Trauma 101: An Overview of Trauma-Informed Care
Because we will be interactive, we ask that everyone be mindful about maintaining a safe environment for discussion.

- Preserve confidentiality.
- Respect all opinions.
- Be self-protective.
- Share air space.
- Be question sensitive.
- Limit side conversations (including technology).
Please share:

• Your name

• Something you would like to share that you know about trauma
Goals

• Gain some basic information about trauma:
  What it is
  How it impacts children and adults
  Basics of brain structure
  Impact of trauma on the brain
  Components of trauma-informed care

• Promote a sense of urgency to effectively address trauma
We expect that participants will be impacted with increased:

- Clarity
- Respect
- Compassion
- Patience
- Tolerance
- Hope
Information and research on trauma-informed care is a newer field of study.

Some information may be a review for some participants.

There is more to know about trauma than we can present.

We acknowledge that when we know better, we have opportunities to do better.
Personal Safety Plan

A Safety Plan is a list of simple external and internal activities that a person can choose to use when feeling triggered or overwhelmed.

There is no universal safety plan. Each person needs to consider what contributes to feeling safe.

- **Internal** safety plans are plans that focus on what a person can do mentally to remain calm.

- **External** safety plans are plans that focus on what a person can physically do.
How many of you know about the ACEs Research?

Dr. Nadine Burke-Harris (TedTalk) received a medical degree at UC Davis and a Masters in Public Health from Harvard.

In 2015 she was called to work at the California Pacific Medical Center where she developed programs to address health disparities in the San Francisco Bay Area.

Ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime
Discussion

Reflect on and share:

• As a result of watching this clip, what is a new awareness you now have?

• What are the implications of this information?
Dr. Nadine Burke-Harris
Discussion

Reflect on and share:

• As a result of watching this clip, what is a new awareness you now have?

• What are the implications of this information?
<table>
<thead>
<tr>
<th>ACEs in PHL vs. Original Kaiser Sample</th>
<th>PHL Sample (N=1,784)</th>
<th>Kaiser Sample (N=17,337)</th>
<th>BRFSS, 2010 PA Sample (N=5,646)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Standard ACE Indicators</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional abuse†</td>
<td>33.2%</td>
<td>10.6%</td>
<td>30.8%</td>
</tr>
<tr>
<td>Physical abuse*†</td>
<td>35.0%</td>
<td>28.3%</td>
<td>13.2%</td>
</tr>
<tr>
<td>Sexual abuse*†</td>
<td>16.2%</td>
<td>20.7%</td>
<td>9.7%</td>
</tr>
<tr>
<td>Physical neglect*</td>
<td>19.1%</td>
<td>14.8%</td>
<td>Not measured</td>
</tr>
<tr>
<td>Emotional neglect*</td>
<td>7.7%</td>
<td>9.9%</td>
<td>Not measured</td>
</tr>
<tr>
<td>Substance using household member*</td>
<td>34.8%</td>
<td>26.9%</td>
<td>20.7%</td>
</tr>
<tr>
<td>Mentally ill household member*</td>
<td>24.1%</td>
<td>19.4%</td>
<td>15.1%</td>
</tr>
<tr>
<td>Witnessed domestic violence*†</td>
<td>17.9%</td>
<td>12.7%</td>
<td>14.0%</td>
</tr>
<tr>
<td>Incarcerated household member*</td>
<td>12.9%</td>
<td>4.7%</td>
<td>4.6%</td>
</tr>
<tr>
<td><strong>Urban ACE Indicators</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Witnessed violence</td>
<td>40.5%</td>
<td>Not measured</td>
<td>Not measured</td>
</tr>
<tr>
<td>Felt discrimination</td>
<td>34.5%</td>
<td>Not measured</td>
<td>Not measured</td>
</tr>
<tr>
<td>Unsafe neighborhood</td>
<td>27.3%</td>
<td>Not measured</td>
<td>Not measured</td>
</tr>
<tr>
<td>Experienced Bullying</td>
<td>7.9%</td>
<td>Not measured</td>
<td>Not measured</td>
</tr>
<tr>
<td>Lived in foster care</td>
<td>2.5%</td>
<td>Not measured</td>
<td>Not measured</td>
</tr>
</tbody>
</table>

*Asked slightly different than Kaiser; †† Asked slightly different than BRFSS.
The Value of Knowing About ACEs

- Appreciating the impact of ACEs is one key piece of understanding trauma

- In addition to ACEs, we can consider the impact of a variety of other traumas and chronic toxic stress
What is Trauma?

