Practice Self-Regulation™

e-PS-R Intervention Package

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Creating effective, sustainable health promoting programs is critical for impacting life-long adolescent well-being. Program developers Joann Schladale and Aaron Plant designed electronic Practice Self-Regulation (e-PS-R) for youth who have experienced trauma with sustainability in mind.

e-PS-R for Sexual Health Program Effectiveness

A pilot study of Practice Self-Regulation™ for sexual health in its original format was conducted in 2010 in South Florida involving two agencies that served adolescents in the process of transitioning from foster care to independent living. A total of 31 participants between the ages of 12 and 23 completed both an intake questionnaire and an exit questionnaire. Youth who participated in the program reported higher rates of talking to a trained counselor about sex and sexual health and using contraception at last sexual encounter after the program ended.

In 2015, The Policy & Research Group (PRG) received a grant from the Office of Adolescent Health Teen Pregnancy Prevention Program to evaluate the effectiveness of PS-R using a randomized controlled trial. The study took place in five states with over 100 masters-level clinicians in various therapeutic settings that serve youth ages 14-19 who have experienced trauma.

Although an impact study to assess the efficacy of PS-R was originally planned, federal funding disruptions in 2017 interrupted recruitment and enrollment efforts mid-way through the project. As a result, there was an insufficient number of participants for adequate statistical power to detect effects on confirmatory outcomes. In consultation with the Office of Population Affairs, it was decided that impact findings on confirmatory outcomes could not be produced because they would not have represented a fair test of the efficacy of PS-R.

In 2016, The Policy & Research Group (PRG) received a Personal Responsibility Education Program Innovative Strategies (PREIS) grant from the Family and Youth Services Bureau within the Administration for Children and Families (ACF), U. S. Department of Health & Human Services (HHS) to evaluate the effectiveness of e-PS-R, the online adaptation of the program workbook. While PS-R is provided during 10 one-on-one sessions with masters-level therapists, e-PS-R was created to broaden the implementation framework for youth in under-resourced and rural areas. e-PS-R uses a blended learning approach, combining program content into 8 online sessions interspersed with 4 in-person meetings with trained program facilitators. The following Adulthood Preparation Subjects are covered during both the online sessions and the in-person meetings: Healthy Life Skills, Healthy Relationships, and Adolescent Development. The program is designed to increase knowledge of sexual health and foster a better understanding of the impact of trauma on decision-making and sexual decision-making, thereby encouraging and supporting teens in practicing self-regulation.

Provided is an overview of confirmatory and select exploratory findings from the multi-site, multi-year impact study. The study was a randomized controlled trial (RCT) conducted between 2016 and 2021 in which 630 youth involved in the juvenile justice systems in rural West Virginia and New Mexico were randomly assigned to either the intervention group (e-PS-R) or the control group (a short video on the hazards of smoking). Youth completed questionnaires immediately after enrolling into the study (baseline), three months after enrollment (post-program), and twelve months after enrollment (long-term follow-up). Two primary outcomes were prespecified: 1) number of sexual partners in the past three months; and 2) times having vaginal sex without a condom in the past three months. Primary outcomes were assessed with data collected at the twelve-month long-term follow-up. In addition to these primary outcomes, exploratory outcome data at post-program and long-term follow-up were gathered to assess short and long-term impacts on theoretically relevant sexual behaviors and antecedents to those behaviors. Select findings from the implementation study, designed to understand the extent to which the program was implemented as intended and to provide context to impact findings, are also presented.

Summary of Findings

Participant Characteristics

The evaluation team enrolled 630 participants into the impact study. At baseline, participants' average age was 16 years old, and the majority (59%) identified as male. Approximately half (53%) of participants identified as White, and over one-third (38%) identified as Hispanic. At baseline, most participants self-reported having engaged in sex (at baseline, 68% reported ever having had vaginal sex, 61% reported ever having had oral sex, and 14% reported ever having had anal sex). Roughly half of participants self-reported recent sex (49% reported having had vaginal sex in the past three months and 43% reported having had oral sex). Participants self-reported having one to two sexual partners in the past three months.

