

Trauma-Informed Training

A Core Curriculum for entities serving children and families in Wisconsin



Developed by Jessica Dallman, MA LPC NCC
Natural Wisdom Counseling LLC

Acknowledgments and Influencers:

Training and Research

- x Jess Dallman
- x Wisconsin Hawthorne Project
- x Oppression and The Body
- x My Grandmother's Hands
- x In the Realm of Hungry Ghosts
- x Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others

Mentors and Colleagues

- x Our clients over the years
- x Co-Workers
- x Community Partners
- x Our family and chosen family
- x Earth and nature



Participants:



Will be able to define trauma and the different types of trauma.



Will become familiar with signs and symptoms of trauma.



Will discuss Trauma Informed Care principles.



Will explore the parallel process of trauma, resilience, and recovery among children, families, providers, and systems.



Will practice strategies for cultivating resilience (and regulation) in self, team, and clientele.



Will identify aspects of bias, oppression, and intersectional adversity throughout the training.



Territories Languages Treaties

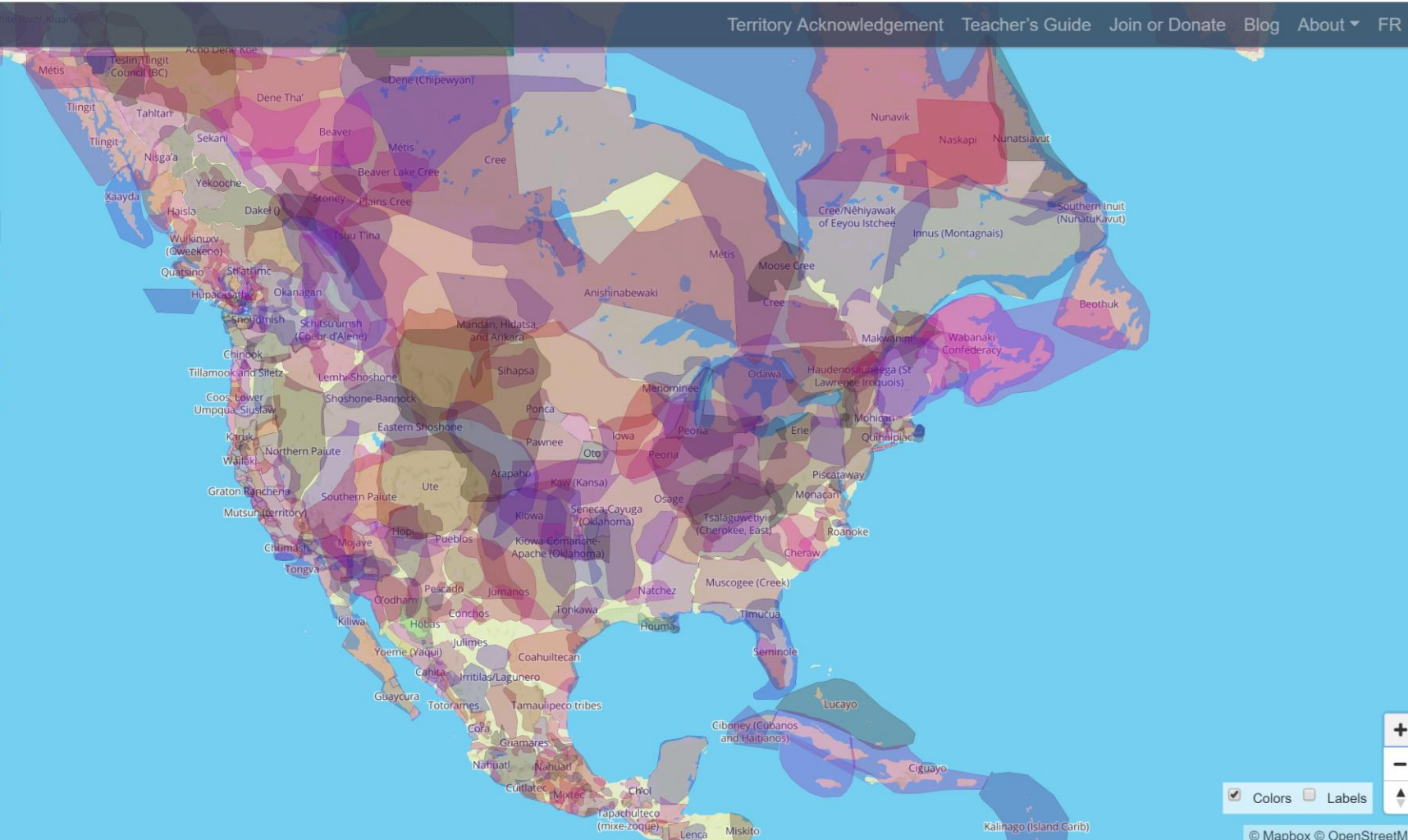
Search your address, or toggle switches above to add shapes. Click around! [Think critically about this map.](#)

🔍 Search

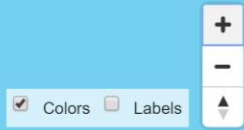
Territories

Languages

Treaties



Kanaka Ōiwi



Territories Languages Treaties

Search your address, or toggle switches above to add shapes. Click around! [Think critically about this map.](#)

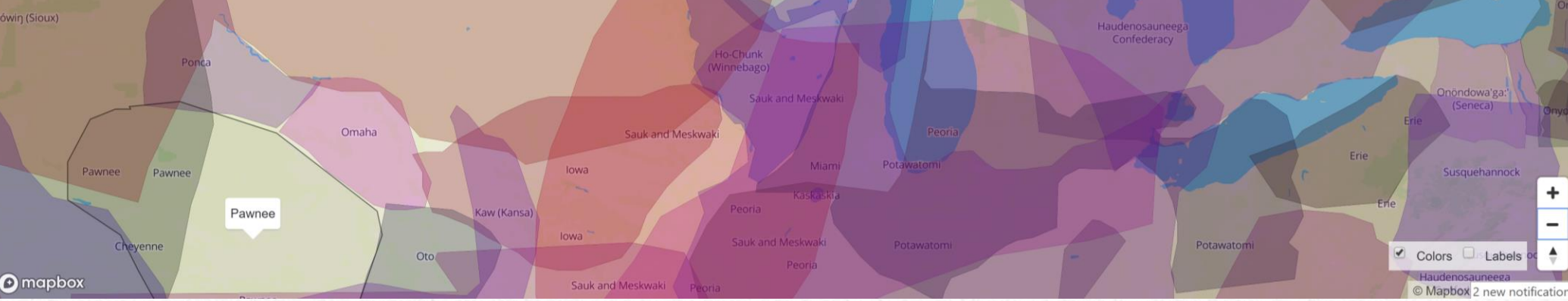
🔍 Wisconsin, United States ✕

Territories ▾

Languages ▾

Treaties ▾

You are on the land of:
[Anishinabewaki](#) [Menominee](#)





