULAR INTERVENTION APPROACHES TO TRAUMA.

IN THE NEXT FIVE YEARS, I CERTAINLY HOPE WE ARE GOING TO SEE MORE COMING INTO THE EVIDENCE BASES AROUND THIS TYPE OF WORK, WHICH WE ALREADY SEE A NUMBER OF THE INTERVENTIONS THAT WE INCLUDED IN THIS REPORT, NOTING.

>> YEAH, GREAT, THANK YOU.

I THINK THAT IS ALSO WHAT YOU'RE TALKING ABOUT IN TERMS OF THE ACCESSIBILITY.

IS IT STILL A GAP IN THE FIELD, THE MAJORITY OF THE MODELS THAT WE PROFILE HERE NEED TO BE DELIVERED BY LICENSED THERAPISTS, MASTERS LEVEL AND ABOVE FOLKS.

AND I THINK SOME OF THE MINDFULNESS AND MIND‑BODY STUFF YOU'RE REFERENCING COULD BE A GAME CHANGER BECAUSE IT COULD BE DELIVERED IN A VARIETY OF SETTINGS.

COSTS GO DOWN WHEN YOU DON'T HAVE MASTERS LEVEL FOLKS NEEDING TO DELIVER IT AND COULD BE REALLY INSTRUMENTAL FOR THE ADVOCACY COMMUNITY.

>> ABSOLUTELY.

BECAUSE WE'RE USING THESE INTERVENTIONS EXTENSIVELY IN AREAS OF CONFLICT, IN OTHER WORDS, WAR ZONES, REFUGEE CAMPS AND SIMILAR SETTINGS.

SO IF YOU CAN DO IT THERE AND DO IT EFFECTIVELY, WHICH WE CAN, WE CAN, YOU KNOW, CERTAINLY BE USING THESE IN THE SETTINGS WE'RE TALKING ABOUT.

RIGHT NOW, A HUGE AMOUNT OF MY TIME IS TAKING THAT INTO SCHOOLS AND IT CAN GO INTO SHELTERS AND SIMILAR SETTINGS.

I WAS LOOKING AT AS WE HERE ABOUT A LIST FROM USDOJ AND I WASN'T SURE WHAT THAT WAS.

>> IT LOOKS LIKE THEY'RE ASKING WHY PROLONGED EXPOSURE THERAPY ARE NOT ON OUR LIST BUT ARE ON A DIFFERENT LIST FOR CHILDREN EXPOSED TO DOMESTIC VIOLENCE.

DO YOU JUST WANT TO TALK A LITTLE BIT ABOUT WHY WE HAVE A MORE NARROW FOCUS THAN SOME OF THE OTHER REGISTRIES?

>> IT REALLY COMES DOWN TO THE SELECTION CRITERIA AGREED UPON FOR THIS REVIEW.

AND THIS IS ALWAYS THE DILEMMA.

YOU KNOW, I THINK MOST OF US USING NPP AS AN EXAMPLE ‑‑ NPP, NURSE FAMILY PARTNERSHIP, THAT'S THE ONE I WAS LOOKING AT.

AND WE NEEDED TO HAVE A SELECTION CRITERIA THAT WOULD BE VERY FOCUSED ON CHILDHOOD EXPOSURE TO DEAF AND REQUIRE THAT CEDV WAS SPECIFICALLY MENTIONED IN THE PROGRAM PROFILES OR THE PUBLISHED STUDY, THE SOURCES THAT WE WERE LOOKING AT.

SO IF THAT WASN'T SPECIFICALLY NOTED IN THAT REVIEW IN THE NATIONAL REGISTRY OF EVIDENCE‑BASED PRACTICE, THEN IT WASN'T INCLUDED IN OUR REVIEW OR REPORT.

WE HAD TO HAVE A PARAMETER, A BOUNDARY, OTHERWISE IT WOULD BE, YOU KNOW, EVERYTHING THAT YOU SEE IN THESE OTHER SOURCES, WHICH ARE HUGE SO IT IS NOT TO SAY THAT NFP ISN'T DOMESTIC VIOLENCE AWARE.

IN FACT, WHILE THEY DID NOT INITIALLY ADDRESS DOMESTIC VIOLENCE, THEY CERTAINLY HAVE BEEN DOING SOME HARD WORK TO BECOME WAY MORE DOMESTIC VIOLENCE AWARE AND FOCUSED IN THEIR WORK.