Impact Study

Impact study findings provide evidence that e-PS-R, a blended learning program designed for youth impacted by trauma, demonstrates favorable impacts on some sexual health behaviors and on important behavioral antecedents. Post-program, participants who were randomly assigned to e-PS-R demonstrated significantly or marginally significant higher scale scores than control group participants in:

- Intentions to practice sexual self-regulation
- Sexual activity decision making and planning self-efficacy
- Affect regulation self-efficacy
- Perceived importance of practicing sexual self-regulation
- Perceived importance of practicing affect regulation
- Intentions to practice affect regulation

At long-term follow-up, e-PS-R participants were significantly less likely than control participants to have initiated or to have recently engaged in oral sex. Additionally, there was evidence of a borderline significant reduction in recent vaginal sex. Primary outcome impacts were not realized, but the positive findings from this study are particularly meaningful for the population for which this program is designed, youth impacted by trauma, as well as for the population with which it was implemented, youth involved in the juvenile justice system. These exploratory findings suggest that by directly addressing trauma and its impact on emotional and self-regulation, programs such as e-PS-R may improve youth awareness of affect and self-regulation, decision- making, and in turn, engagement in healthy behaviors.

Implementation Study

Overall, the majority of e-PS-R participants reported moderately high to high satisfaction and engagement in the program, with large percentages selecting the words helpful (76%) and interesting (73%) to describe e-PS-R. Of the 136 e-PS-R participants who provided feedback data and received at least one program session, 73% reported that they would recommend the program to other teens. Although program dosage was low, with participants completing only half the program on average, facilitators delivered the program with high fidelity – on average, observers reported that 92% of required activities were completed in each session.

Study Challenges

There were notable implementation challenges in this study, including physical, cultural, social, and economic factors such as teacher's strikes and weather-related site closures, logistical barriers such as lack of Wi-Fi access and transportation, and competing priorities for youth involved in the study, such as probation requirements, family obligations, school, and work. Most disruptive to program implementation was the COVID-19 pandemic, which further inhibited implementation as youth adjusted to new and changing circumstance and further highlighted gaps in digital access (i.e., to Wi-Fi or internet-connected device) once youth were disconnected from a school or juvenile justice setting. Despite these challenges, data from the impact and implementation studies are promising.

Core Components

Electronic-Practice Self-Regulation™ has nine core components that make up a foundation for long-term health and well-being. The content of each component (what is taught) is listed below, followed by a description of the intervention's pedagogy (how the content should be taught) and implementation guidance (the learning environment in which the program should be taught).

1. Trauma-Informed: Acknowledging and understanding

the impact of adverse childhood experiences and trauma on current behavior.

2. Self-Regulation: Introducing, teaching, and supporting practice of self-regulation (thoughts, feelings, physiological reactions, behavior, and outcomes). Facilitate understanding and exploration of self-regulation's relationship to, and influence on sexual decision-making.

3. Online version of the T.O.P.* Workbook for Sexual Health: Youth complete the electronic workbook on their own time. Some may need support from a trusted adult while working on it. The workbook contains self-directed activities that help simplify complex concepts related to trauma. This helps youth more easily understand and apply effective coping strategies for self-regulation and optimal sexual decision-making. The workbook provides a clearly defined and structured way of guiding youth through the process.

4. Multi-Sensory Activities: Neuroscience indicates that multi-sensory activities enhance brain processing and executive functioning (working memory, analysis and synthesis, organizational skills, internal speech, emotional and behavioral regulation). Each in-person meeting includes a multi-sensory activity.

- Meeting 1. Introduces Expert Tips for Resilience and Self-Regulation cards
- Meeting 2. Motivational Interviewing Values Card Sort
- Meeting 3. Getting Upset and Feeling Out of Control Self-Regulation activity
- Meeting 4. Contraceptive Review

5. Positive Youth Development: Focusing on personal strengths and resources promotes resilience, health, and motivation towards a goal (sexual health) rather than trying to avoid something negative (pregnancy, STIs, harm to self or others). This represents contrast between approach and avoidance focused interventions.

6. Self-Efficacy (autonomy): Motivational Interviewing is used as the foundational philosophical approach to promote life-long optimal sexual decision-making. This involves helping youth to understand influences on sexual decision-making, addressing discord, ambivalence, and increasing motivation to practice optimal sexual decision-making.

7. Personal Values: Youth identify personal values and refer to them throughout the process in order to move towards alignment between their stated values and behavior.

