

**Building basic awareness and  
communicating for buy in**

## **The ABC's of Trauma-Informed Care**

**A power point presentation that  
organizations may adapt as part of their  
workforce development efforts**

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### **ABC's of Trauma-Informed Care AGENDA**

- > 1. What do we mean by trauma? How does trauma affect people?
- > 2. What can we learn from listening to the voices of people who have experienced trauma?
- > 3. Why is understanding trauma important in the work we do at \_\_\_\_\_?
- > 4. What can we do to insure that we help those we serve who have experienced trauma?
- > 5. Why we all matter!
- > The stresses of our own work and lives may also make trauma a personal concern
- > How understanding trauma and improving our services helps all of us
- > Provide us with feedback (complete survey)

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## Section 1



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# What is trauma? Why is it important?

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## What do we mean by trauma?



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- > Trauma refers to intense and overwhelming experiences that involve serious loss, threat or harm to a person's physical and/or emotional well being.
- > These experience may occur at any time in a person' life. They may involve a single traumatic event or may be repeated over many years.
- > These trauma experiences often overwhelm the persons coping resources. This often leads the person to find a way of coping that may work in the short run but may cause serious harm in the long run.

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## Examples of Traumatic Life Experiences

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- > Physical, emotional and/or sexual abuse in childhood or adulthood
- > In Childhood
  - » neglect or abandonment (food insufficiency, lack of money to met basic needs, homelessness)
  - » death of a parent
  - » divorce
  - » family life that includes drug addiction, alcoholism, parental incarceration, violence
- > Rape
- > Serious medical illness or disease (disabling conditions, loss of function, invasive and distressing procedures)

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## Examples of Traumatic Life Experiences

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- > War, combat and civil unrest conditions including torture affecting soldiers and refugee civilians
- > Catastrophic losses of one's home, livelihood, people, pets due to flood, tornado, hurricane or other disasters of nature
- > Involved in or witnessing horrific events involving violence, gruesome accidents or death/serious injury

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## How may experiencing trauma in childhood affect a person?



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### Findings from the Adverse Childhood Experiences (ACE) Study

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## What is the Adverse Childhood Experiences (ACE) Study?



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- > Center for Disease Control and Kaiser Permanente (an HMO) Collaboration
- > Over a ten year study involving 17,000 people
- > Looked at effects of adverse childhood experiences (trauma) over the lifespan
- > Largest study ever done on this subject



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## People enrolled in the Kaiser Permanente health plan were asked ten questions related to the following adverse childhood experiences....



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- > Physical, emotional and/or sexual abuse
- > Neglect or abandonment
- > Divorce
- > Alcoholism or drug addiction in the family
- > Family violence
- > Poverty, homelessness, lack of food and basic needs
- > Family member in prison
- > Family member with mental illness

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## The 17,000 people who answered these questions were....



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- > 80% White, including Hispanic
- > 10% Black
- > 10% Asian
- > About 50% men, 50% women
- > 74% had attended college
- > 62% age 50 or older

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## What They Found



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### Of the 17,000 respondents

- > **1 in 4** exposed to **2** categories of ACEs
- > **1 in 16** was exposed to **4** categories.
- > **22%** were sexually abused as children.
- > **66%** of the women experienced abuse, violence or family strife in childhood.
- > Women were **50%** more likely than men to have experienced 5 or more ACEs

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## Impact of Trauma Over the Lifespan



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Are neurological, biological, psychological and social in nature. They include:

- > Changes in brain neurobiology;
- > Social, emotional & cognitive impairment;
- > Adoption of health risk behaviors as coping mechanisms (eating disorders, smoking, substance abuse, self harm, sexual promiscuity, violence); and
- > Severe and persistent behavioral health, health and social problems, early death.

*(Felitti et al, 1998)*

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## Multiple trauma experiences raise the risk for.....



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- > Anxiety problems and fears
  - > Avoiding people, places and things that are similar to or reminders of the traumatic event(s)
- > Physical health problems
- > Sleep problems
- > Emotional problems such as feeling numb and/or disconnected from oneself or environment
- > Memory problems
- > Flashbacks

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## Multiple trauma experiences raise the risk for.....



