



# Trauma-Informed Care

IN KENTUCKY



KENTUCKY  
STRENGTHENING  
**FAMILIES**<sup>SM</sup>

*Safety • Individual Choice • Empowerment*

# OBJECTIVES OF THE TRAINING

- 1.) Overview of trauma and pervasiveness
- 2.) Understand the importance and vulnerability of the first 5 years based on early brain development and the effects of Toxic Stress
- 3.) Learn the impact of ACES on early child development and adult outcomes

10 min Break

- 4.) Understand how the 6 Kentucky Strengthening Families Protective Factors change the story for children, families, and adults.
- 5.) Be able to utilize Trauma Informed Care as a response to families that are predisposed to trauma and at risk.

15 min Q&A

# Disclaimer

**1.) Trauma effects us all differently**

**2.) This is a safe place today**

- If anything bothers or effects you today-make sure to take care of yourself.
- Feel free to exit if you need a break
- Know that we are here for you and will provide any assistance we can

**3.) We will remain after presentation is concluded**

**4.) You are not alone**



# **Objective 1: Overview of Trauma and Pervasiveness**



# What is trauma?

# What is trauma?

Individual trauma results from an **event**, series of events, or set of circumstances that is **experienced** by an individual as physically or emotionally harmful or life threatening and that has lasting adverse **effects** on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.



Trauma overwhelms the ordinary systems that give people a sense of control, connection and meaning.

# DSM 5 - Trauma and Stressor-Related Disorders

## PTSD/Acute Stress Disorder - Change in stressor qualifying traumas:

- Exposure to actual or threatened death, serious injury, or sexual violence

## Modes of Exposure:

- by direct experience
- by witnessing in person to others
- By learning that event happened to family member or close friend
- Repeated or extreme exposure to aversive details (e.g. police officers repeatedly exposed to details of child abuse)

# Examples of Trauma



- Neglect/abandonment
  - Children & Elderly
- Sexual/physical/emotional abuse or assault
- Serious accident or illness/medical procedure
- Historical trauma
- Witness/experience partner violence
- Survivor/witness to community violence
- School violence
- Trafficking
- Workplace harassment



# Examples of Trauma

- Natural or manmade disasters
- Forced displacement
- War/terrorism/political violence
- Survivor/witness to extreme personal and/or interpersonal violence
- Homicide/Suicide
- Traumatic grief/separation
- System-induced trauma
- Survivor of Bullying
- Police Brutality



# Complex Trauma (Toxic Stress)

- **Complex trauma-** “a psychiatric condition that officially does not exist, but which possibly constitutes the most common set of psychological problems to drive human beings into psychiatric care” (Van der Kolk, 2009)
- Are usually not a “single blow” event
- Are interpersonal in nature: intentional, prolonged, repeated, severe
- Occur in childhood and adolescence and may extend over an individual’s life span

**Trauma occurs in layers,** with each layer affecting every other layer. Current trauma is one layer. Former traumas in one's life are more fundamental layers. Underlying one's own individual trauma history is one's group identity or identities and the historical trauma with which they are associated.

(Bonnie Burstow)



In the absence of formal recognition or diagnosis for complex traumatic stress disorders, there is the potential mis- or over-diagnosis of severe disorders (e.g., bipolar, schizophrenia spectrum disorders, borderline personality disorder, conduct disorder).

(Christine Curtois and Julian Ford, “Treating Complex Traumatic Stress Disorders,” 2009)

# What Prevalence Data Tells Us?

## Mental Health

- Individuals in treatment for severe mental disorders are more likely to have histories of trauma, including childhood physical and sexual abuse, serious accidents, homelessness, involuntary psychiatric hospitalizations, drug overdoses, interpersonal violence, and other forms of violence.
- Many clients with severe mental disorders also meet criteria for posttraumatic stress disorder (PTSD).
- Individuals with serious mental illness who have histories of trauma often present with other psychological symptoms or disorders commonly associated with trauma, including anxiety, mood disorders (e.g., major depression, dysthymia, bipolar disorders), and substance use disorders.

# Prevalence Con't Substance Use

- Traumatic stress increases the risk for mental illness, and findings suggest that traumatic stress increases the symptom severity of mental illness. Research suggests that trauma often precedes the development of mental disorders.
- Mental illness increases the risk of experiencing trauma, and trauma increases the risk of developing psychological symptoms and mental disorders.
- Many people who have substance use disorders have experienced trauma as children or adults.

(<http://store.samhsa.gov/shin/content/SMA15-4912/SMA15-4912.pdf>)

# Prevalence Con't Substance Use

- Substance abuse predisposes people to higher rates of traumas, such as dangerous situations and accidents, while under the influence and as a result of the lifestyle associated with substance abuse.
- People who abuse substances and have experienced trauma have worse treatment outcomes than those without histories of trauma.
- More than half of individuals who seek substance abuse treatment report one or more lifetime traumas, and a significant number of clients in inpatient treatment also have subclinical traumatic stress symptoms or posttraumatic stress disorder.

# Total Lifetime Economic Results of Trauma

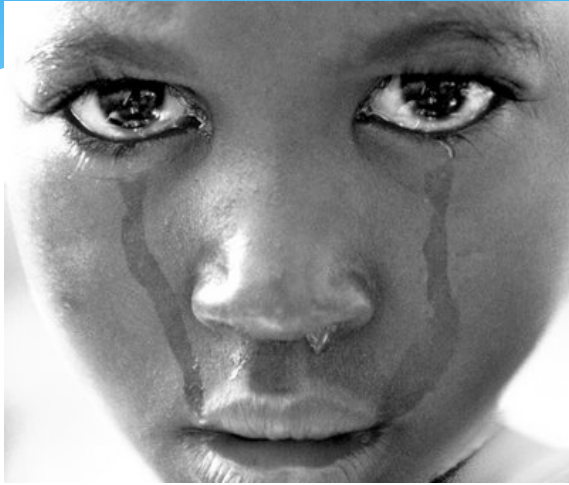
The lifetime cost for one child who was a survivor of maltreatment in 2015 was \$830,928, which includes:

- \$35,162 childhood health care
- \$11,341 adult medical
- \$760,000 in quality of life costs
- \$8,399 child welfare
- \$7,333 criminal justice
- \$8,693 special education

(Child Abuse Negl. 2018 December; 86: 178-183. doi:10.1016/j.chiabu.2018.09.018.)



