**General Notes**

1. CMHCs may make changes to both the slides as well as the speaker’s notes.
2. The presentation contains extensive speaker’s notes with text that you can say or read verbatim. Text in **BOLD CAPS** are instructions for the speaker and are not intended to be read. You will also see in brackets [**IN PERSON]** or **[IF ONLINE]** with specific instructions related to the format of the presentation delivery.
3. The presentation consists of 40 slides divided into 3 sections that correspond to the 3 learning objectives plus a summary:
* Section 1: Trauma and Its Effects (slides 4-20, including 5 slides on PCEs and resilience)
* Section 2: A Trauma-Informed Approach (slides 21-27)
* Section 3: Implementing TIA at Job Corps (slides 28-40)
1. Determine how you will deliver the presentation. Will it be live and in-person with social (physical) distancing or via an online platform like WebEx or Google Classroom? Will it be with a large group or in small groups?
2. Determine whether you will have staff complete the ACEs survey or not. Other options are to just show the questions and a slide about the types of trauma assessed by the ACEs Survey or to just show the slide about the types of trauma.
3. Consider whether to ask the CD for 60 minutes or 90 minutes for the training. This may depend on whether you are presenting to a large group or to small groups. With more time, you will feel less rushed and have more time for discussion.

1. If you are delivering the presentation to a large group, you should ask someone assist you with various tasks (writing down questions, passing out index cards, monitoring the chat box, etc.) This will be very helpful and make the presentation go more smoothly.
2. The language of the presentation is written in terms of “we” and “us” when discussing trauma and adverse childhood experiences (ACEs) (rather than using “you” and “yours”). The first set of pronouns sounds more inclusive (“we are all in this together”) and indicates or suggests that you have experienced at least one ACE yourself. If you are not comfortable with this, you may want to change the language in the speaker notes to “you” and “yours.” This is entirely a personal choice.

**Presentation-Related Tips**

1. At the beginning of the presentation, be sure to silence your phone and ask your audience to silence their phones, if possible.
2. It is a good idea to ask participants to hold their comments and questions until the end of the presentation (or, if in person, to write their questions on the index cards provided) unless something that you presented is unclear or needs clarification.
3. If you are not very familiar with the trauma-informed approach and/or are concerned about being asked questions that you may not be able to answer, be transparent on the very first slide about your level of expertise related to trauma and trauma-informed care. At the same, don’t diminish your knowledge and abilities; you are still a “relative expert” compared to those in your audience.
4. Here are 3 options for handling questions, comments, or other feedback from the audience during the training:
* Have a pen and paper available for you to write down questions, comments, etc.
* Have someone assist you by writing down questions, comments, etc.
* Leave index cards for staff on their seats. In conditions where social distancing is not required, you or an assistant could pass out index cards when staff enter the room.
1. Specific suggestions for handling questions from the audience:
* Defer the question if there is material in a later part of the presentation that will address the question. You can say something like, *“Great question. We’re going to get to that later in the presentation.”*
* Defer the question until the end of the presentation. This is a good strategy if you are concerned about running out of time. You can say something like, *“Interesting question. I’d like to wait until the end of the presentation to try to address that.”*
* Answer the question as best you can. Keep your answer brief because you do not want to get bogged down and slow down the overall pace of the presentation. If you find yourself getting bogged down, you can say something like, *“I understand. I’d like to get back to the presentation now. We can talk about this more afterwards.”*
* If you don’t know the answer, offer to so consult with colleagues or do some research and get back to the person with an answer. Based on your choice for tip #10:
	+ Offer to write down the question
	+ Have an assistant write down the question or
	+ Have the staff member write the question on an index card and give it to you at the end of the presentation.
1. Be prepared for the fact that information about trauma and ACEs may be upsetting for some audience members. During the instructions for ACEs Survey on slide 4, both the slide and speaker notes indicate: *“Some questions may bring to mind difficult memories, so please do what y9uo need to do to take care of yourself.”*
* **IN PERSON:** You or, ideally, a helper (another CMHC, HWM, counselor, etc.) should observe the audience for any signs of distress during the ACEs Survey (slides 56) and throughout Section 1. Signs of distress could include tearfulness and/or leaving the presentation and not returning. Make a note or have a helper make a note of these individuals, and be sure to follow-up briefly with those who experience distress during the presentation.
1. Audience participation is solicited on 5 times: slide 6 (Types of trauma) slide 12 (ACEs and Suicide Attempts), slides 14-15 (ACEs Survey), slide 17 (Positive Childhood Experiences) and slide 34 (Empathy Video).
* While waiting for responses from the audience, be patient. Don’t jump in too quickly to provide answers.
* **IN PERSON:** Observe or have a helper observe the audience while they are completing the ACEs Survey (slides 10-11) and PCEs questions (slide 13) to determine when most people might be ready to move on. Most participants will look up and start looking around. If you are unsure about moving on, just ask, *“Is everyone ready to move on?”*
* **IF ONLINE:** Ask participants to type “done” in the chat box when they are finished.
1. There are 2 slides with animations: slide 11 (ACEs and Smoking) and slide 12 (ACEs and Suicide).
2. At the end of the presentation, be sure to offer to speak with or follow-up with anyone who has specific questions or concerns.

