NORTHERNRIVERS

NORTHEAST PARENT & CHILD SOCIETY
PARSONS CHILD & FAMILY CENTER
SATRI Training & Research

TRAINING NEWS LINK

February 2018 - March 2018

Internal Trainings

Clinical

February 9, 2018 – Culture & Diversity in Service Planning 9:00am-12:00pm at SATRI **(3 CEU's)**

February 16, 2018 – Strength Based Treatment in trauma Informed Care 9:00am-12:00pm at SATRI (**3 CEU's)**

March 8, 2018 - Child Adolescent Development 9:00 am-4:00pm at SATRI **(6 CEU'S)**

March 9, 2018-Essentials of Assessment: Intro to Trauma Recovery 9:00am-12:00pm at SATRI **(3 CEU's)**

March 23, 2018-Essentials of Assessment: Service Planning Referral to Discharge 9:00am-12:00pm at SATRI **(3 CEU's)**

March 28, 2018 –Supporting Youth with Brain Injury 1:00pm - 3:00pm at SATRI **(2 CEU's)**

March 30, 2018-Essentials of Assessment: Healing from Trauma/Protective Factors 9:00am-12:00pm at SATRI **(3 CEU's)**

In this Issue:	Page
Welcome/ Internal Trainings	1-3
Trauma Informed Care Focus	4
Humor tips	5-6
External Training	7
Interesting Article	8-12

February 19th

March 11th

Internal Trainings

TCI Training (Therapeutic Crisis Intervention)

Full TCI:

Must attend all four days.

February 8, 9, 15, & 16, 2018 - TCI Full Training 8:30am-4:30pm at SATRI

March 8, 9, 15, & 16, 2018 - TCI Full Training 9:00am –5:00pm Children's' Home, Schenectady

Update TCI:

February 14, 2018 -TCI Update Training 9:00am –5:00pm Children's' Home, Schenectady

March 14, 2018 -TCI Update Training 8:30am-4:30pm at SATRI

Diversity

March 30, 2018 - Stereotypes in the Workplace– 12:00pm-1:00pm at SATRI **(1 CEU's)**

First Aid/CPR

February 12, 2018 -First Aid/CPR 9:00am-3:00pm at SATRI

March 12, 2018 -First Aid/CPR 9:00am-3:00pm at SATRI

Applied Suicide Intervention Skills Training (ASIST)

February 21 & 22, 2018 – Applied Suicide Intervention Skills Training (ASIST) 8:30am-4:30pm at SATRI **(14 CEUs)** *(Must attend both days)*

Med Admin

March 1, 2018 - Med Admin 9:30am-11:00am at SATRI

Internal Trainings

Supervision for Success (S4S)

March 13, 2018, April 17, 2018 & May 15, 2018 (MUST ATTEND ALL 3 DAYS) - Supervision for Success 9:30am-4:00pm at SATRI **(18 CEU'S)**

Baseline Coding for CANS NY

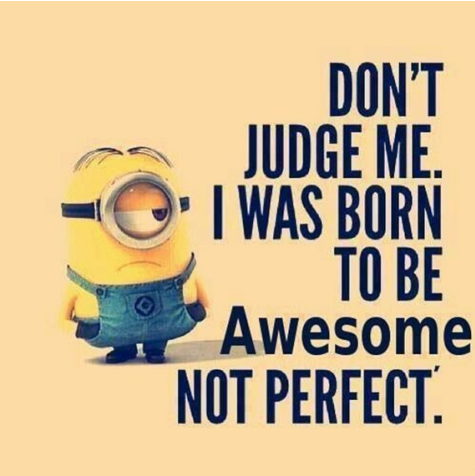
March 14, 2018 - Baseline Coding for CANS NY 8:30am-12:00pm at SATRI

Youth Mental Health First Aid

March 16, 2018 - Youth Mental Health First Aid 8:30am-4:30pm at SATRI

Suicide Awarness

March 7, 2018 -Suicide Awareness, Prevention, Screening & Tx 9:00am-3:00pm at SA-TRI



Trauma-Informed Care Focus

Vol. 1, No. 1 | August 2017

Trauma-Informed Models

Trauma-informed care is one of Northern Rivers' five core principles, and it focuses on understanding and healing from loss, promoting and supporting self-care and wellness, and working toward a positive and productive future.

