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Trauma-Informed Care Practices & Strategies for Addressing Compassion Fatigue

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ARIZONA STATE UNIVERSITY

Introductions

- name
- profession/job
- write one thing that you can not live (don’t share)

Acknowledgements & Disclaimer

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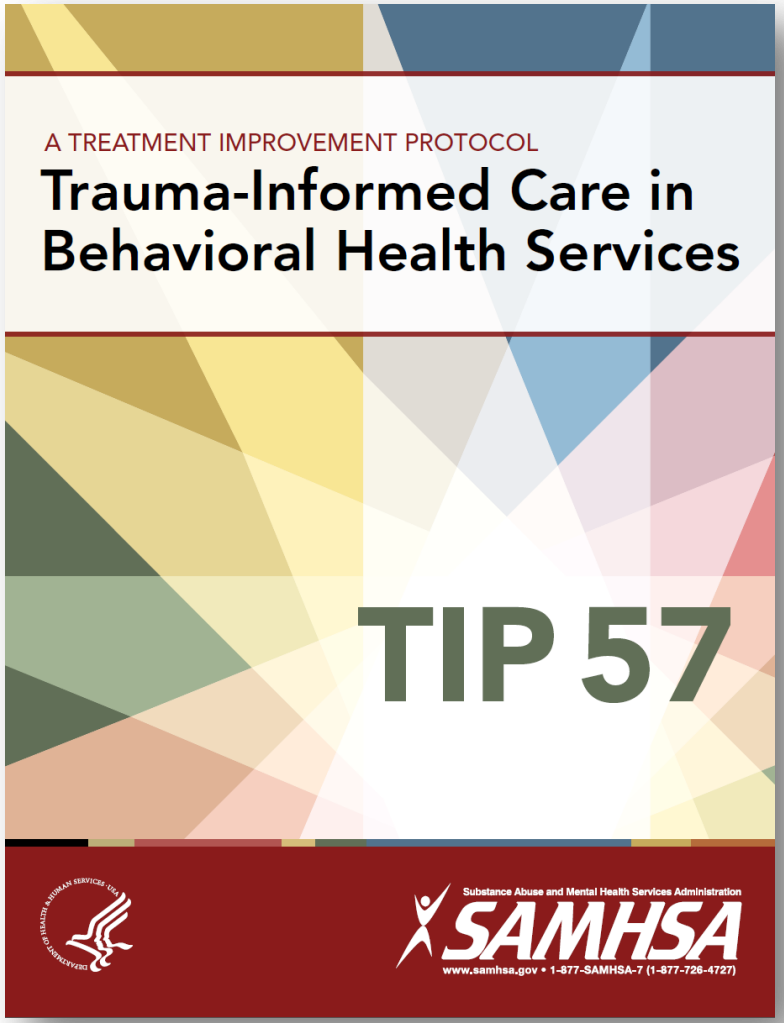
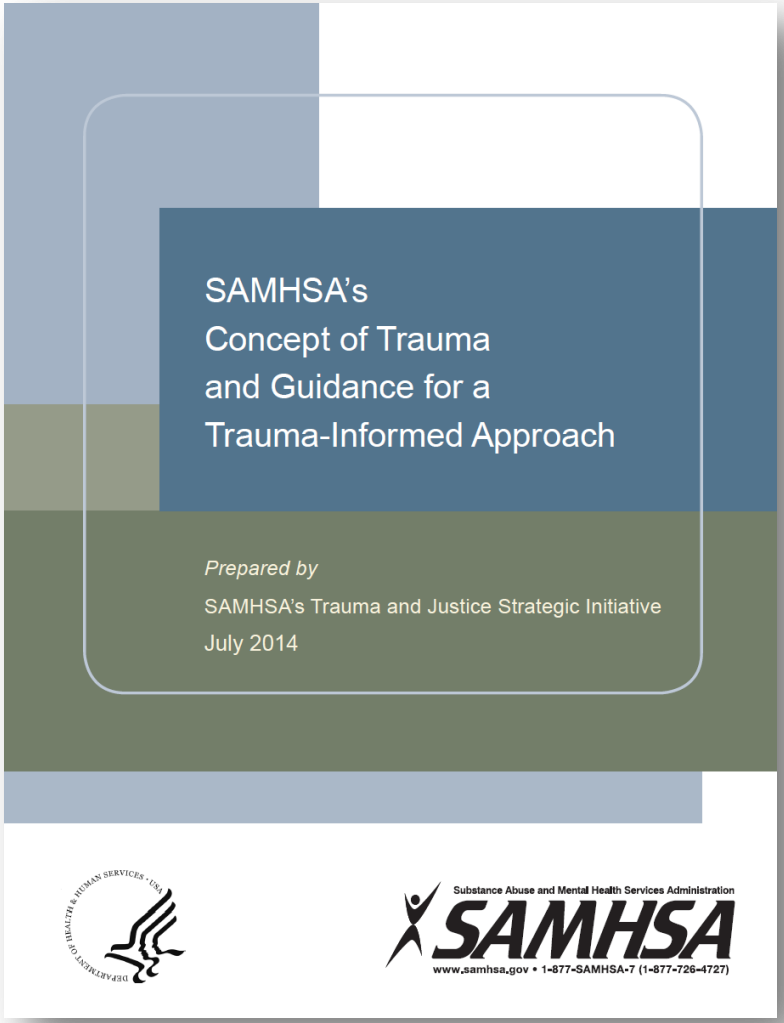
Resources & References





trauma awareness

natural or human-caused disasters

individual trauma

physical injuries

group trauma (first responders & military)

cultural trauma

historical/generational

mass trauma

interpersonal

developmental traumas

Learning Objectives

Participants will be able to :

1. describe the prevalence and effect of trauma in our lives and the lives of those we serve;
2. describe the ACE study in terms of symptom development and the integration of physical and behavioral health;
3. list three examples of the principles of a trauma-informed approach or trauma-specific interventions designed to address the consequences of trauma in the individual and to o facilitate healing; and
4. recognize, cope, and reduce/eliminate compassion fatigue.

part I: prevalence of & the effect of trauma in our lives & the lives of those we serve

Trauma-Informed Care: a sociocultural perspective

Many individuals who seek treatment in behavioral health settings have histories of trauma, but they often **don’t recognize the significant effects of trauma in their lives**; either they don’t draw connections between their trauma histories and their presenting problems, **or they avoid the topic altogether.**