- An overriding emotional event involving deep distress, alarm, fear or terror
- “Neuro-electrical jolt”
- The event may be perceived as inescapable
- Sustained, toxic stress
- Powerful sensory memories are created which lead to a change in the neurological landscape through:
  - Fight
  - Flight
  - Freeze
  - Submit
  - Capitulation
Principles of Trauma

• Everyone has different responses, depending on their history of trauma, support, degrees of resilience and temperament

• Some trauma resolves on its own; some remains dormant until triggered

• Post Traumatic Stress (PTS) – high degree of stress for several days or weeks after a significant trauma

• Post-Traumatic Stress Disorder (PTSD) – stress symptoms are present three months after event
Early Brain Development

• Nurturing, responsive and individualized interactions from birth build healthy brain structure

• Healthy brain architecture is the necessary foundation required for optimal future learning, behavior and health
Key Brain Basics

- Human brain consists of about 84 billion neurons.
- Each neuron forms about 1,000 connections.
- One billion synapses in 1 cubic inch of brain tissue.
- 403 billion glia cells in each brain.
- 420 trillion synaptic boutons.
- 8.4 quadrillion synaptic proteins
- 2.5 quadrillion neuronal/brain cell interactions (electrical conversations) per minute.

Source: Dr. Bruce Perry • April 20, 2015
Stress and the Brain

- Excessive and repeated stress:
  - Neglect, violence
  - Chaos, unpredictability
  - Hostility, rejection
  - Poverty

- Causes disruption of brain architecture:
  - Impairs cell growth
  - Interferes with healthy neural circuits
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 institutionalized 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 brain develops from the bottom up and inside out.
Brainstem

Midbrain

Limbic

Cortex

- Abstract thought
- Concrete thought
- Affiliation, Attachment
- Sexual behavior
- Emotional reactivity
- Motor regulation
- States of arousal
- Appetite, Sleep
- Blood Pressure
- Heart Rate
- Body Temperature
Amygdala

- Small almond-sized structure; one on either side in the limbic system
- Processes incoming data
- Acts as sentry or router
- Ability to store sensory memories
- Can be activated in as little as 1/12th of a second, ordering the brain to release powerful neuro-chemicals so body is ready to fight, flee, freeze or capitulate
- “Hijacks” the brain
Amygdala

• Deep fear or terror, ACEs or chronic, toxic stress transforms the healthy amygdala into ones that are hyper-sensitive, easily agitated and prone to signaling the release of toxic levels of neuro-chemicals.

• The overly-reactive amygdala can lead to:

  - Hyper-arousal
  - Hyper-aggression
  - Dissociation
  - Inabilities to concentrate
  - Health problems

• The brain becomes inflamed from the excess neuro-chemicals surging through it.
Discussion

For three minutes reflect on and share:

• As you think about a person exposed to trauma, what changes in the brain do you think may occur?

• What are some of the implications of this information?
Kinds of Trauma

- Situational OR Relational
- Acute/Single Event
- Chronic Trauma
- Complex Trauma
- Chronic Toxic Stress
- Allostatic Load
- Developmental Trauma
- Attachment-Related Trauma
- Transgenerational Trauma
- Cultural/Political Trauma

- Community Traumas
- Medical Trauma
- War Trauma
- Vicarious Trauma
- Unprocessed Memories
- Adverse Childhood Experiences (ACEs)
- Occurred in the past vs currently being experienced
Brain Breaks

• Brain breaks are a quick and effective way of changing or focusing on the physical and mental state of the participants in the group.

• Research indicates that brain breaks also improve concentration and relieve stress.
A Powerful Image

Activity Part 1: 5 Minutes

Think about the population you serve:

What do they need to be working on in life?
What do they need to learn to do?
What do they need to be able to do?