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- > Alcoholism and alcohol abuse, substance use/abuse
- > Obesity
- > Respiratory difficulties
- > Heart disease
- > Multiple sexual partners
- > Poor relationships with others
- > Smoking
- > Suicide attempts
- > Unintended pregnancies

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## Trauma experienced in adulthood may also affect a persons emotional and physical well-being



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Examples:

- > Combat related trauma
- > Refugee/torture/civil unrest
- > Witnessing or experiencing violence
- > Catastrophic loss (natural disasters)
- > Terrorism

Bottom line findings: These experiences raises the individuals risk for severe emotional distress, suicide, physical illness, substance abuse and a host of other life difficulties

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## Trauma may also lead to a set of symptoms referred to as Post Traumatic Stress Disorder (PTSD)



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The following symptoms are clear indications that the person has been overwhelmed by trauma and experiencing serious mental health consequences:

- > ***Reliving the experience***
- > ***Avoidance and emotional numbing***
- > ***Over sensitivity and irritability***

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## Re-living



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- > Intrusive memories images, or perceptions;
- > Recurring nightmares;
- > Intrusive daydreams or flashbacks;
- > Exaggerated emotional and physical reactions;
- > Dissociative experiences (feeling disconnected from one's body and environment)

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## Avoidance and Numbing



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- > The avoidance and numbing set of symptoms includes
  - » Efforts to avoid thoughts, feelings, activities, or situations associated with the trauma;
  - » Feelings of detachment from people, places and things;
  - » Inability to have positive and loving feelings;
  - » Limited emotions, loss of interest; and avoidance of activity.

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## Over Sensitivity and Irritability



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- > Exaggerated startle response
- > Being on guard much of the time
- > Insomnia and other sleep disturbances,
- > Difficulties in concentrating, and
- > Outbursts of anger.

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## More Findings about Trauma

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## Findings



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- > 1 in 6 men have experienced emotional trauma
- > 80% of people in psychiatric hospitals have experienced physical or sexual abuse
- > 66% of people in substance abuse treatment report childhood abuse or neglect
- > 90% of women with alcoholism were sexually abused or suffered severe violence from parents

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## Findings



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- > **2/3 (67%)** of all suicide attempts
- > **64%** of adult suicide attempts
- > **80%** of child/adolescent suicide attempts

Are Attributable to Childhood Adverse Experiences

***Women are 3 times as likely as men to attempt suicide over the lifespan.***

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## Findings



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- > **92%** of incarcerated girls report sexual, physical or severe emotional abuse
- > Boys who experience or witness violence are **1,000 times** more likely to commit violence than those who do not
- > As many as one third of women and **14%** of men are survivors of childhood sexual abuse

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## WHAT DOES THE PREVALENCE DATA TELL US?



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- > The majority of adults and children in psychiatric treatment settings have trauma histories
- > A sizable percentage of people with substance use disorders have traumatic stress symptoms that interfere with achieving or maintaining sobriety
- > A sizable percentage of adults and children in the prison or juvenile justice system have trauma histories

*(Hodas, 2004, Cusack et al., Mueser et al., 1998, Lipschitz et al., 1999, NASMHPD, 1998)*

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## WHAT DOES THE PREVALENCE DATA TELL US?



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- > Growing body of research on the relationship between victimization and later offending
- > Many people with trauma histories have overlapping problems with mental health, addictions, physical health, and are victims or perpetrators of crime
- > Victims of trauma are found across all systems of care

*(Hodas, 2004, Cusack et al., Mueser et al., 1998, Lipschitz et al., 1999, NASMHPD, 1998)*

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## Bottom line



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The experience of trauma in childhood and  
adulthood matters!

A **quality** healthcare, human services and/or social safety net  
organization is designed to address the impact of trauma for every  
single person in that organization

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## The Challenge: It is difficult to determine if a particular life problem is related to trauma



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We don't know what kinds of experiences our clients have had when they present for services, so we need to approach them in a universally sensitive manner

- > If we assume that their presenting issues are not related to trauma, then we miss a great opportunity to help
- > If we assume trauma may be playing a role, then we begin to pay attention to signs of trauma and ask the right questions
- > The steps we take to create a safe and trusting environment benefits everyone

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## What actions should our organization take?