BUT, THEY, IN REVIEW, WE USED THE SEARCHES ON THE DATABASE OR WENT HAND BY HAND THROUGH THE REPORT AND THEN THE STANDARD LITERATURE REVIEWS.

THE DOMESTIC VIOLENCE DID NOT COME UP SO IT WOULD BE INCLUDED IN THIS REVIEW.

DOES THAT MAKE SENSE?

>> UM‑HUM, I THINK SO.

I THINK, ALSO, SAMANTHA, YOU'RE MENTIONING THE CIRCLE OF SECURITY, PARENTING TRAINING.

WE ALSO DID NOT INTENTIONALLY INCLUDE THE PARENTING CURRICULUMS AND IT WAS A REALLY SPECIFIC INTERVENTION THAT WAS BEING DELIVERED WITH THE CHILD AT THE PRIMARY CLIENT.

BUT I DO THINK WE SHOULD DO A LITERATURE REVIEW AROUND PARENTING CURRICULUMS AND DOMESTIC VIOLENCE, THERE ARE A LOT THAT MAY NOT NECESSARILY ADDRESS DOMESTIC VIOLENCE SIMILARLY TO HOW HOME VISITATION AND THE FACT THAT NURSE AND FAMILY PARTNERSHIPS IS ONE OF THE ONES THAT STANDS OUT ON THIS ISSUE.

SO I DO THINK THERE IS A BIG GAP THERE ON THE PARENTING CURRICULUM, AS WELL.

SO FOLKS, IF ANYONE HAS ANY OTHER QUESTIONS, PLEASE FEEL FREE TO PUT THEM IN THE CHAT.

I'M JUST WONDERING, WERE THERE OTHER KINDS OF GAPS THAT WE HAD UNCOVERED THAT WE HAVEN'T REALLY TOUCHED ON.

WE DID TALK ABOUT THE SORT OF LEVEL OF CLINICIAN, CERTAINLY, INCREASING THE AMOUNT OF FUNDING AND EVALUATION EFFORTS GEARED TOWARDS EVALUATING MODELS THAT ARE SPECIFICALLY DESIGNED FOR CULTURALLY SPECIFIC OVER MARGINALIZED COMMUNITIES IS CERTAINLY SOMETHING WE WOULD LOVE TO SEE EXPANDED IN THE COMING YEARS.

IN THIS SCAN, WE STARTED TO SEE A FEW INTERVENTIONS THAT ARE TARGETED OR HAVE, YOU KNOW, SLIGHT MENTIONS AROUND LGBT YOUTH, WHICH I THINK WAS A CHANGE FROM OUR INITIAL SCAN ON THINGS AND RECOGNIZING THE OVERLAP AROUND IDENTITY, GENDER, SEXUAL ORIENTATION AND TRAUMA, WHICH IS PRETTY EXCITED FOR US, AS WELL.

ARE THERE ANY OTHER GAPS, LINDA, WE UNCOVERED IN THE SCAN WE MIGHT PUSH FOR IN THE NEXT PHASE OF THIS WORK?

>> NO, I THINK THOSE ARE VERY KEY, AROUND, YOU KNOW, CULTURE, AROUND SEXUAL ORIENTATION, AS YOU SAID AND YOU'VE NOTICED THE INTERVENTIONS.

I WAS TRYING TO NOTE IN THE CHAT THAT WITH REGARD, TO WHEN YOU TALK ABOUT REVIEWING PARENTING INTERVENTION, I THINK IT IS A GREAT IDEA THAT MAYBE THE DECISION IS MADE THERE THAT IT DOESN'T HAVE TO SPECIFICALLY NOTE DOMESTIC VIOLENCE, BUT THAT IT IS A TRAUMA‑INFORMED PARENTING INTERVENTION.

SO, YOU KNOW, THINKING ABOUT THE LANGUAGE THERE TO BE MORE INCLUSIVE TO CAPTURE SOME OF THE PROGRAMS THAT HAVE BEEN NOTED.

>> PENNY, YOU HAVE A QUESTION ABOUT THE WEBSITE.