Write your responses directly on the poster board provided.
Then trauma happens
A Powerful Image

Activity Part 2: 3 Minutes

1. Attach trauma shroud (black fabric) to poster board like a curtain.

2. On the post-it notes, write a type of adversity or trauma that your population experience(s). These can be general (i.e. poverty) or specific (i.e. house fire).

   Stick the post-it notes to the fabric.
A Powerful Image

Activity Part 3: 5 Minutes

1. When you think about these traumas, and the impact of trauma, make a list of some of the behaviors you might see as a result.

2. Write your list in Activity 3 column on handout provided.
A Powerful Image

Activity Part 4: 5 Minutes

1. How might a person who is uninformed about trauma view the challenging behaviors of the trauma-impacted person?

2. Write your list in Activity 4 column on handout provided.
A Powerful Image

Activity Part 5: 5 Minutes

1. Add now the next layer, a second shroud, to represent the misunderstandings a trauma-impacted person experiences.

2. Use the sticky notes and write some words to describe:

   How a trauma-impacted person views themself.

   What might they believe about themselves.
A Powerful Image

This is an image that allows us to appreciate the complex nature of trauma and its aftermath and what we are up against to change each of these layers.

Children and adults deserve the opportunity to work on their life tasks!
We don’t have to do everything. We only need to do our part.

Holley Gerth
incourage.me
of PART
for ourselves and others

Prevention: ensuring to whatever degree is possible that traumatizing events are prevented from occurring in the first place

• Create environments that are perceived and experienced as physically and emotionally safe

• Prevent traumatic experiences from impacting the brain in the first place and through awareness and education
Avoid: triggering or exacerbating trauma-related issues and needs

- Be aware of possible triggers, your own and others’
- Become mindful of your language and its impact
Respond: in trauma-informed ways

• When responding in a crisis, have effective strategies to help a child or adult following an incident that allows feelings to be expressed

• Project gentle and compassionate attunement
Therapeutic processes: recommend therapeutic processes that can promote recovery and healing

• Remember and recommend somatosensory therapies which are brain-friendly for people impacted by trauma

• Encourage support and intervention that promotes healing
How can you do your PART?

• Think about developing a mental checklist and informal protocols for interaction with a trauma-impacted person

• How can you begin to implement new strategies for a trauma-informed community?
Discover Reasons for HOPE
Theory of Everything

• Donna Jackson Nakazawa • *Childhood Disrupted: How Your Biography Becomes Your Biology and How You Can Heal*

• “Scientists are calling the correlation between childhood trauma, brain architecture and adult well-being the new psychological ‘theory of everything.’”

• “This unifying principle of this new ‘theory of everything’ is this: your emotional biography becomes your physical biology... Your early stories script your biology and your biology scripts the way your life will play out.”
• There are trauma-sensitive responses that can create systematic change.

• The brain is capable of healing and being changed.

• Communities are becoming brain-based and trauma-informed, directly impacting children and families.
Trauma-Sensitive Therapies & Programs

• Somatosensory Activities
• Yoga / Mindfulness
• Art & Music Therapy
• EMDR (Eye-Movement Desensitization Reprocessing)
• TFCBT (Trauma-Focused Cognitive Behavioral Therapy)
• Dr. Sandra Bloom’s Sanctuary Model
• Dr. Bruce Perry’s Neurosequential Model
• LGI / IFP Trauma Courses and Trauma-Competent Certification Process
• Schools and other systems that impact children and families can become brain-based with staff that is trauma-informed

• Schools and other systems can incorporate the principles and practices that:
  - Prevent ACEs, trauma and toxic stress
  - Avoid triggering and exacerbating trauma
  - Respond to students and others in effective ways when they are triggered
  - Provide Therapeutic interventions that promote healing
Post-Traumatic Growth

- A positive change experienced as a result of the struggle with a major life crisis or a traumatic event.

- Human beings \textit{can} be changed by their encounters with life challenges, sometimes in radically positive ways.