Imagine a place that…

- asks "**What happened to you?"** instead of "*What is wrong with you?*
- understands past trauma can be triggered by experiences in the present
- is committed to supporting people as they heal
- leaves a person feeling enlightened and empowered

between 55% and 90%

of us have experienced at least one traumatic event

FALLOT & HARRIS

61% **of men and** **51%** **of women**

reported experiencing at least one traumatic event

National Comorbidity Study

Prevalence of Trauma for Persons in Adult Substance Use Disorder Treatment Settings

- up to **two-thirds of men and women** in substance use disorder treatment **report childhood abuse & neglect** *(SAMSHA CSAT, 2000)*
- study of male veterans in an inpatient unit
  - **77% exposed to severe childhood trauma**
  - **58% history of lifetime PTSD** *(Triffleman et al, 1995)*
- **55-99% of women** with substance use disorders have a lifetime history of trauma; **50% of women in treatment** have **history of rape or incest**

(Najavits et. al., 1997; Gov. Commission on Sexual and Domestic Violence, Commonwealth of MA, 2006)

sociodemographic factors

gender

age

sexual orientation and gender identity

homelessness

Many who are homeless have experienced
multiple traumas

What is Traumatic Stress?

- overwhelming experience
- involves a threat
- results in vulnerability and loss of control
- leaves people feeling helpless and fearful
- interferes with relationships and beliefs

sources of traumatic stress

- loss of a loved one
- accidents
- homelessness
- community/school violence
- domestic violence
- neglect
- physical abuse
- sexual abuse
- man-made or natural disasters
- terrorism
- incarceration

Reactions to Traumatic Events

For some people, reactions to a traumatic event are **temporary**, whereas others have **prolonged** reactions that move from acute symptoms to more severe, prolonged, or enduring **mental health consequences** and **medical problems**.

To illustrate…

- That one thing you can NOT live without is suddenly, inexplicably, violently, taken away.
- How is that working for you?

The Stress Response…

The human brain has a built-in alarm system that signals us when we may be in danger

The body uses increased energy to respond to danger in 1 of 5 ways

Flight

Fight

Collapse

Freeze

Dissociate

signs and symptoms

distracted

poor concentration

“spacing out”

easily startled

doesn’t like people close

behavioral problems

hyper-vigilance

mood fluctuations

aggressive/angry

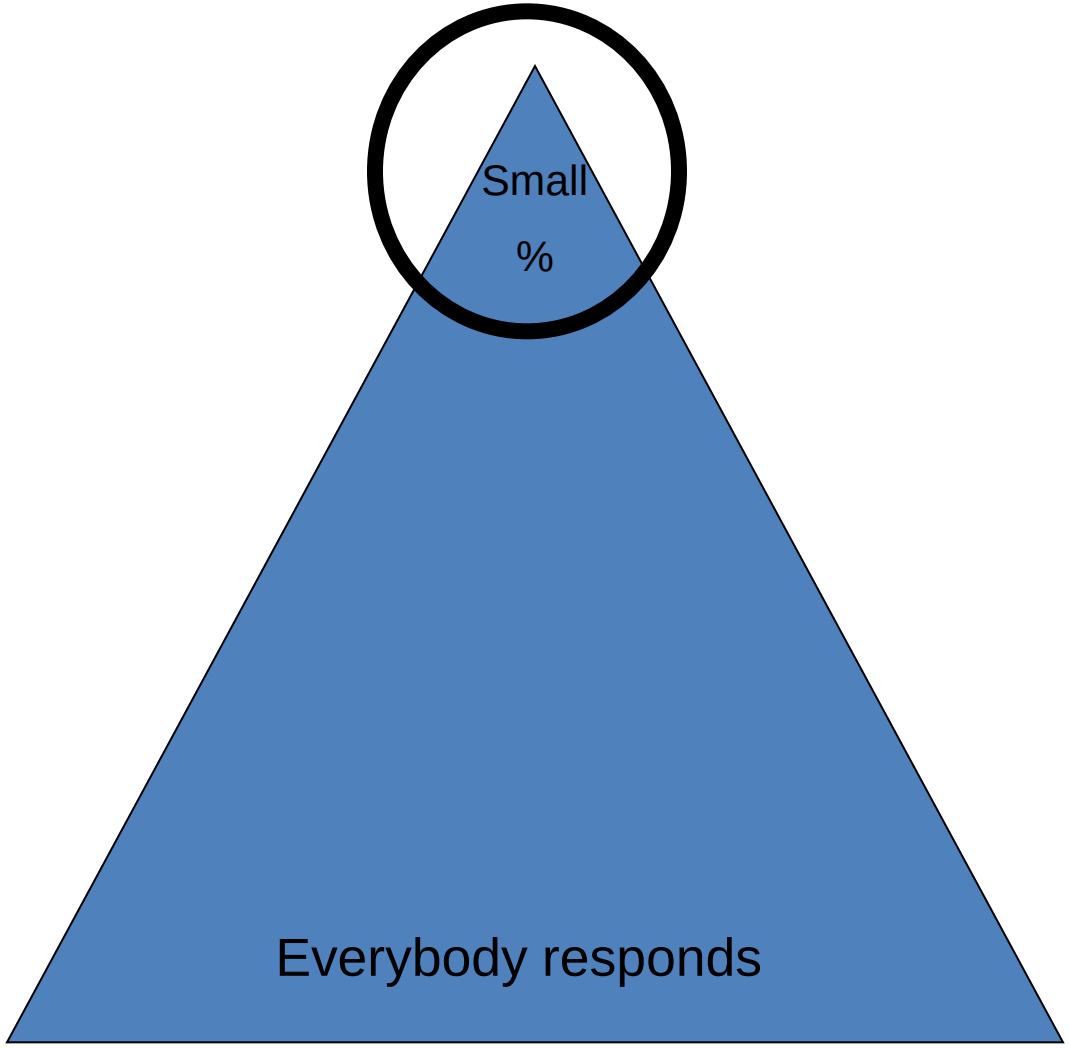
suicidal gestures

doesn’t like to be touched

Continuum of Responses

Response is long-term, intrusive, and severe.

Response is intense, but recovery is relatively quick.



History and Current Functioning Influences Response to Trauma

- Prior exposure to trauma
- Mental health concerns

History

- Current living situation
- Strengths/coping skills

Current Functioning

Characteristics of Traumatic Events Influence Response to Trauma

- What was the nature of the event?
- How severe was it?
- How long did it last?