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| **Considerations for In-Person Training** |
| * You will need to bring pencils/pens and paper copies of the Adverse Childhood Experiences (ACEs) Survey and Positive Childhood Experiences (PCEs) questions -- ideally on the front and back of one sheet. (The surveys are provided on the last 2 pages of this handout with the names of the surveys intentionally omitted.) Have an assistant pass out the questionnaire when prompted on slide #4. Paper copies are recommended because:

(a) not everyone may be able to see the presentation well enough to read the questions, and (b) audience members may be more likely to actually complete the survey. * Some suggestions for handling when you get an incorrect or inappropriate response or comment from the audience:
* Say something like, *“OK. That’s not quite what I was looking for [in this context]”* and move on to the next person.
* Throw it back out to the audience by saying something like, *“What do others think?”* It is likely that someone will say what you are thinking, then you can move on to the next topic or slide.
* You can offer an opinion in a non-confrontational way. For example, *“Well, I was thinking that….”*
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| **Considerations for Online Presentations** |
| * Doing a presentation online in a webinar format offers at least 2 unique challenges:
* Because you cannot see the audience, you can only determine engagement by asking participants to type something in the chat box.
* The chat box will need to be monitored periodically for comments and questions from the audience. It is recommended that you ask someone else to assist you with monitoring the chat box. You can ask participants to refrain from asking questions or making comments in the chat box until the end of the presentation (unless something is not clear) to help minimize distractions.
* Do not feel obligated to respond to a comment or question as soon as it appears in the chat box. Wait for a natural pause in the presentation such as between sections (section 1 starts on slide 6, section 2 starts on slide 21, section 3 starts on 29, and the summary slides start on slide 36).
* When responding to responses/comments in the chat box, if you get an incorrect or inappropriate answer, the best strategy may be to acknowledge or repeat the appropriate responses and to ignore the inappropriate or off-topic responses. Other strategies you can try are to:
* Say something like, “OK. That’s not quite what I was looking for [in this context]” and move on to the next person.
* Throw it back out to the audience, “What do others think?” It is likely that someone will say what you are thinking, then you can move on quickly to the next topic or slide.
* You can offer an opinion in a non-confrontational way. For example, “Well, I was thinking that….”
* Even though the presentation is online, be sure to offer to speak with or follow-up with anyone who has specific questions or concerns.
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| **Before your 18th birthday,** | **Your Answer**(circle one) |
| 1. Did a parent or other adult in the household often or very often…swear at you, insult you, put you down, or humiliate you?*or*act in a way that made you afraid that you might be physically hurt? | Yes or No |
| 2. Did a parent or other adult in the household often or very often…push, grab, slap, or throw something at you?*or*ever hit you so hard that you had marks or were injured? | Yes or No |
| 3. Did an adult or person at least five years older than you ever…touch or fondle you or have you touch their body in a sexual way?*or*attempt or actually have oral, anal, or vaginal intercourse with you? | Yes or No |
| 4. Did you often or very often feel that…no one in your family loved you or thought you were important or special?*or*your family didn’t look out for each other, feel close to each other, or support each other? | Yes or No |
| 5. Did you often or very often feel that … You didn’t have enough to eat, had to wear dirty clothes, and had no one to protect you? *or* Your parents were too drunk or high to take care of you or take you to the doctor if you needed it? | Yes or No |
| 6. Were your parents ever separated or divorced? | Yes or No |
| 7. Was your mother or stepmother:Often or very often pushed, grabbed, slapped, or had something thrown at her? *or* Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? *or* Ever repeatedly hit over at least a few minutes or threatened with a gun or knife? | Yes or No |
| 8. Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs? | Yes or No |
| 9. Was a household member depressed or mentally ill, or did a household member attempt suicide? | Yes or No |
| 10. Did a household member go to prison?  | Yes or No |

Scoring: Add up the total number of “yes” answers. Total: \_\_\_\_\_\_\_\_\_\_\_\_

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| **As a child, how often or how much did you feel that you were**: | **Your Answer**(circle one) |
| 1. Able to talk to family about feelings
 | Yes or No |
| 1. Felt family stood by you during difficult times
 | Yes or No |
| 1. Felt safe and protected by adult in your home
 | Yes or No |
| 1. Had at least 2 non-parent adults who took a genuine interest in you
 | Yes or No |
| 1. Felt supported by friends
 | Yes or No |
| 1. Felt a sense of belonging in high school
 | Yes or No |
| 1. Enjoyed participating in community traditions
 | Yes or No |

Scoring: Add up the total number of “yes” answers. Total: \_\_\_\_\_\_\_\_\_\_\_\_