8. Uniform Electronic Workbook and Meeting Structure: Creating and maintaining a safe, stable, and supportive environment is a foundation of trauma-informed care. Predictability is an element of stability and identifying clear expectations for change influences successful outcomes. Using uniform structure stream-

lines the program process and reduces stress for participants. Uniform structure includes:

- 4 clearly-defined helper meeting plans that focus on engagement, clear expectations, multisensory activity, and wrap-up
- 8 online workbook chapters that have consistent design, key concepts, information, prompts, resources, and questions
- Helper check-ins between meetings
- Monitoring program progress
- Sex education and/or multi-sensory activities
- Obtaining client feedback through Wrap Up questions

9. Future Orientation: Research indicates that future orientation is a predictive factor for positive youth development and youth violence prevention.

Pedagogy

Five pedagogical approaches are used when delivering e-PS-R.

1. Individual Meetings: Supporting youth requires safe and supportive confidential communication to promote health and well-being. It is imperative that all communication meets Health Insurance Portability and Accountability Act (HIPAA) requirements ensuring data privacy and security provisions for safeguarding physical and mental health information.

2. Motivational Interviewing: This is a collaborative conversation style for strengthening a person's own motivation and commitment to change (Miller & Rollnick, 2013). It provides a foundation for optimally engaging participants and communicating effectively. All facilitators are expected to demonstrate competence in this philosophical approach.

3. Role Modeling: Children learn what they live. When facilitators model health, well-being, warm, nonjudgmental, empathic, and genuine communication young people are more likely to mirror such behavior.

4. Affect Regulation: A trauma-informed approach for adolescent sexual health is predicated on affect regulation. Affect regulation has five core components: thoughts (cognition), feelings (affect), physiological reactions, behavior, and outcomes. The first three are internal processes people learn to mindfully observe as they experience external stimuli (arousal [not necessarily sexual]). These three internal elements influence decision-making

that in turn influences behavior and outcomes. This model reflects tenets of trauma-informed interventions promoted through the National Child Traumatic Stress Network (NCTSN).

5. Skill Practice: People are most likely to remember what they directly experience and practice. Neuroscience indicates that humans thrive in settings that provide a variety of stimulating, engaging, and increasingly challenging experiences with enough repetition to solidify desired outcomes (Steinberg, 2014, van der Kolk, 2014). Opportunities to practice personal ideas for change allows for mistakes and poor judgment to be self-corrected with support and encouragement (Steinberg, 2014, van der Kolk, 2014).

Implementation

Population: e-PS-R is designed for youth aged 12 and above; e-PS-R should not be facilitated with anyone under age 12.

Facilitation Setting: e-PS-R meetings should be facilitated in private and confidential individual sessions by professionals trained in the model. It is not recommended for group or family settings, as highly sensitive topics related to trauma may be unsafe to address outside of individual meetings.

Participants should be encouraged to use the electronic workbook in quiet, safe, supportive, and private settings to enhance focus, learning, and memory retention.

Program Duration: e-PS-R has structured sessions intended to promote optimal sexual decision-making. It is intended to be delivered in 8, 30-minute to one-hour online sessions over consecutive weeks (one session each week), interspersed with 4, 30-minute to one-hour helper meetings over 8 to 12 weeks. However, youth may request access after 48 hours from the completion of each online chapter. They may also take longer depending on a youth's health and scheduling needs.

Model Flexibility

Intervention Timing: While the online workbook is self-paced for each youth, facilitators pace all program activity in collaboration with each participant based on a youth's abilities and decisions about participation throughout the entire process. Any time a youth is unable to focus, program activity is suspended until the youth can competently participate again.

Program Activity Choices: Youth are always invited to participate in ways that best meet their needs within the range of choices between the online workbook, multi-sensory activities, and sex education. It doesn't matter