Developmental Status Influences Response to Trauma

Culture Influences of Trauma

"A broad **understanding of culture** leads us to realize that ethnicity, gender identity and expression, spirituality, race, immigration status, and a host of other factors affect not just the experience of trauma but **help** seeking behavior, treatment, and recovery."

NATIONAL CHILD TRAUMATIC STRESS NETWORK

Traumatic experiences are often

interpersonal in nature, prolonged, repeated, and severe

TERR, GILLER, & FELITTI

Reactions to Trauma

emotional dysregulation

numbing

physical

somatization

biological & cognitive

hyper arousal and sleep disturbances

behavioral

common mental health issues related to trauma

ASD

Depression

PTSD

Anxiety

common physical health responses to trauma

Nervousness

Stomach aches

Headaches

Numbness

Bruises & cuts

Gynecological pain

Fatigue

Difficulty sleeping

Compromised immune system

nausea

common cognitive issues related to trauma

- poor problem-solving
- learning difficulties
- thinking brain is constantly being “shut off
- feeling different

triggers

- triggers include seeing, feeling, or hearing something that reminds us of past trauma
- triggers activate the alarm system
- when the alarm system is activated, but there is no danger, it is a false alarm
- the response is as if there is current danger

flashbacks

dissociation, depersonalization, and derealization

- dissociation is a mental process that severs connections among a person’s thoughts, memories, feelings, actions, and/or sense of identity.
- dissociation happens because the person is engaged in an automatic activity and is not paying attention to his or her immediate environment.

behavioral

- re-experiencing
- self-harm and destructive behaviors
- substance use and abuse
- avoidance
- social and interpersonal

part II: implications of the ACE study

“Adult relationships
are influenced by…
our **first** and **most profound relationship**.”

KARR-MORSE & WILEY

Strong predictors of later social functioning, well-being, health risks, disease, and death

26,000 adults invited to participate;
17,337 accepted
Solidly middle class
Average age = 57

ACE Questions:

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household **often or very often**… Swear at you, insult you, put you down, or humiliate you? **Or** Act in a way that made you afraid that you might be physically hurt?
2. Did a parent or other adult in the household **often or very often**… Push, grab, slap, or throw something at you? **Or Ever** hit you so hard that you had marks or were injured?
3. Did an adult or person at least 5 years older than you **ever**… Touch or fondle you or have you touch their body in a sexual way? **Or** Attempt or actually have oral, anal, or vaginal intercourse with you?
4. Did you **often or very often** feel that … No one in your family loved you or thought you were important or special? **Or** Your family didn't look out for each other, feel close to each other, or support each other?

ACE Questions: Con't

5. Did you **often or very often** feel that … You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? **Or** Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

6. Were your parents **ever** separated or divorced?

7. Was your mother or stepmother: **Often or very often** pushed, grabbed, slapped, or had something thrown at her? **Or Sometimes, often, or very often** kicked, bitten, hit with a fist, or hit with something hard? **Or Ever** repeatedly hit at least a few minutes or threatened with a gun or knife?

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?

9. Was a household member depressed or mentally ill, or did a household member attempt suicide?

10. Did a household member go to prison?

THE TRUTH ABOUT ACEs

WHAT ARE THEY?

ACEs are

ADVERSE CHILDHOOD EXPERIENCES

The three types of ACEs include

ABUSE
- Physical
- Emotional
- Sexual

NEGLECT
- Physical
- Emotional

HOUSEHOLD DYSFUNCTION
- Mental Illness
- Incarcerated Relative
- Mother treated violently
- Substance Abuse
- Divorce

HOW PREVALENT ARE ACEs?

The ACE study revealed the following estimates:*

ABUSE

Physical Abuse	28.3%
Sexual Abuse	20.7%
Emotional Abuse	10.6%

percentage of study participants that experienced a specific ACE

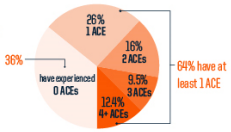
NEGLECT

Emotional Neglect	14.8%
Physical Neglect	9.9%

HOUSEHOLD DYSFUNCTION

Household Substance Abuse	26.9%
Parental Divorce	23.3%
Household Mental Illness	19.4%
Mother Treated Violently	12.7%
Incarcerated Household Member	4.7%

Of 17,000 ACE study participants:



WHAT IMPACT DO ACEs HAVE?

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

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

Robert Wood Johnson Foundation

*Source: http://www.cdc.gov/ace/prevalence.htm

THE TRUTH ABOUT ACEs

WHAT ARE THEY?

ACEs are

ADVERSE CHILDHOOD EXPERIENCES

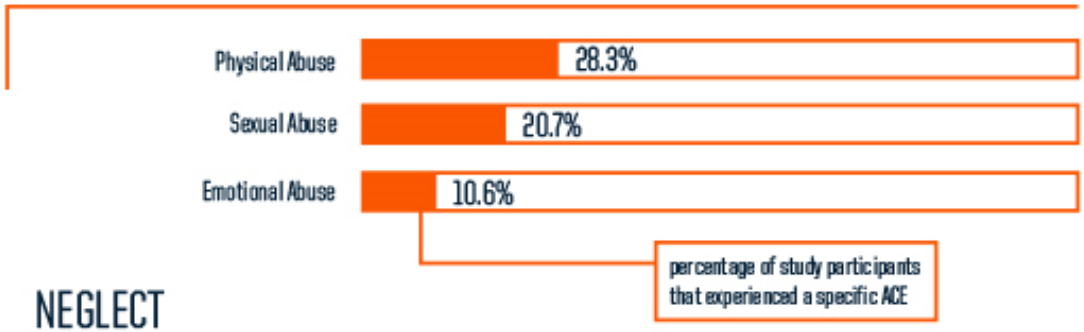
The three types of ACEs include

ABUSE	NEGLECT	HOUSEHOLD DYSFUNCTION	
Physical	Physical	Mental Illness	Incarcerated Relative
Emotional	Emotional	Mother treated violently	Substance Abuse
Sexual		Divorce	

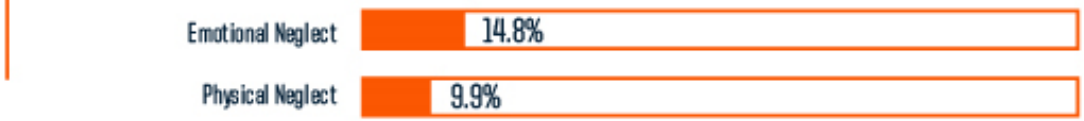
HOW PREVALENT ARE ACEs?