Christa Grande- Lead Advocate



Leighann Granados- Youth and Family Advocate

Introductions to Each Other



x Partners

x Small Group

x Whole Group

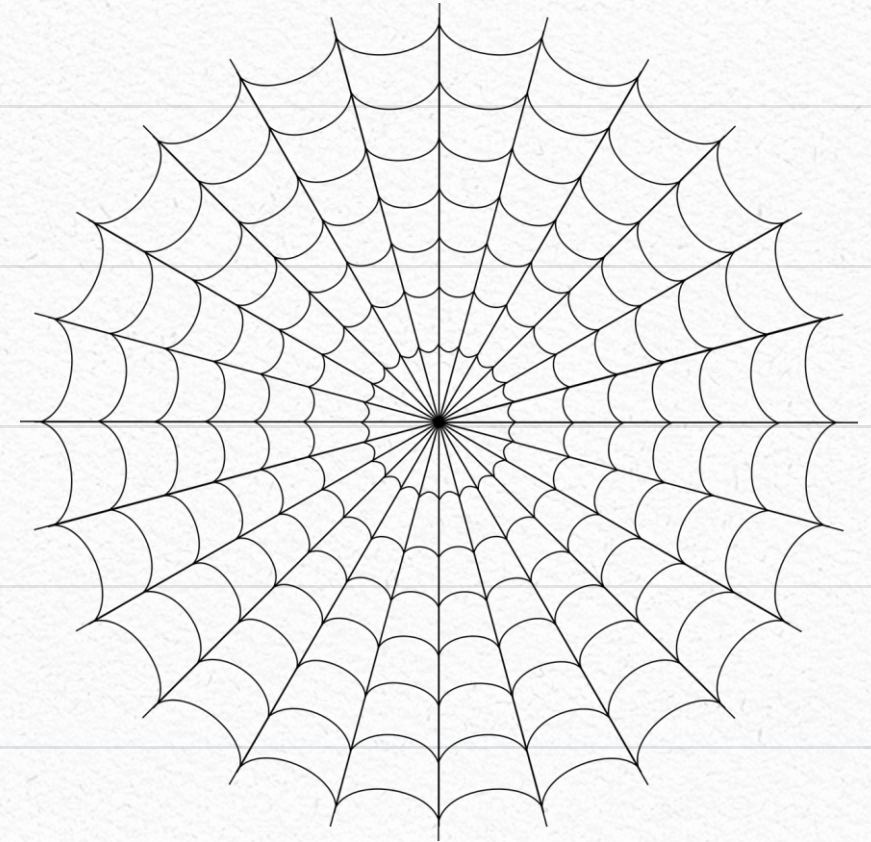
Co-Creating Brave Space

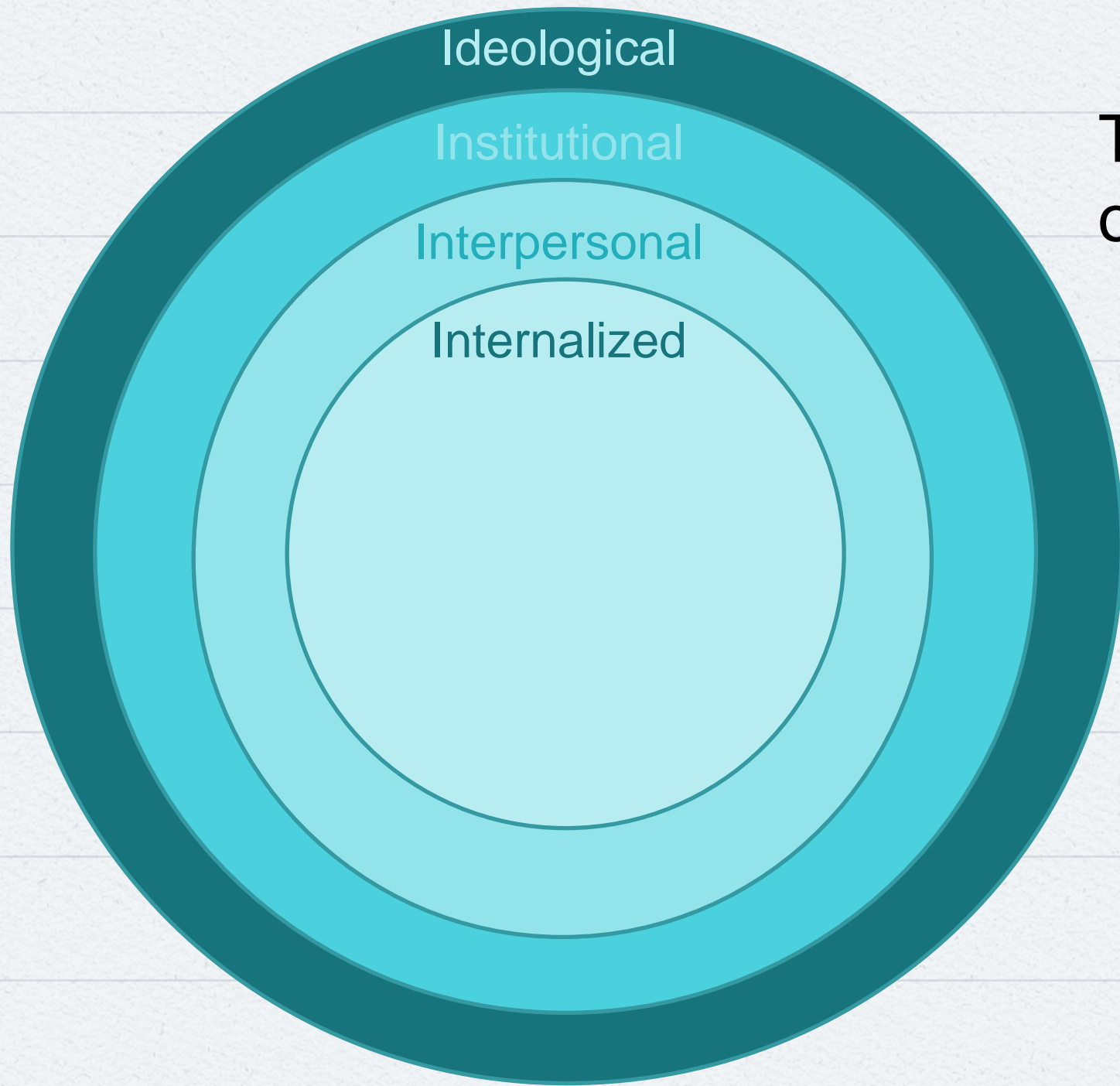
- X Stay Engaged
- X Expect Non-Closure
- X Express Your Truth
- X Experience Discomfort
- X Honor the Author



Training Principles/Underlying Assumptions

- X Experience shapes who we are.
- X Relationships are the crux of Trauma-Informed Care.
- X We are hurt in relationship and we heal in relationship.
- X Behavior is communication.
- X All behavior is an attempt to find regulation.
- X Humans tend to be pleasure-seeking and pain-avoidant.
- X Trauma and oppression are inherently connected.
- X We all cause harm.
- X Trauma is experienced (and processed) in the body.





The Four I's of Oppression

Ideological

Dominant thoughts,
ways of knowing, and
paradigms (generally
associated with values
and judgements)

The Four I's of Oppression

Ideological

Institutional

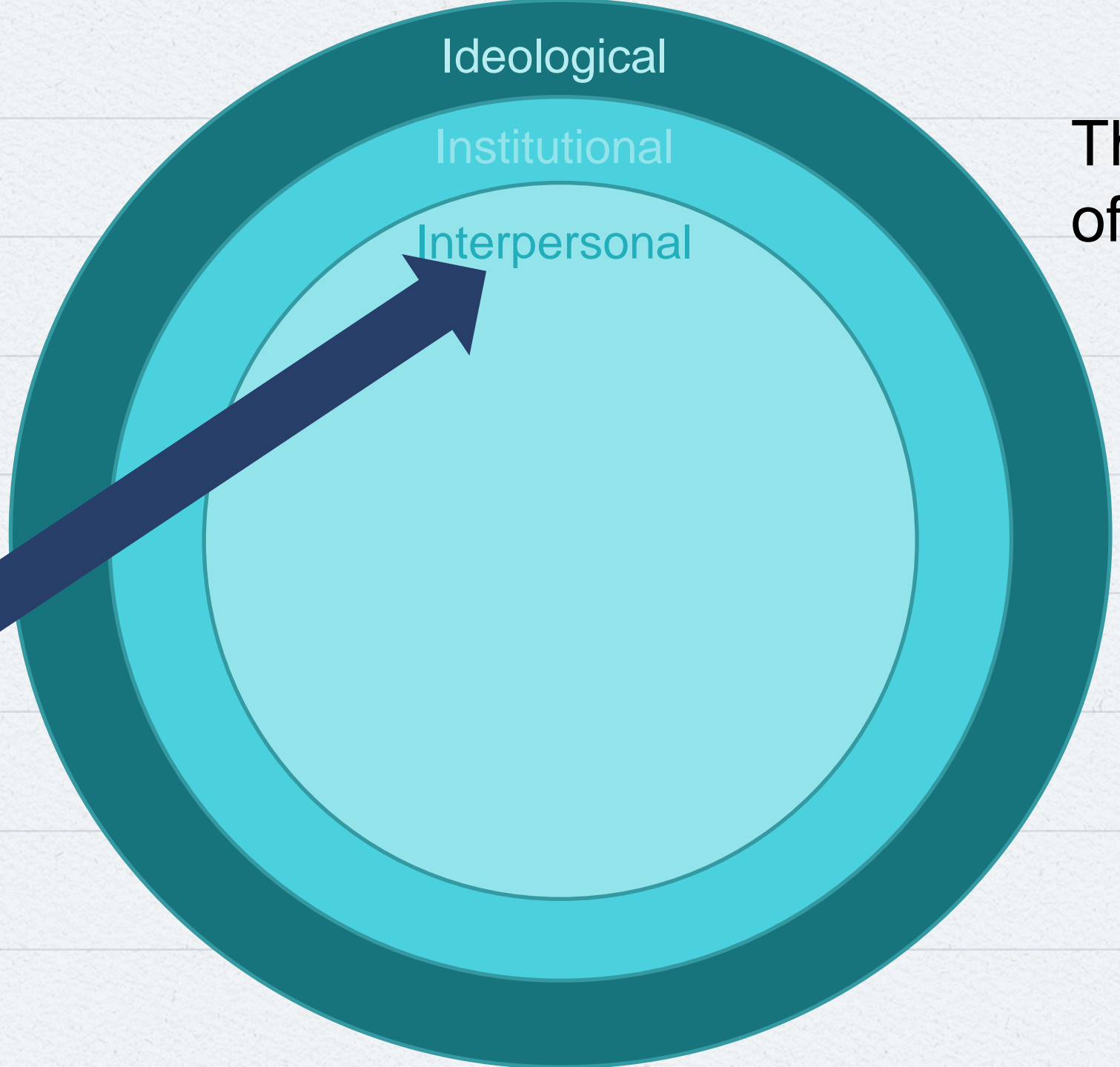
Ways in which policies,
rules, laws, and systems
reinforce the dominant
ideology