# The Impact of Trauma



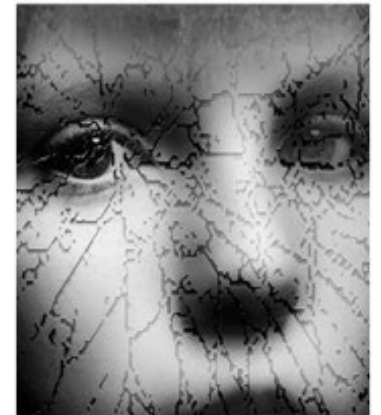
# Factors Influencing Complication

- Age and developmental stage
- Perception of the danger faced
- Whether the person was the survivor or a witness
- Relationship to the survivor or perpetrator
- Past experience with trauma
- The adversities the person faces following the trauma
- The presence/availability of others who can offer help and safety



# The Comprehensive Impact

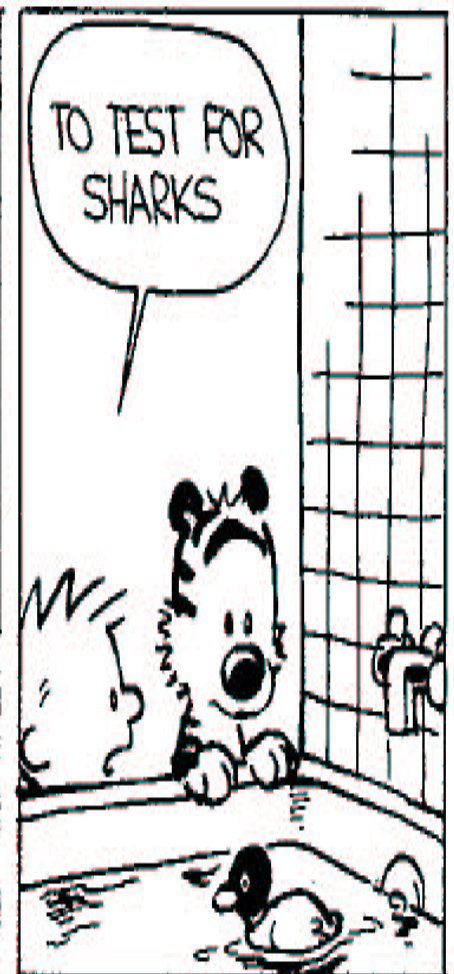
- Trauma exposure can re-organize a person around the traumatic event
- Trauma exposure becomes both the defining and organizing experience that forms the core of a person's identity (toxic stress and brain development)
- A whole new meaning system develops which informs and guides attempted coping strategies
- Trauma changes the whole person not just in particulars



# The Comprehensive Impact

- When we are uninformed about trauma, we can inadvertently re-traumatize
- Whether or not a given event evokes a trauma response, particularly with children, greatly depends on the response of caregivers
- Each service provider a child/adolescent comes into contact with after a trauma event can either hinder, harm or help stimulate healing

# Trauma changes your world view

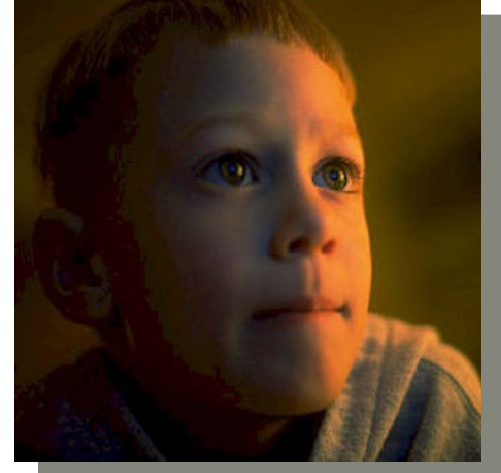




# **What is the Impact of Traumatic Stress on Behavior?**

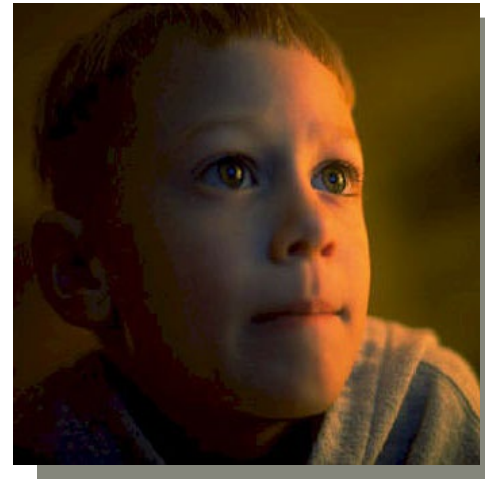
# Symptoms/Signs

- Anxiety, fear, and worry about safety of self and others
- Decreased attention and/or concentration
- Increase in activity level
- Change in academic performance/work performance
- Irritability with friends, teachers/supervisors, colleagues
- Angry outbursts and/or aggression
- Withdrawal from others or activities



# Symptoms/Signs

- Increased physical complaints
- Over- or under-reaction to sounds, smells, touches, sudden movements
- Re-experiencing the trauma
- Avoidance behaviors
- Emotional numbing
- Substance abuse








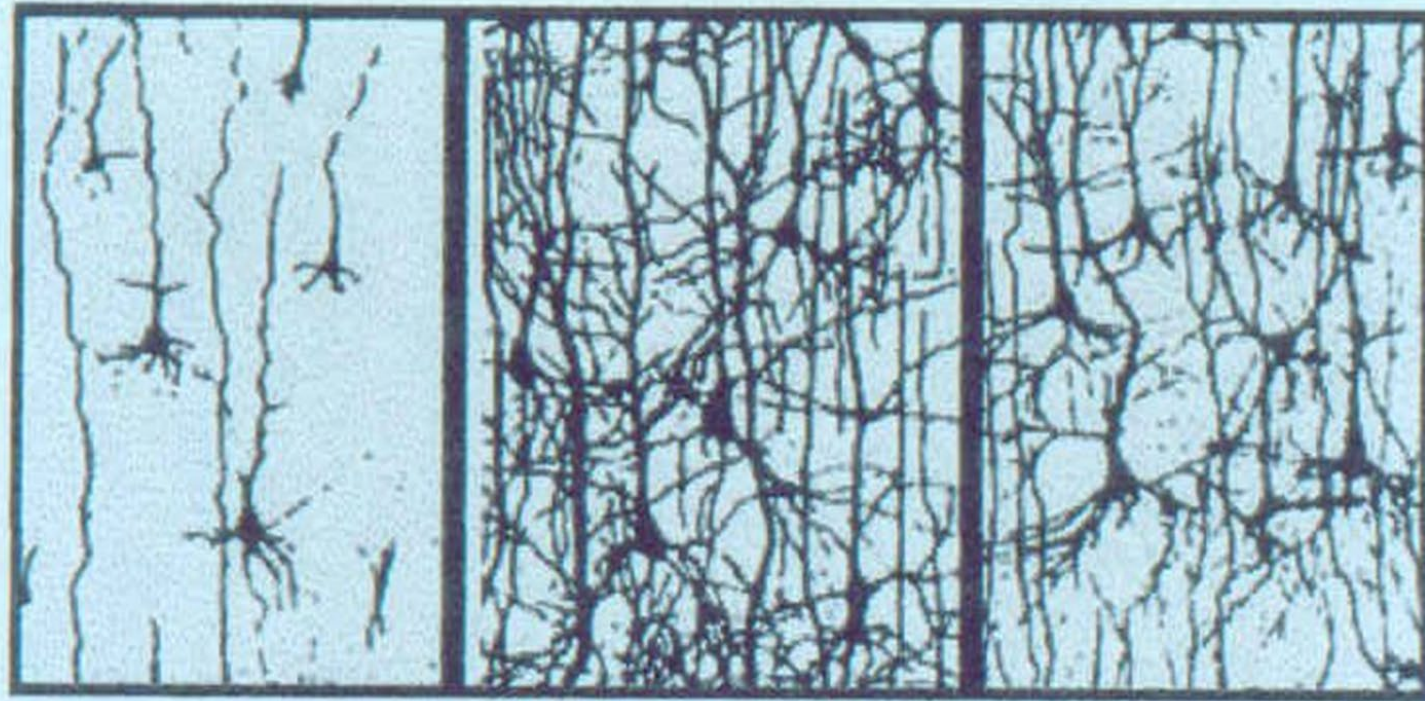
**Individuals who have experienced  
traumatic events may have  
visible signs**