The ACE study revealed the following estimates:*

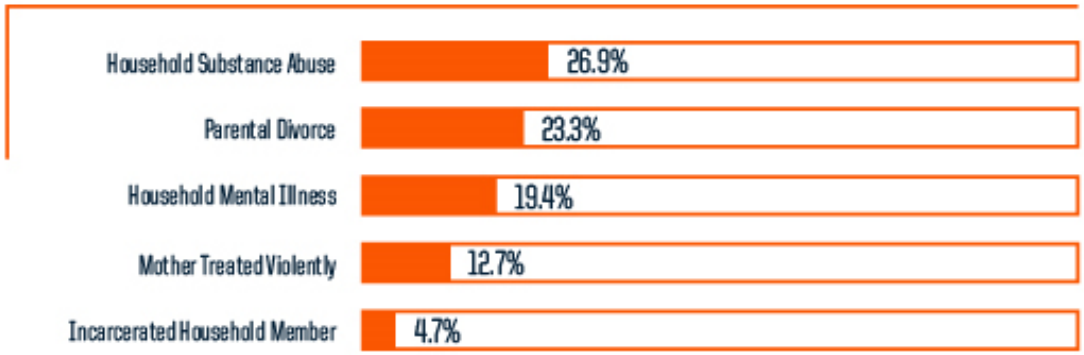
ABUSE

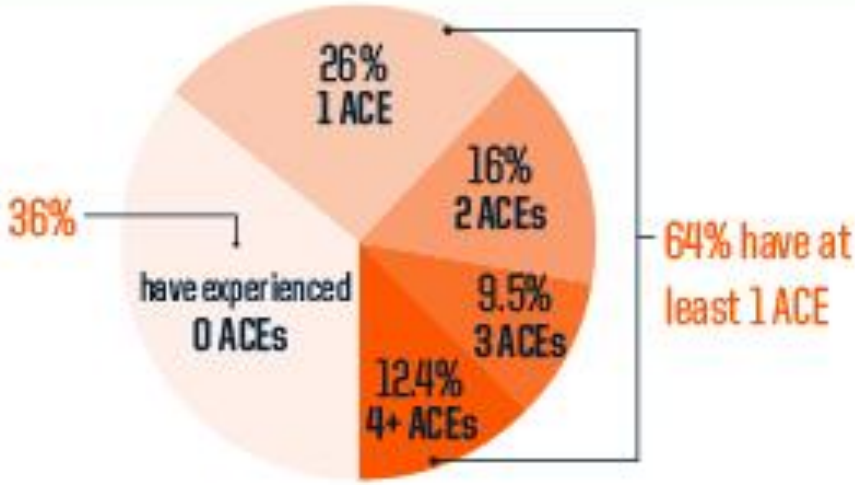


NEGLECT



HOUSEHOLD DYSFUNCTION




26%
1 ACE
16%
2 ACEs
9.5%
3 ACEs
12.4%
4+ ACEs
36%
have experienced
0 ACEs
64% have at
least 1 ACE

WHAT IMPACT DO ACEs HAVE?
As the number of ACEs increases, so does
the risk for negative health outcomes
RISK
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

Top 10 Risk Factors for Death in USA

1. smoking
2. severe obesity
3. physical inactivity
4. depression
5. suicide attempt
6. alcoholism
7. illicit drug use
8. injected drug use
9. 50+ sexual partners
10. history of STD

ACEs Too High – www.acestoohigh.com

Long Term Consequences of Unaddressed Trauma

- Ischemic heart disease
- Cancer
- Chronic lung disease
- Chronic emphysema
- Asthma
- Liver disease
- Skeletal fractures
- Poor self rated health
- HIV/AIDS

Relationship of Childhood Trauma to Adult Health

Adverse Childhood Experiences (ACE) have serious health consequences

- Adoption of health risk behaviors as coping mechanisms
  - eating disorders, smoking, substance abuse, self harm, sexual promiscuity
- Severe medical conditions: heart disease, pulmonary disease, liver disease, STDs, and cancer
- Early death

When a person experiences several adverse events in childhood, the risk of his or her *heavy drinking, self-reported alcohol dependence, and marrying a person who is alcohol dependent* is

2-4 times greater

than that of a person with no ACEs.

SAMSHA TIP 57

ACEs

"Male child with an ACE score of **6** has a **4600%** increase in likelihood of later becoming an IV drug user when compared to a male child with an ACE score of **0**."

- *Might heroin be used for the relief of profound anguish dating back to childhood experiences? Might it be the best coping device that an individual can find?"*
- *Is drug abuse self-destructive or is it a desperate attempt at self-healing, albeit while accepting a significant future risk?"*

FELITTI

ACE score of 6 or more may result in a

20 year decrease

in

life expectancy

ACEs Often Last a Lifetime . . But They Don’t **Have To**

healing can occur

the cycle can be broken

safe, stable, nurturing relationships heal

part III: principles of a trauma-informed approach and trauma-specific interventions

key elements of Trauma-Informed Approach

realizing the prevalence of trauma

recognizing how trauma affects all individuals involved with the program, organization, or system, including its own workforce

responding by putting this knowledge into practice

SAMHSA, 2012

Ways to Cope with Stress Response

1. **Step Back**

2. **Take a Deep Breath**

3. **Dive Back In**

Impact of Trauma: Person's World View

- The world is an unsafe place to live in
- Other people are unsafe and cannot be trusted
- The individual's own thoughts and feelings are unsafe
- Individuals anticipate continued crises, danger, and loss
- Lack of belief in self-worth and capabilities

Impact of Trauma: Accessing/Receiving Services

"I had been **coerced into treatment** by people who said they're trying to help…These things all re-stimulated the feelings of futility, reawakening the sense of hopelessness, loss of control I experienced when being abused…these **episodes reinforced my sense of distrust** in people and belief that "help" meant humiliation, loss of control, and dignity."

LAURA PRESCOTT

Healing from Sanctuary Trauma

"A traumatic experience impacts the **entire person** – the way we think, the way we learn…the way we feel about ourselves…the way we make sense of the world..."

BLOOM

The Sanctuary Model promotes safety and recovery through creation of a trauma-informed community in a healing environment. It renders future violence unnecessary.