The Four I's of Oppression





The Four I's of Oppression

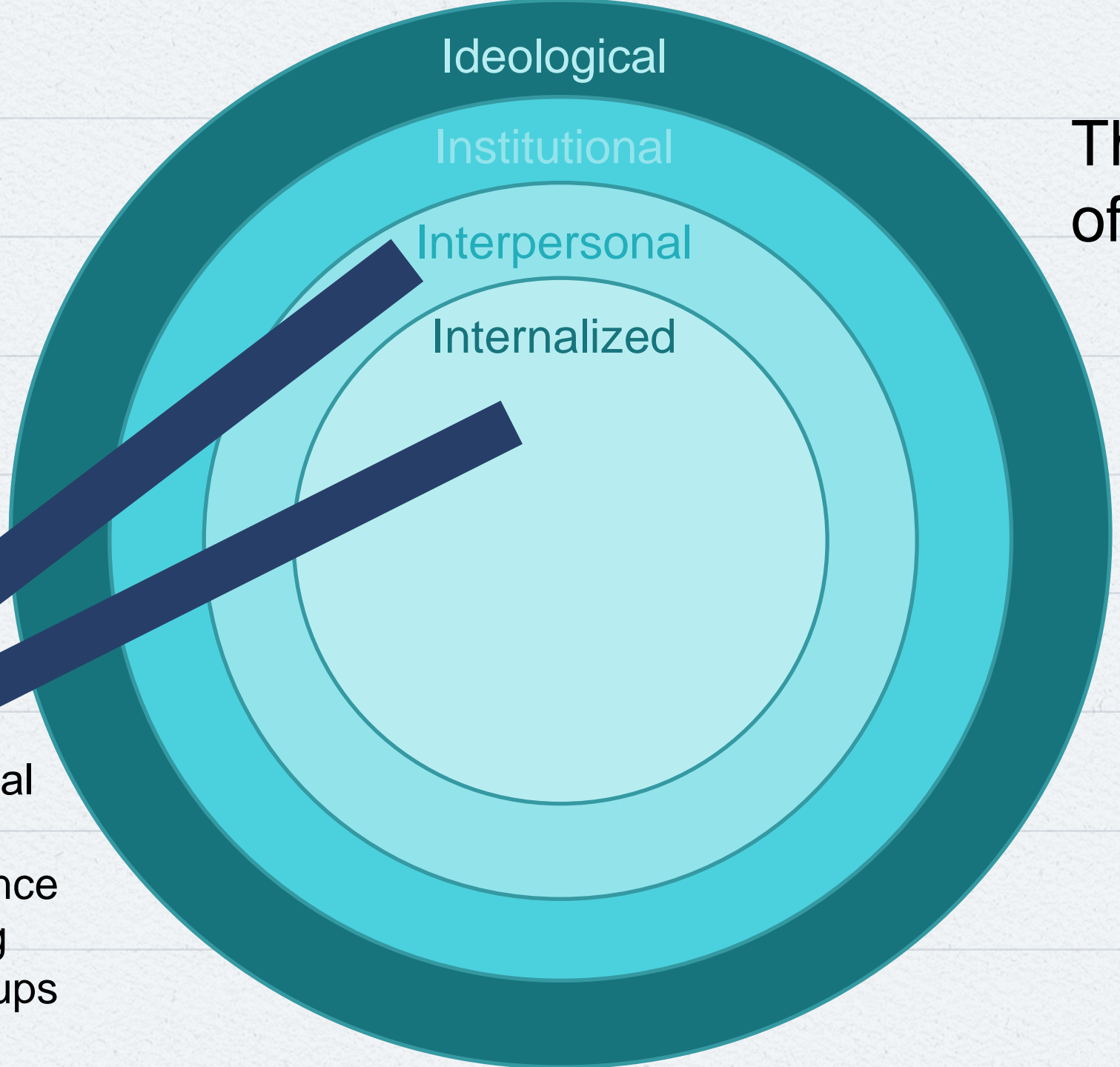


The Four I's of Oppression

Often the
emphasis and
focus of trauma-
informed work



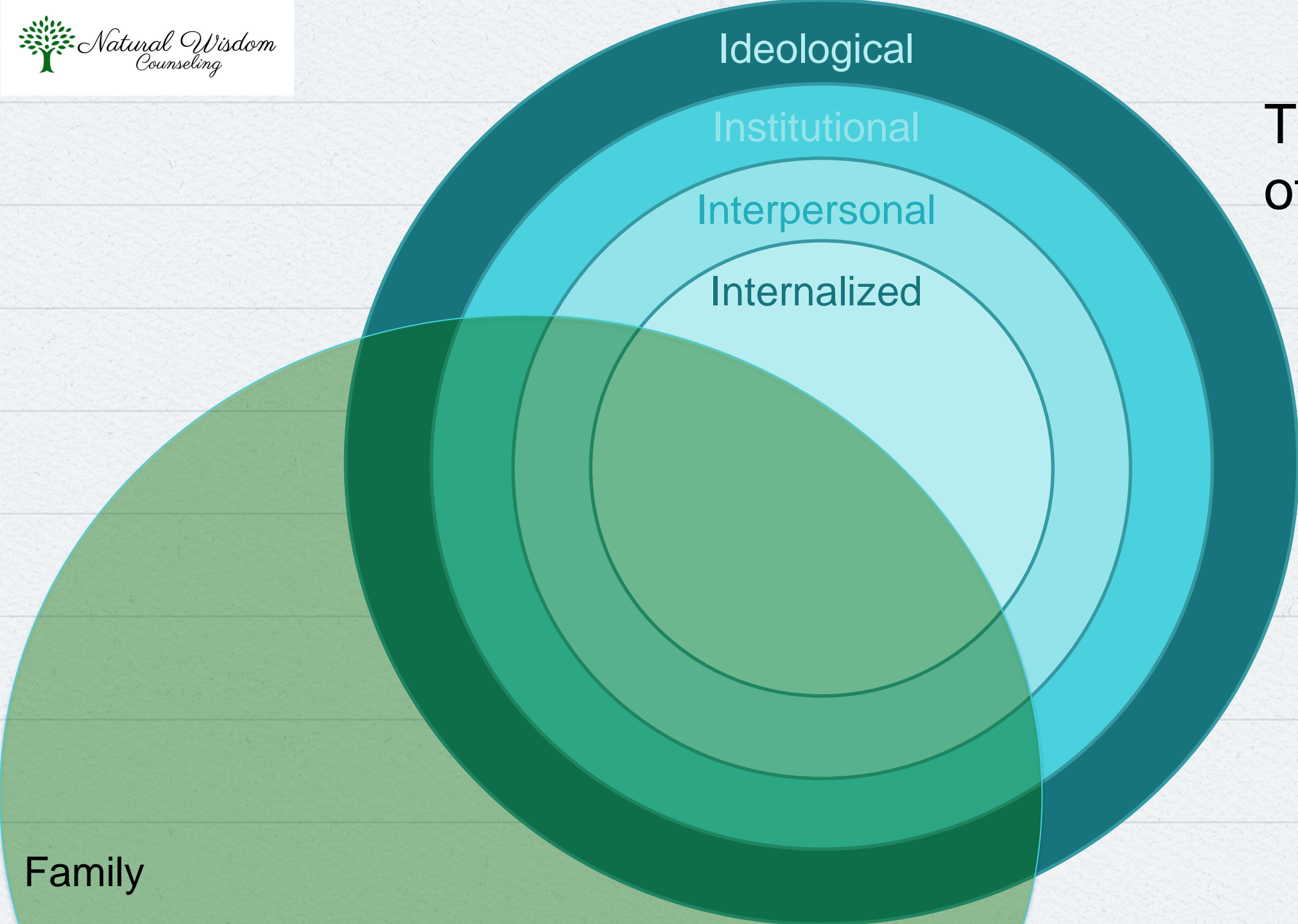
The Four I's of Oppression



The Four I's of Oppression

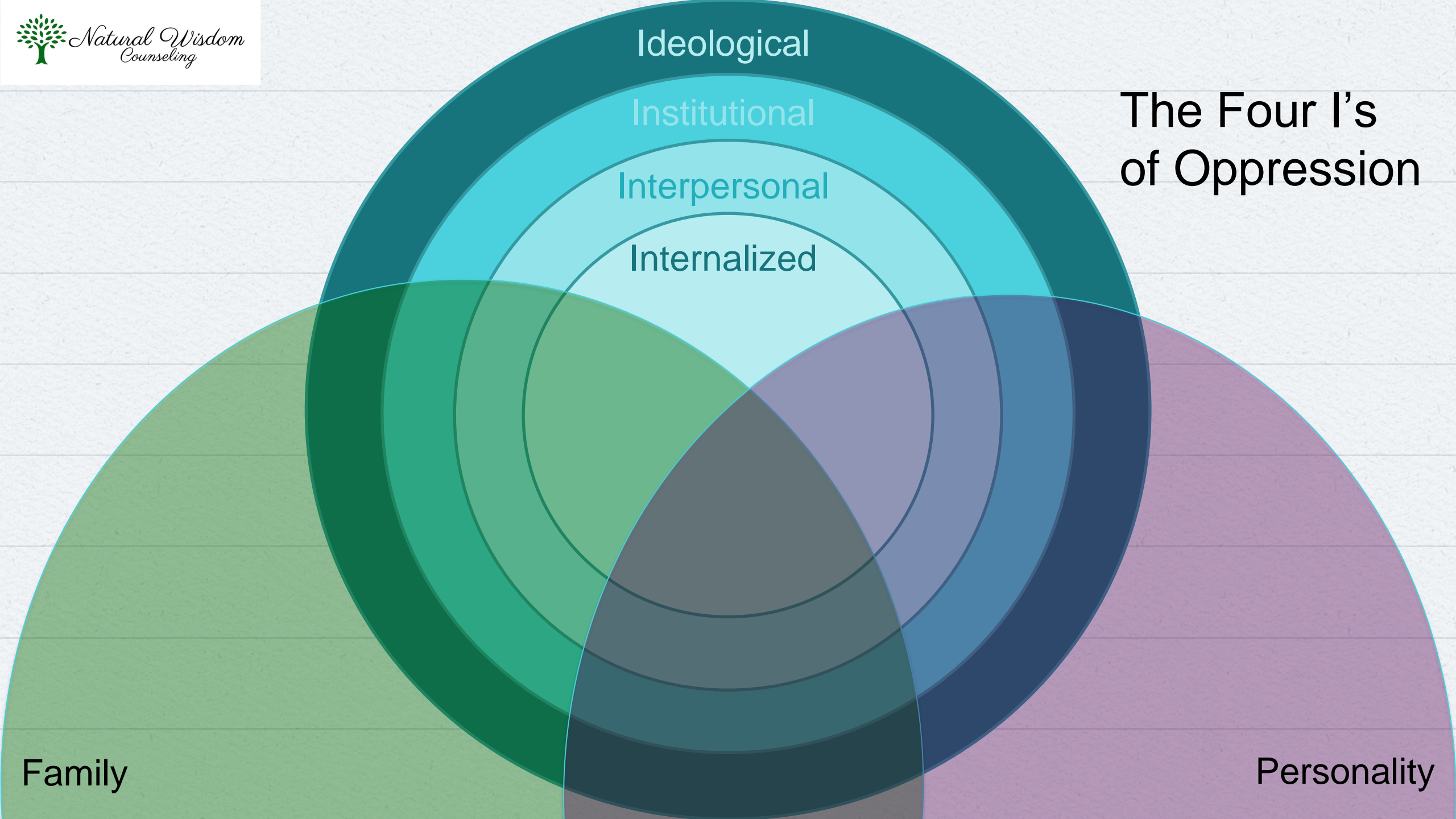
Combined,
leads to “horizontal
oppression”, or
trauma and violence
within and among
marginalized groups

The Four I's of Oppression



Family

The Four I's of Oppression



Family

Personality

Trauma Defined

- X Toxic stress
- X Many definitions
- X Is subjective



The Three E's of Trauma



Event

- Events / circumstances cause trauma.



