Start

Adverse Childhood Experiences (ACEs) and Trauma Informed Care in a Primary Care Setting

For Primary Care Providers
Caring for Children in Oregon
A Project Of
The Oregon Pediatric Society
Oregon Chapter of the American Academy of Pediatrics (AAP)

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Oregon Health Authority
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Goals and objectives:

- **Understand** the potential impact of adverse childhood experiences on lifelong health, disease, and general functioning

- **Recognize** current manifestations of ACEs in patients and families - How does this look ‘walking through your office door’?

- **Identify** strategies and resources to build resilience in your patients and families

- **Implement** aspects of Trauma Informed Care in your own practice
AGENDA

I. Introductions

II. Overview of Adverse Childhood Experiences (ACEs)
   The Science Behind ACEs
   Resilience and Hope

III. Assessing for Trauma History

IV. Trauma-Informed Care (TIC)
   Core Principles of TIC
   A TIC Framework

V. Exercise and Report Back
   What are three things you and your clinic can do to be a more trauma-informed organization?

VI. Post training evaluation form
Even the Experts are Confused as to Which Term is Best

- Post Traumatic Stress Disorder?
- Toxic Stress?
- Chronic Stress?
- ACES?
- Child Traumatic Stress?
- Complex Trauma?
- Complex PTSD?
- Allostatic Load?
- Developmental Trauma Disorder?
- Acute vs. Chronic Trauma?
“...Place the oxygen mask on yourself first before helping small children or others who may need your assistance.”
“The solution of all adult problems tomorrow depends in large measure upon the way our children grow up today.”

- Margaret Mead
What are ACES?

• Abuse of child
• Neglect of child
• Household dysfunction
Other recognized traumas

- Bullying
- Discrimination
- Violent neighborhood
- Foster Care
- Refugee/Immigrant Status
- Natural Disasters
- Person-powered disasters
- Historical Trauma
- Medical Trauma
Original ACE study

- Vince Felitti, Kaiser
- Rob Anda, CDC

17, 421 Kaiser adults
What is an ACE Score?

• 10 questions

• Each positively answered question worth 1 point

• Total number of points is your ACE Score
ACE Score vs. Smoking

% Presently Smoking

ACE Score

- 0
- 1
- 2
- 3
- 4-5
- 6 or more

% Presently Smoking vs. ACE Score
ACE Score vs. Attempted Suicide

% Attempting Suicide

ACE Score

0 1 2 3 4
• Alcoholism and alcohol abuse
• Chronic obstructive pulmonary disease (COPD)
• Depression
• Fetal death
• Health-related quality of life
• Illicit drug use
• Ischemic heart disease (IHD)
• Liver disease
• Risk for intimate partner violence
• Multiple sexual partners
• Sexually transmitted diseases (STDs)
• Smoking
• Suicide attempts
• Unintended pregnancies
• Early initiation of smoking
• Early initiation of sexual activity
• Adolescent pregnancy
• Psychotropic Medications Prescribed
ER visits
Medical office visits
Fractures

EARLY DEATH FROM MI
(heart attack)
ACE Pyramid

Death

Conception

Mechanisms by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

- Early Death
- Disease, Disability, and Social Problems
- Adoption of Health-risk Behaviors
- Social, Emotional, and Cognitive Impairment
- Disrupted Neurodevelopment
- Adverse Childhood Experiences
Epigenetics
Neuron growth and organization
Neurons that fire together wire together
Gross anatomy

- HYP
- ACG
- PFC
- vmPFC
- AMY
- Brain stem
Healthy Brain
This PET scan of the brain of a normal child shows regions of high (red) and low (blue and black) activity. At birth, only primitive structures such as the brain stem (center) are fully functional; in regions like the temporal lobes (top), early childhood experiences wire the circuits.

An Abused Brain
This PET scan of the brain of a Romanian Orphan, who was institutionized shortly after birth, shows the effect of extreme deprivation in infancy. The temporal lobes (top), which regulate emotions and receive input from the senses, are nearly quiescent. Such children suffer emotional and cognitive problems.
The age and gender at which a traumatic event or events takes place matters.

