

# Evaluation of the Impact of ACEs/Resilience Training of Home Visitors

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# Home Visitor Training Impact Evaluation Report

A presentation of the impact of a training about integrating information about Adverse Childhood Experiences (ACEs) and Resiliency into home visiting practice is contained herein. The training was conducted by Nonie Roberts in February 2018, based on the NEAR@Home Toolkit (NEAR: Neuroscience, Epigenetics, ACEs, and Resilience), developed by Thrive Washington as “a resource for home visitors to respectfully and effectively address ACEs with families.” The goal of this evaluation was to assess the impact this pilot test in two ways; first, by directly assessing the impact of the training on the 15 home visitors completing the training; and second, by surveying the families served by these 15 home visitors. These two methods provide details for two of the Greater Kanawha Valley Foundation’s key outcomes of *Individual Wealth* (the number of unduplicated persons who demonstrated improved attitudes, knowledge, beliefs and awareness). In addition, the training impact survey also assessed *Intellectual Wealth* (the number of qualified tutors, mentors and teachers trained or enlisted). The family survey assessed two forms of Social Wealth (the number of unduplicated persons who have improved social bonds/improved personal relationships; and the unduplicated number of persons who have increased feelings of support and trust). The training survey and family survey are described in the following report.

## Home Visitor Training Survey

### Survey Method

An online survey was created in SurveyMonkey and distributed to all 15 that attended the training in March, 2018. We used a protocol that included email invitations immediately after the training, with follow-up surveys in June and September, to assess the sustained impact on the attendees.

### Survey

The online survey (see Appendix A) included items developed by WVU in collaboration with the stakeholders from TEAM for WV Children. To assess impact on Individual Wealth, we included Likert scale items asking respondents to rate agreement with seven items assessing Knowledge, five items assessing Beliefs about ACEs and resilience, and six items regarding Attitude toward incorporating ACEs into their work. The response scales were coded numerically as 1 (strongly disagree), 2 (disagree), 3 (agree), or 4 (strongly agree). Some items were negatively worded to encourage respondents to read items closely (i.e., “I don’t know...” was mixed in with items worded “I know...”). For these items a “1” (strong disagreement) is the “positive” direction.

There were also open-ended response items to ask home visitors about the most important things they learned, other impact on their work, any concerns (barriers) and/or other information they would like to know about ACEs or resiliency.

### Results

Of the 15 attendees, 13 completed the initial survey, with follow-up participation among those 13 dwindling to 9 for the 3-month follow-up, and only 4 at 6-month follow-up. In addition, one participant completed only the 3- and 6-month follow-up surveys. Because of the low response to the 6-month follow-up survey, the impact of the training on Knowledge, Beliefs, and Attitudes was assessed

statistically using a paired samples t-test that assesses the significance of changes in each participant’s responses over time from time 1 to time 2, in this case for the 9 participants that completed both the survey immediately following the training and the survey at 3-months following the training. The term “T1 to T2” will be used to describe this change from time 1 (T1) to time 2 (T2). On average these nine respondents had worked as a home visitor for 6 years.

### *Knowledge*

Changes in Knowledge are show in Table 1, below. Generally, responses were in the expected direction and skewed in the positive direction with no significant changes over time. This suggests strong knowledge on the training topic that was retained at 3-month follow-up. As a reminder, response scales were coded numerically as 1 (strongly disagree), 2 (disagree), 3 (agree), or 4 (strongly agree); thus 2.5 was the midpoint of the scale. The fifth item changed over time (denoted by ~ in Table 1). Though the change was not statistically significant, it was nearly so, and thus worth noting. Respondents tended to move toward stronger agreement in their understanding of how resilience impacted their parents, suggesting a lasting positive impact of the training.

*Table 1. Changes in Home Visitor Knowledge (“Negative” items in italics; \*asterisk indicates significant change)*

Item	T1 (M, SD)	T2 (M, SD)
I can describe what Adverse Childhood Experiences (ACEs) are	3.56 (0.53)	3.56 (0.53)
I know how to assess ACEs among my home visitation parents.	3.38 (0.74)	3.63 (0.52)
I know how ACEs might impact the parenting techniques of my parents.	3.44 (0.53)	3.67 (0.50)
I can describe what resilience means.	3.44 (0.53)	3.56 (0.53)
I understand how resilience can impact my parents.	3.44 (0.53)	3.78 (0.44)~
I know how to help my parents build resilience.	3.22 (0.67)	3.33 (0.50)
<i>I don't know what to do with my parents if they tell me they had adverse experiences as a child.</i>	1.78 (0.97)	1.89 (0.78)

### *Beliefs*

Changes in Beliefs are show in Table 2, below. As a reminder, response scales were coded numerically as 1 (strongly disagree), 2 (disagree), 3 (agree), or 4 (strongly agree); thus 2.5 was the midpoint of the scale. All of these items were negatively worded so that a “1” or disagreement with the item was the positive direction. Again, all items were skewed in the positive direction as expected and there were no significant changes in Beliefs over time.