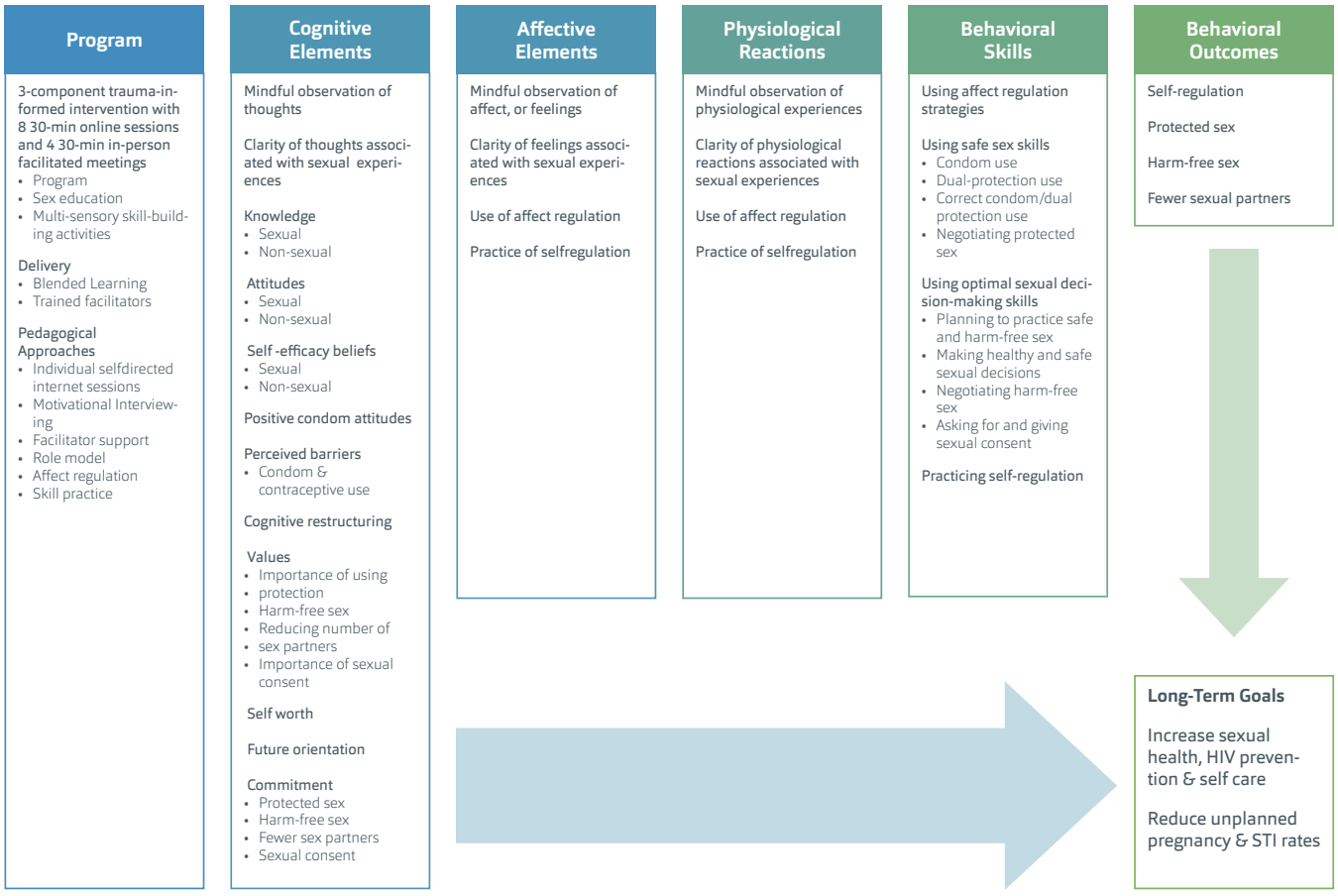
whether a youth does the workbook on their own time, or in collaboration with the facilitator just before or after helper meetings.

Additionally, youth may, or may not participate in multi-sensory activities during meetings. If they are not interested during a specific meeting, they are welcome to do so at a later time.

Intensity of Focus: Youth should never be required, pressured, or coerced into participation. Collaboration between a facilitator and participant indicate the depth in which program components and activities are addressed.

Number of activities: Youth make this decision based on personal interest and motivation.

Logic Model and Theory of Change



The intervention's theory of change integrates current research on adolescent development and brain processing that reflects the neuroscience of decision-making and behavior (Jensen & Nutt, 2015; Steinberg, 2104; van der Kolk, 2014). While the goal is to prevent pregnancy, infection, disease, and harm to self or others, the means for accomplishing such a goal involves three interactive components. As a participant's

knowledge about safe sex practices increases, so does their knowledge about the impact of trauma on sexual decision-making through both the online T.O.P Workbook for Sexual Health (Schladale & Plant, 2016) and multi-sensory activities created to enhance memory retention and optimal decision-making.