Some effects are delayed.
Anxiogenic:
- CRH-1
- Cortisol
- NE
- 5-HT$_{2A}$
- Substance P
- FKBP5

Anxiolytic:
- CRH-2
- DHEA
- 5-HT$_{1A}$
- Neuropeptide Y
- Galanin
- Testosterone
- Oxytocin
- Vasopressin
- K$^+$ channels in VTA

Dopamine
- BDNF
- Cholecystokinin
- Voltage-gated Ca$^{++}$ channels

Estrogen
- Substance P

GABA
- Glutamate

Mirror neurons
Brain harmony

STRESS

RESIDUAL STRESS
“It's hard to get enough of something that almost works.”

- V. Fellitti
It doesn’t just stay in the brain
ACEs are common

**Household Exposures**
- Alcohol Abuse: 24%
- Mental Illness: 19%
- Drug Abuse: 5%
- Incarceration: 3.4%

**Childhood Abuse**
- Physical: 28%
- Emotional: 11%
- Sexual: 22% (28% women, 16% men)

ACE Study
ACES Reported: California vs Shasta County

- 4 or more ACEs:
  - California: 16.7%
  - Shasta County: 39.7%
- 2-3 ACEs:
  - California: 23.3%
  - Shasta County: 32.2%
- 1 ACE:
  - California: 21.7%
  - Shasta County: 12.1%
- 0 ACEs:
  - California: 38.3%
  - Shasta County: 16.1%

Sources: Shasta County HHSA 2012 ACE Survey; 2008-13 Center for Youth Wellness CA ACE Study
Prevalence of Adverse Childhood Experiences

Sources: Shasta County HHSA 2012 ACE Survey; 2008-13 Center for Youth Wellness CA ACE Study
40% reported 2 or more ACEs

12.5% reported 4 or more ACEs
ACEs

Have a dose response relationship with many health problems
Children’s Resilience Initiative

POPULATION ATTRIBUTABLE RISK

A large portion of many health, safety and prosperity conditions is attributable to Adverse Childhood Experience.

ACE reduction reliably predicts a decrease in all of these conditions simultaneously.
Smoking prevention
Prevention of COPD
Teen pregnancy prevention
Alcohol abuse prevention
Drug abuse prevention
Prevention of early death from MI
School
Incarceration?
What is your primary diagnosis?

- Morbid obesity
  - Diabetes mellitus
  - Hypertension
  - Hyperlipidemia
    - Coronary artery disease
- Chronic Depression

Childhood Sexual Abuse
Comments From Dr Felitti
Let's talk money $$$$$$$

• Estimates of health care cost alone range from $124 billion to $800 billion.

• Cost of prison averages $31,000/year/prisoner

• Lost wages from inability to work?

  ▪ AVA draft White Paper, 2013: informing best practices
    ▪ VERA Institute 2012
Historical trauma...

...is cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma.

(Brave Heart, 2000)
Characteristics of Historical Trauma

- Mass Genocide
- Loss of land and personal property
- Removal of children from families
- Prohibited from speaking own language
- Prohibited from practicing cultural or religious beliefs
African Americans
Native Americans

Wounded Knee, 1890
The Holocaust
More recently

Bosnia

Rwanda
Collective response

- Survivor guilt
- Depression and psychic numbing
- Fixation to the trauma
- Low self-esteem
- Victim identity
- Anger
- Self-destructive behavior
- Substance abuse
- Hyper-vigilance
- Preoccupation with death, death identity and loyalty to ancestral suffering and deceased
- Internalized oppression

Sina Ikikcu Win (Takes The Shawl Woman)
Ethleen Iron Cloud-Two Dogs
Microaggression

“No, where are you really from?”