Experience

- An individual's experience of the event determines whether it is traumatic



Effects

- Effects of trauma include adverse physical, social, emotional, or spiritual consequences.

Trauma's Impacts

- X Disrupts the nervous system
- X Dis-integrates sense of safety, belonging, dignity, purpose, and/or understanding of the world
- X Pervasive and prevalent
- X Interrupts relationships
- X Growth and learning

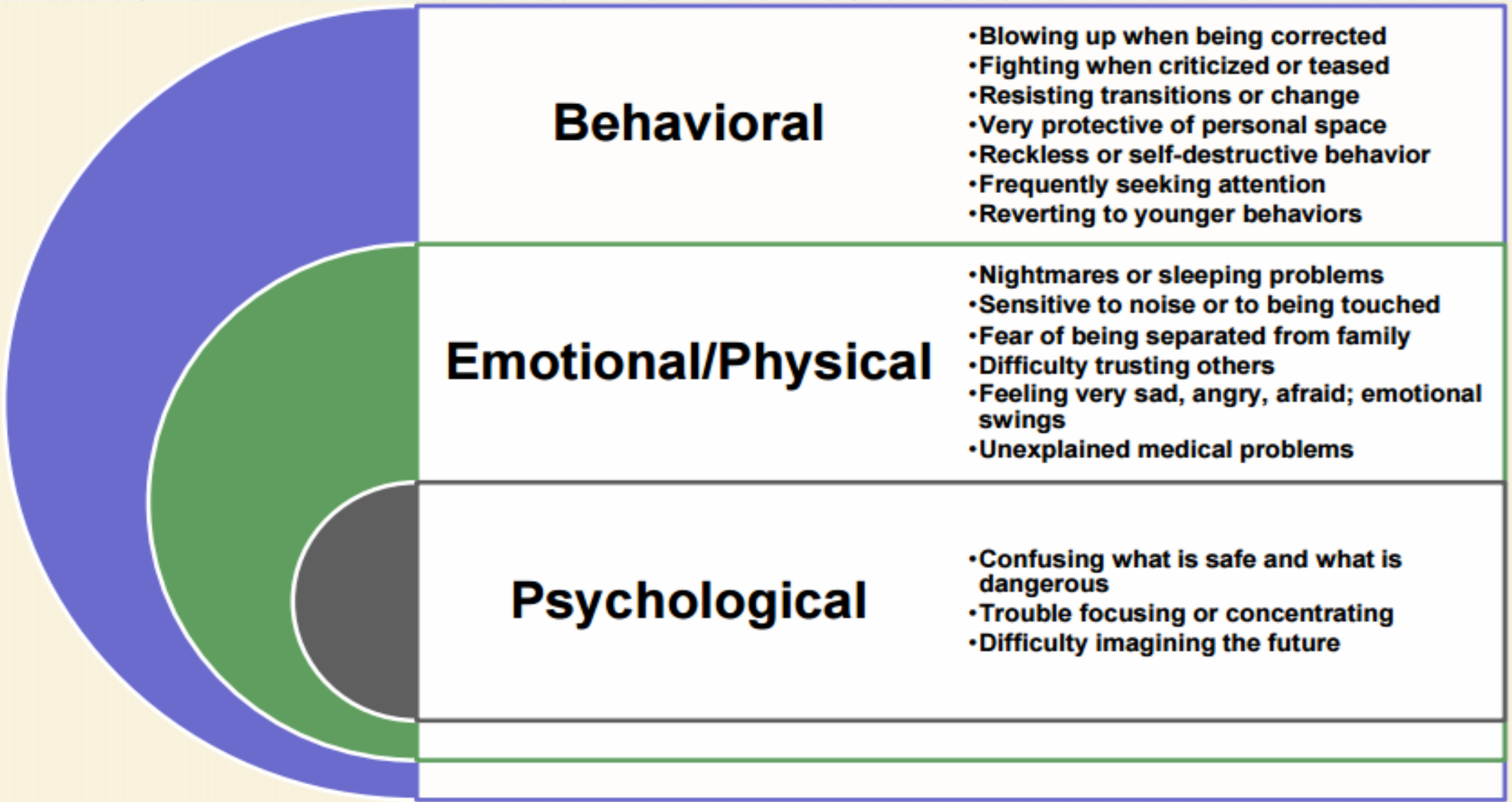


Types of Trauma



- X Interpersonal Trauma
- X Historical Trauma
- X Intergenerational Trauma
- X Environmental & Disaster Trauma
- X Developmental, Attachment, & Early Childhood Trauma
- X Institutional & Systemic Trauma
- X Complex Trauma
- X Chronic Trauma
- X Medical Trauma
- X Refugee Trauma
- X Traumatic Grief & Loss
- X Social & Societal Trauma
- X Immigration Trauma
- X Birth Trauma
- X Vicarious Trauma
- X Secondary Trauma
- X Domestic Violence
- X Community Violence
- X War, Terrorism, & Political Violence
- X Abrupt, Uncontrollable Change
- X Maltreatment & Abuse
- X Human Trafficking
- X Torture
- X Neglect
- X Bullying
- X Death and Loss

Signs and Symptoms





Movement Break

Impact of Stress/Trauma

- x Physical
- x Emotional
- x Cognitive
- x Spiritual
- x Relational

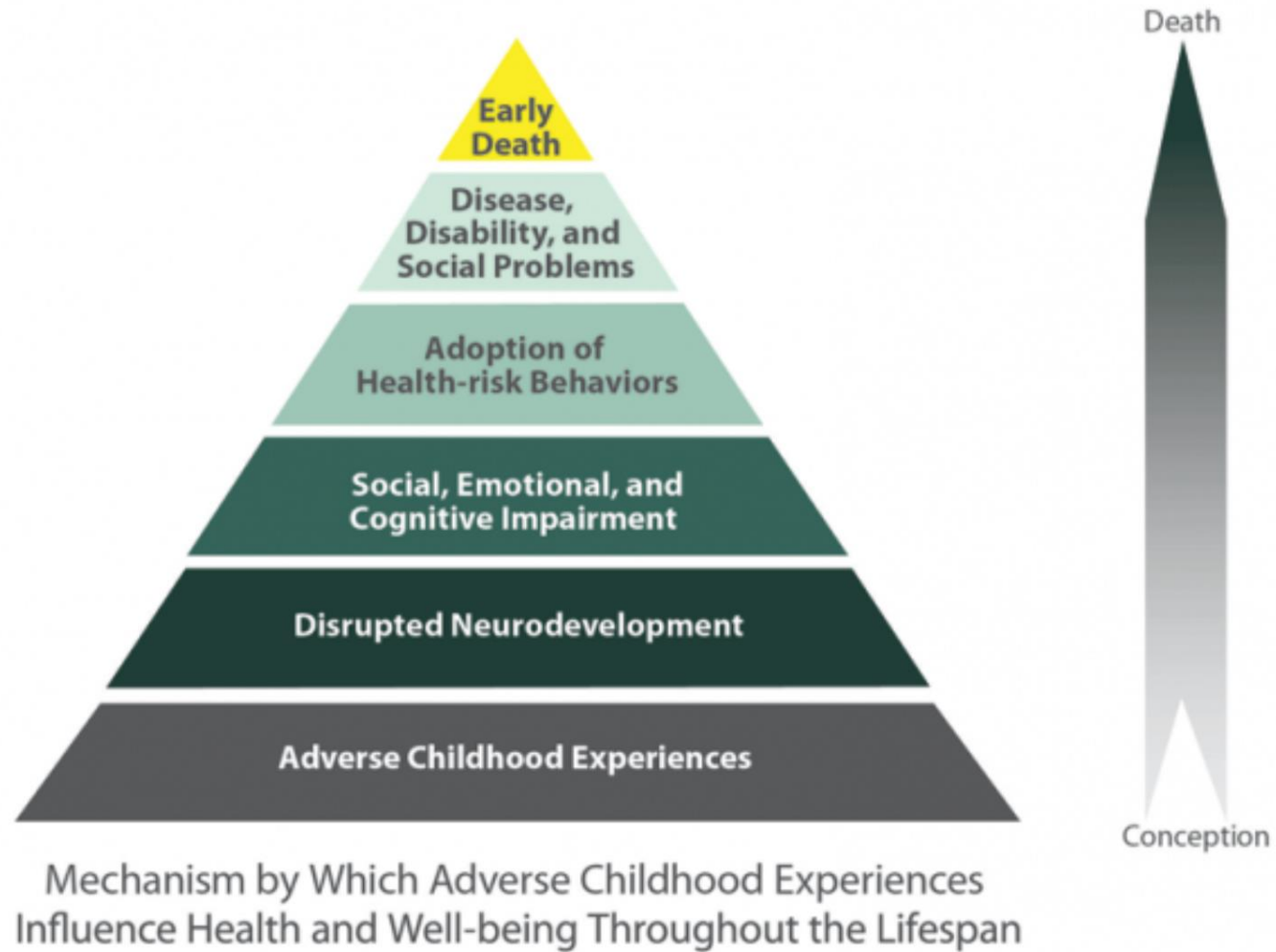
Measuring Stress/Trauma

- x Physiology
 - x Skin Conductivity
 - x Heart Rate
 - x Blood Pressure
 - x Cortisol Levels
- x Life Stress Test
- x Adverse Childhood Experiences

ACE Score Prevalence for CDC-Kaiser ACE Study Participants by Sex, Waves 1 and 2.