*Table 2. Changes in Home Visitor Beliefs (“Negative” items in italics; \*asterisk indicates significant change)*

Item	T1 (M, SD)	T2 (M, SD)
<i>I believe that discussing ACEs will hurt the rapport I have with my parents.</i>	1.89 (0.60)	1.67 (0.71)
<i>A parent or caregiver that had adverse childhood experiences will probably be a bad parent.</i>	1.67 (0.50)	1.44 (0.53)

<i>My parents are not interested in talking about their own childhood.</i>	2.11 (0.93)	2.11 (0.78)
<i>My parents are aware of the impact of their own childhood on their parenting, so I don't need to talk about it with them.</i>	1.67 (0.71)	1.56 (0.73)
<i>I'm scared to talk about ACEs with my parents.</i>	2.00 (1.07)	2.00 (1.07)

### Attitudes

Changes in Attitudes are show in Table 3, below. As a reminder, response scales were coded numerically as 1 (strongly disagree), 2 (disagree), 3 (agree), or 4 (strongly agree); thus 2.5 was the midpoint of the scale. A significantly “negative” movement was seen in the first item about overburdening clients with assessments suggesting that, over time, as the respondents implemented the ACEs assessment they became concerned about overburdening their families with assessments. This is a concern about “over-assessing” the WVU team has heard in other evaluations with home visitors in WV. The second item also changed over time (denoted by ~ in Table 3). Though the change was not statistically significant, it was nearly so, and thus worth noting. Respondents tended to move toward disagreement that the ACEs information and questionnaire helped “support the goals of my home visiting model/program.” Combined, these shifts suggest a concern that the assessments may not be as helpful as intended and the home visitors may need additional training about how to best use them. In addition, the third item, was near the midpoint at both T1 and T2, suggesting mixed feelings about the potential that the ACEs questions may retraumatize clients. Experience, supervision, and booster trainings may help alleviate these concerns.

Table 3. Changes in Home Visitor Attitudes (“Negative” items in italics; \*asterisk indicates significant change)

Item	T1 (M, SD)	T2 (M, SD)
<i>I think this will be too much of a burden on my time because I have so many other assessments to complete.</i>	1.89 (0.78)	2.44 (0.53)*
I think that bringing this information and questionnaire to parents will support the goals of my home visiting model/program.	3.22 (0.67)	2.89 (0.60)~
<i>I think that asking the ACEs questions will re-traumatize or increase the stress on families.</i>	2.33 (0.87)	2.44 (0.73)
I think that bringing the ACES/NEAR information and questionnaire to families will support building a trusting relationship and engagement in the home visiting program.	3.11 (0.60)	3.11 (0.60)
I think that bringing the ACEs/NEAR information and questionnaire to parents will help motivate clients/parents to make positive changes in their life.	3.00 (0.54)	2.88 (0.64)
I think that bringing the ACEs/NEAR information to parents will help them be better parents.	3.00 (0.50)	2.89 (0.60)

## Open-Ended Items

Themes from the open-ended items are presented below. All responses to the surveys over time (N=28) were used to analyze these items.

*Knowledge: "What were the three most important things you learned about ACEs?"*

Responses to this focused pretty consistently on the impacts of ACEs on many facets of life including neurological development, future parenting, risky behaviors, health, and relationships. Respondents also noted that there was hope, that resilience has a key role in overcoming childhood trauma, and that home visitors had a role to play.

*Knowledge: "What were the three most important things you learned about Resilience?"*

Responses to this focused primarily on the understanding that Resiliency is key to overcoming ACEs, that people vary on their amount of Resilience, and that it can be developed over time. Respondents also noted the importance of self-worth, self-care, and/or having a support system (including the home visitors).