The limited representation of my race in your classroom does not make me the voice of all Black People.
REALLY? YOU DON'T LOOK LIKE AN INDIAN...
Any race, ethnicity or group perceived as being ‘different’

Everyday discrimination is much more stressful than time-limited discrimination, and, as a result, daily hassles have a greater impact on health outcomes.
Health Disparities

- Differences in health outcomes across subgroups of the population
- Linked to social, economic, or environmental disadvantages
- Avoidable, unfair differences in health status

Native Americans have higher mortality rates for:

- chronic liver disease and cirrhosis
- diabetes mellitus
- unintentional injuries
- assault and homicide intentional self-harm and suicide

(Indian Health Service, 2014)
Poverty
NOW WHAT?
AC ES are not destiny

Having a history of Adverse Experiences does not mean that person is broken

Healing from Adverse Experiences is very possible and desirable
“All the world is full of suffering. It is also full of overcoming.”

- Helen Keller
Resilience

- Interpersonal
  - Individual
  - Family
  - Community

- Intrapersonal

- Not fixed
- Can be developed, nurtured
- Can also be overwhelmed
Simply asking makes a difference

Asking the follow up question, “How did that affect you later in life?”

• Decreased primary care visits (35%)
• Decreased ER visits (11%)
• Decreased hospitalizations (3%)

• Fellitti/Anda ; Lanius Vermetten Book Chapter
“Slowly, I have come to see that Asking, and Listening, and Accepting are a profound form of Doing”

-Vincent J. Felitti, M.D.
“One does not need to be a therapist to be therapeutic

J. Ford, C. Wilson
An invitation
“If the treatment implications of what we found in the ACE Study are far-reaching, the prevention aspects are positively daunting.”

- Vincent Fellitti
An Optimal MD, PhD, J D, MPH, MHPE, ETC Approach?

- Screen all pregnant women
- Support begins during pregnancy
- Response is strength based and triaged
- CaCoon model for high risk mothers
- Adequate counseling
- Paid maternity and paternity leave
- Living Wage jobs
- Parent Support Groups
- Parent Education
- DHS and all other systems also trauma informed
- Strong communities
Programs around the country

**SEEK Program:** University of Maryland

**Practicing Safety:** AAP, Doris Duke Charitable Foundation

**Nadine Burke Harris:** Center for Youth Wellness

**Institute for Safe Families:** Philadelphia

**State programs:** OK, WI, AZ, ME, etc.

All Comprehensive Programs, including child abuse prevention programs
EUGENE KIM AND THE WONDERS OF INFLIGHT CONSTRUCTION
Evidence Based Recommendations

NONE

😊
To Screen or Not to Screen... That is the Question
The Discussion

Universal Precautions

• Above All Do No Harm
• Screening may be disregulating
• Can be used as another form of labeling

Screening

• Screening is therapeutic if done well
• Is a relevant part of family history
• Can open conversations that otherwise would not have taken place
• Don’t ask, don’t tell perhaps not the best policy
Trauma is Not Just One More Thing on Your Plate; It IS the Plate.

Chris Blodgett
The Children’s Clinic Experiment

- 28 clinicians
- 2 sites in Portland
- 20% publicly funded insurance
- 80% private insurance

- Paper screening of parents of 4 month olds
- ACE screen plus 4 extra questions
- Resilience questionnaire
- 8 pediatricians initially, then 14; now 27
Intergenerational transmission

- Most perpetrators were victims when younger
- Not all victims become perpetrators
- Transmission is not necessarily linear
The assumption

If...

– we can identify parents who are at greatest risk
– bring their trauma histories out of the closet
– agree to support them when they feel most challenged in a non-judgmental way

...we will be able to create a new cycle of healthier parenting
The Theory...

• Certain moments in the life of an infant or toddler will be stressful
  – Colic, tantrums, toilet training, hitting / biting, sleep problems
• What happens to a parent who has experienced trauma? Will their response be:
  – Fight?
  – Flight?
  – Freeze?
  – Something else?
• How can we better prepare at-risk parents for these inevitable moments?
And thinking further...