Number of Adverse Childhood Experiences (ACE Score)	Women Percent (N = 9,367)	Men Percent (N = 7,970)	Total Percent (N = 17,337)
0	34.5%	38.0%	36.1%
1	24.5%	27.9%	26.0%
2	15.5%	16.4%	15.9%
3	10.3%	8.5%	9.5%
4 or more	15.2%	9.2%	12.5%

The ACE Pyramid represents the conceptual framework for the ACE Study. The ACE Study has uncovered how ACEs are strongly related to development of risk factors for disease, and well-being throughout the life course.



Adverse Childhood Experiences (ACEs) are common. Almost two-thirds of study participants reported at least one ACE, and more than one in five reported three or more ACEs.

The ACE score, a total sum of the different categories of ACEs reported by participants, is used to assess cumulative childhood stress. Study findings repeatedly reveal a graded dose-response relationship between ACEs and negative health and well-being outcomes across the life course.

As the number of ACEs increases so does the risk for the following*:

- Alcoholism and alcohol abuse
- Chronic obstructive pulmonary disease
- Depression
- Fetal death
- Health-related quality of life
- Illicit drug use
- Ischemic heart disease
- Liver disease
- Poor work performance
- Financial stress
- Risk for intimate partner violence
- Multiple sexual partners
- Sexually transmitted diseases
- Smoking
- Suicide attempts
- Unintended pregnancies
- Early initiation of smoking
- Early initiation of sexual activity
- Adolescent pregnancy
- Risk for sexual violence
- Poor academic achievement

Dose-response describes the change in an outcome (e.g., alcoholism) associated with differing levels of exposure (or doses) to a stressor (e.g. ACEs). A graded dose-response means that as the dose of the stressor increases the intensity of the outcome also increases.

*This list is not exhaustive. For more outcomes see [selected journal publications](#).

✓ ACEs Prevalence

The prevalence estimates reported below are from the entire ACE Study sample (n=17,337).

Prevalence of ACEs by Category for CDC-Kaiser ACE Study Participants by Sex, Waves 1 and 2.

ACE Category	Women	Men	Total
	Percent (N = 9,367)	Percent (N = 7,970)	Percent (N = 17,337)
ABUSE			
Emotional Abuse	13.1%	7.6%	10.6%
Physical Abuse	27%	29.9%	28.3%
Sexual Abuse	24.7%	16%	20.7%
HOUSEHOLD CHALLENGES			
Mother Treated Violently	13.7%	11.5%	12.7%
Household Substance Abuse	29.5%	23.8%	26.9%
Household Mental Illness	23.3%	14.8%	19.4%
Parental Separation or Divorce	24.5%	21.8%	23.3%
Incarcerated Household Member	5.2%	4.1%	4.7%
NEGLECT			
Emotional Neglect ³	16.7%	12.4%	14.8%
Physical Neglect ³	9.2%	10.7%	9.9%

Note: ³Collected during Wave 2 only (N=8,629). Research papers that use Wave 1 and/or Wave 2 data may contain slightly different prevalence estimates.

What *can* Be Done About ACEs?

These wide-ranging health and social consequences underscore the importance of preventing ACEs before they happen. **Safe, stable, and nurturing relationships and environments** (SSNREs) can have a positive impact on a broad range of health problems and on the development of skills that will help children reach their full potential. Strategies that address the needs of children and their families include:

Voluntary home visiting programs can help families by strengthening maternal parenting practices, the quality of the child's home environment, and children's development.
Example: Nurse-Family Partnership



Home visiting to pregnant women and families with newborns



Parenting training programs



Intimate partner violence prevention



Social support for parents



Parent support programs for teens and teen pregnancy prevention programs



Mental illness and substance abuse treatment



High quality child care



Sufficient Income support for lower income families



~~IT'S NOT THAT BAD~~
~~IT'S NOT THAT BAD~~
~~JUST BE HAPPY~~
~~JUST BE HAPPY~~
~~DON'T BE SAD~~
~~DON'T BE SAD~~
~~YOU'LL GET OVER IT~~
~~YOU'LL GET OVER IT~~
~~YOU'RE OVERREACTING~~
~~YOU'RE OVERREACTING~~
I BELIEVE YOU.

#STIGMAFIGHTER

 **activeminds**

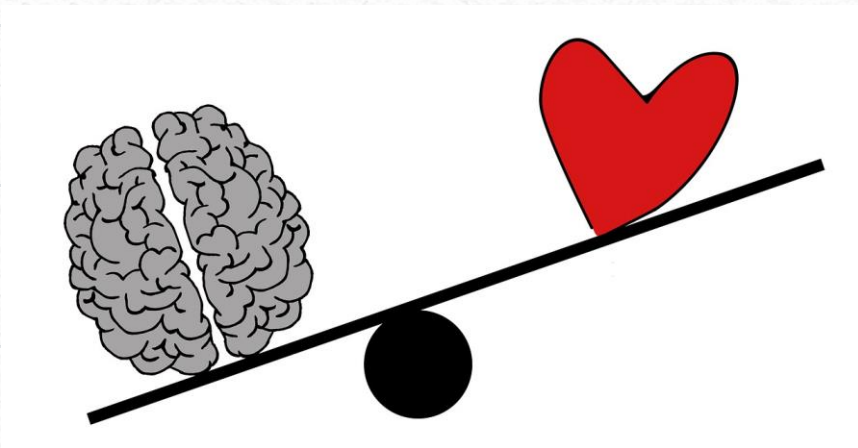
TAKE

— A —

BREAK

Trauma-Informed Care: Recurring Themes

- X Basic Understanding of Trauma
- X Creating an environment of physical and emotional safety for the survivors and providers
- X Adopting a strengths-based approach to services
- X Is this enough? What might still be missing?



The Four R's of a Trauma- Informed Environment

Realizes

- *Realizes* widespread impact of trauma and understands potential paths for recovery

Recognizes

- *Recognizes* signs and symptoms of trauma in clients, families, staff, and others involved with the system

Responds

- *Responds* by fully integrating knowledge about trauma into policies, procedures, and practices

Resists

- *Seeks to actively Resist* re-traumatization.

SAMHSA's Trauma-Informed C

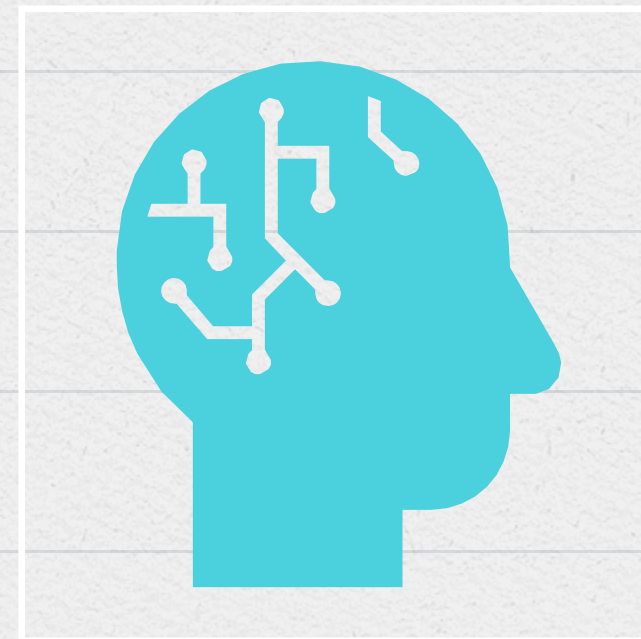
- X Safety
- X Trustworthiness & Transparency
- X Peer Support & Mutual Self-Help
- X Collaboration & Mutuality
- X Empowerment, Voice, & Choice
- X Cultural, Historical, & Gender Issues



Trauma-Informed Care

"Learning to be with suffering as an experience is part and parcel of what it means to live, and it radically alters our relationship to all of life and to the suffering of others. If you are invested in alleviating suffering, whether as an activist or change-maker or someone who's committed to life because you hear the cries of the world, it's important to understand that you can't even recognize the suffering of others without fully acknowledging the despair of your own suffering. It turns out that far from dragging you down, one of the most liberating things you can do is to come to terms with the fact that some form of your suffering will always be there. To really be present with that unhooks us from the constant anxiety of trying to make it go away. Paradoxically, once we release the proposition that we are going to get rid of the suffering, then the potential to alleviate the suffering becomes possible."

--Rev. angel Kyodo williams





Experiential



“Neurons which fire together, wire together.”