Trauma Informed Care 101

Comparing Approaches

Traditional Approaches

- Problems/Symptoms are discrete and separate
- Hierarchical
- Individual behavior is viewed as “manipulative” or “working the system”

Trauma-Informed

- Problems/symptoms are inter-related responses to or coping mechanisms to deal with trauma
- Shares power/Decreases hierarchy
- Individual behaviors are viewed as adaptations/ways to get needs met

ADAPTED FROM L. PRESCOTT

Comparing Approaches

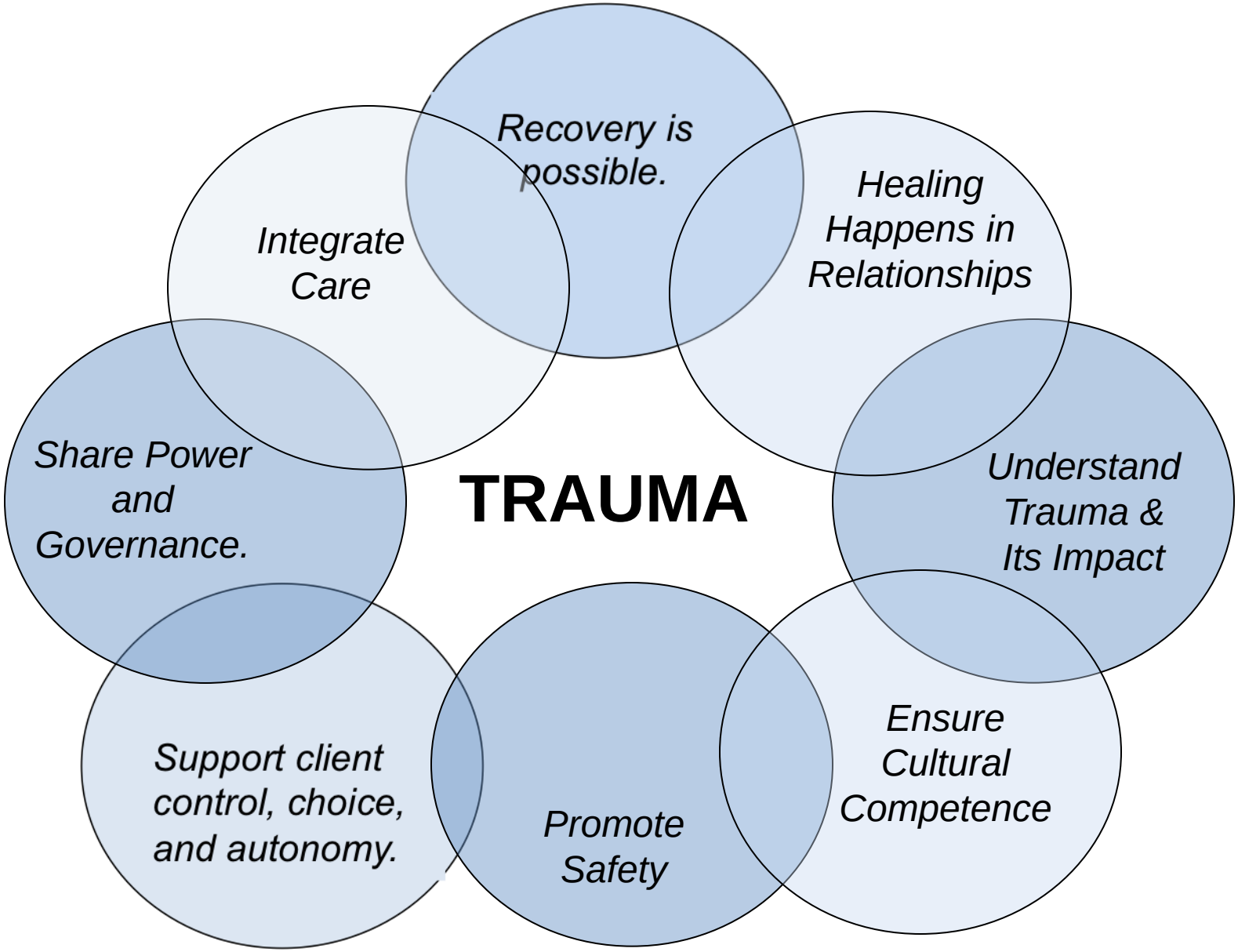
Traditional Approaches

- People providing shelter and services are the experts
- Primary goals are defined by service providers and focus on symptom reduction
- Reactive – services and symptoms are crisis driven and focused on minimizing liability
- Sees individuals as broken, vulnerable and needing protection from themselves

Trauma-Informed

- Homeless families are active experts and partners with service providers
- Primary goals are defined by homeless families and focus on recovery, self-efficacy, and healing
- Proactive – preventing further crisis and avoiding re-traumatization
- Understands providing choice, autonomy and control is central to healing

Principles of a Trauma-Informed System



How do you provide Trauma-Informed services?

To the best of your ability and within your given time constraints:

- Lose the labels
- Let the individual tell their story
- Give the person time and space to tell their story
- Let the survivor lead
- Respect their voice and choice
- Recognize the survivor’s comfort level
- Consider the survivor’s perspective from their cultural context

Establishing a Safe and Welcoming Physical Environment

Draw **ONE** of the following:

- Community room
- Office
- Waiting/reception area
- Apartment

Think about the physical layout, security, privacy, and atmosphere of the space

Components of a Safe and Welcoming Physical Environment

- Locks on bathroom doors
- Ways for staff to be least intrusive
- Designate a “quiet room”
- Create a calming atmosphere
- Reflect the talents and cultures of the people you serve in your environment (e.g., artwork)
- Child-friendly spaces (if applicable)

Establishing a Supportive Environment

- Consistency and predictability
- Transparency
- Safety and crisis planning
- Cultural competence
- Privacy and confidentiality
- Open and respectful communication
- Building trusting relationships

Consistency and Predictability

How can your organization become more consistent and predictable?

How can you increase consistency and predictability in your work?

Open and Respectful Communication

Name three things your organization does to communicate openly and respectfully with individuals and families?

Name three ways your organization could improve the way that you communicate openly and respectfully with individuals?

Support Control, Choice, and Autonomy

- What information would be helpful for us to know about what happened to you?
- Where/when would you like us to call you?
- How would you like to be addressed?
- Of the services I've described, which seem to match your present concerns and needs?
- From your experience, what responses from others appear to work best when you feel overwhelmed by your emotions?

How are people informed about how your program responds to personal crises??

Safety Planning and Crisis Prevention

In order to avoid re-traumatizing individuals, to foster empowerment and increase partnerships with individuals, it is essential to plan as far in advance as possible.”