**or their distress may not  
be apparent at all.**



**Objective 2: Understand  
the importance and  
vulnerability of the first 5  
years based on early  
brain development.**



At Birth

6 Years Old

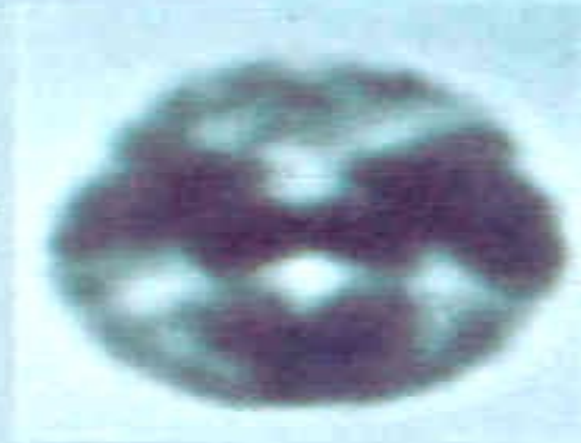
14 Years Old

**Synaptic Density in the Human Brain**

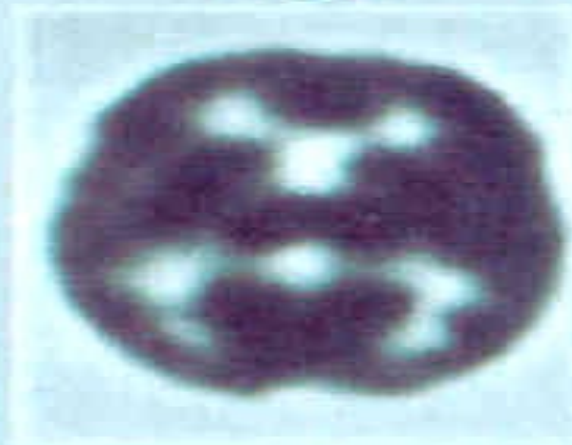
5 Days



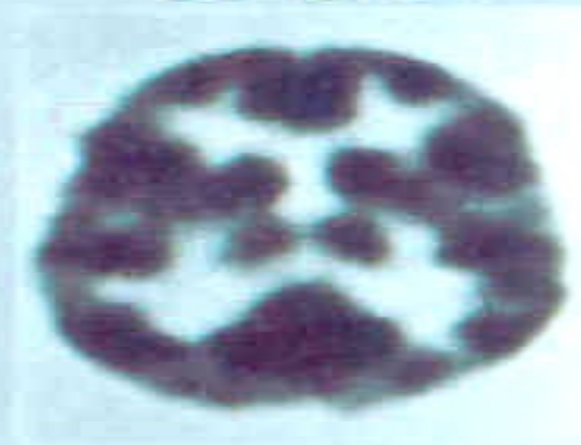
2 Months



1 Year



28 Years



*RAPID EARLY DEVELOPMENT: These PET scans suggest that the brain of a one year old more closely resembles an adult's brain than a newborn's.*

Source: H.T.Chugani

# Brain Plasticity

- The brain is always changing
- Plasticity is not uniform across all brain areas
- It takes less time, intensity and repetition to organize the developing neural systems than to reorganize the developed neural systems
- The importance and persistence of early learning

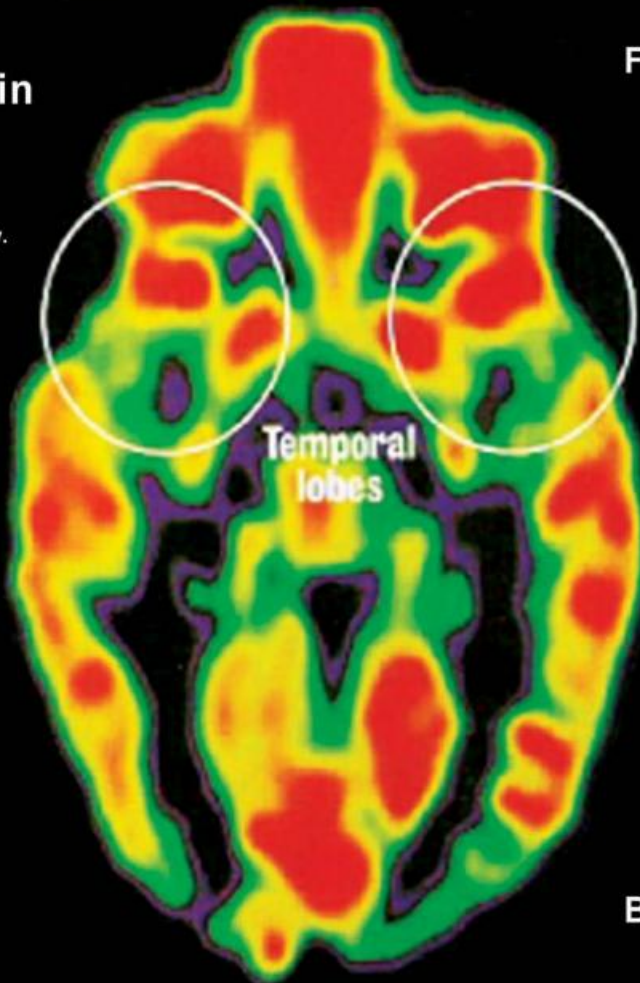
## THREE CORE CONCEPTS IN EARLY DEVELOPMENT

1. Experiences Build Brain Architecture
2. Serve & Return Interaction Shapes  
Brain Circuitry
3. Toxic Stress Derails Healthy  
Development

# Neurological Development: BASED ON EXPERIENCES

## Healthy Brain

This PET scan of the brain of a normal child shows regions of high (red) and low (blue and black) activity. At birth, only primitive structures such as the brain stem (center) are fully functional; in regions like the temporal lobes (top), early childhood experiences wire the circuits.