Source: https://ptgi.uncc.edu/what-is-ptg
Post-Traumatic Growth

- 300 studies since 1990
- 70% report positive psychological growth

1. New Opportunities
2. Closer Relationships
3. Stronger
4. Greater Appreciation for Life
5. Spiritual / Religious

Source: The Huffington Post: The Surprising Benefit of Going Through Hard Times 01/02/2016
The Single Most Significant Component of Healing

...is experiencing healthy relationships.

“Relationships are the agents of change and the most powerful therapy is human love.” (Dr. Bruce Perry)

“Healing takes place in the context of healthy relationships over time.” (Diane Wagenhals)
Reframe

• Instead of asking, "What’s wrong with you?"

• Trauma-informed people ask, "What happened to you?"

Joseph Foderaro
Psychoeducational Training Specialist
Drexel University College of Medicine
Reflections

In your group, discuss:

• What are your thoughts and feelings about the information?
• What’s going to stick with you?
• What do you and your colleagues need to do next?
# Continuum of Sophistication

<table>
<thead>
<tr>
<th>Training Time Needed (approximate)</th>
<th>Trauma-Aware</th>
<th>Trauma-Informed</th>
<th>Trauma-Sensitive</th>
<th>Trauma-Competent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2-4 hours</td>
<td>12-15 hours</td>
<td>40-50 hours</td>
<td>120+ hours</td>
</tr>
<tr>
<td></td>
<td><em>Trauma 101</em></td>
<td><em>Enhancing Trauma Awareness</em></td>
<td><em>Deepening Trauma Awareness</em></td>
<td><em>Applying Trauma Principles</em></td>
</tr>
<tr>
<td>General overall trauma knowledge</td>
<td>Basic awareness</td>
<td>Gained more sophisticated information</td>
<td>Becoming more sensitive</td>
<td>Ever-growing knowledge and skill base</td>
</tr>
<tr>
<td>Degrees of appreciation for current models</td>
<td>Introduction to the concept that there are several models</td>
<td>Enhanced awareness and understanding of specific approaches</td>
<td>Increased awareness and understanding of somatosensory approaches</td>
<td>Greater awareness and understanding of somatosensory approaches and related skills</td>
</tr>
</tbody>
</table>
To what extent did we:

1. Enhance your awareness and knowledge of trauma?
2. Increase awareness of ACEs?
3. Provide basics of brain growth and the impact of toxic stress?
4. Explain four components of PART?
5. Offer reasons for hope?
Resources

1. Child Trauma Academy
   childtraumaacademy.com

2. International Society for Traumatic Stress Studies
   istss.org

3. David Baldwin’s Trauma Information Pages
   trauma-pages.com

4. National Child Traumatic Stress Network
   nctsn.org
Resources

• Lakeside Global Institute
  lakesideglobal.org

• The ACEs Connection Network
  acesconnection.com

• Philadelphia Alliance for Child Trauma Services (PACTS)
  philadephiapacts.org

• United Way of Greater Philadelphia and Southern New Jersey
  unitedforimpact.org
Contact Information

• Lakeside Global Institute
  Beth Hall, Director of Administration
  bhall@lakesidelink.com

• Neurologic
  Joshua MacNeill, Director of Neurologic Initiatives
  jmacneill@lakesidelink.com

• Training Options
  lakesideglobal.org

• Lakeside’s Blog
  lakesideconnect.com
THE TRUTH ABOUT ACES

WHAT ARE THEY?

ACEs are ADVERSE CHILDHOOD EXPERIENCES

HOW PREVALENT ARE ACES?

The ACE study* revealed the following estimates:

<table>
<thead>
<tr>
<th>ABUSE</th>
<th>Percentage of Study Participants (n=17,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Abuse</td>
<td>28.3%</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>20.7%</td>
</tr>
<tr>
<td>Emotional Abuse</td>
<td>10.6%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NEGLECT</th>
<th>Percentage of Study Participants (n=17,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional Neglect</td>
<td>14.8%</td>
</tr>
<tr>
<td>Physical Neglect</td>
<td>9.9%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HOUSEHOLD DYSFUNCTION</th>
<th>Percentage of Study Participants (n=17,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household Substance Abuse</td>
<td>26.9%</td>
</tr>
<tr>
<td>Parental Death</td>
<td>23.3%</td>
</tr>
<tr>
<td>Household Mental Illness</td>
<td>10.4%</td>
</tr>
<tr>
<td>Mother Treated Violently</td>
<td>12.7%</td>
</tr>
<tr>
<td>Incarcerated Household Member</td>
<td>4.2%</td>
</tr>
</tbody>
</table>

WHAT IMPACT DO ACES HAVE?