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- > It would be wise to assume that trauma may play a role in the person's current life difficulties and that our job is to...
  - 1) engage the person in exploring his/her life history related to trauma in a way that is respectful and sensitive
  - 2) insure that our policies, procedures, activities, environment and ways that we relate and talk to each other creates a safe and trusting environment

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## Section 2



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# The voice and perspective of people who have lived experience of trauma and recovery

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## What can we learn from listening to the voices of people who have experienced trauma?



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Options:

1. Video/DVD which involves a consumer sharing his/her experience of trauma and recovery
  - » After the video, ask group: what was one thing one learned or found surprising? Take 4-5 responses from audience.
2. Have a person from inside or outside your organization share their experience of trauma and the people, places and things that contributed to his/her recovery.
  - » Ask group: what did you learn or find surprising?

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## Section 3



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### Why is trauma informed care important to OUR organization/program?

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### Why is Trauma-Informed Care important to our organization?



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- > We, along with most health care and human service systems, do not routinely and comprehensively inquire about the trauma that may have been or currently experienced by our clients
- > We can make mistakes when we don't fully understanding the role that trauma may be playing in the problems and disappointments of our clients.

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## Why is trauma-informed care important in the work we do at \_\_\_\_\_?



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- > To provide effective services we need to understand the life situations that may be contributing to the persons current problems
- > Many current problems faced by the people we serve may be related to traumatic life experiences
- > People who have experienced traumatic life events are often *very sensitive* to situations that remind them of the people, places or things involved in their traumatic event.
- > These reminders, also known as triggers, may cause a person to relive the trauma and view our organization as a source of distress and not as a healing and welcoming environment

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## Why is Trauma-Informed Care important to our organization?



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- > We might unintentionally cause harm by practices, policies and activities that are insensitive to the needs of our clients.
  - » Re-victimizing or re-traumatizing someone unintentionally is a real possibility
- > All of us who work at \_\_\_\_\_ are not immune from adverse experiences in the present or the past.
- > Understanding trauma also means recognizing that our personal traumatic experiences or the stress associated with working in human services may impact our emotional and physical well being as well as our work success and satisfaction

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## How we may unintentionally cause our clients to relieve their trauma: The importance of *relationships*



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### WHAT HURTS

- > Interactions that are humiliating, harsh, impersonal, disrespectful
- > critical, demanding, judgmental

### WHAT HELPS

- > Interactions that express kindness, patience, reassurance, calm and acceptance and listening
- > Frequent use of words like PLEASE and THANK YOU

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## How we may unintentionally cause our clients to relieve their trauma: The importance of the *physical environment*



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### What hurts

- > Congested areas that are noisy
- > Poor signage that is confusing
- > Uncomfortable furniture
- > Cold non-inviting colors and paintings/posters on the wall

### What helps

- > Treatment and waiting rooms that are comfortable, calming and offers privacy
- > Furniture is clean and comfortable
- > No wrong door philosophy: we are all here to help
- > Wall coverings, posters/pictures are pleasant and conveys a hopeful positive message

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## How we may unintentionally cause our clients to relieve their trauma: The importance of our policies and procedures

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### What hurts

- > Rules that always seem to be broken (time to take a second look at these rules)
- > Policies and Procedures that focus on organizational needs rather than on client needs
- > Documentation with minimal involvement of clients
- > Many hoops to go through before a client's needs are met
- > Language barriers

### What helps

- > Sensible and fair rules that are clearly explained (focus more on what you CAN DO rather than what you CAN'T DO)
- > Transparency in documentation and service planning
- > Materials and communication in the person's language
- > Continually seeking feedback from clients about their experience in the program

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## How we may unintentionally cause our clients to relieve their trauma: The importance of our attitudes and beliefs

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### What hurts

- > Asking questions that convey the idea that "there is something wrong with the person"
- > Regarding a persons difficulties only as **symptoms** of a mental health, substance use or medical problem

### What helps

- > Asking questions for the purpose of understanding what harmful events may contribute to current problems
- > Recognizing that mental health, substance use and physical health **symptoms** may be a persons way of coping with trauma

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## Section 4



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### What we are doing to make our organization trauma-informed?