WE DO NOT ACTUALLY HAVE A WAY TO FUNCTION BY LOCATION, BUT IF YOU ARE INTERESTED IN PARTICULAR MODELS, I WOULD ENCOURAGE YOU TO CONTACT THE DEVELOPER BECAUSE THEY WILL KNOW WHERE THEIR PROGRAM IS BEING IMPLEMENTED.

YOU CAN ALSO REACH OUT TO ME DIRECTLY, SINCE I KNOW WE'RE PARTNERING ON A DIFFERENT PROJECT TO SORT OF THINK THROUGH WHAT MIGHT BE HAPPENING IN YOUR LOCAL COMMUNITY.

DO WE IDENTIFY ANYTHING AROUND CUSTODY OR VISITATION SITUATIONS?

I THINK WE DID, FOLKS AT RISK FOR REMOVE FROM CHILD WELFARE.

>> THERE ARE AT LEAST TWO, AT RISK OR CPS INVOLVED IN JUST TAKING A LOOK HERE RIGHT NOW.

THE OVER ALL BID THAT TALKED ABOUT RE‑UNIFICATION, AS WELL.

>> GREAT.

LET'S SEE.

ANY OTHER QUESTIONS HERE?

WHILE HOPEFULLY SOME FOLKS ARE PUTTING QUESTIONS IN THE CHAT, I JUST WANT IT GO THROUGH.

MANY OF YOU KNOW ALL THIS, BUT THERE ARE A VARIETY OF NATIONAL 24/7 FREE RESOURCES FOR FOLKS OUT THERE EXPERIENCING DOMESTIC VIOLENCE AND OTHER FORMS OF VIOLENCE.

WE HAVE THE HOTLINE JUST IN CASE ANYONE NEEDS THAT INFORMATION, THESE WILL ALL BE ON THE SLIDES.

IF FOLKS DON'T KNOW ABOUT THE NEWLY‑RELEASED STRONG HEARTS NATIVE HELP LINE, I WOULD ENCOURAGE FOLKS TO CHECK IT OUT.

IT HAS BEEN SPECIFICALLY DEVELOPED TO SERVE NATIVE FAMILIES.

AND THEN HERE ARE THE OTHER NATIONAL RESOURCE CENTERS THAT ARE FUNDED UP FVPSA, THE PROMISING FUTURES IS ONE OF THE CENTERS.

IF YOU HAVEN'T BEEN TO ONE OF THESE WEBSITE, I WOULD ENCOURAGE YOU TO DO THAT.

THERE IS A WEALTH OF TRAINING AND RESOURCES AND TECHNICAL ISSUES ON A VARIETY OF ISSUES, DEPENDING WHAT THEY'RE FOCUSED ON.

THERE IS ANOTHER SET OF THE CULTURALLY SPECIFIC ONES.

AGAIN, THE NEW ONE AS OF THIS PAST YEAR IS THE ALASKA NATIVE WOMEN'S RESOURCE CENTER, WHICH HAS GREAT RESOURCES.

AND WE HAVE THE NATIONAL LGBT INSTITUTE, THE NORTHWEST NETWORK.

PROMISING FUTURES HERE WITH THE CAPACITY CENTER, AS WELL AS THE NATIONAL NETWORK TO END DOMESTIC VIOLENCE HAS THE TA CENTER.

ANY OTHER QUESTIONS BEFORE WE WRAP UP?

WE'RE A LITTLE BIT EARLY.

SO I WANT TO JUST TURN IT TO, WE'LL WAIT FOR ANY LAST QUESTIONS, BUT DO YOU WANT TO TALK A LITTLE BIT ABOUT THE SURVEY HERE?

MAYBE YOU'RE ON MUTE.

SO I'LL DO IT.

I WOULD ENCOURAGE FOLKS TO FILL OUT THE SURVEY, THERE IS A LINK ON YOUR SCREEN RIGHT NOW AND WE WILL ALSO PUT IT IN THE CHAT.

WE TAKE THE FEEDBACK AROUND THESE WEBINARS AND ANY IDEAS FOR FUTURE WEBINARS VERY SERIOUSLY, AND WE WOULD LOVE TO BE RESPONSIVE TO WHAT YOU WILL ALL NEED IN TERMS OF THE TA.

PLEASE CLICK ON THE LINK THERE.