Exploring the impact of trauma helps participants recognize harmful habits and consider motivation to change harmful behaviors. In addition to knowledge, the intervention addresses impulsivity and skills to improve affect regulation. The combination of self-awareness, skills, and motivation for change results in increased self-efficacy to both negotiate and practice safe sex. The program should result in an increase in harm-free sex, condom use, a decrease in number of sexual partners, and ultimately reduce the chance of the youth getting pregnant or impregnating a partner before age 20.

The Practice Self-Regulation™ Facilitator's Guide includes theoretical underpinnings for the intervention. They include theories of attachment, human ecology, family systems, and social learning.

Attachment: Attachment is an instinctual biological bond that a child has with significant caregivers. Human capacity for self-regulation develops through attachment. Secure infant attachment occurs when attuned caregivers meet a child's needs. A child learns trust through this process, which produces chemical changes in the brain that influence self-regulation. When secure attachment is threatened, significant chemical changes occur in an infant's brain. When caregivers are not consistently predictable, or responsive, infants can fail to develop a capacity to self soothe. (Bowlby, 1988; Siegel, 1999; Applegate & Shapiro, 2005).

As youth experience secure relational connections, their belief system about relationships can change. Throughout the intervention, facilitators model benevolent connection, provide psychoeducation, support youth's exploration of attachment, and provide mentoring. When healing occurs, relationship patterns are positively changed.

Human Ecology: The narrative approach of the program workbook utilizes a life course perspective based on theories of human and family ecology. Ecology is simply the relationship between a person and the various elements of their environment (Bronfenbrenner, 1979). In this case, a youth's ecology is made up of their living environment, neighbors, school, church, and broader community.

Addressing challenges participants face in their day to day lives enhances potential for them to develop and practice self-awareness focused on learning to take good care of themselves.

Family Systems: Research recognizes that the behavior of a youth receiving services may reflect the pain of an over-stressed family system (McGoldrick & Hardy, 2019; Saunders, Berliner, & Hanson, 2004; Thornton, Craft, Dahlberg, Lynch & Baer, 2002; Kagan & Schlosberg, 1989). Systems theory provides a relational way of viewing behavior. It emphasizes reciprocity, relationships, context, and patterns (Becvar & Becvar, 1988).

Integrating underlying assumptions of systems theory (Hoffman, 1981) is central to this intervention. Maintaining a belief that the whole is greater than the sum of its parts illustrates the importance of engaging youth in the setting in which they live. This philosophy embraces an assumption that many people working together have a greater opportunity for success than a few working in isolation. It also illuminates the phenomenon that adults actively influence similar emotional states in children (Stein & Kendall, 2004). While negative parent-child experiences hinder development and brain functioning, positive interactions with other adults can facilitate restorative processes that promote stress reduction, memory retention, maturation, health and well-being. Such interaction has a ripple effect in which all participants can embrace a commitment for sexual health.

Social Learning: This explains how behavior is learned and maintained (Bandura, 1985). It occurs through observation of others in the context of relationships or obtained symbolically through media presentation. Witnessing violence increases childhood vulnerabilities (Groves, 2002; Dodge, Pettit & Bates, 1997). When children are raised in an environment that glorifies violence and/or models the use of violence as an acceptable way of meeting needs, they may choose to sustain relationships in a similar manner. Youth are often unable to understand complex elements of violence and abuse; hence they perpetuate it without clearly understanding the impact on self and others.

Life experiences influence brain development and trauma can cause significant impairment. Helping young people who have experienced trauma make sense of how adverse childhood experiences (ACEs) impact their relationships and sexual decision-making can influence motivation for sexual health and well-being.

Adaptation Guidance

Electronic-Practice Self-Regulation for sexual health is designed to be facilitated in individual meetings with a facilitator specifically trained in the model, and through an online self-paced workbook. Due to the sensitive nature of trauma it should not be facilitated in group or family therapy. The model has nine core components promoting long-term health and well-being. While flexibility is built into the model, the following adaptation guidelines can help organizations and facilitators promote optimal effectiveness across a variety of settings.

Core component 1: Trauma-informed

Adaptation: e-PS-R can be facilitated in a wide variety of safe and supportive settings.

Rationale and guidance: The Substance Abuse and Mental Health Services Administration of the United States federal government has designated key elements and key principles of trauma-informed services (SAMHSA, 2014).

When these elements and principles are adhered to, the intervention can be facilitated indoors or outdoors in any setting that provides private and confidential space for communication and facilitation of multi-sensory activities. While participants access the online workbook anywhere with WI-FI accessibility, it is recommended that they do so in safe, supportive, and confidential spaces.