-Donald Hebb, Canadian physician-psychologist

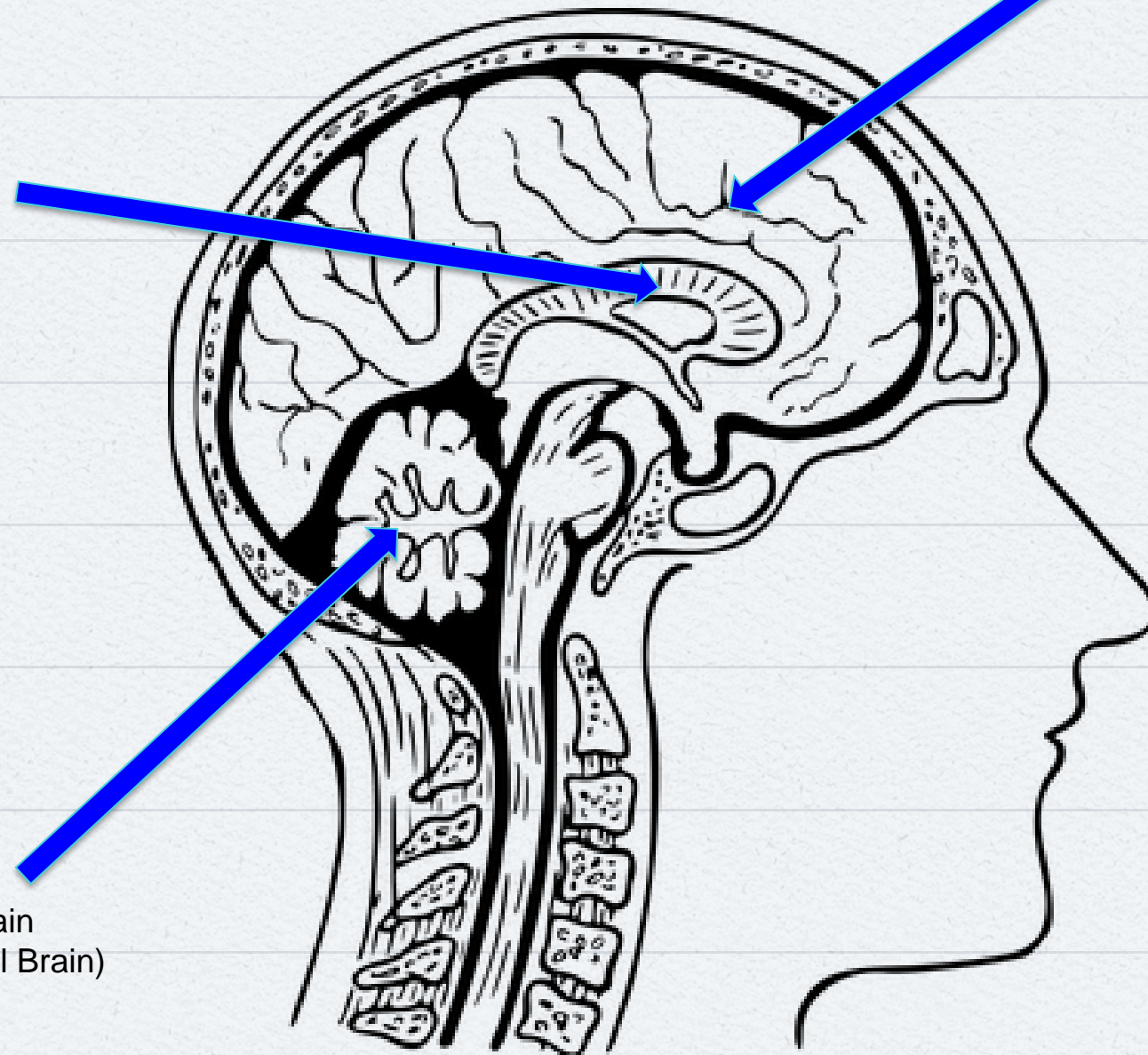
- Gray Matter
- Corpus Collosum
- Amygdala
- Hippocampus
- Prefrontal Cortex
- Medial and Orbital Portions

Triune Brain

Mid Brain
(Emotional Brain)

Frontal Cortex
(Thinking Brain)

Hind Brain
(Survival Brain)



Right side is feminine
Left is masculine

Right is intuitive
Left is logical

Right is creative
Left is pragmatic

Right gives life
Left takes life

Both sides required to be whole
Delicate balance that feeds the soul

Ray Lucero



TIME FOR
LUNCH



QUESTIONS & COMMENTS

So now what?



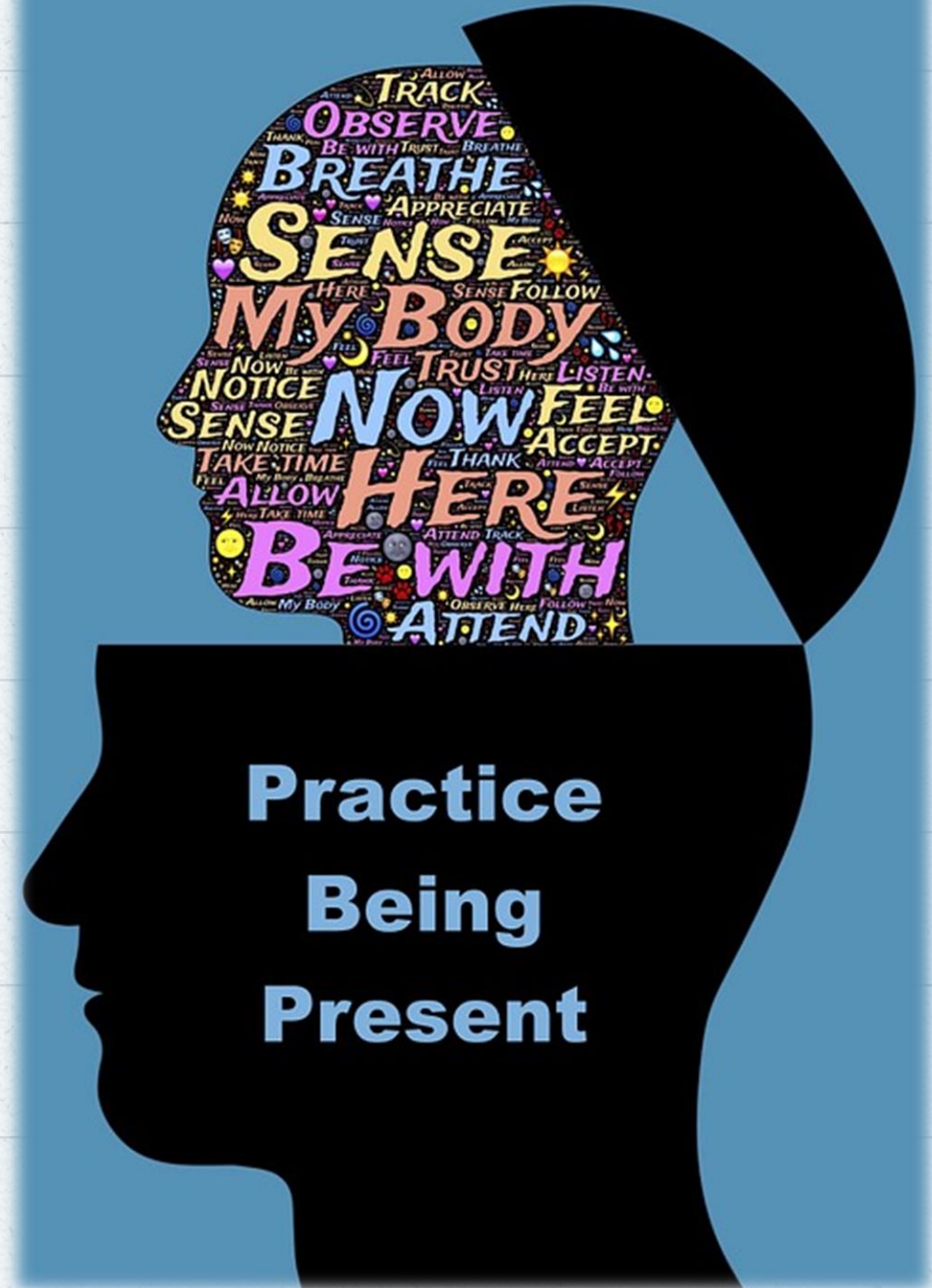
A high-speed photograph of a water splash that has formed into a human-like silhouette. The figure has a rounded head, a torso, and limbs, all composed of clear, glistening water droplets and splashes. The figure is positioned centrally at the top of the frame, with a dark, circular shadow cast on the surface of the water below it. The background is a smooth gradient from light green on the left to a darker teal on the right.