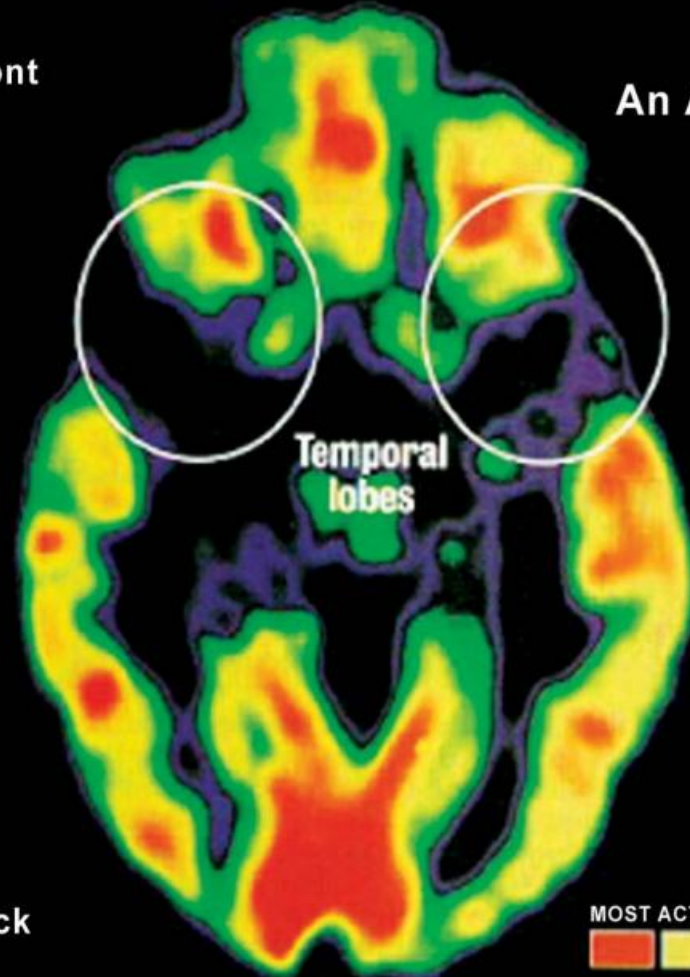


Front

Back

## An Abused Brain

This PET scan of the brain of a Romanian Orphan, who was institutionalized shortly after birth, shows the effect of extreme deprivation in infancy. The temporal lobes (top), which regulate emotions and receive input from the senses, are nearly quiescent. Such children suffer emotional and cognitive problems.



MOST ACTIVE    LEAST ACTIVE



# Three Levels of Stress

## Positive

Brief increases in heart rate,  
mild elevations in stress hormone levels.

## Tolerable

Serious, temporary stress responses,  
buffered by supportive relationships.

## Toxic

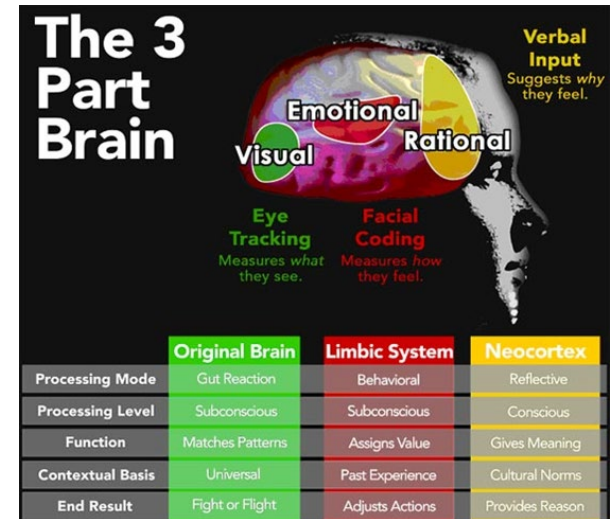
Prolonged activation of stress response systems in the  
absence of protective relationships, which can produce  
physiological changes that lead to lifelong problems in  
learning, behavior, and health.

Slide adapted from Shonkoff, J. (2008, June 26)



# Autonomic Nervous System

- Comprised of Sympathetic and Parasympathetic
- Sympathetic acts as the “accelerator of a car” (fight or flight)
- Parasympathetic “acts like brakes” (withdrawn) (often expressed as “shame”)
- Balance = window of tolerance




# Freezing

- Assault Survivors
- Trauma Survivors
- When both the sympathetic and parasympathetic systems are overly activated, “jamming the accelerator and the brakes to the floor at the same time” we “freeze”.
- Now able to utilize this information in judicial hearings and court proceedings.

Bonnie Badenoch, 2008

# Regulation of Affect

- Affect regulation develops in the right hemisphere of the brain and is assisted by relational co-regulation.
- The sensitive period for affect regulation in the first three years of life.
- Affect regulation is a core skill for social and emotional well-being and is a fundamental building block for learning.