As the number of ACES increases, so does the risk for negative health outcomes:

0 ACES | 1 ACE | 2 ACES | 3 ACES | 4+ ACES

Possible Risk Outcomes:

BEHAVIOR

- Lack of physical activity
- Smoking
- Alcoholism
- Drug use
- Missed work

PHYSICAL & MENTAL HEALTH

- Severe obesity
- Diabetes
- Depression
- Suicide attempts
- STDs
- Heart disease
- Cancer
- Stroke
- COPD
- Broken bones

rwjf.org/aces

*Source: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3518503/

Of 17,000 ACE study participants:

- 26% have experienced 0 ACES
- 29% have 1 ACE
- 18% have 2 ACES
- 16% have at least 3 ACES
- 6% have at least 1 ACE
Prevent

- Intentionally create and maintain physically, emotionally and relationally safe environments, especially for children. Have each person create and use a personal Safety Plan. Incorporate principles and practices from Dr. Sandra Bloom’s Sanctuary Model.
- Prevent situations or interactions where children feel overwhelmed, terrified and powerless.
- Teach and encourage children to be kind and caring. Do not tolerate bullying by other children or adults.
- Differentiate between healthy and toxic stress. Intentionally allow and even create healthy stress experiences while avoiding those that produce toxic stress.
- Become an advocate for effective parenting education training and other ways to nurture, inform and inspire parents/caregivers to provide safe, predictable environments for children.
- Be attuned and attentive to children’s needs, be seen as a safe harbor for children, especially when they are distressed.
- Find creative ways to empower children and adults.
- If and when something potentially traumatizing occurs, incorporate an effective Trauma Response Procedure to prevent PTS or PTSD.

Avoid (Exacerbating or Triggering Trauma-Related Reactions)

When interacting with a child or adult who has trauma-related issues and needs:

- Learn the possible triggers for each child or adult with unresolved trauma (loud noises, certain smells, feeling trapped, etc.) and intentionally avoid those triggers.
- Give children or adults warnings when something may be about to happen that could potentially trigger them so they can be prepared.
- Avoid raising your voice, yelling or any form of aggression (grabbing, pushing, backing a child into a corner).
- Avoid threatening or punishing. (“Do that one more time and you’ll be sorry!”)
- Avoid shaming messages. (“There is no good reason for this behavior!” “You are bad!” “You should be ashamed of yourself!”)
- Avoid fear-inducing messages. (“You better be careful because something bad is going to happen and you will be sorry!”)

Respond (in Trauma-Sensitive Ways)

Credit to Peter Levine (Trauma Through a Child’s Eyes) for many of these principles

- Project gentle and compassionate attunement; be physically present while respecting person’s personal space.
- Acknowledge possible thoughts, feelings and sensations. (“You are feeling scared and confused.”)
- Encourage release of bodily energies: shaking, trembling, crying, the need to pace.
- Encourage sipping cold water.
- Listen to, but do NOT encourage or force, re-telling of experience; take cues from person as to how much they want to share.
- Gently affirm and normalize reactions, especially somatic ones.
Respond (in Trauma-Sensitive Ways) continued
Credit to Peter Levine (Trauma Through a Child’s Eyes) for many of these principles
- Insist that person refrain from resuming normal activities.
- Watch and listen for cues that there has been adequate release of traumatic energy: spontaneous deep breath, slumping.
- Check pulse for return to normal levels.
- Predict possible recycling of sensations.
- Check your own responses and ask for help with your own sensory processing.

Therapeutic (Strategies and Interventions)
Incorporate principles from Levine’s Somatic Experiencing and Bruce Perry’s Neurosequential Models that focus on prescriptive strategies for promoting self-regulation, recovery and healing.