*Training Impact: "Please describe the 3 ways that ACEs/resilience training has impacted your work with your parents."*

Themes in response to this item included raising awareness of ACEs/Resilience and the impact on their families, developing empathy and patience with families, feeling more understanding of and connected with their families, the role the home visitors have to play in helping families build resilience. A few noted how this pilot training helped them rethink how to best work with their families as well.

*Concerns/additional needs regarding ACEs/Resilience*

These final items on the surveys resulted in a wide variety of responses. Main themes are presented in the bulleted list below, with illustrative quotes in sub-bullets:

- Professional practice
  - "After you get the parent to open up they will be looking at the home visitor to "fix" the problem and we are not qualified to do that"
  - "I do not feel qualified to discuss ACE's with families. It is like asking them to tell you the worse possible things that has happened to them in their live and us telling them, sorry that happened to you. See you next week. We are not counselors or therapists. We are home visitors. I feel like ACEs is way out of my expertise."
- Timing of addressing these topics during the therapeutic relationship
  - "Most family will do fine, but I have concerns about my more fragile parents which I have not developed a strong rapport or trust with yet. Where to and how to help the ones that open up their hearts to me, but refuse to seek counseling elsewhere"
- The need for more community resources
  - "I'm still struggling with what to do for families that have high ACE scores. Other than curriculum just not sure how to help build resilience. Also how to

encourage families to get the mental health they need. Some are resistant to therapy.

- Potentially retraumatizing the family by discussing these topics
  - "...I'm concerned it will open wounds that a home visitor isn't prepared to address /or it's not their role I'm concerned that bringing these things up may trigger depression or substance abuse I'm concerned that people will focus on one instance of trauma rather than actually reading the questionnaire."

### **Limitations**

As with any evaluation, there are limitations to this work. The main limitation is the low response to the survey, which limits the ability to find significant changes in the Knowledge, Beliefs, and Attitudes items, and also limits the ability to detect themes in the open-ended items. However, the data presented in this report do show the effect of this pilot work, the concerns of home visitors of integrating ACEs and Resiliency into their work, and future needs if expanding these trainings. A second limitation is about the design of the evaluation, which a) lacked a pre-training assessment among the home visitors and b) lacked a comparison group. Thus, missing the true "impact" of this evaluation and not answering whether this training was better than standard home visitor training.

What seemed to be consistent was the concern with overburdening the families with an additional questionnaire, the fear of retraumatizing families that have experienced ACEs, and concerns about what to do to help a family build resilience without overstepping professional practice boundaries.

## Family Survey

### Survey Method

A paper survey was created and distributed by the 15 home visitors that attended the training in March, 2018, to 43 families whom they served during the grant period subsequent to the training. Families were asked to complete the survey and mail it to Laurie McKeown in an envelope provided to them. Laurie entered the surveys into an online data portal hosted by WVU in Qualtrics.

### Survey

The survey (see Appendix B) included items developed by WVU in collaboration with the stakeholders from TEAM for WV Children. The survey was designed to assess the impact the discussion of ACEs/Resilience had on respondents' a) attitudes, knowledge, beliefs and awareness about ACEs/Resilience (*Individual Wealth*) and b) on the relationship, support, and trust between the home visitor and the respondent (*Social Wealth*).

To assess impact on Individual Wealth, we included two items. The first item asked the respondent to choose whether talking about ACEs with their home visitor changed the respondent for the better, for the worse, or had no effect. The second item asked the respondent to rate their agreement with the statement that "being resilient can lower the negative impact of ACEs on me" from 1 (strongly disagree) to 4 (strongly agree).

Social Wealth was also assessed with two items. The first asked about the effect that talking about ACEs had on their relationship with the home visitor, with choices that it hurt, had no effect on, or made the relationship stronger. The second item asked the respondent to rate their agreement with the statement that "talking about ACEs with my home visitor helped me be a better parent" from 1 (strongly disagree) to 4 (strongly agree).

There were also open-ended response items to ask respondents what they learned about ACEs or Resilience from their home visitor and what they learned about themselves by talking about ACEs or Resilience with their home visitor.

### Results

The results were overwhelmingly positive. Twenty-one (48.8%) of the families completed a survey. Nearly every respondent had been working with their home visitor for at least one year and felt comfortable talking about past life experiences with the home visitor.