Attachment, Self-Regulation, and Competency Model	Sanctuary Model
The Attachment, Self-Regulation, and Competency (ARC) Model* was developed as a "flexible framework," which rather than providing a manualized protocol, identifies core concepts of intervention that translate across service settings; breaks each of these core concepts down into key skills and targets; and provides examples of approaches to intervention in these areas for a range of providers including clinicians, educators, primary caregivers, clinical case managers, and others. The ARC Model focuses on addressing key skills and targets in a systematic way in the present moment. *ARC Model was created by Kristine Kinniburgh and Margaret Blaustein, 2010.	The Sanctuary Model is a therapeutic model that helps us organize both our treatment and the way we interact with each other. It is a guide for everyone to use from our leaders to our staff, children, and families as we seek to share a common language and set of values. The basic building blocks of the Sanctuary Model use a shared language contained in safety, emotion management, loss, and future (SELF). In our Sanctuary community,everyone feels safe from physical and emotional harm in a place where we seek to safely express our feelings with a sense of honesty and respect. Whether we ourselves have experienced trauma, everyone in a Sanctuary community is learning about the nature of trauma and how such painful experiences affect us in the present. We practice safe ways of treating and interacting with each other.

Activity

The video, "*Toxic Stress Derails Healthy Development*," shows how trauma manifests in individuals (https://youtu.be/rVwFkcOZHJw).

Success Story

Our trauma-informed care models have been highlighted in the Therapeutic Foster Care Program through scheduled trauma talks. Trauma talk promotes a discussion between agency workers and foster parents about children experiencing problematic behaviors. The goal is for the foster parents to develop a deeper understanding of how trauma impacts the lives of children in care and that these problematic behaviors are strong trauma reactions. Our hope is that foster parents will be able to approach children's behavior through the lens of what has happened to them and not by questioning what is wrong with them.

For more information, see Cornerstone (LMS) for upcoming trainings at SATRI (https://northernrivers.csod.com/).

About Trauma-Informed Care Focus

Trauma-informed care is one of our five core principles at Northern Rivers Family of Services. We have formed a workgroup committed to bringing you relevant and beneficial information through our monthly *Trauma-Informed Care Focus*. This workgroup is part of a larger committee exploring implementation of trauma-informed care across Northern Rivers. Each monthly the newsletter will include a trauma-informed topic or current issue, an activity, and a success story.

Please look for your newsletter each month, and send us your feedback! Send your ideas and feedback to any member of the Editorial Committee:

- **Steve Banbury**
  Steve.Banbury@northernrivers.org
- **Rhonda Daniel**
  Rhonda.Daniel@northernrivers.org
- **Kelly Havens**
  Kelly.Havens@neparentchild.org
- **Tanya Starker**
  Tanya.Starker@neparentchild.org
- **Colleen Vogel**
  Colleen.Vogel@neparentchild.org

"Being trauma informed begins with how we all treat each other"

-Kristine Kinniburgh

NORTHERNRIVERS

60 Academy Road, Albany, NY 12208
p. 518.426.2600 f. 518.447.5234
www.northernrivers.org

Humor Tips

The work we do can sometimes be very stressful. It is important to remember that your well-being is a priority. Laughter is a great start to achieving this. A good, hearty laugh relieves physical tension and stress, leaving your muscles relaxed for up to 45 minutes after. Take a look at the list below of the other benefits of laughter.

HUMOR AND COMMUNICATION

Humor gets people to listen. "Consistent use of appropriate humor makes people want to read and hear what you say."[1]

Humor increases long-term memory retention. "Instructional messages that gain students' attention and help them make sense of course content (clarity behaviors) enhance students' ability to process the content resulting in greater retention and learning."[2]

Humor increases persuasion. "Humor can be highly persuasive when presenting a message that people disagree with because the humor distracts them from immediately creating counter arguments, in part because they don't feel like the message is being crammed down their throats."[3]

Humor aids in learning. "The use of humor as a pedagogical tool has been shown to reduce classroom anxiety, create a more positive atmosphere, as well as facilitate the learning process."[4]

Humor increases the likability of the speaker. "An appropriate use of humor will produce a favorable attitude toward the speaker."[5]

HUMOR AND RELATIONSHIPS

Humor connects us with others. "Positive sounds such as laughter or a triumphant 'woo hoo!' can trigger a response in the listener's brain. The response is automatic and helps us interact socially by priming us to smile or laugh, and thereby connecting us with the other person."[6]

Humor reduces status differentials. "Humor can help to reduce the social distance between managers and employees."[7]

Humor diffuses conflict. "Humor has long been seen as the great equalizer—a means to facilitate conversation and bridge differences. As a matter of fact humor has been identified as a key factor in peace-building and international mediation."[8]