Arriving Back in this Space Together

Non-Verbal Experiential

Presence

- x Not always comfortable
- x Not always convenient
- x Not always pleasurable

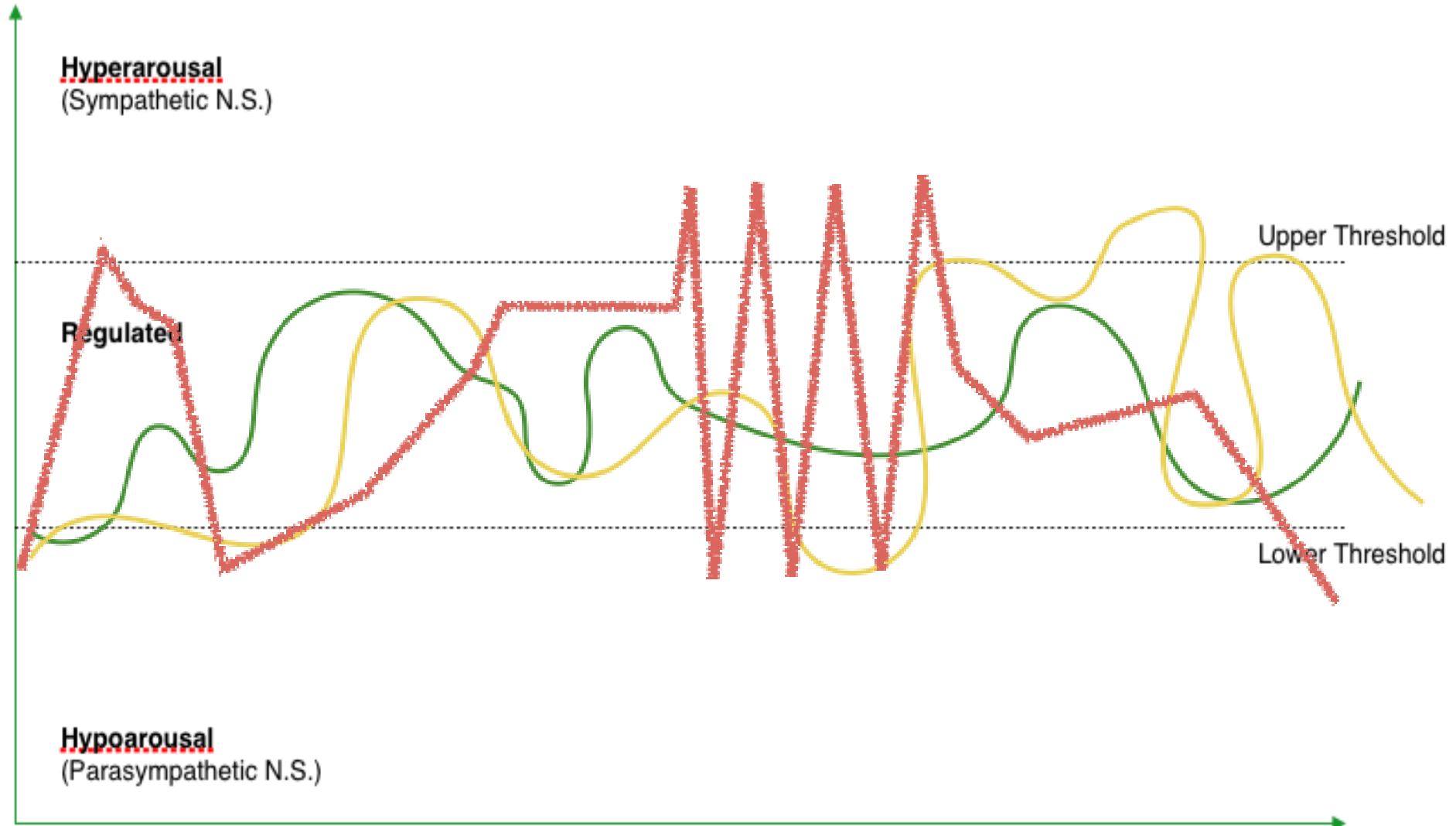




**“There is no
such thing as
a baby...”**

-Donald Winnicot

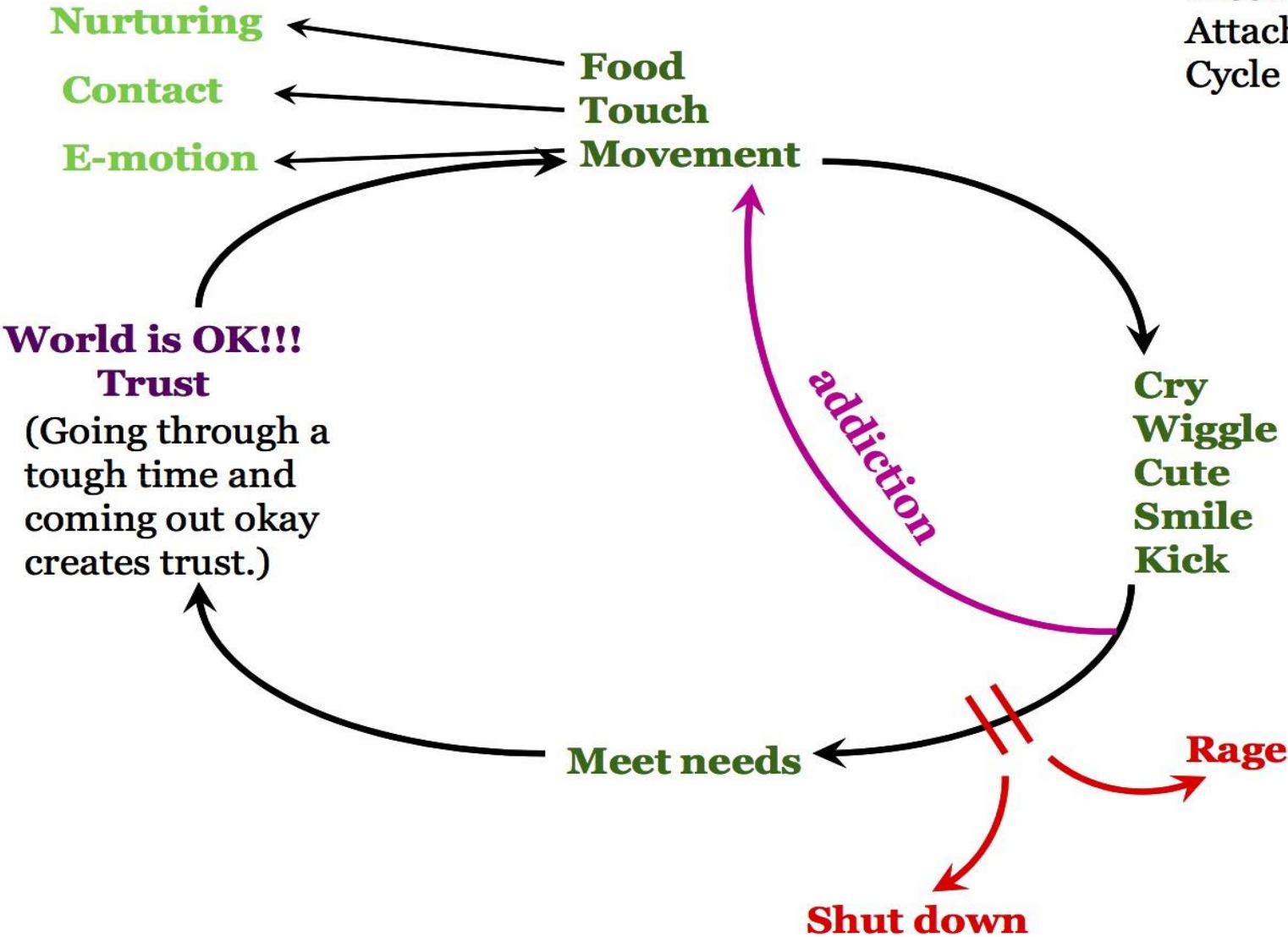
Window of Tolerance





Working with Extreme States AKA Getting Un-Stuck

Freeman
Attachment
Cycle



WILD GEESE



By Mary Oliver

You do not have to be good.

You do not have to walk on your knees
for a hundred miles through desert repenting.

You only have to let the soft animal of your body
love what it loves.

Tell me about despair, yours, and I will tell you mine.

Meanwhile the world goes on,
meanwhile the sun and the clear pebbles of the rain
are moving across the landscapes,
over the prairies and the deep trees,
the mountains and the rivers.

Meanwhile the wild geese, high in the clean blue air
are heading home again.

Whoever you are, no matter how lonely
the world offers itself to your imagination,

Parallel Process

We can learn to hold ourselves...

So we can hold the caregiver...

So the caregiver can hold/contain their self...

And then hold the child(ren)...

And the child(ren) can internalize the holding and balance self-regulation (learn that they are okay and the world is okay).

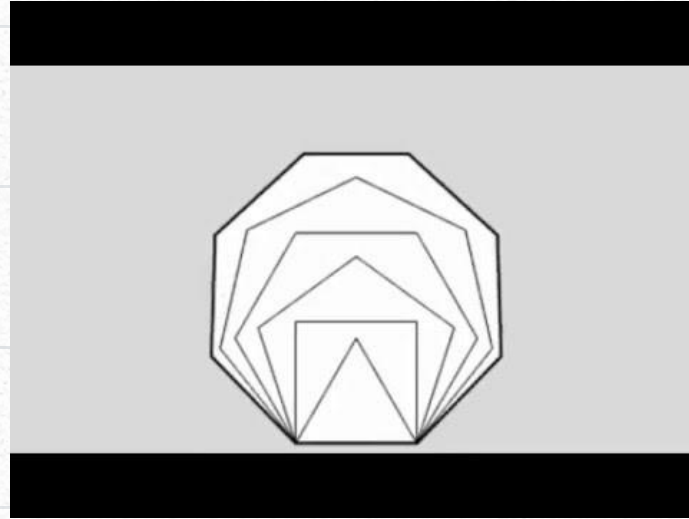
Four Threats to the Nervous System

- x Physical & Emotional Danger
- x The Unknown
- x Incongruence
- x Shoulds (or Judgments)



A medium shot of a Black man with a shaved head, wearing a grey zip-up jacket over a black shirt. He is looking directly at the camera with a neutral expression. The background is a blurred office environment with a red chair on the left and a blue office chair on the right. The text "Delivery Room" is overlaid in white, bold, sans-serif font across the bottom half of the image.

Delivery Room



Break

Resilience: Protective Factors

- X Caregiver Resilience
- X Social Connections
- X Concrete Supports
- X Knowledge of Parenting and Child Development
- X Social and Emotional Competence



Cultivating Resilience

“The marvel of a basket is in its transformation, its journey from wholeness as a living plant to fragmented strands and back to wholeness again as a basket. A basket knows the dual powers of destruction and creation that shape the world. Strands once separated are rewoven into a new whole. The journey of a basket is also the journey of a people.”

-Robin Wall Kimmerer, *Braiding Sweetgrass*, p. 256



Regulating Intervention: Play

- X Games
- X Dance/Movement
- X Art
 - X Music
 - X Paint/Draw/Sculpt
 - X Poetry





Regulating Intervention: Nature

- x Nervous System Regulation
- x Fascination & Play
- x Resiliency & Stress Recovery



Regulating Interventions: Mindfulness

- x Body Scan
- x Breath Work
- x Awareness Exercises





Integrating Knowledge & Tools: Organizational Change

Diversity Informed Tenets for Work with Infants, Children, and Families

- X Self-Awareness Leads to Better Service for Families
- X Champion Children's Rights Globally
- X Work to Acknowledge Privilege and Combat Discrimination
- X Recognize and Respect Non-Dominant Bodies of Knowledge
- X Honor Diverse Family Structures
- X Understand that Language Can Hurt or Heal
- X Support Families in Their Preferred Language
- X Allocate Resources to Systems Change
- X Make Space and Open Pathways
- X Advance Policy that Supports All Families



**Burnout and
Employee
Turnover**

**Helping
Professions are at
Highest Risk**

16 Warning Signs of Burnout

Feeling helpless and hopeless

A sense that one can never do enough

Hypervigilance

Diminished creativity



Inability to embrace complexity

Minimizing

Chronic exhaustion/physical ailments

Inability to Listen/Deliberate avoidance

16 Warning Signs of Burnout Continued



Dissociative moments

Sense of Persecution

Guilt

Fear

Anger and Cynicism

Inability to empathize/numbing

Addictions

Grandiosity: An inflated sense of importance related to one's work

Experiential



The Gift of Vulnerability

it is being honest
about
my pain
that
makes me invincible

NAYYIRAH WAHEED

“Vulnerability is the
birthplace
of wholeheartedness.”