#### *Individual Wealth*

Eighteen of 21 (85.7%) respondents reported that talking about ACEs with their home visitor, broadly "changed them for the better" and the other 3 reported no effect. Nobody reported a negative effect. All respondents somewhat or strongly agreed that being resilient lessened the negative impact of ACEs on them, answering the question "What is the total unduplicated number of persons who demonstrated improved attitudes, knowledge, beliefs and/or awareness?" At least 18 of the 21 improved Individual Wealth.

#### *Social Wealth*

None of the 21 respondents reported that talking about ACEs hurt their relationship with the home visitor; 14 (66.7%) reported that it made the relationship even stronger. All but one somewhat or strongly agreed that talking about ACEs helped them be a better parent as well. Combined, these answer the questions “What is the total unduplicated number of persons who have improved social bonds/improved personal relationships? What is the total unduplicated number of persons who have increased feelings of support and trust?” All but one of the 21 respondents improved their Social Wealth.

#### *Open-Response Items*

The items asking respondents what they learned about ACEs or Resilience or about themselves from discussing ACEs or Resilience with their home visitor provided depth to the items reported above. Responses focused on the impact that past experiences have on their health and their children (*knowledge*), but that they can break the cycle by working on their Resilience (*beliefs/attitude*) and trusting others (*trust/relationships*).

#### **Limitations**

As with any evaluation, there are limitations to this work. The main limitation is the ~50% response rate, which forces us to infer that all families experienced the same increases in Individual and Social Wealth as the survey respondents did. The second limitation is related to the use of untested instruments. While the instruments used lacked psychometric testing for validity (“does the instrument measure what it claims to measure”) we did conduct a face validity test by having the implementation team of experts review and test multiple versions of the instrument. If these data hold true across the full population served by the ACEs/Resilience-trained home visitors, then such a training - if implemented across the state - could have substantial, positive impacts on the broader population.

#### *Summary*

Despite limitations that are inherent in evaluating a small, pilot study, the evaluation data presented herein provide support for the positive impacts of a training for home visitors about integrating ACEs and Resiliency into their practice with families. Replication of this training and more rigorous evaluation are encouraged.



ACEs, NEAR@Home Home Visitor Training Survey

**This survey is designed to assess changes in knowledge, skills, and abilities as part of the pilot project to incorporate NEAR@Home/ACEs/resiliency into home visiting practice. All of your responses will be summarized and used by the leaders of the pilot project to improve the program. No individual responses will be reported in a way that links them to you as a respondent. We greatly appreciate your open, honest feedback. Thank you!**

**In all of the items below we use the term "parents". We use this to mean "anyone who is raising the children."**

1. Knowledge

	Strongly disagree	Disagree	Agree	Strongly agree
I can describe what Adverse Childhood Experiences (ACEs) are.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know how to assess ACEs among my home visitation parents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know how ACEs might impact the parenting techniques of my parents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can describe what resilience means.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I understand how resilience can impact my parents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know how to help my parents build resilience.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't know what to do with my parents if they tell me they had adverse experiences as a child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Beliefs

	Strongly disagree	Disagree	Agree	Strongly agree
I believe that discussing ACEs will hurt the rapport I have with my parents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A parent or caregiver that had adverse childhood experiences will probably be a bad parent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My parents are not interested in talking about their own childhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My parents are aware of the impact of their own childhood on their parenting, so I don't need to talk about it with them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I'm scared to talk about ACEs with my parents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Please mark your level of agreement with the following statements about incorporating ACEs/NEAR information and the ACEs questionnaire into your work.

	Strongly disagree	Disagree	Agree	Strongly agree
I think this will be too much of a burden on my time because I have so many other assessments to complete.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think that bringing this information and questionnaire to parents will support the goals of my home visiting model/program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think that asking the ACEs questions will re-traumatize or increase the stress on families.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think that bringing the ACEs/NEAR information and questionnaire to families will support building a trusting relationship and engagement in the home visiting program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think that bringing the ACEs/NEAR information and questionnaire to parents will help motivate clients/parents to make positive changes in their life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think that bringing the ACEs/NEAR information to parents will help them be better parents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**The feedback you give on this page will be summarized and used by the leaders of the pilot project to improve the program. The main purpose of this pilot project is to figure out how to best integrate ACEs/resilience into home visiting practice, so your open, honest feedback is very important. No individual responses will be reported in a way that links them to you as a respondent. Thank you!**

4. How many years have you worked as a home visitor?

5. Please describe the 3 most important things you learned about ACEs.

1

2

3

6. Please describe the 3 most important things you learned about resilience.

1

2

3

7. Please describe the 3 ways that ACEs/resilience training has impacted your work with your parents.

1

2

3

8. Please describe any concerns you have about using ACEs or resiliency in your work with your parents.

9. Please describe anything else you'd like to learn about ACEs or resiliency.

Please be sure to click the Done button below to submit your responses. Thanks so much!