Humor builds trust. "Social benefits of humor include group cohesiveness, reduction of status differentials, diffusion of conflict, team and trust building among diverse groups."[9]

Humor encourages people to work together. "A growing body of research shows that when you share a laugh with someone, you're mirroring not only one another's body language, but also the hormonal and neuronal activity, prompting a mutual investment in each other's well-being."[10]

HUMOR AND PROBLEM SOLVING

Humor boosts overall brainpower. "A dose of humor releases the chemical serotonin in your brain, which improves focus, increases objectivity and improves overall brainpower."[11]

Humor improves decision-making. "Positive moods prompt more flexible decision-making and wider search behavior and greater analytic precision."[12]

Humor increases the acceptance of new ideas. "Unconventional interactions can lower the barrier for people to posit novel things."[13]

Humor triggers new connections. "Humor stimulates the right hemisphere of the brain, which, in turn, sets off divergent, creative thinking which allows individuals to see broader applications, novel connections, and otherwise elusive relationships."[9]

Humor enhances ones ability to solve problems. "Studies have shown that simply watching comedy films can improve creative problem solving skills."[14]

Humor Tips

HUMOR AND PRODUCTIVITY

Humor provides motivation. "The use of humor in organizations has been associated with improving morale among workers, creating a more positive organizational culture, … and increasing motivation."[15]

Humor reduces absenteeism. "Humor is associated with enhanced work performance, satisfaction, workgroup cohesion, health, and coping effectiveness, as well as decreased burnout, stress, and work withdrawal."[16]

Humor prevents long-term burnout. "Humor in the workplace has been shown to reduce absenteeism, increase company loyalty, prevent burnout and increase productivity."[17]

Humor increases employee engagement. "Managers who lead with levity benefit from higher levels of employee engagement and overall success."[18]

Humor improves productivity. "In one study of more than 2,500 employees, 81 percent said they believe a fun working environment would make them more productive."[19]

HUMOR AND HEALTH

Humor reduces stress. "People with a sense of humor report less stress and anxiety than those with a low sense of humor, despite experiencing the same number of problems at work."[20]

Humor strengthens the immune system. "Laughter may improve immune function by blocking production of stress hormones, such as cortisol, and by increasing the release of immunoenhancers, such as beta-endorphin."[21]

Humor relaxes muscles. "Humor relaxes muscles, decreases blood pressure and improves our immune system."[22]

Humor burns calories. "Laughing 100 times can burn as many calories as 10-minutes on a stationary bicycle."[23]

Humor increases happiness. "Humor was one of the healthiest adaptations to being happy in life."[24]

HUMOR AND LEADERSHIP

Humor enhances perceived leadership skills. "People who use humor, particularly in stressful or seemingly one-down positions, are viewed as being on top of things, being in charge and in control, whether they are in fact or not."[25]

Humor creates more opportunities. "Research has shown that managers displaying a good sense of humor are given more opportunities in organizations than those without a sense of humor."[9]

Humor builds credibility. "Humor users are seen as more credible and as more competent."[26]

Humor increases size of paycheck. "The size of their bonuses correlated positively with their use of humor – 'In other words, the funnier the executives were, the bigger the bonuses.'"[27]

Humor increases profit. "Organization humor has been linked with successful leadership, with increases in profit and work compliance, with a successful business culture, with message and goal clarity in managerial presentations, with improvement in group problem- solving, and with reducing emotional stress due to threats and role conflict at work."[28]

Please visit https://www.humorthatworks.com/benefits/30-benefits-of-humor-at-work/ for list of sources.

Need a laugh? go to https://www.youtube.com/watch?v=4A6Bu96ALOw

External Training

NASW NEW YORK STATE CHAPTER
National Association of Social Workers

F E B R U A R Y

February 6 – **LIVE WEBINAR | 12:00PM – 1:00PM EST**

Human Trafficking 102

NASW Member Fee: FREE | Non-Member Fee: $20

NYSED Approved for 1.0 CE Contact Hour

Learning Wednesday Series with Dr. Joe Hunter

February 28 – **LIVE WEBINAR | 3:30PM – 5:00PM EST**

Post-Traumatic Stress Disorder: Understanding "Big T" and "Little T"