Some examples of general regulation-promoting activities include:
- Bilateral stimulation (i.e. tapping)
- Vestibular stimulation (i.e. bouncing, jumping, rocking, swinging)
- Aroma therapy
- Trauma-sensitive music
- Weighted vests or blankets
- Proprioceptive activities (lifting, pushing, moving heavy items)
- Martial arts
- Chewing sticks, sucking on pencil tops or lollipops
- Drumming
- Animal-assisted activities
- Somatosensory activities (EMDR, yoga, mindfulness)
- Breathing exercises
- Progressive muscle relaxing

Other therapeutic interventions include:
- Drinking cold water
- Tracking changes in heart rate
- Teaching children, adolescents, parents and school staff basics of brain development, brain states and the impact of trauma on the brain
- Generating neurosequential maps (Bruce Perry’s model)
- Utilizing trauma-informed therapies

A critical perspective about the nature of trauma is found in Treating Traumatic Stress in Children and Adolescents: How to Foster Resilience through Attachment, Self-Regulation, and Competency by Blaustein and Kinniburgh: “The experience of trauma is complex. Trauma varies in type, source, chronicity, and impact; it is experienced at different developmental stages, within different contexts—family, community, and culture—and in the presence or absence of different internal and external resources and challenges. It is not surprising, then, that disparity exists in our understanding of trauma, in its manifestations, and in its proper treatment.”

By appreciating how complex trauma can be, both in its nature and in approaches that help mitigate symptoms and promote healing, we promote humility and confidence in our approaches to training.
Presenters:
Cathleen Stith Watkins, Lakeside Global Institute Trainer
Marc Calica, Lakeside Global Institute Trainer

Ground Rules
• Because we will be interactive, please be mindful about maintaining a safe environment

Welcome

Goals & Impact
• Gain some basic information about trauma
  - What it is
  - How it impacts children and adults
  - Basics of brain structure and development
  - Impact of trauma on the brain
  - Components of trauma-informed care

Predictions, Acknowledgements & Disclaimers
• Most of the information and research on trauma-informed care is fairly recent
• For some people this information may be a review and for others it may be a new experience
• Learning about trauma may be painful both personally and professionally
• There is more to know about trauma than we can present in 2 hours

Safety Plan
• List of simple external and internal activities

Dr. Nadine Burke-Harris – Ted Talk

Discussion

ACES in Philadelphia
• Versus Original Kaiser Sample
• Value of Knowing about ACEs

What is Trauma?
• An overriding emotional event involving deep distress, alarm, fear or terror
• “Neuro-electrical Jolt”
• The event is perceived as inescapable
• Neurological landscape changes – Fight, Flight, Freeze, Submit, Capitulation Responses

Principles of Trauma
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• Some trauma resolves on its own
• Some trauma remains dormant
• PTS and PTSD

Brain Development
• Early brain development
• Key brain basics
• Stress and the brain

Amygdala
Discussion
Kinds of Trauma
- Situational OR Relational
- Acute/Single Event
- Chronic Trauma/Chronic Stress
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- Complex Trauma
- Developmental Trauma
- Toxic Stress
- Allostatic Load

- Attachment-related trauma
- Cultural/Political Trauma
- Medical Trauma
- War Trauma
- Vicarious Trauma
- Unprocessed Memories
- Adverse Childhood Experiences (ACEs)

Brain Breaks
Powerful Image

PART
1. Prevention
2. Avoid Triggers
3. Respond Appropriately
4. Therapeutic Processes

How can you do your PART?

Theory of Everything

Hope
Post-Traumatic Growth
The Single Most Significant Component of Healing

Reframe
- Instead of “What’s wrong with you?” trauma-informed people ask “What happened to you?”

Reflections
Continuum of Sophistication

Resources
- Lakeside Global Institute
- United Way of Greater Philadelphia and Southern New Jersey
- ACEs Connection
- ChildTrauma Academy - Dr. Bruce Perry
- Dr. Sandra Bloom
- Campaign for Trauma Informed Policy and Practice