## Appendix B: Family Survey

Greetings!

The TEAM for West Virginia Children is working on a project to train home visitors about Adverse Childhood Experiences (ACEs) and Resilience, to help improve how they work with their families. This letter is to ask for your help by filling out a survey about your work with your home visitor. There are no right or wrong answers, and you can skip any question you don't want to answer. Please do not write your name or your home visitor's name so that it is confidential.

By filling out this survey you will be helping us to help even more families because we are going to put together the responses from all the families of the home visitors that we trained. When you are done, please put it in the envelope and seal it. Only our trainers will see it. Your home visitor will not. We will only use the summary of all the results, not your individual responses.

If you'd like to fill this out online instead please go to \_\_\_\_\_

Please feel free to contact Laurie McKeown, the person in charge of this project, with any questions or comments at [laurie@teamwv.org](mailto:laurie@teamwv.org) or (304) 523-9587 x308, if you have any questions.

Thank you for your time and help with this project,

*Laurie*

Laurie McKeown  
Executive Director  
TEAM for West Virginia Children

These questions were created by a team of people that taught your home visitor about Adverse Childhood Experiences (ACEs) and Resilience. These are terms used to describe childhood trauma and how to recover from it that you may or may not have heard before. We are asking you these questions because we want to know how the ACEs training was used by the home visitors and how you feel about it.

Please, DO NOT write your name or your home visitor's name. We just want to know how the training is being used and how it may have had an impact on you or your home visitor. Your home visitor will not see what you write. Only our team of trainers will see what you write, so please don't use any names.

Thank you for being open and honest with us.

1. Has your home visitor talked with you about ACEs or Resilience?

Yes

No

**IF NO, STOP! FOLD THIS UP AND PLACE IT IN THE ENVELOPE AND SEAL IT.**

**THANK YOU SO MUCH!!!**

- 
2. How many visits have you had with this home visitor? (or your best guess of how long you've been meeting with this home visitor) \_\_\_\_\_

3. Were you comfortable talking with your home visitor about your past experiences?

Yes

No

4. How did talking about ACEs with your home visitor effect your relationship with your home visitor (please check only one response):

Hurt our relationship

Had no effect on our relationship, or

Made our relationship stronger

5. Which one of the following fits you best? (please check only one response):

Talking about ACEs with my home visitor changed me for the **better**

Talking about ACEs with my home visitor changed me for the **worse**

Talking about ACEs with my home visitor **had no effect on me**

6. What did you learn about ACEs or Resilience from your home visitor?

7. What did you learn about yourself by talking about ACEs or Resilience with your home visitor?

*Please check the box next to each statement below that shows how much you agree or disagree with each statement using the scale provided.*

*Feel free to choose "NA" if you have no opinion.*

	<u>strongly disagree</u>	<u>somewhat disagree</u>	<u>somewhat agree</u>	<u>strongly agree</u>	<u>NA</u>
8. Talking about ACEs with my home visitor helped me be a better parent	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>
9. Being resilient can lower the negative impact of ACEs on me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>

10. Did you set any new goals after learning about ACEs from your home visitor?

- Yes .... If Yes, please describe here
- No



11. What else would you like us to know so that we can help home visitors talk about ACEs or Resilience with other families in the future.

### Self-Care

How often in the **last 30 days** did you...

	<u>Not at all</u>	<u>1-3 times</u>	<u>Once a week</u>	<u>A few times a week</u>	<u>Every Day</u>
Do any physical activity (this includes walking)	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Meditate or use visualization	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Get a massage	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Use self-talk or positive self-affirmations	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Use problem solving strategies	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Use mindfulness techniques	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Use breathing techniques	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Use prayer, chanting, or mantras to calm yourself	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Talk with a counselor or therapist	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

**PLEASE PUT THIS IN THE ENVELOPE AND SEAL IT. YOUR HOME VISITOR WILL NOT SEE YOUR RESPONSES. ONLY OUR TEAM OF TRAINERS WILL.**

**THANK YOU SO MUCH!!!**