NASW Member Fee: $10 | Non-Member Fee: $25

NYSED Approved for 1.5 CE Contact Hours

M A R C H

March 5 – **LOUDONVILLE, NY | 9:00AM – 1:30PM**
DBT: Not Just for Our Clients
NASW Member Fee: $40 | Non-Member Fee: $75
NYSED Approved for 4.0 CE Contact Hours

Three-Part NASW-NYS Virtual Series with Melissa Sornik, LCSW and Lisa Zaretsky, CSW, LMSW
March 6, March 13, and March 20 – **LIVE WEBINAR |11:30PM – 1:30PM EST**
Overlooked and Underserved: Clinical and Educational Perspectives In the Treatment and Support of Twice Exceptional Children, Adolescents, and Their Families
NASW Member Fee: $30 | Non-Member Fee: $60
NYSED Approved for 6.0 CE Contact Hours

Learning Wednesday Series with Dr. Joe Hunter
March 14 – **LIVE WEBINAR | 3:30PM – 5:00PM EST**
Depression: Etiology, Assessment, and Diagnosis
NASW Member Fee: $10 | Non-Member Fee: $25
NYSED Approved for 1.5 CE Contact Hours

Learning Wednesday Series with Dr. Joe Hunter
March 28 – **LIVE WEBINAR | 3:30PM – 5:00PM EST**
Depression: Promising and Evidence Based Treatments
NASW Member Fee: $10 | Non-Member Fee: $25
NYSED Approved for 1.5 CE Contact Hours

Go to: https://naswnys.org/continuing-education/nasw-nys-continuing-education-schedule for program information and registration.

What Do Asthma, Heart Disease And Cancer Have In Common? Maybe Childhood Trauma

"Trauma" is a heavy and haunting word. For many Americans, it conjures images of troops returning from Iraq and Afghanistan. The emotional toll from those wars made headlines and forced a healthcare reckoning at the Department of Veterans Affairs.

Dr. Nadine Burke Harris, a pediatrician, would like to see a similar reckoning in every doctor's office, health clinic and classroom in America — for *children* who have experienced trauma much closer to home.

Burke Harris is the founder and CEO of the Center for Youth Wellness in San Francisco. She's spent much of her career trying to spread awareness about the dangers of childhood toxic stress. Her 2014 TED talk on the subject has more than 3.5 million views; the message is simple and research-based:

Two-thirds of Americans are exposed to extreme stress in childhood, things like divorce, a death in the family or a caregiver's substance abuse. And this early adversity, if experienced in high enough doses, "literally gets under our skin, changing people in ways that can endure in their bodies for decades," Burke Harris writes in her new book, *The Deepest Well: Healing the Long-Term Effects of Childhood Adversity:*

"It can tip a child's developmental trajectory and affect physiology. It can trigger chronic inflammation and hormonal changes that can last a lifetime. It can alter the way DNA is read and how cells replicate, and it can dramatically increase the risk for heart disease, stroke, cancer, diabetes — even Alzheimer's."

In short, early stress can shorten your life.

That's why, as a clinician, Burke Harris asks parents and guardians of new patients to fill out a short, confidential questionnaire. She wants to understand just how much stress these children have experienced.

Are this child's parents or guardians separated or divorced?

Is anyone in the home depressed or mentally ill?

Dr. Nadine Burke Harris is the founder and CEO of the Center for Youth Wellness in San Francisco.
Has the child seen or heard household members hurt or threaten each other?

Has a household member sworn at, insulted, humiliated, or put down the child?

The list goes on, including exposure to sexual abuse, drug or alcohol addiction in the house, neighborhood violence, food insecurity and housing instability.

I recently spoke with Burke Harris about the impact this exposure can have on children and what can be done about it. Our interview has been edited for length and clarity.

What are we talking about when we talk about toxic stress?

When kids are exposed to very high levels of chronic stress or adversity — or really intense and scary experiences — it actually changes the way their brains and bodies are wired. And that can lead to changes in brain development, changes in the development of the immune system, our hormonal systems, and even all the way down to the way our DNA is read and transcribed. And that is what can lead to this condition that's now known as toxic stress — and put folks at an increased risk of lifelong health problems.

Interesting Article Cont.

To help our readers understand toxic stress, I'd like you to explain how, exactly, the body responds to stress. In the book, you use an analogy that makes this really accessible: The bear.

Absolutely. Imagine you're walking in the forest, and you see a bear, right? The first thing that happens is that the amygdala, which is our brain's alarm center, sounds the alarm. So, our brain sends a signal down to our adrenal gland, which makes adrenaline and other stress hormones, including cortisol, and so your heart begins to pound, your pupils dilate, your airways open up, and you are ready to either fight that bear or run from the bear.