- If a parent experienced trauma, do they have appropriate skills/ideas for:
  - Taking care of themselves?
  - Identifying when they need help?
  - Modeling appropriate conflict resolution?
  - Discipline that is developmentally appropriate?
  - Playing with their child?
Before starting to screen, what is / was your greatest fear?

- time
- opening a can of worms...opening Pandora’s box
- not feeling confident
- I won’t be able to help
- not knowing what to say
- Triggering a full emotional / mental collapse
- no resources
Has what you feared actually happened?

- No: 17
- Yes: 1
- Somewhat: 1

Both the “yes” and “somewhat” referred to their lack of confidence as their greatest fear.
Was it as scary as you thought? NO
How has screening for ACEs changed your practice?

- There is no subject that is “off the table”
- Better insight
- I know the parents better
- Improved communication
- Cultivates a trusting relationship
- More empathy
- Better understanding of the forces shaping parental responses
- My office is a safe place to talk about things
Provider Comments

• “I just had the most amazing conversation…”
• “This is the third child in this family. I never knew what mom was working with until we asked these questions.”
• “This has really deepened the relationships I have with families. They are much more intimate, open and honest.”
• “I can’t imagine going back to the way I did things before.”
Parents’ Responses

• I think this questionnaire is an excellent idea.
• Thank you for letting us participate in this.
• I feel confident I’m going to be a great mom.
• The life I have experienced has taught me to provide a better life for my children. (ACE 6 / Resilience 52)
Parents’ Responses

• This is weird.

• What does my past/childhood have to do with my children? My past as a child doesn't determine my ability to love and protect my children nor my ability to be a good parent. (ACE 7 / Resilience 45)
Assessment Tools

• ACEs Screen
• SWYC: Survey of Well-Being of Young Children (Tufts)
• SEEK: Safe Environment for Every Kid (University of Maryland)
• CYW ACE-Q: Center for Youth Wellness
• Resilience Screen (Resilience Trumps Aces)
ACES

• 10 Questions for Adults
• Free
• English, French, German, Icelandic, Norwegian, Spanish, Swedish
• The questionnaire most studied
SWYC
(Survey of Well-being of Young Children)

- Tufts
- Free
- Focuses on development, behavior, family context
- One for each recommended WCC between 2 months – 5 years
- English and Spanish
SEEK
(Safe Environment for Every Kid)

- U Maryland
- **Parent Questionnaires** in English, Chinese, Spanish, Vietnamese
- Response Handouts Available
- Online training modules
- Recommend implementation with MSW support
- CME/MOC, supported implementation for nominal cost
SYW ACE-Q
(Center for Youth Wellness)

• Free
• Child and Teen
• 19 ACES Questions
• Total number is assessed but not specific experience
Billing Codes

96127 – Brief emotional/behavioral assessment

• Using a standardized instrument
• Scoring and documentation in chart

• New code
• Check for insurance coverage
Not wanting to Assess?
Target predictable high risk periods
Schmidt's 7 Deadly Sins of Childhood

1. Colic
2. Awakening at Night
3. Separation Anxiety
4. Normal Exploratory Behavior
5. Normal Negativism
6. Normal Poor Appetite
7. Toilet Training Challenges/Resistance
Resilience trumps ACEs

• Awareness of ACEs but focused on Resilience
• Largest Success has been in the community
  ❖ Police force
  ❖ Schools
  ❖ Business Community
  ❖ Library
  ❖ Community Groups
Ask only one specific question at each visit

“Since the last time I saw your child, has anything really scary or upsetting happened to your child or anyone in your family?”