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### What are we doing to make our organization trauma-informed?



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- > Our organization joined a national trauma-informed care Learning Community initiative organized by the National Council for Community Behavioral Health.
- > We have a team that is part of a large Learning Community made up of 60 other organizations who are working and learning to improve the way we meet the needs of people with trauma experiences
- > We have organized a Core Implementation Team consisting of \_\_\_\_\_
- > We also have a larger oversight group that helps to guide and make decisions that are practical and beneficial to all of us. The oversight team consists of \_\_\_\_\_

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## Our Goals: Making progress in each of the key domains of a trauma-informed care organization



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1. Involving and engaging people who are or have been recipients of our services to play numerous roles (e.g., paid employee, volunteer, members of decision making committees, peer specialists) in comprehensively participate in planning, implementing and evaluating our improvement efforts.
2. Developing a respectful screening and assessment process that is routine, competently done and culturally relevant and sensitive.

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## Our Goals: Making progress in each of the key domains of a trauma-informed care organization



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3. Increasing the awareness, knowledge and skills of the entire workforce to deliver services that are effective, efficient, timely and person centered.
4. Increase the awareness, knowledge and skills of the clinical workforce in delivering research informed treatment services designed to address the cognitive, emotional, behavioral, substance use and physical problems associated with trauma.

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## Our Goals: Making progress in each of the key domains of a trauma-informed care organization



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5. Increase the awareness, knowledge and skills of the workforce to create a safe, trusting and healing environment as well as examining and changing policies, procedures and practices that may unintentionally cause distress and may re-traumatize (cause harm) to those we serve.

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## Our Goals: Making progress in each of the key domains of a trauma-informed care organization



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6. Recognize that the people we serve may be part of and affected by a larger service system including housing, corrections, courts, primary health, emergency care, social services, education and treatment environments such as substance use programs. We have an opportunity to engage and increase the awareness of these other service providers to the principles and practices of trauma informed care. In this way, our efforts are less likely to be undermined by other parts of the system.

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## Section 5



# Why we ALL matter!

## Why we all matter!



- > Every contact with a client and with each other will affect us in one of two ways:

***1. Contribute to a safe and trusting healing environment***

OR

***2. Detract from a safe and trusting environment***

- > No one working for \_\_\_\_\_ is unimportant
- > We all play a role in assisting our clients to make progress in their lives
- > We all matter when it comes to creating a safe, trusting and healing environment

## The stresses of our own work and lives may also make trauma a personal concern



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- > All of us at \_\_\_\_\_ are not immune to traumatic experiences in our own lives.
- > All of us work in human services where people are struggling with many challenges that are often overwhelming.
- > It's important to be aware of how these experiences may challenge our own emotional resources.

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## A Trauma-Informed Care environment improves the experience of everyone including the workforce



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- > Human service work challenges our own personal resources. Working with people who are struggling with serious life difficulties may contribute to.....
  - » Emotional exhaustion
  - » Disappointment or frustration with a lack of accomplishment (lacking job success and satisfaction)
  - » Becoming impatient and finding our compassion and empathy declining (compassion fatigue)

Folkman 1990

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## How understanding trauma and improving our services helps all of us



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- > A trauma-informed organization
  - » Increases safety for all
  - » Improves the social environment in a way that improves relationships for all
  - » Cares for the caregivers
  - » Increases the quality of services
  - » Reduces negative encounters and events
  - » Creates a community of hope and health
  - » Increases success and satisfaction at work

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## Our Vision



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Place a vision statement here that helps people SEE  
what you want to accomplish

Consider a vision statement that includes one or more of the  
following principles and values:

- > ***Safety, calm and secure environment***
- > ***Every single person is important***
- > ***Cultural Competence***
- > ***Consumer voice, choice and self-advocacy***
- > ***Recovery, consumer driven and trauma-specific services***
- > ***Healing, hopeful, honest and trusting relationships***

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## Evaluation/Impact of Presentation on Staff



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# Show Scoring Guide

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## Thank you



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- > Please provide us with feedback. This survey helps us better understand the most effective approaches to helping organizations make progress toward trauma-informed care

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