**Objective 3: Learn the  
impact of ACES and Toxic  
Stress on early child  
development**

# Why are the ACEs Important?

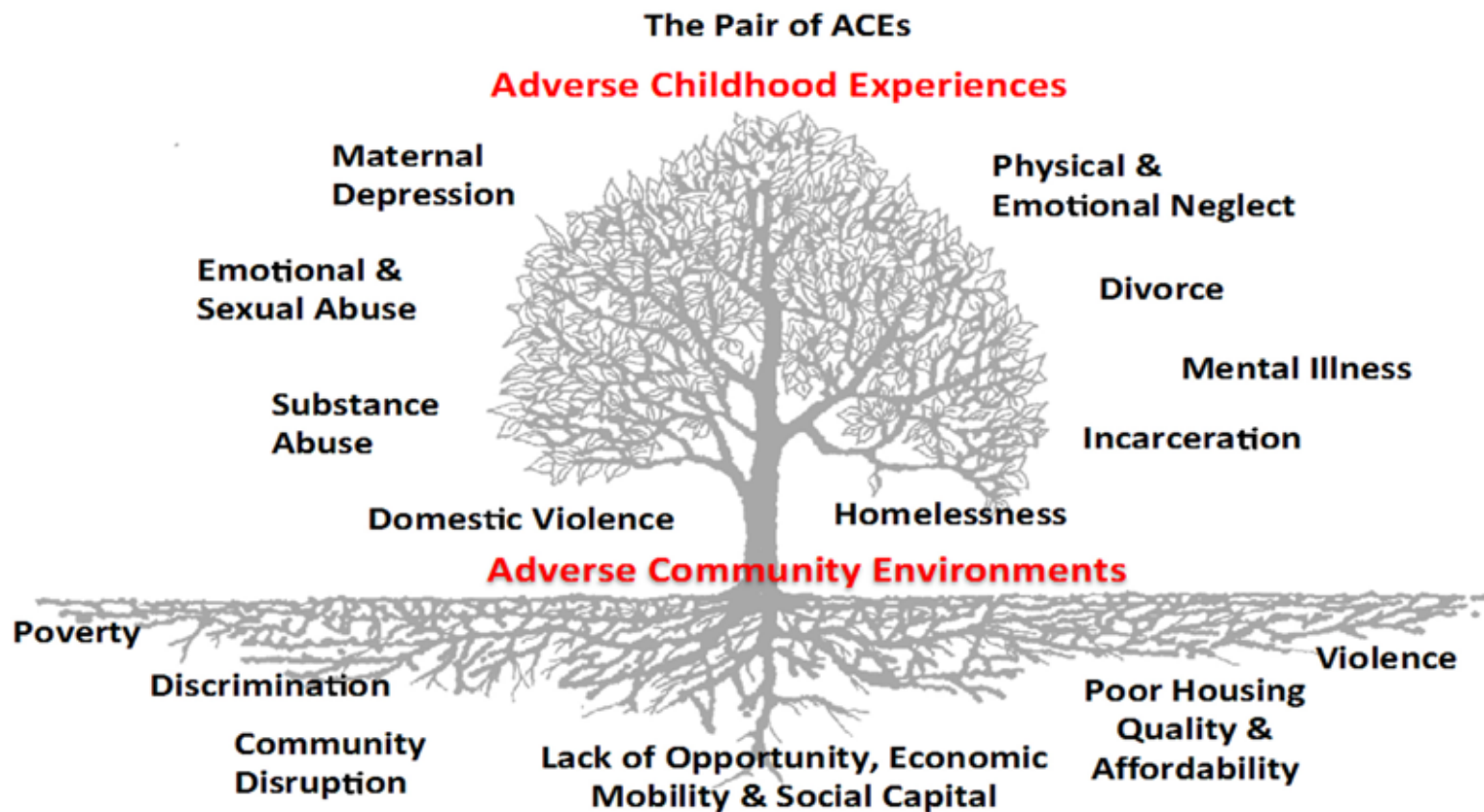
5min. ACES PRIMER Video By Resilience and  
Paper Tigers

<https://vimeo.com/139998006>

# The 10 ACEs Domains

- Physical abuse
- Sexual abuse
- Emotional abuse
- Physical neglect
- Emotional neglect
- Caregiver struggling with mental health diagnosis
- Caregiver struggling with substance use disorder
- Separation/Divorce of parents
- Interpersonal violence in the home
- Caregiver incarcerated

# The Pair of ACEs Tree



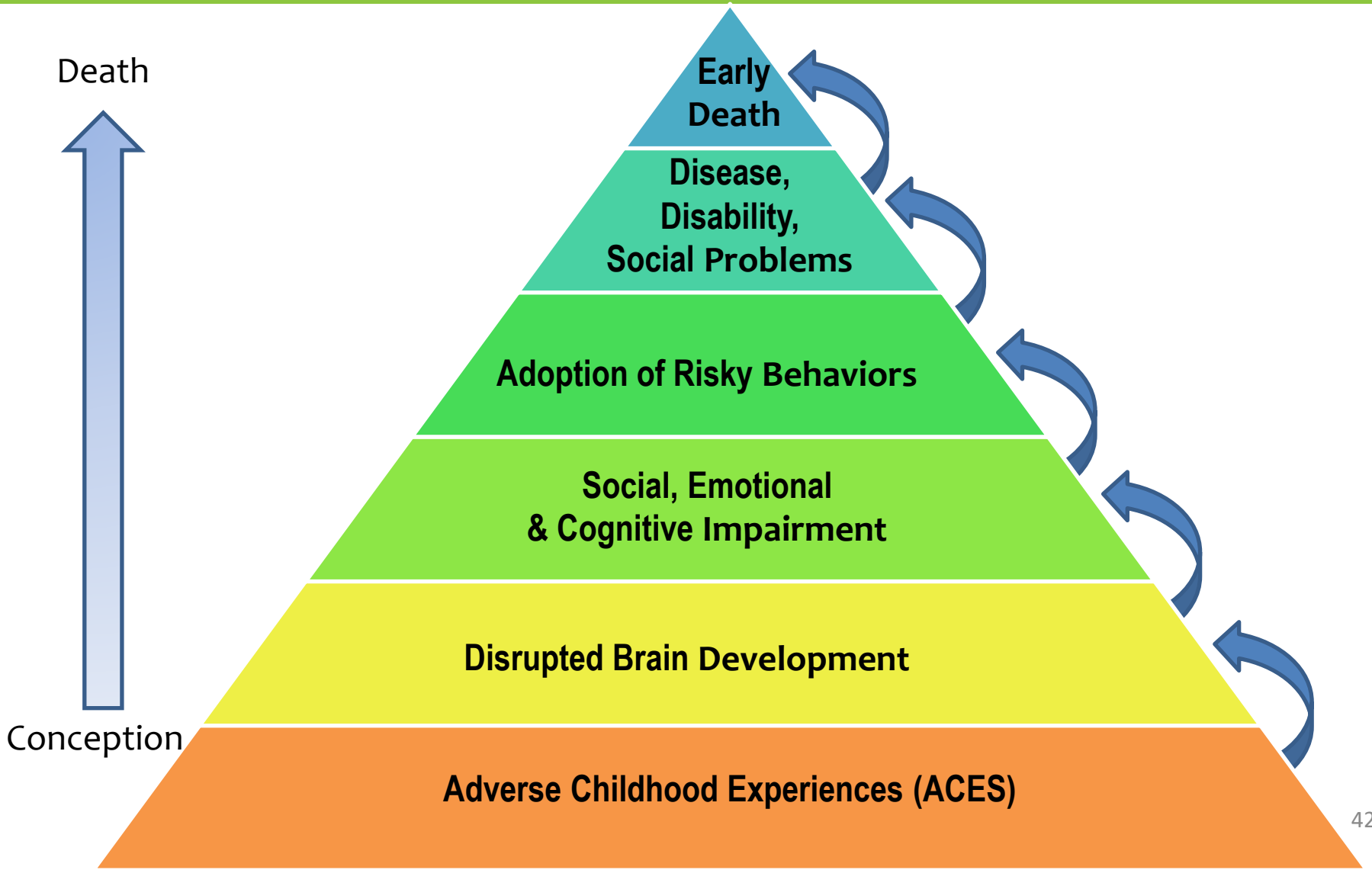
Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. *Academic Pediatrics*. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011