IT WILL AUTOMATICALLY TAKE YOU THERE OR WHEN THE WEBINAR ENDS, IT WILL AUTO POPULATE YOUR BROWSER TO THAT.

MY COLLEAGUE JESS WILL ALSO BE SENDING OUT THE SLIDE DECK, THE REPORT AS WELL AS RECORDING TO THIS WEBINAR AFTER WE ARE CONCLUDED, I THINK IT WILL TAKE US ABOUT A DAY TO GET THE RECORDING ALL SET TO EVERYONE WHO IS REGISTERED FOR THE WEBINAR AND PLEASE FEEL FREE TO SHARE IT WITH YOUR COLLEAGUES AND OTHERS INTERESTED.

IT WILL ALSO BE POSTED ON THE FUTURES WITHOUT VIOLENCE WEBSITE.

WE HAVE ONE LAST QUESTION.

LINDA, DID WE LOOK AT THE CHILDHOOD DOMESTIC VIOLENCE ASSOCIATION WORK TOOLS?

>> I CAN'T ANSWER THAT QUESTION BECAUSE THAT WOULD HAVE BEEN, I THINK, MORE OF A DIRECT INQUIRY BY ANOTHER CONSULTANT.

I IMAGINE THAT IS SOMETHING WE CAN CHECK ON.

>> YOU ASKED ABOUT THE GAPS, IT MADE ME THINK ABOUT THIS, TOO.

AS WE UNDERSTAND HOW THE HISTORY OF TRAUMA IMPACTS PARENTING, EVEN IN THE ABSENCE OF CURRENT ABUSIVE BEHAVIORS THAT INTERGENERATIONAL RISK AND SUCH, WE STILL HAVE VERY, VERY LITTLE THAT IS WORKING WITH MEN PARENTING, YOU KNOW, AND RELATIVE TO DOMESTIC VIOLENCE, AND THEN, ALSO, WHERE WE ‑‑ WELL, WE CLEARLY ARE FOCUSING ON PARENTS SKILLS, WE'RE NOT SEEING MUCH FOCUS STILL, I THINK, ON FOR PARENTS UNDERSTANDING HOW THE TRAUMA THAT THEY MAY HAVE EXPERIENCED WHEN THEY GREW UP IMPACTED THEM, AND HENCE WHAT, YOU KNOW, WHAT THEIR MEASURE OF HEALTHY AND UNHEALTHY RELATIONSHIP AND WHAT PARENTING SHOULD LOOK LIKE.

UNDERSTANDING THAT IMPACT OF HISTORY OF VIOLENCE FOR CAREGIVERS IS AN AREA ARE GIVEN ALL THAT IS HAPPENING IN COMMUNITIES AROUND THE ADVERSE CHILDHOOD EXPERIENCES, RESEARCH AND SO FORTH, THIS, IN TERMS OF PARENTING INTERVENTIONS, IN TERMS OF PARENTING SUPPORT, IN TERMS OF HEALING FROM TRAUMA IS, I THINK, A GAP AREA THAT IS PERSISTING AND IT IS SURPRISING THAT IT IS PERSISTING IN SOME WAYS.

>> WE HAVE ONE OTHER QUESTION THAT IS NOT QUITE IN WHAT WE'RE TALKING ABOUT HERE TODAY, BUT MAYBE LINDA, YOU HAVE THOUGHTS ABOUT HOW TO STUDY THE NEGATIVE EFFECTS ON CHILDREN WHEN COURT REQUIRE HAS THEM TO HAVE VISITATION AND SHARED CUSTODY WITH A PARENT WHO HAS USED VIOLENCE.

>> I THINK WHAT WOULD HELP WOULD BE SOMETHING STANDARDIZED.

MY GUESS IS GOING TO BE BASED ON WORKING WITH THE JUDICIARY AND SUCH, THEY'RE NOT APPROACHING THIS IN A SYSTEMATIC WAY WHERE THERE IS SOME STANDARD MEASURES THAT ZERO IN ON THE VERY OUTCOMES THAT THESE INTERVENTIONS ARE EVALUATING, THE PREVENTIBLE AND PREDICTABLE EFFECTS OF CHILDHOOD EXPOSURE TO VIOLENCE AND PATTERNS OF PARENTING BY AN ABUSIVE PARENT.