Core component 2: Positive youth development

Adaptation: Identifying, affirming, and promoting individual strengths.

Rationale and guidance: Motivational Interviewing and positive youth development have been shown to provide direct and effective approaches to change. When facilitators interact with participants in warm, nonjudgmental, empathic and genuine ways, youth are most likely to consider positive change in their lives (Duncan, Miller, Wampold, & Hubble, 2010).

Core component 3: Uniform session structure

Adaptation: Streamline program process and content.

Rationale and guidance: Predictability is a potentially calming and stress reducing experience that can lower stress hormones. When people can expect and experience familiar and generally positive interactions, the brain, mind, and body can focus better, more effectively retain information, and improve executive functioning. When facilitators follow the Meeting Plan structure, and participants follow the uniform structure of each online session, interaction becomes predictable, and participants are more likely to feel calm, competent, and confident in addressing challenges that promote positive change. Two empirically predictive questions anchor the beginning and wrap up each meeting.

Core component 4: Self-efficacy (autonomy)

Adaptation: Allow and support youth in making their own decisions

Rationale and guidance: Neuroscience indicates that young people thrive in trauma-informed settings that respond to their needs with flexibility and allow for mistakes and poor judgment to be self-corrected with adult support and encouragement. Even when participants are not making optimal decisions, it is imperative that facilitators respectfully accept their choices. Directing, dictating, and expecting youth to do whatever facilitators tell them to do goes against the entire foundation of the model.

Core component 5: Personal values

Adaptation: Facilitating the Motivational Interviewing Personal Values Card Sort.

Rationale and guidance: This simple and straightforward values card sort is provided free of charge to download and use in a wide range of settings. It is an efficient tool for organizing and thinking about personal values and exploring what is most important to participants. It is highly recommended as a foundation for exploring life experiences and creating a vision for becoming the person a participant wants to be.

Core component 6: Affect regulation

Adaptation: Introducing, teaching, and supporting the practice of self-regulation can be done in a wide variety of ways that reflect the neuroscience of trauma and decision-making.

Rationale and guidance: Affect regulation is the central unifying element of the model. Effective programs are sequenced, active, focused, stimulating, scaffolded (demanding, but not so much that they overwhelm capability) and sustained through practice (Saunders, Berliner & Hanson, 2004; Steinberg, 2014). Intervention should involve activities to improve executive functioning (working memory, analysis and synthesis, organizational skills, internal speech, emotional and behavioral regulation); require intense concentration; mindfulness practice; exercise; and strategies to boost self-control and the ability to delay gratification (Steinberg, 2014).

Core component 7: Practice Self-Regulation for Sexual Health online workbook *(adapted from the T.O.P.* Workbook for Sexual Health, 2016)*

Adaptation: Reading the workbook and processing it in session.

Rationale and guidance: The online workbook, a clearly defined and structured framework for healing trauma, is meant to be read and processed in sequence as each chapter builds on previous information and establishes a purposeful flow. Skipping over sections or chapters is not recommended. Participants who are motivated to complete the workbook often read it and answer questions on their own. Those who are ambivalent may focus on some parts and not on others, or may read the workbook and not answer some, or all of the questions. Participants should be nonjudgmentally supported no matter how they go through it even if they are unwilling to read it at all.

Core component 8: Multi-sensory activities

Adaptation: Facilitating specifically focused activities.

Rationale and guidance: Multi-sensory activities reflect the neuroscience of cognitive and affective processing that enhance memory retention and behavioral change. They promote understanding of key concepts and help participants reduce impulsivity, learn to negotiate, and practice harm free and protected sex. PS-R activities were specifically chosen for each meeting in order to build on the affiliated chapter topics and sexual health information. Activities designated for the intervention are highly recommended.

Core component 9: Future orientation

Adaptation: Creating a vision for success.

Rationale and guidance: Future orientation is considered a protective factor for everyone, and especially for youth with adverse childhood experiences (ACEs). Envisioning a goal, identifying a plan, writing it down, and creating a vision for a positive future are all known to enhance potential for successful outcomes. While mindfulness activities help to ground participants in the here and now, future oriented activities can provide motivation for long-term change. Combining both maximizes neuroprocessing to enhance understanding, promote effective memory retention, reduce impulsivity, negotiate, and practice harm-free and protected sex.