# Socio-economic Status

- Newest ACEs research is looking into economic hardships
- Currently determined severe if frequency is perceived as “somewhat often” or “very often”
- Previous studies done in urban environments, now expanding to rural environments (i.e. availability of resources)

# In a nutshell, researchers found that...



# Adverse Childhood Experiences (ACE) Study

ACE Score	Women	Men	Total
0	34.5%	38%	36.1%
1	24.5%	27.9%	26.0%
2	15.5%	16.4%	15.9%
3	10.3%	8.6%	9.5%
4 or more	15.2%	9.2%	12.5%

- Adverse Childhood Experiences are common
- Almost 2/3 at least one
- 64% participants had experienced one or more ACE's
- More than 1 in 5 report 3 or more ACE's
- 1 in 4 exposed to at least two categories of abuse
- 1 in 16 experienced 4 or more



# ACEs and Adult Disease

54% of people with depression  
58% of people who attempt suicide  
39% of people who have ever smoked  
26% of people who are currently smoking  
65% of people who misuse alcohol  
50% of people who misuse drugs  
78% of people who use IV drugs  
48% of people who have 50 or more  
sexual partners

**have 4 or more ACEs.**



# Let's win this war!

## DID YOU KNOW?

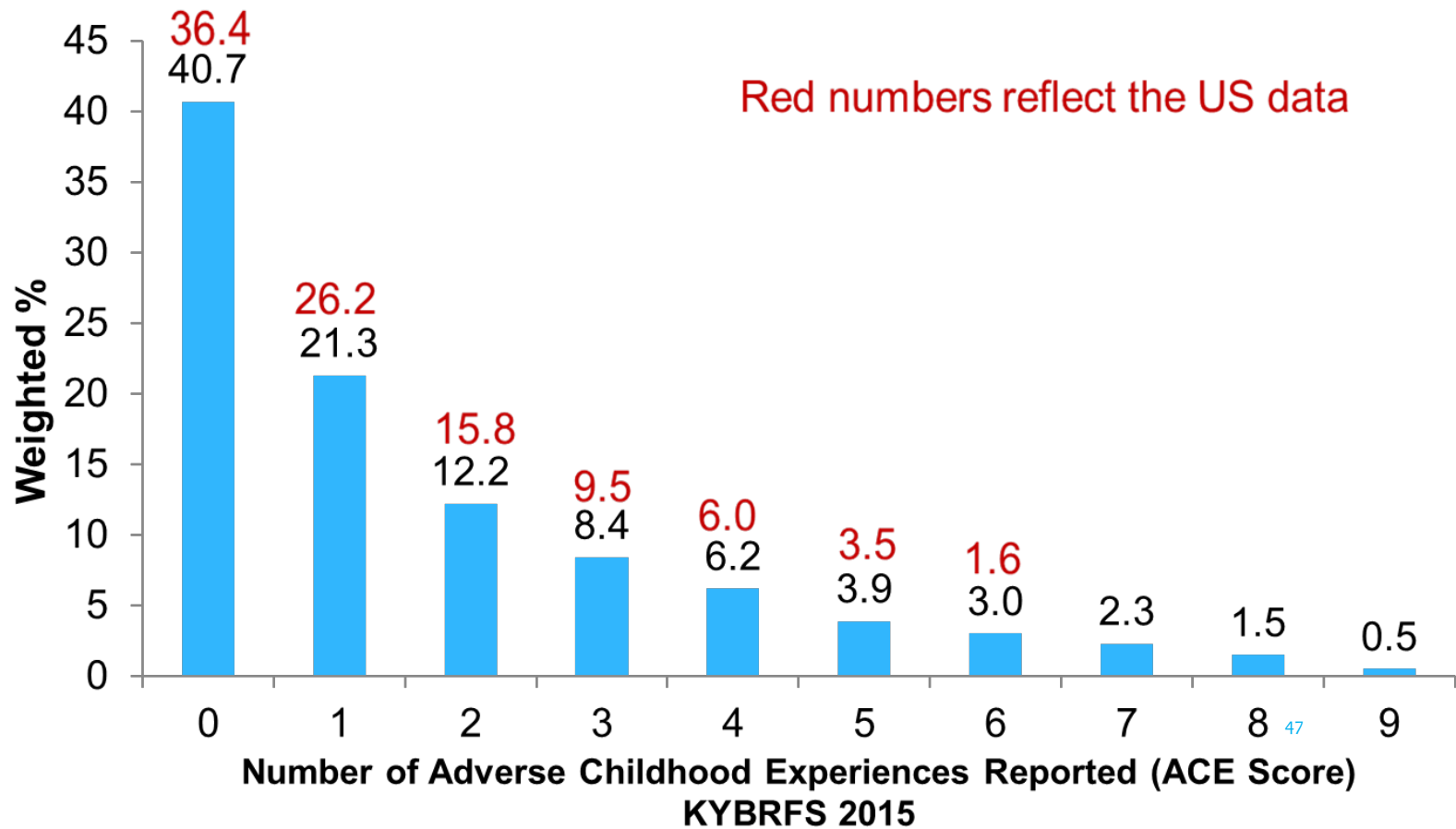
There is a stronger link between childhood trauma and substance use, than there is between obesity and diabetes. Two thirds of individuals who struggle with substance use disorders report being abused as children. That means that the war on drugs is a war on traumatized people that just need help.



# Kentucky Specific ACE Data

State	% of Adults with at least 1 ACE	% of Adults with 4 or more ACEs
California	61%	16.7%
Iowa	55%	14%
Kentucky	59%	17.5%
Minnesota	55%	13%
Montana	61%	17%
Vermont	57%	13%
Washington	62%	17%
Wisconsin	56%	14%

# Kentucky Specific ACE Data



# American Academy of Pediatrics: New Science → New Paradigm

- The availability of a caring and responsive adult greatly reduces the risk that circumstances will lead to excessive activation of stress response systems that lead to physiologic harm and long-term consequences for health and learning.
- The context to establish the early roots of physical and mental well-being include:
  - → A stable and responsive environment of relationships
  - → Safe & supportive physical, chemical, and built environments, &
  - → Sound and appropriate nutrition





# **Resiliency Screener Activity**

**Objective 4: Understand  
how the 6 Kentucky  
Strengthening Families  
Protective Factors change  
the story for children and  
families**