But, if you were to think about it, fighting a bear wouldn't seem like a good idea, would it? Because bears are big and they have teeth and they have claws. And that is why this alarm center in your brain, your amygdala, actually sends neurons to the part of your brain that regulates executive functioning: your prefrontal cortex. And it says, *'You know what? We're not going to do a lot of thinking right now. So we're just going to turn you down. Just be quiet. Because now is not the time for thinking. Now is the time for reacting.'*

Another nice thing that your brain does for you when you're facing a mortal threat is it activates your immune system. And that's not obvious, but when you think about it ...

That's totally not obvious.

Yeah, but it makes a ton of sense — because, if you're getting ready to fight a bear, that bear may get his claws into you, and so you want your immune system to be primed to bring inflammation to stabilize the wound, right? All of this, it's absolutely brilliant. It makes total evolutionary sense.

This is exactly what we need to be able to survive an encounter with a bear in the woods. And, if it happens once in a while, then that's okay.

But the problem is: What happens when it occurs over and over and over again, especially when children's brains and bodies are just developing?

What sorts of things in a child's life can lead to toxic stress?

The real, seminal research that was done on this topic was the Adverse Childhood Experiences Study (ACEs) that was published in the '90s. And in that study the researchers at the Centers for Disease Control and Prevention and Kaiser Medical Center looked at 10 categories of adverse childhood experiences. Those include physical, emotional, and sexual abuse, physical and emotional neglect, or growing up in a household where a parent is mentally ill, substance-dependent, incarcerated, where there's parental separation or divorce, or where there's domestic violence.

And these 10 adverse childhood experiences from the original research are the ones that were associated with huge increases in risk for things like heart disease, cancer, chronic obstructive pulmonary disease, even Alzheimer's. All of these long-term health problems.

About two-thirds of the population have experienced at least one adverse childhood experience, and about 13 percent have experienced four or more, according to the CDC.

Since that research was done, we're also now understanding that there may be other risk factors that can also activate a child's stress response and lead to changes in the way the brain and body function, and there's still more research happening with that. You can imagine other things that would be pretty scary for kids — things like having your parent deported or being a victim of discrimination or racial violence.

Interesting Article Cont.

What about the relationship between poverty and toxic stress?

We can't raise kids in a bubble, right? And the key ingredient to protecting children from toxic stress is really this safe, stable, nurturing relationship from a loving caregiver who can act as a buffer.
But it's much more difficult to act as a buffer when you're working three jobs to put food on the table. It's much more difficult to act as a buffer when you are dealing with existential threats.

If you are a caregiver and you're living in a dangerous neighborhood, trying to get your kids to school and deal with the day-to-day trauma and drama of life, then physiologically your stress hormones are going to be pumping. Right?

That's going to be much more difficult for you, and therefore, it's going to be much more difficult to be a buffer to that child.

What we see is that poverty itself may have a very significant impact on, first, kids being exposed to adversity, and second, the probability that the kids who are exposed will go on to develop toxic stress, because of the impact of the stress of poverty on their caregiver.

How do you begin to diagnose and treat toxic stress?

I give a great example of this in the book, the story of Lila. She was a 3-year-old girl who came to see me, and her mom's only concern was that Lila wasn't growing well. She was itty-bitty, and I made the diagnosis of "failure to thrive."

This was after we had already begun regular screening for adverse childhood experiences in our practice and developed our multidisciplinary intervention team. And so, as part of the regular routine physical exam for Lila, I also got her adverse childhood experiences score. It was a seven.

A seven? That's extremely high.

Yes, especially for a 3-year-old. It's very, very high.

In terms of treatment, step one was just letting Lila's mom know what was going on, what my clinical suspicion was.

So, once I got that ACE score, I was able to explain to her mom: "Hey, because of what your child has experienced, I believe her body is making more stress hormones than it should. And I think that's what's leading to the problems with your child's growth. And so this is what I'm going to recommend."

And so we did, in this case, something called child-parent psychotherapy, when a therapist meets with both the child and the caregiver together. And it's really focused on the experience of trauma and adversity and how to help both the child and the caregiver overcome and develop tools for reducing the amount of stress that the child is exposed to.

And what's totally nuts is that, when I did that — along with nutritional supplementation — within six months that child was back on the growth curve.