(Cohen, Kelleher, & Mannarino, 2008)
Ask when you wonder

- School avoidance or failure
- Chronic abdominal pain, chronic headaches
- Separation anxiety
- Sleep disorders
- ADHD, ODD, anxiety
- Drug or alcohol use/abuse
Acting out

- **External defense**
  - Anger
  - Violence towards others
  - Truancy
  - Criminal acts

Acting in

- **Internal defense**
  - Denial, repression
  - Substance use
  - Eating Disorders
  - Violence to self
  - Dissociation
Behaviors Associated with Early Childhood Trauma

<table>
<thead>
<tr>
<th>Ages: 0-2 years old</th>
<th>Ages: 3-6 years old</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dysregulated eating, sleeping patterns</td>
<td>Increased aggression</td>
</tr>
<tr>
<td>Developmental regression</td>
<td>Somatic symptoms</td>
</tr>
<tr>
<td>Irritability, sadness, anger</td>
<td>Sleep difficulties/nightmares</td>
</tr>
<tr>
<td>Poor appetite; low weight</td>
<td>Increased separation anxiety</td>
</tr>
<tr>
<td>Increased separation anxiety; clingingness</td>
<td>New fears</td>
</tr>
<tr>
<td></td>
<td>Increased distractibility/high activity level</td>
</tr>
<tr>
<td></td>
<td>Increased withdrawal/apathy</td>
</tr>
<tr>
<td></td>
<td>Developmental regression</td>
</tr>
<tr>
<td></td>
<td>Repetitive talk/play about the event</td>
</tr>
<tr>
<td></td>
<td>Intrusive thoughts, memories, worries</td>
</tr>
</tbody>
</table>
A Great Masquerader
More Options

- Exam room posters, resource lists and website links, “Did you know” statements on clipboards used to fill out office paperwork

- Continue to encourage developmental promotion

- Focus on Resilience and Relationships
What if I Find Out Anyway?
When to Refer for Mental Health Treatment

- Chronic vs. single incident
- Symptoms last > one month
- Parents are unable to ensure safety
- Parent also traumatized and symptomatic
- When the trauma involves the sudden or violent loss of a caregiver or family member

NC Trauma Screening Network (National Child Traumatic Stress Network)
Making the Referral
Key Messages for Parents

• There are treatments that work
• The key role of the parent in supporting the child:

  “One of the most important factors in helping children heal is your support. Treatment will help you better understand your child’s responses and know how to help. It can help you feel better as a parent.”

• A ‘warm hand-off’ helps

  • NCTSN
Treatments for Traumatic Stress Response in Children

- Child-Parent Psychotherapy (CPP) (ages 0-5)
- Parent-Child Interaction Therapy (PCIT) (ages 2-7)
- Pre-School PTSD Treatment (PPT) (ages 3-6)
- Trauma Focused Cognitive-Behavioral Therapy (TF-CBT) (ages 3-18)
Trauma Informed Care
What is Required to Provide TIC?

- Secure, healthy adults
- Good emotional management skills
- Intellectual and emotional intelligence
- Able to actively teach and be a role model
- Consistently empathetic and patient
- Able to endure intense emotional labor
- Self-disciplined, self-controlled, and never likely to abuse power
A shift from wondering *what is wrong* with a person that would have them *act* the way they do to asking *what happened* to a person that would have them *react* the way they do.
Trauma informed practice at all levels

Larger Community

Clinic

Self

Other
Self
Self Care as a practice.
And Then There Are Two

Self

Other
Judgments?
Judgments?
Impact of trauma on world view
The ‘difficult’ patient/parent

- Chronically late or ‘no shows’
- ‘Loses it’ with the front office staff
- Complains about anything and/or everything
- Short tempered with their children
- ‘Frequent Fliers’ or frequent callers
“People almost never change without first feeling understood.”

- Stone et al., Difficult Conversations
When you take the time to listen, patients feel as though that you’ve spent a longer time with them than you actually have.
“I have learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.”