# Six Protective Factors

## Knowledge of Child Development

*"Families learn how their children grow and develop"*

## Concrete Support in Times of Need

*"Families get assistance to meet basic needs"*

## Social & Emotional Competence of Children

*"Families teach children how to have healthy relationships"*

## Social Connections

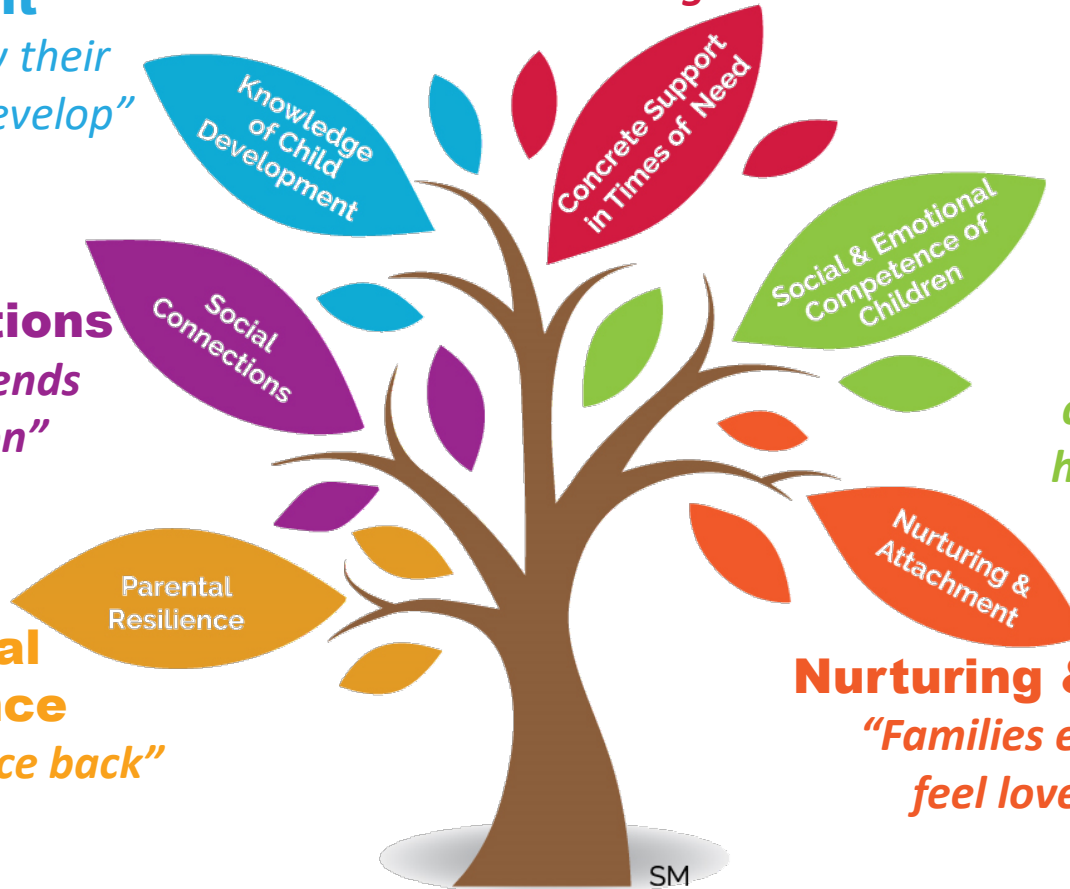
*"Families have friends they can count on"*

## Parental Resilience

*"Families bounce back"*

## Nurturing & Attachment

*"Families ensure children feel loved and safe"*





# Youth Thrive Protective Factors

## **Knowledge of Adolescent Development**

“Understanding the science of your development”

## **Social Connections**

“Having real connections with others”

## **Youth Resilience**

“Bounce back when life gives you challenges”

## **Concrete Support in Times of Need**

“Find resources and support in your community that helps you”

## **Cognitive, Social & Emotional Competence**

“Knowing how to communicate your thoughts and feelings effectively”