Research Studies

Here are details about the randomized controlled trials for both PS-R, funded by the Office of Adolescent Health (OAH) and e-PS-R, funded by the Family and Youth Services Bureau (FYSB) through the federal Department of Health and Human Services (HHS).

Target Populations

In order to be eligible to participate in the PS-R study, youth needed to meet the following criteria:

- Aged 14-19
- Receiving outpatient counseling services at one of the study's implementation sites (OAH), or involved in Juvenile Justice (FYSB)
- Deemed appropriate for the study by agency staff with regards to physical and mental health
- Not previously used either of the T.O.P.* Workbooks
- No previous participation in the PS-R program

In order to be eligible to participate in the e-PS-R study, youth needed to meet the following criteria:

- Be aged 14-19
- Be involved with the juvenile justice system
- Be deemed appropriate for study by site staff and study facilitator (no acute illness or behavioral problems; psychiatrically stable; cognitively capable of internalizing and comprehending content of intervention)
- Possess adequate English-language comprehension (be able to read and comprehend the on-line intervention materials, which are available only in English)
- Consent/assent to participating in study
- Not be residing in or scheduled to enter a secure facility
- Not be currently pregnant
- Not be trying to get pregnant
- Not be an enrolled participant (former or current) in the Teen Health Study (Teen Pregnancy Prevention study funded by the Office of Adolescent Health, being conducted in Albuquerque, New Mexico)
- Not have previously participated in e-PS-R

Settings

The PS-R, OAH study was facilitated by masters-level licensed clinicians in New Mexico, Michigan, Maine, Louisiana, and California.

The e-PS-R, FYSB study was facilitated by non-clinically trained study coordinators in rural New Mexico and West Virginia.

Length

Practice Self-Regulation™ was composed of 10 structured 55-minute individual therapy sessions. For the study, therapists had 18 weeks to deliver the 10 PS-R sessions. The intervention was intended to be conducted weekly.

e-PS-R (electronic blended learning) is composed of 8 on-line sessions and four 30-60 minute helper meetings. Study coordinators had 12 weeks to complete the intervention on a weekly basis.

Facilitator Guide and Curriculum

Available on the PS-R website, *practiceselfregulation.com*

e-PS-R intervention materials

All elements of the intervention have passed the federal Medical Accuracy Review Board. Those who purchase the e-PS-R intervention receive the following materials:

Access to the online website: electronic Practice Self-Regulation for Sexual Health

e-PS-R Meeting Plans: Laminated session plans, Sex Ed fact sheets, and flow charts for designated multi-sensory activities. Each session plan has detailed information on everything needed to successfully facilitate every element of each session.

Sex Ed Fact Sheets: These include medically accurate anatomy charts, puberty information sheet, sexual identity information, risks for pregnancy and disease, and contraception description sheets.

Intervention Package: This document.

Desktop Resources for Facilitators: An electronic folder containing OAH approved resources. These include the ACE Score Calculator; tip sheets for trauma-informed, safe and supportive environments; federally authorized medically accurate websites for additional information and resources; Motivational Interviewing Values Card Sort; Expert Tips for Resilience cards; and electronic copies of laminated flowcharts if youth want their own copies.

PS-R Logo Bag: This includes all of the material listed above with hard copies of the Motivational Interviewing Values Card Sort, Expert Tips for Resilience cards, and contraceptive kits.

Fidelity Monitoring Templates:

- PS-R Participant Feedback Questionnaire
- PS-R Attendance Tracking Form
- PS-R Fidelity Monitoring Tool: Helper Self-Report
- PS-R Fidelity Monitoring Tool: Observer Report

PS-R website


e-PS-R meeting plans


PS-R logo bag

Training and Technical Assistance

Professionals interested in being trained to facilitate e-PS-R must complete an in-depth online review of the entire program and watch three short training videos, and attend a 1.5 day training with a PS-R certified

trainer. This training includes an introduction to Motivational Interviewing, an overview of the neuroscience of trauma, and practice to facilitate each meeting. The course ends with fidelity monitoring. At the training, attendees receive all materials needed to facilitate the intervention listed in the previous section. Trainers may purchase additional training materials before or after being trained. All training participants receive a certification of completion.

Many PS-R and e-PS-R facilitators are qualified mental health professionals (QMHPs). If training participants are not clinically trained, they are required to provide written documentation clarifying a formal consultation and supervision arrangement with a licensed QMHP.