LAURA PRESCOTT

Building Trusting Relationships

- Patience
- Respect
- Affirmation
- Ask about needs
- Assist in goal setting
- Know your role

Recovery from trauma is POSSIBLE!

Recovery from PTSD is POSSIBLE!

- Support individuals to grow beyond the stress response
- Support individuals as they learn new, non-trauma based responses to life challenges

Post Traumatic Growth

After trauma people demonstrate growth in:

- Perception of self as strong and resilient
- New possibilities: interests, activities, paths, careers
- Improved relationships with others
- Appreciation of life
- Spiritual change

“I am more vulnerable than I thought, but much stronger than I ever imagined.”

UNKNOWN

Let’s practice…

Supporting a person
who is experiencing traumatic stress.

What can you do?
What can you say?

Trauma Specific Interventions

immediate interventions-
basic needs, psychological first aide and critical incident & stress debriefing

cognitive–behavioral therapies

therapies

exposure therapy

narrative therapy

stress inoculation training

Integrated Models for Trauma

- Addiction and Trauma Recovery Integrated Model (ATRIUM)
- Beyond Trauma: A Healing Journey for Women
- Concurrent Treatment of PTSD and Cocaine Dependence
- Integrated CBT
- Seeking Safety
- Substance Dependence PTSD Therapy
- Trauma Affect Regulation: Guide for Education and Therapy (TARGET)
- Trauma Recovery and Empowerment Model (TREM)

I've 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

part IV:
compassion fatigue

Compassion Fatigue Quiz

1. How often are you tired and lacking energy to go to work in the morning?
2. **How often do you feel physically drained, as if your batteries were dead?**
3. How often is your thinking process sluggish or your concentration impaired?
4. **How often do you struggle to think over complex problems at work?**
5. How often do you feel emotionally detached from co-workers or individuals, and unable to respond to their needs?

Compassion Fatigue…when helping others hurts…

What is Compassion Fatigue?

Compassion Fatigue

- Caring too much can hurt. When caregivers focus on others without practicing self-care, destructive behaviors can surface

- Apathy, isolation, bottled up emotions, and substance abuse head a long list of symptoms associated with the secondary traumatic stress disorder now labeled: **compassion fatigue**

History of Compassion Fatigue

Civil War — a “soldiers heart”

WWI — “shell shock”

WWII — “combat exhaustion,”

“A-bomb disease,”“survivor syndrome”

Vietnam — “post traumatic stress disorder”

Current — “Compassion Fatigue”

Compassion Fatigue. . . formally known as

- Secondary Traumatic Stress Disorder
- Burnout
- Secondary Victimization
- Vicarious Traumatization
- Emotional Hijacking
- Cumulative Stress

Compassion Fatigue

Not “burnout”but it is related - burnout is associated with stress and hassles involved in your work; it is very cumulative, is relatively predictable and frequently a vacation or change of job helps a great deal

An occupational hazard - most everyone who cares will develop of varying degrees of it

Attacks the very core of what brought us into this work - our empathy and compassion for others

Secondary Trauma Stress (STS)

- an element of compassion fatigue (CF) and related to vicarious trauma (VT)

- about your work-related, secondary exposure to extremely stressful events

Signs of Secondary Traumatic Stress

- manifests as reactions of grief, rage, and outrage, which grow as we repeatedly hear about and see our persons' pain and loss
- also evident in our own emotional numbing and our wish "not to know"

What are other signs?

How do you
recognize
Compassion Fatigue?

Compassion Fatigue Symptoms

Feelings of despair and hopelessness

Decrease in feelings of pleasure

Constant stress and anxiety

Pervasive negative attitude

Feelings of being overwhelmed

Organizational Symptoms of Compassion Fatigue

- High absenteeism
- Constant changes in co-workers relationships
- Inability for teams to work well together
- Desire among staff members to break company rules
- Outbreaks of aggressive behaviors among staff
- Inability of staff to complete assignments and tasks
- Inability of staff to respect and meet deadlines
- Lack of flexibility among staff members
- Negativism towards management
- Strong reluctance toward change
- Lack of a vision for the future

Symptoms of Compassion Fatigue

- substance abuse
- chronic lateness
- depression
- sleep disturbances
- anger
- exhaustion (physical /emotional)
- workaholism
- hypertension
- blaming
- less ability to feel joy
- increased irritability
- frequent headaches
- low self-esteem

Self Assessment

Answer "yes" or "no" to the questions below:

1.__ Personal concerns commonly intrude on my professional role.

2.__ My colleagues seem to lack understanding.

3.__ I find even small changes enormously draining.

4.__ I can't seem to recover quickly after association with a traumatic event.

5.__ Association with trauma affects me very deeply.