SO IF THEY'RE TAKING ‑‑ YOU KNOW, THIS IS ONE OF THOSE SITUATIONS WHERE IF YOU LOOKED AT SOME ‑‑ OH, ARE YOU STILL THERE?

>> YES.

>> OKAY.

I'M SORRY, THERE IS A STORM AND WE JUST LOST POWER.

BUT GREAT, CELL PHONE IS WORKING.

BECAUSE WE, MORE THAN EVER BEFORE, WE HAVE BRIEF TOOLS THAT CAN, YOU KNOW, THAT ARE VALIDATED TOOLS TO MEASURE DIFFERENT OUTCOMES WHERE YOU DON'T HAVE TO ASK 40 QUESTIONS TO GET AT SOME SIMPLE SYMPTOMS OF POST TRAUMATIC STRESS, THAT ARE THERE FOR YOUNG CHILDREN.

TOOLS THAT FUTURES DEVELOPED TO ASSESS KIDS.

LOOKING AT THOSE QUESTIONS AND THINGS, LOOKING AT SOME SYMPTOMS OF DEPRESSION, AGAIN, PARENTING AND MAYBE WORKING ON COMING TOGETHER FOR IT TO DEVELOP A STANDARDIZED TOOL OF 20‑SOME QUESTIONS THAT WOULD ‑‑ JUDGES SYSTEMS COULD BE THINKING ABOUT RELATIVE TO THIS.

I'M GUESSING THEY ARE USING NO TOOL OR THEY'RE JUST ASKING EACH ONE, EACH SYSTEM, BASED ON WHAT THEY DO AND ASKING DIFFERENT QUESTIONS.

IF THEY HAVE A TOOL THEY COULD TURN TO.

THE OTHER THING THEY COULD SAY ABOUT THIS IS THAT, AS WE, YOU KNOW, SHIFT FROM FOCUSING ON THE NEGATIVE OUTCOMES TO THE POSITIVE, THE BIGGER PREDICTER OF HOW KIDS ARE GOING TO DO ARE RESILIENCE MEASURES, AND WE HAVE A BEAUTIFUL BRIEF TOOL FOR CHILDREN AND YOUTH TO MEASURE RESILIENCE.

AND SO, WHEN THOSE FACTORS ARE GOING DOWN AS OPPOSED TO UP, THAT WOULD BE QUITE IMPORTANT.

SO IT IS ABOUT TOOLS THAT ARE SIMPLE, RELEVANT AND ENCOURAGING A STANDARDIZED APPROACH.

I HOPE THAT IS RESPONSIVE TO THE QUESTION.

>> YEAH, I THINK SO.

AND I WOULD ALSO ADD THAT WE, HIRE AT FUTURES IN PARTNERSHIP WITH THE NATIONAL COUNCIL OF JUVENILE AND FAMILY COURT JUDGES DO A LOT OF JUDICIAL EDUCATION.

SO IT MAY NOT BE ABOUT STUDYING THE HARMFUL IMPACTS BUT I DO THINK YOU CAN WORK WITH EDUCATING JUDGES AND OTHER JUDICIAL FOLKS ON THE IMPACTS OF EXPOSURE TO DOMESTIC VIOLENCE AND SAFETY AND CONTINUATION OF THE RELATIONSHIP WITH BOTH PARENTS AND HOW THAT SHAKES OUT WITH CUSTODY DECISIONS.

THERE ARE MULTITUDE OF TRAINING THE JUDGE DOES FOR COURT PROGRAMS AROUND DOMESTIC VIOLENCE THAT COULD HELP PREVENT CUSTODY PLACEMENTS YOU'RE REFERENCING.

>> YEAH, AND JUST LOOKING, BECAUSE THE POWER CAME BACK ON, YOU KNOW, STUDYING THE NEGATIVE EFFECTS.

I WILL MEAN, AGAIN, I THINK, YOU KNOW, IF YOU PROVIDE THE RIGHT TOOL, THAN IS NOT HARD TO DO, YOU LOOK AT THE QUESTIONNAIRE, NOT A VALIDATED ASSESSMENT TOOL HAS GONE VIRAL ON THE PLANET, INCLUDING THE JUVE JUSTICE SYSTEM WHERE WE REALLY HAVE TO HAVE A CONVERSATION TO SAY, YOU KNOW, AGAIN, YOU KNOW THIS IS NOT A VALIDATED TOOL AND THERE ARE, YOU KNOW, QUESTIONS.