Post-training support is always available to answer questions and address any fidelity monitoring assistance. All facilitators have direct phone numbers and e-mail addresses for ongoing PS-R support and assistance.

Qualifications to become an e-PS-R facilitator

A Bachelor's degree in an allied health related field such as psychology, social work, mental health counseling, public health, or sexual health with written documentation clarifying a formal consultation and supervision arrangement with a licensed QMHP in good standing with their state's board of licensing professionals

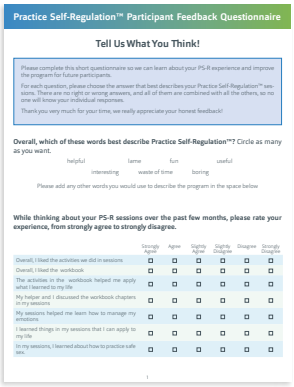
Tools for Monitoring Implementation Fidelity and Quality

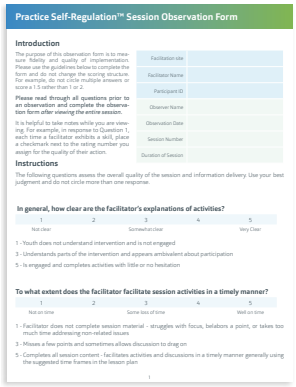
e-PS-R Participant Feedback Questionnaire

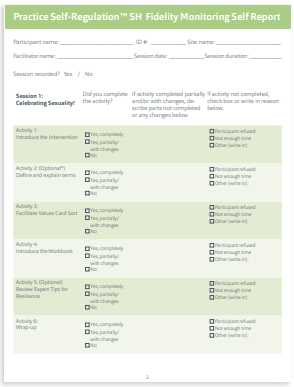
Paper and digital forms completed by participants at designated time periods during the study. They track participant knowledge and memory retention across the full study timeframe.

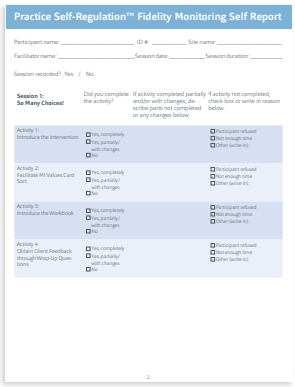
e-PS-R Attendance Tracking Form

Paper and digital forms used to track participant attendance. They track the number of session each youth participates in.









Fidelity Monitoring Templates, available on the "Tools for Monitoring Implementation Fidelity and Quality" section of the PS-R research page

e-PS-R Fidelity Monitoring Tool: Facilitator Self-Report

Paper form completed by facilitator at the end of each PS-R session. It tracks administrative data, number of activities completed during each session, and activities not completed.

e-PS-R Fidelity Monitoring Tool: Observer Report

Paper and digital forms for session observers to assess both fidelity and facilitator competence for continuous quality improvement.

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Joann Schladale is a licensed marriage and family therapist specializing in trauma, violence prevention, positive youth development, sexual health, problem sexual behavior, teen pregnancy prevention, and Motivational Interviewing.

She is the developer of the federally recognized innovative and promising intervention, Practice Self-Regulation™ being studied through multi-year federal grants around the country. She has written workbooks for youth including: Practice Self-Regulation (2018), and The T.O.P.* Workbook for Sexual Health (2016, 2nd Edition), and co-authored Stop It! A Practical Guide for Youth Violence Prevention (2012). In addition to numerous academic book chapters she authored A Trauma-Informed Approach for Adolescent Sexual Health (2013).

Joann, and 10 national trainers provide extensive consultation, program development, and training promoting health and well-being. They work closely with public and private organizations throughout the United States on trauma-informed services, and teach a variety of trauma-informed courses to promote health and well-being, and prevent violence, sexual abuse, and teen pregnancy. Joann has made hundreds of presentations throughout North America, Europe, and Africa.

She is the 2018 recipient of the Gail Burns-Smith award for significant contributions to preventing sexual violence through partnerships between victim/survivor advocates and professionals working with those who have caused sexual violence. It is jointly given by the National Sexual Violence Resource Center (NSVRC) and the Association for the Treatment of Sexual Abusers (ATSA).

Joann self-regulates at her home in Maine where she loves ocean kayaking, bicycling, and hiking with her spouse of 40+ years.

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