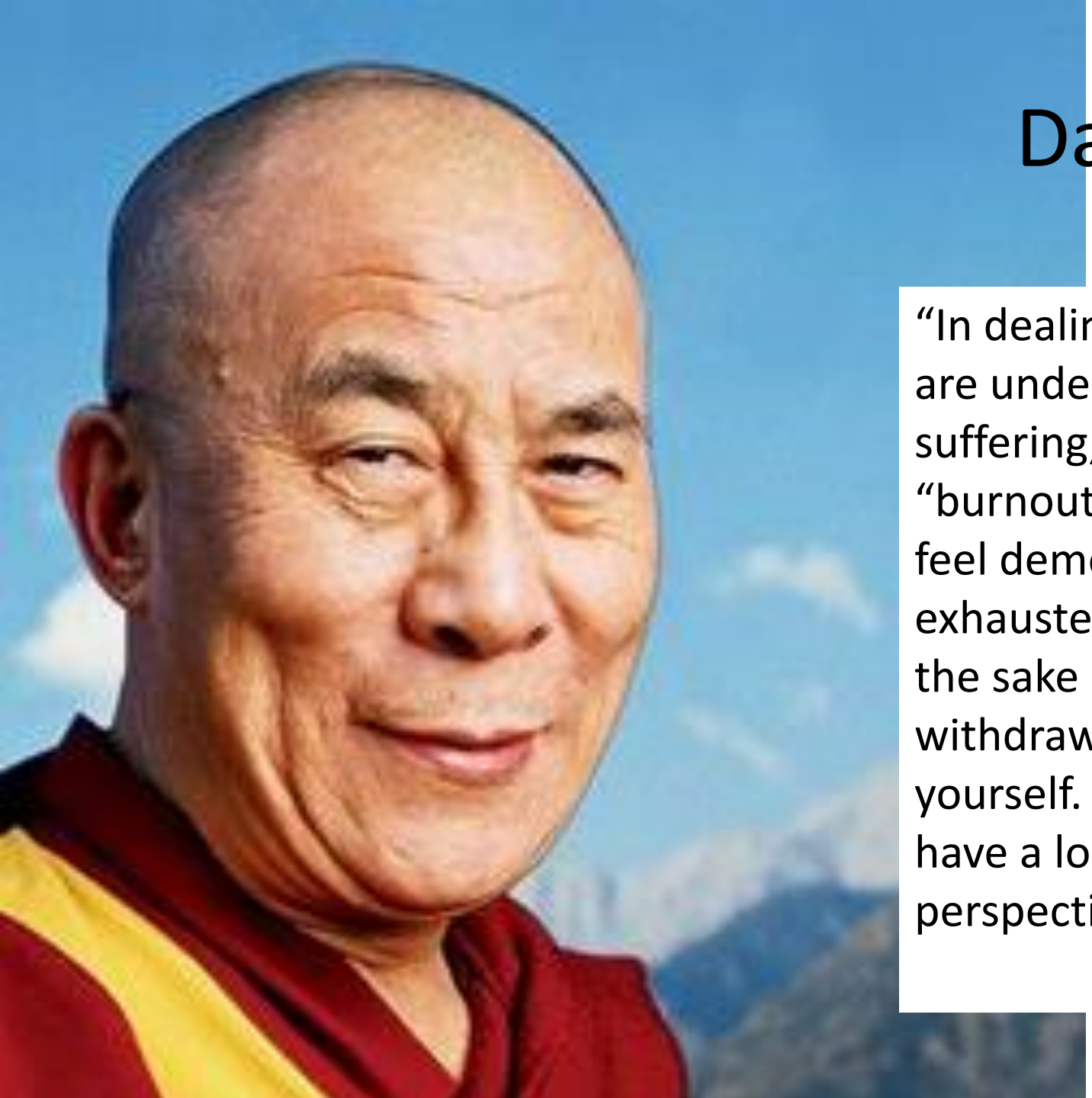
6.__ My clients' stress affects me deeply.

7.__ I have lost my sense of hopefulness.

8.__ I feel vulnerable much of the time.

9.__ I feel overwhelmed by unfinished personal business.

Answering "yes" to four or more questions might indicate that you're suffering from compassion fatigue. This instrument is for informational purposes to serve as a quick check; it has not been validated.



Dalai Lama

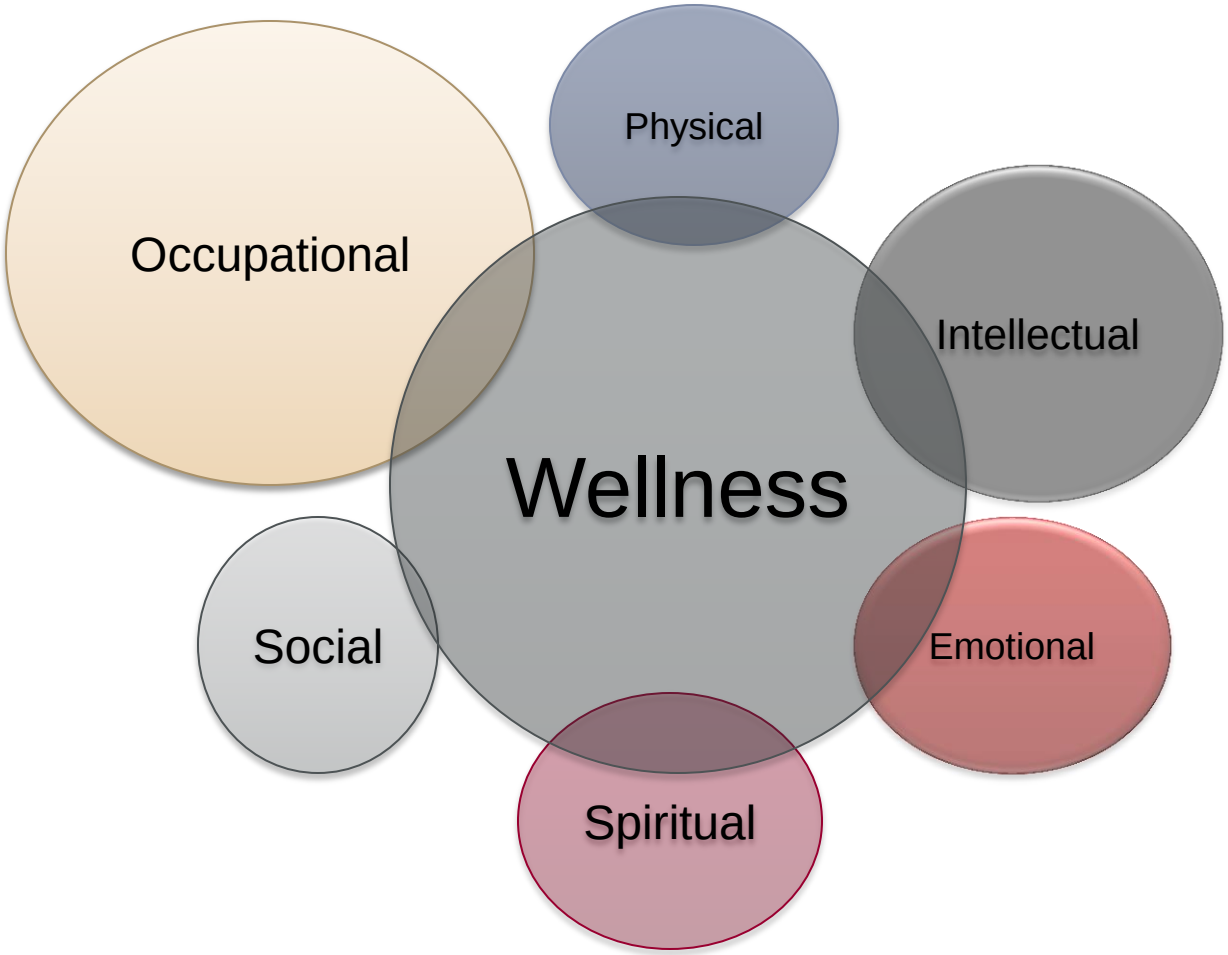
"In dealing with those who are undergoing great suffering, if you feel "burnout" setting in, if you feel demoralized and exhausted, it is best, for the sake of everyone, to withdraw and restore yourself. The point is to have a long-term perspective."