THERE ARE TOOLS THAT WOULD BE WAY MORE ON POINT.

IT CAN BE DONE AND IT IS NOT ‑‑ WE DON'T HAVE, IN THAT CASE, EVEN INVENT THE TOOL.

THERE ARE THINGS OUT THERE I THINK YOU COULD LOOK AT SOME OF THE ASSESSMENT TOOLS.

BASIC DATA, EVEN IF IT WAS LIMITED TO FIVE OR SIX QUESTION ABOUT THE IMPACT.

>> THANK YOU.

LINDA, CAN YOU SHARE THE NAME OF THE RESILIENCY TOOL THAT YOU WERE JUST MENTIONING?

>> IT'S THE CRIM‑CHILD JUST RESILIENCY MEASURE, AND IF YOU GOOGLE THAT ONLINE, OR SEARCH FOR IT ONLINE THAT SHOULD COME UP.

THERE'S THE BRIEF MEASURE HAS 12 QUESTIONS AND THERE IS A LONGER VERSION, AS WELL.

IT COME TO US FROM THE RESEARCH CENTER IN HALIFAX, NOVA SCOTIA, CANADA.

>> WE CAN PROBABLY LOCATE THE TOOL AND ATTACH IT TO THIS AND SENT IT OUT TO FOLKS.

ANY OTHER IF I BELIEVE QUESTIONS?

PEOPLE ARE TYPING SO WAIT ONE MORE MINUTE TO SEE IF ANY FINAL QUESTIONS COME IN BEFORE WE CLOSE OUT.

YOU'LL TAKE THIS OPPORTUNITY TO JUST SAY THANK YOU, LINDA, FOR ALL OF YOUR HARD WORK.

THIS HAS BEEN A MULTI YEAR LABOR OF LOVE FOR YOU, AND I JUST REALLY APPRECIATE YOUR CONTINUED PARTNERSHIP ON THIS PROJECT AND ALSO JUST TRYING TO, YOU KNOW, MAKE THIS INFORMATION THAT CAN BE SOMETIMES OVERWHELMING AND VERY CLINICAL, REALLY DIGESTIBLE AND EASILY ACCESSIBLE FOR FOLKS.

SO JUST REALLY APPRECIATE THE TIME AND EFFORT THAT YOU'VE PUT INTO THIS, SO THANK YOU.

>> THANKS.

I APPRECIATE THE QUESTIONS.

BECAUSE THE IMPRESSIVE THING IS THAT WE ARE IN A NUMBER OF INTERVENTIONS NOW WHERE I HAVE TO GO AND LOOK TO SEE, FOR EXAMPLE, IS THAT ONE IN SPANISH OR WHICH ONE IS EVALUATES WITH CPS, INVOLVES FAMILIES AND SO FORTH, SO I APPRECIATE EVERYONE'S PATIENCE.

>> WE'VE CERTAINLY COME A LONG WAY, WHICH IS THE EXCITING NEWS IN ALL OF THIS.

SO JUST AS WE WRAP UP, A COUPLE OF THINGS, I WANT TO THANK EVERYONE FOR PARTICIPATING ON THE WEBINAR.

AGAIN, WE WILL BE SENDING OUT THE SLIDES, A COPY OF THE REPORT AND A LINK TO THIS RECORDING AFTERWARDS.

SO FOLKS, YOU CAN SHARE IT WITH YOUR COLLEAGUES.

I WOULD ENCOURAGE YOU TO GO TO THE WEBSITE, PROMISINGFUTURESWITHOUTVIOLENCE.ORG, AND A HUGE SHOUT OUT TO MY TEAM, JEFF AND VIOLET FOR RUNNING ALL THE BACKSIDE, BACK END THINGS ON THIS WEBINAR, THANK YOU SO MUCH FOR ALL THAT YOU DID TO GET US HERE, AND AGAIN, THANK YOU TO LINDA AND WE'LL SAY GOOD‑BYE TO EVERYONE AND I HOPE YOU HAVE A GREAT REST OF YOUR DAY.

THANK YOU.

>> THANK YOU.