That's one of the reasons I created the Center for Youth Wellness here in San Francisco, because our goal is not just to advance the standard of practice here in our center but to advance the standard of practice *period*. Our goal is that every pediatrician in the United States or — heck! — around the world for that matter is doing routine screening for adverse childhood experiences. Because one of the things that all of this science tells us is that, the No. 1 thing that makes a difference is early intervention.

Interesting Article Cont.

I want to ask you about schools. If you could design the ideal school support system for children with toxic stress, what would it look like?

When we're talking about vulnerable communities and what have been traditionally called "underperforming" schools, you have huge numbers of kids who are exposed to very high levels of adversity. And we're like, 'Huh, I wonder why they're not scoring well on that test?'

If you had that many kids in a class and they all had epilepsy, what would you be doing? It seems unfair, right? Because we're talking about a *neurotoxin*.
In the book, I really tried to give an example of folks who are doing great work with this, specifically looking at what the team at Turnaround for Children in New York learned as they were designing interventions for schools.

Initially, their thought was providing these supports in terms of, you know, social work and counselors for kids. And then they recognized that it wasn't 1 or 2 or 5 or 10 percent of the kids in the school that needed some kind of service or some kind of acknowledgment of the impact of adversity. It was the entire school. Sure, there may be 10 or 15 percent of kids who are so disruptive that they're coming to our attention, but, for most of the kids in that class, they are experiencing some significant dose of adversity.

That required a totally different approach. And one of the things I talk about in the book is how Turnaround learns, like, "Hey, we need to train every single person that's interacting with these kids. Every teacher, every counselor — the person who is taking out the garbage at night. Every single person who is working in the school environment needs to understand what toxic stress looks like, how to identify it and how to support a child in de-escalating their stress response.

What does that stress response look like in the classroom?

One of the most obvious and easy to spot manifestations is behavioral problems. Difficulty with impulse control, difficulty with self-regulation, trouble with attention. From that standpoint, the symptoms often overlap with ADHD. A lot of my patients were being referred by teachers or principals or other folks in the school environment for ADHD. The challenge is, the treatment for ADHD is stimulants. But, if your underlying problem is an overactive stress response, stimulants may not be the appropriate treatment.

Understanding how to get that stress response regulated, how to de-escalate it — that's something the team at Turnaround for Children did in their training of all of the folks in the school environment. They helped folks recognize, "OK, when a child is becoming disregulated, here are some of the things that you can do to help them re-engage and de-escalate the situation."

The one thing that I just want to add is, that kid who has asthma all the time — that may also be a symptom [of trauma]. Or the kid who has the chronic headaches or the chronic tummy pain. Those may be symptoms that are less obvious and certainly less intrusive in the school environment, so they can be overlooked.

We're asking schools to do something remarkably difficult here — something that requires time and training and money. Most schools don't have a trained social worker or psychologist on staff ...

This is why I feel like this science is so important because, as I mentioned, if you had a teacher who was trying to teach a class of 30 kids with epilepsy ... no way. Like, no way would you do that, right? That's not even doable. And yet we have teachers who are teaching in a class of 30 kids and, frankly, 20 of them might be dealing with toxic stress.

Interesting Article Cont.

Which helps explains why teacher attrition rates are so high in so many schools.

It's crazy! For teachers, it's a completely uphill battle. It's completely unfair. I'm glad we're talking about this because, if we're talking about the school system *alone* trying to solve this problem, we're hosed. If we're talking about pediatricians *alone* trying to solve this problem, it's too big for us.

Folks often ask me, like, "God, you're talking about two-thirds of the population exposed to adverse childhood experiences, and all of this science about what it does to the brain and body is so overwhelming! How do you deal with it?"

But, knowing that the problem is so big, for me, it's like, "Oh shoot, we need a different set of tools. This is not a problem with, you know, Dashaun or Jorge or Sam or Sarah. This is a public health problem! And in fact this is a public health crisis."

So guess what, schools you need help! Doctors' offices, you're part of the solution! You know, if you're in early childhood, you're part of the solution. If you're in juvenile justice, you're part of the solution. We all need to be part of the solution. If we each take off our little piece, it's nuts how far we'll be able to go, together as a society, in terms of solving this problem.

But we've got to own it, and acknowledge that trauma is everyone's problem ...

Definitely. This is not a poverty problem. This is not a race problem. This is a function of human biology. It is the way all of our bodies are wired. And now we can use this science to improve outcomes for everyone.

Taken from: https://www.npr.org/sections/ed/2018/01/23/578280721/what-do-asthma-heart-disease-and-cancer-have-in-common-maybe-childhood-trauma