- Maya Angelou
Consider Learning Motivational Interviewing

<table>
<thead>
<tr>
<th>IMPORTANCE</th>
<th>On a scale of 0 to 10, with 10 being very important, how important is it for you to change?</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Not at all</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>CONFIDENCE</th>
<th>On a scale of 0 to 10, with 10 being very confident, how confident are you that you can change?</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Not at all</td>
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Two Important Tips

Make no assumptions about how a person has been affected by what seems to be a traumatic event – ask

If you learn about a trauma history, it doesn’t mean you have to fix it

Elizabeth Hudson LCSW
Cultural humility

Recognition that your own way of thinking is not the best or only way of thinking.

Tervalon and Murray-Garcia, J Health Care Poor Underserved, 1998
A Feedback Loop: Avoiding Stereotypes

Adapted from Som Saha, MD, MPH
In A Medical Office

Clinic

Self

Other
“I can tell within about 30 seconds of walking into a doctor’s office whether it is a safe place or not”

Related to Dr Jeff Todahl, U of Oregon Center for Prevention of Abuse and Neglect’
Trauma Informed Care

Not so much about WHAT we do in providing care, but more about HOW we provide that care.

Attitudes

Language and Cultural Barriers

Policies

Physical Environment
How a Trauma Informed Office is Different

◆ **Knowledge**: All Staff are aware of:
  - the prevalence of trauma
  - its impact on health and well-being

◆ **Safety**: All Staff are able to communicate with:
  - One another
  - Patients
  - Families
  In a manner that feels safe and respectful
◆ The Physical Environment
  ◆ Welcoming and Calm

◆ Families are Involved and Empowered:
  ◆ Clinical decision making
  ◆ Program Development
  ◆ Feedback is solicited
The Trauma Informed Office
Carrot Cake
“The world is moved not only by the mighty shoves of the heroes, but also by the aggregate of the tiny pushes of each honest worker.”

- Helen Keller
Every contact
Who benefits?

A trauma-informed organization:

• Increases safety
• Improves the social environment
• Cares for the caregivers
• Improves the quality of services
• Reduces negative encounters
• Increases success and satisfaction at work
• Promotes organizational wellness
• Improves the bottom line

Adapted from The National Council on Community Behavioral Healthcare
Where Do I Start?
Work Group

- Identify Strengths
- Acknowledge Challenges
- Cost/Impact Analysis
- Develop a Timeline
"I'm here about the details."
A bed of roses?
Maybe it is

• Working with individuals who are contending with early and/or chronic life stress can be stressful to providers.

- Identify strategies in the office flow to allow processing of stress among staff and providers
- Increase support among staff and providers
- Identify resources for ongoing support if you choose to incorporate trauma informed strategies
The Community

Larger Community

Clinic

Self

Other
HIGH CAPACITY COMMUNITIES REDUCE DEPRESSION & SERIOUS PERSISTENT MENTAL ILLNESS AMONG YOUNG ADULTS WITH 3-8 ACES

Significant differences after controlling for age, education, income, race/ethnicity, and ACE score.
Lincoln High School, Walla Walla

2009-2010 (Before trauma informed approach)
- 798 suspensions (days students were out of school)
- 50 expulsions
- 600 written referrals

2010-2011 (After new approach)
- 135 suspensions (days students were out of school)
- 30 expulsions
- 320 written referrals

ACEs Too High, April 2012
Who is on your side?

- **The CDC** (Center for Disease Control)
- **AAP** (American Academy of Pediatrics)
- **NCTSN** (National Child Traumatic Stress Network)
- **SAMHSA** (Substance Abuse and Mental Health Services Administration)
- **OHA** (Oregon Health Authority)
- **AMH** (Addictions and Mental Health)
- **TIO** (Trauma Informed Oregon)
“The solution to all adult problems tomorrow depends in large measure upon the way our children grow up today.”

- Margaret Mead
GO FOR IT!!!
Take 15 minutes

• Talk about three things you will plan to do to become more trauma-informed?

• What will you do individually in your role?

• What will the clinic do?

• Write down and Report back
Improving Child and Adolescent Health in Primary Care Settings

Trainings for Primary Care Providers Caring for Children and Adolescents in Oregon
Please complete the training evaluation form before you leave.
Thank you