Suffering From Compassion Fatigue? Life Stress?

- Denial is one of the most detrimental symptoms of compassion fatigue and life stress
- It can easily hinder your ability to assess the level of fatigue and stress in your life as well as thwart your efforts to begin the healing process
  - Compassion Fatigue Self-Test
  - Life Stress Self-Test
  - Helper Pocket Card

Helper Pocket Card

Out-of-Balance Wellness Wheel

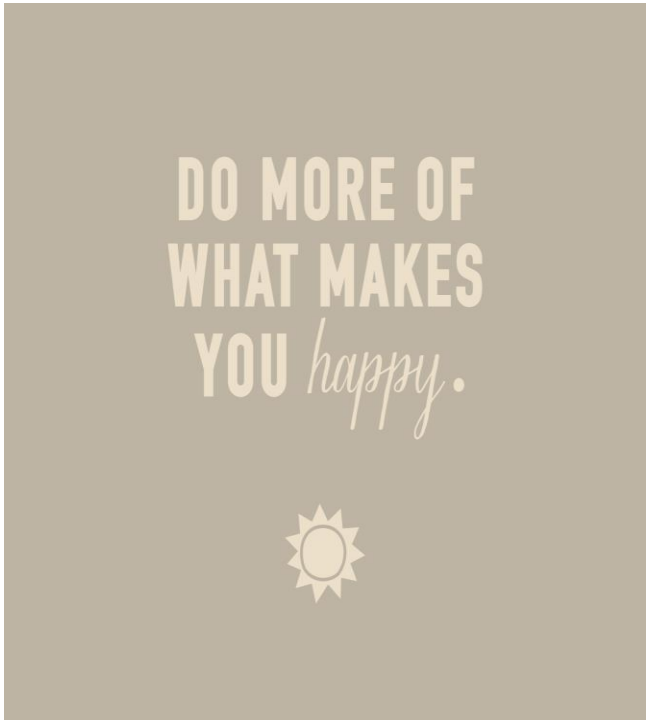


What is out of balance in your life?

In-Balance Wellness Wheel

Compassion Satisfaction

- Is about the pleasure you derive from **being able to do your work well**
- You may feel positively about your colleagues or **your ability to contribute** to the work setting or even the greater good of society



“My tank is
empty!”

“Let’s
refill it!”

The Path to Wellness

- Be kind to yourself
- Express your needs verbally
- Enhance your awareness with education
- Accept where you are on your path at all times
- Understand that those close to you may not be there when you need them most
- Exchange information and feelings with people who can validate you
- Listen to others who are suffering
- Clarify your personal boundaries. what works for you; what doesn't
- Take positive action to change your environment

Self-Care

- **Make a commitment** to let go of work in your "off" hours and get plenty of rest
- **Relax** and do things you enjoy doing again
- **Give yourself permission** to exercise and eat properly… nutritional foods that energize you
- **Debrief** and talk about your experiences with a good listener

Self-Care Tips for Helpers

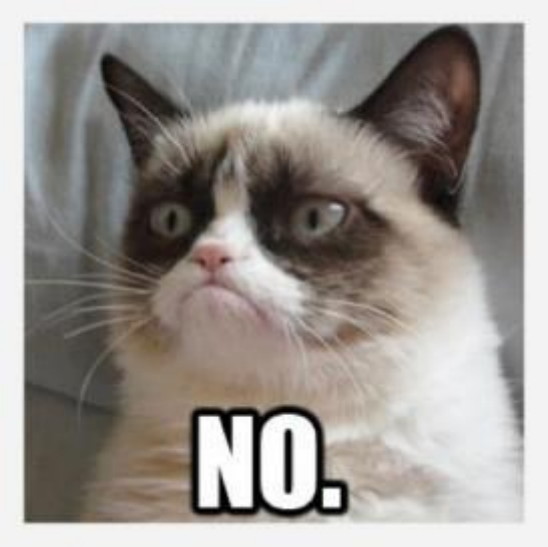
- ✓ **Physical self care** – eat well, exercise, get enough sleep, get medical care
- ✓ **Psychological self care** – reflect, journal, engage in leisure activities, allow others help you
- ✓ **Emotional self care** – have pleasant thoughts about your self, engage in laughter/play, express emotions in appropriate channels
- ✓ **Spiritual self care** – pray, meditate
- ✓ **Create team rituals** – healing circles, drumming, light a candle, burn regrets
- ✓ **Professional self care** – take a break, take a vacation, balance case load
- ✓ **Balance plan** – among work, family, relationships, play, rest

Boundaries & Professionalism

When you are stressed/burned out you may find yourself:

- sharing too much personal data with members
- sharing information about other staff members
- complaining about your agency or workload
- developing dual relationships
- upstaging their problems/issues with your own
- downplaying other team members or disciplines
- wanting to develop a personal relationship with a member

Poor Self-Care



poor self-care

=

burnout/dissatisfaction

=

reduced ability to be empathic

Five Ways to Help Yourself

1. Mindfulness meditation
2. Keeping a journal
3. A daily act of self-centering
4. Staying connected to the outside world
5. Don’t be afraid to ask for help

Relaxation

- Reduce *S-t-r-e-s-s:* Breathe

- Breathe D-E-E-P Diaphragm/Abdomen
  Inhale: abdomen moves ***out***
- Exhale: abdomen moves ***in***

- Check yourself – Inhale …. Exhale

Homework

Be sure to take care of yourself or let someone else take care of you tonight!

References & Resources

Professional Quality of Life Compassion Satisfaction, Compassion Fatigue and Secondary Traumatic Stress
http://www.proqol.org

Compassion Fatigue Awareness Project

http://www.compassionfatigue.org

References & Resources

Please go to our website https://cabhp.asu.edu/content/trauma-informed-care for a list of evidence-based reference and materials used for developing this training including the following: SAMSHA TIP 57: Trauma-Informed Care in Behavioral Health Services, Resource Brief: Creating a Place of Healing and Forgiveness, Guidebook: Engaging Women in Trauma-Informed Peer Support Guide, CDC's Adverse Childhood Experiences (ACE) Study & Resilience Trumps ACES

Common Responses to Trauma & Coping Strategies

http://www.trauma-pages.com/s/t-facts.php

Managing Traumatic Stress

http://www.trauma-pages.com/s/strmantd.php