-Brené Brown,
“Daring Greatly”



“Compassion is not a relationship between the healer and the wounded.

It’s a relationship between equals.

Only when we know our own darkness well can we be present with the darkness of others.”

-Pema Chödrön

References

- X Alvarez, S. D. & Schneider, J. (2008). One college campus' need for a safe zone: A case study. *Journal of Gender Studies* 17(1), pp.71-74.
- X Arao, B., & Clemens, K. (2013). From safe spaces to brave spaces: A new way to frame dialogue around diversity and social justice. In L. Landreman (Ed.), *The art of effective facilitation: Reflections from social justice educators* (1st ed., pp. 135-150). Sterling, VA: Stylus Publishing.
- X Blosnich, J. (2014). Disparities in Adverse Childhood Experiences Among Sexual Minority and Heterosexual Adults. *PsycEXTRA Dataset*. doi:10.1037/e539212014-001
- X Burnout. (n.d.). *Psychology Today*. Retrieved October 31, 2018, from <https://www.psychologytoday.com/basics/burnout>
- X Carter, S. (Nov. 22, 2011). The Natural High of Laughter: Laughter: A remedy for stress. *Psychology Today*. Retrieved from <https://www.psychologytoday.com/blog/high-octane-women/201111/the-natural-high-laughter>.
- X Chodron, P. (1997). *When things fall apart: Heart advice for difficult times*. Boston: Shambhala.
- X Cicchetti, D., & Rizley, R. (1981). Developmental perspectives on the etiology, intergenerational transmission, and sequelae of child maltreatment. *Ne Directions for Child Development*, 11, 31-55.
- X Danieli, Y. (1998). *International handbook of multigenerational legacies of trauma*. New York, NY, US: Plenum Press.
- X Danieli, Y. (2007). Assessing trauma across cultures from a multigenerational perspective. In Wilson, J. P.; Tang, C. S. (Eds.) *Cross-cultural assessment of psychological trauma and PTSD* (pp. 65-89). New York, NY, US: Springer Science + Business Media
- X Danieli, Y., Nader, K. (2006). Respecting cultural, religious, and ethnic differences in the prevention and treatment of psychological sequelae. In Schein, L. A., Sptiz, H. I., Burlingame, G.M., Muskin, P. R., & Vargo, S. (Eds.) *Psychological effects of catastrophic disasters: Group approaches to treatment*. (pp. 203-234). New York, NY, US: Haworth Press.
- X Davies, D. (2011). *Child development: A practitioner's guide* (3rd ed.). New York: The Guilford Press.
- X Erikson Institute. (n.d.). Fussy Baby Network - National network of family support - Erikson Institute. Retrieved November 1, 2018, from <https://www.erikson.edu/fussy-baby-network/>
- X Escueta, M., Whetten, K., Ostermann, J., & O'Donnell, K. (2015). Adverse Childhood Experiences, Psychosocial Well-Being and Cognitive Development Among Orphans and Abandoned Children in Five Low Income Countries. *Childhood Adversity and Developmental Effects*, 241-268. doi:10.1201/b18372-16
- X Felitti, Vincent J et al. Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults. *American Journal of Preventive Medicine*, Volume 14, Number 4, 245-258 DOI: 10.1016/S0749-3797(00)00017-0

References Continued

- X Greytak, E.A., Kosciw, J.G., & Diaz, E.M. (2009). *Harsh realities: The experiences of transgender youth in our nation's schools*. New York: GLSEN.
- X Hanson, R., & Mendius, R. (2009). *Buddha's brain: The practical neuroscience of happiness, love & wisdom*. Oakland, CA: New Harbinger Publications.
- X Hamilton, J. (Aug. 6, 2014). Scientists Say Child's Play Builds a Better Brain. NPR. Retrieved from <http://www.npr.org/sections/ed/2014/08/06/336361277/scientists-say-childs-play-helps-build-a-better-brain>.
- X Herman, J. L. (2015). *Trauma and recovery: The aftermath of violence - from domestic abuse to political terror*. New York: Basic Books.
- X Kimmerer, R. W. (2015). *Braiding sweetgrass: Indigenous wisdom, scientific knowledge and the teachings of plants*. Minneapolis: Milkweed Editions.
- X Know the signs of job burnout. (Sept. 17, 2015). *Mayo Clinic*. Retrieved October 31, 2018, from <http://www.mayoclinic.org/healthy-lifestyle/adult-health/in-depth/burnout/art-20046642>
- X Landy, S. (2009). *Pathways to competence: Encouraging healthy social and emotional development in young children*. Baltimore: Paul H. Brookes Publishing.
- X Levine, P. A., & Kline, M. (2008). *Trauma-proofing your kids: A parents guide for instilling confidence, joy and resilience*. Berkeley, CA: North Atlantic Books.
- X Lipsky, L. V., & Burk, C. (2009). *Trauma stewardship: An everyday guide to caring for self while caring for others*. Oakland, CA: Berrett-Koehler.
- X Linklater, R. (2016). *Decolonizing trauma work: Indigenous stories and strategies*. Vancouver, B.C.: Langara College.
- X Mader, P. (2012). Adverse Childhood Experiences and the Neurobiology of Trauma. *PsycEXTRA Dataset*. doi:10.1037/e522512014-122
- X Mallon G.P., & DeCrescenzo T. (2006). Transgender children and youth: a child welfare practice perspective. *Child Welfare*, 85(2), pp. 215-41.
- X Manninen, S., Tuominen, L., Dunbar, R., et. al. (2017) Social Laughter Triggers Endogenous Opioid Release in Humans. *The Journal of Neuroscience*; 0688-16 DOI: 10.1523/JNEUROSCI.0688-16.2017
- X McIntyre, J. K. & Spatz Wisdom, C. (2011). Childhood victimization and crime victimization. *Journal of Interpersonal Violence*, 26(4), 640-663.
- X National Gay and Lesbian Task Force & National Center for Transgender Equality (2010). *National Transgender Discrimination Survey*. Washington DC.
- X NativeLand (n.d.). Retrieved from <https://native-land.ca/>
- X Oaklander, M. (Apr. 28, 2017). This Quick Meditation Helps You Let Go of Stress and Sleep. Time Magazine. Retrieved from <http://time.com/4737068/body-scan-meditation-sleep/>

References Continued

- X O'Malley, D. M., Randell, K. A., & Dowd, M. D. (2016). Family Adversity and Resilience Measures in Pediatric Acute Care Settings. *Public Health Nursing, 33*(1), 3-10. doi:10.1111/phn.12246
- X Pyramid Model Overview. (n.d.). Retrieved from <http://challengingbehavior.cbcs.usf.edu/Pyramid/overview/index.html>
- X Randell, K. A., O'Malley, D., & Dowd, M. D. (2015). Association of Parental Adverse Childhood Experiences and Current Child Adversity. *JAMA Pediatrics, 169*(8), 786. doi:10.1001/jamapediatrics.2015.0269
- X Roberts, A., Rosario, M., Corliss, H.L., Koenen, K.C., & Austin, S.B. (2012). Childhood gender nonconformity: A risk indicator for childhood abuse and posttraumatic stress in youth. *Pediatrics 129*(3), pp. 410-417.
- X Selhub, E. M., & Logan, A. C. (2012). *Your brain on nature: The science of nature's influence on your health, happiness and vitality*. Mississauga, Ont.: John Wiley & Sons Canada.
- X Sherrell, C. (2018). The oppression of Black bodies: The demand to simulate White bodies and embodiment. In C. Caldwell & L. Leighton (Eds.), *Oppression and the Body: Roots, Resistance, and Resolutions* (pp. 141-156). Berkeley, CA: North Atlantic Books.
- X Sherrell, C., & Simmer-Brown, J. (2017). Spiritual bypassing in the contemporary mindfulness movement. *Initiative for Contemplation, Equity, & Action (ICEA) Journal, 1* (1), 75-94.
- X Siegel, D. J. & Hartzell, M. (2013). *Parenting from the inside out*. New York: Penguin.
- X Singleton, G., & Linton, C. (2006). *Courageous conversations about race: A field guide for achieving equity in schools*. Thousand Oaks, CA: Corwin Press
- X Spatz Wisdom, C., Czaja, S. J., & Paris, J. (2009) A prospective investigation of borderline personality disorder in abused and neglected children followed up into adulthood. *Journal of Personality Disorders, 23*(5), 433-446.
- X Spatz Wisdom, C., Marmorstein, N. R., & Raskin White, H. (2006). Childhood victimization and illicit drug use in middle adulthood. *Psychology of Addictive Behaviors, 20*(4), 394-403.
- X van der Kolk, B. A., McFarlane, A. C., & Weisæth, L. (2007). *Traumatic stress: The effects of overwhelming experience on mind, body, and society*. New York: Guilford Press
- X Violence Prevention: About Adverse Childhood Experiences. (2016, April 01). Retrieved from https://www.cdc.gov/violenceprevention/acestudy/about_ace.html.
- X Violence Prevention: About the CDC-Kaiser ACE Study. (2016, June 14). Retrieved from <https://www.cdc.gov/violenceprevention/acestudy/about.html>.
- X Wade, R., Cronholm, P. F., Fein, J. A., Forke, C. M., Davis, M. B., Harkins-Schwarz, M., . . . Bair-Merritt, M. H. (2016). Household and community-level Adverse Childhood Experiences and adult health outcomes in a diverse urban population. *Child Abuse & Neglect, 52*, 135-145. doi:10.1016/j.chiabu.2015.11.021
- X Your Breath is Your Brain's Remote Control. (2018, October 18). Retrieved November 7, 2018, from https://www.mindful.org/breath-brains-remote-control/?fbclid=IwAR3xswQefXSo7gTq0sbSx2mKCpfcikZ7sQ-QBP1wpXuEBoPE_IaDlBRxwHQ