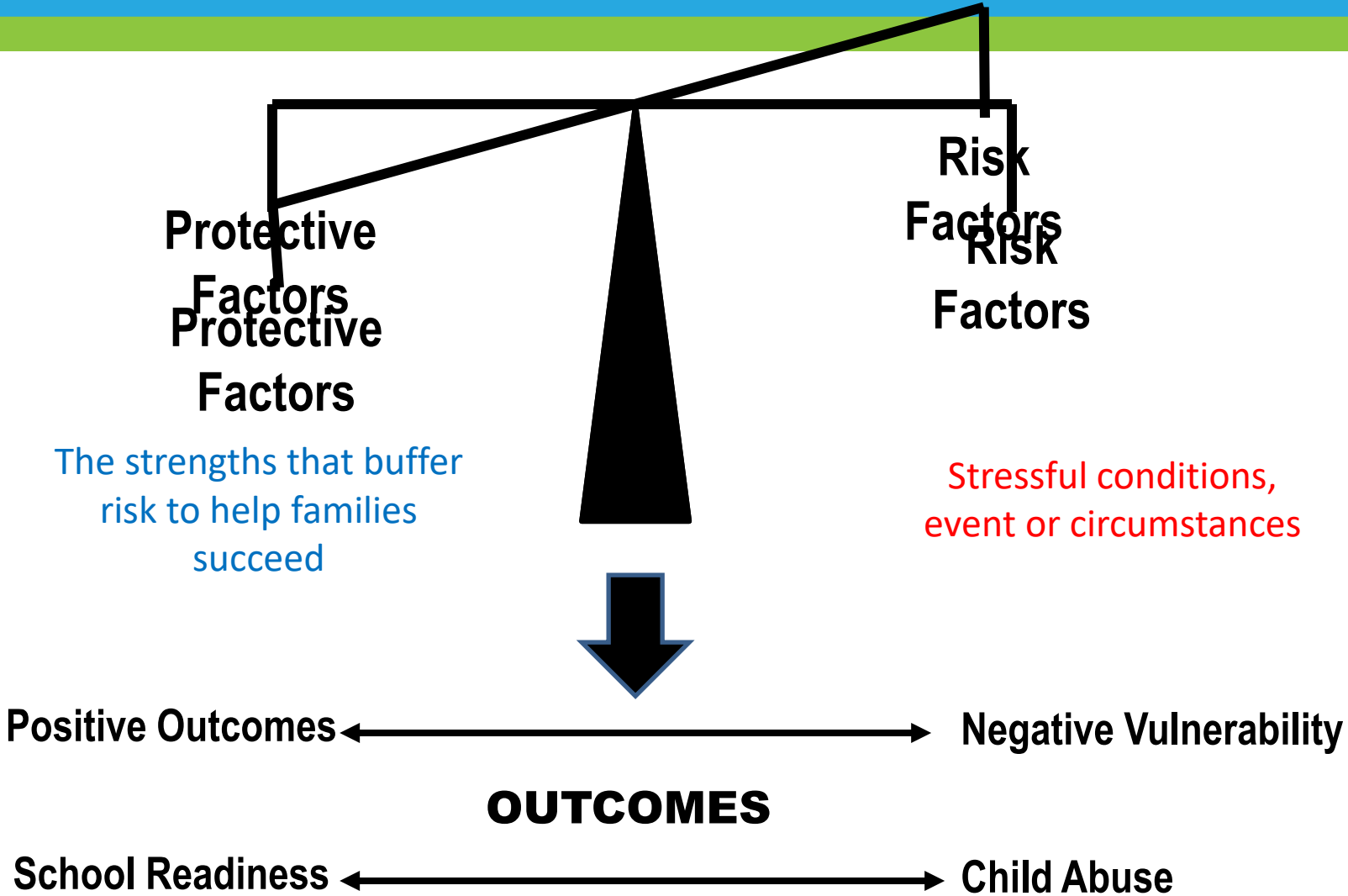


# Six Protective Factors

When these 6 PFs are present, **regardless of the number of risk factors present in the home, the likelihood of child *maltreatment greatly reduces*** and in exchange the rate of **school readiness, children reaching optimal development and the strength of the family unit increases.**



# A Balance of Risk and Protective Factors





# What is Strengthening Families?

1. This is more about connecting the things you are already doing and already have in place.
2. This is not a replacement program or a new initiative- it's a movement to create a common language and common approach.
3. It is making the invisible, visible, and the visible more intentional.



# The Theory of Change

Strengthening  
Families is about  
getting on the same  
page so we can be  
BETTER TOGETHER

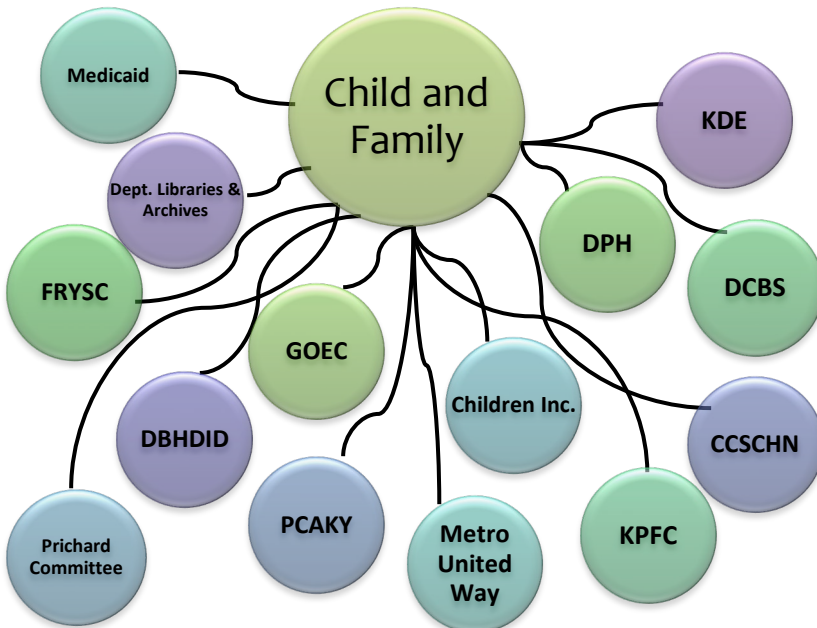
KENTUCKY  
**STRENGTHENING FAMILIES**



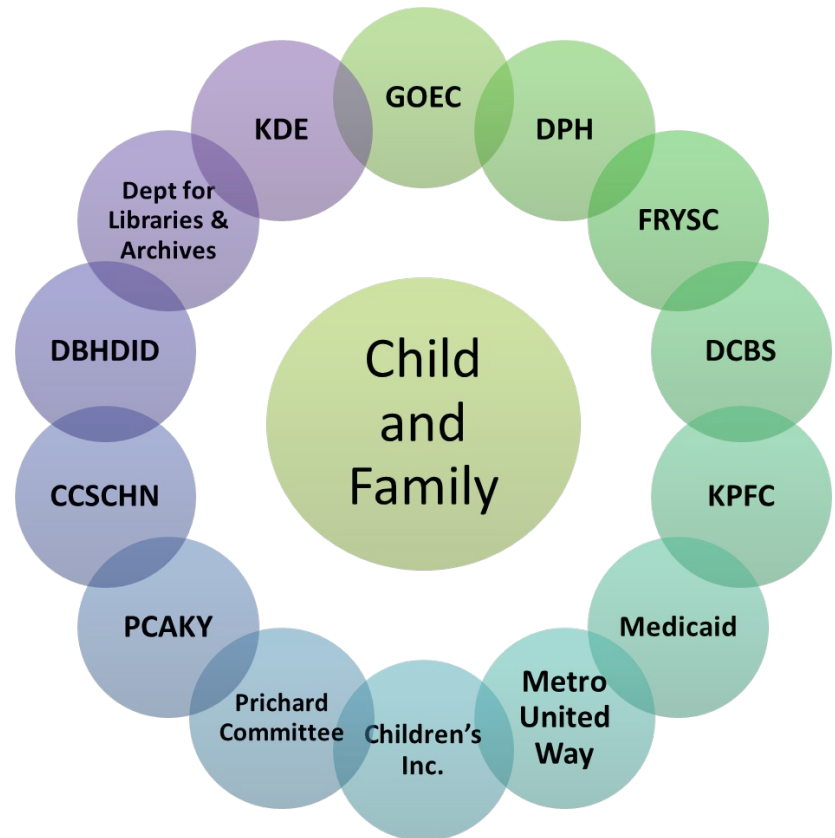
Play: “Theory of Change” Video link:  
[http://developingchild.harvard.edu/resources/multimedia/videos/theory\\_of\\_change/](http://developingchild.harvard.edu/resources/multimedia/videos/theory_of_change/)

# What is Kentucky Strengthening Families?

What it looks like to access services for families now



What is our hope for the future



# What is KYSF?

It is adopted from a national framework – a way of thinking -for how organizations can work with families using a **strengths-based, family-driven** approach.

Center  
for the  
Study  
of  
Social  
Policy





# A new way of “Approaching” Families

Video link: “The First Five Years”:  
<https://www.youtube.com/watch?v=GbSp88PBe9E>



# The 5 Core Concepts Behind Kentucky Strengthening Families

Low Impact Services: What we <u>don't</u> want to see in Family Service Programs:	High Impact Services: Kentucky Strengthening Families 5 Core Concepts
A focus on a family's deficits and risk factors	<b>1. All families have strengths and skills that are protective factors.</b>
Services only available for "at risk families"	<b>2. All families face adversity at times and strong relationships help buffer this (toxic) stress.</b>
A belief that we are fixing families by doing "to" rather than "with"	<b>3. Families know their children best and all families should be respected.</b>

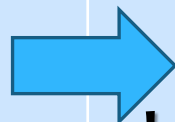


# The 5 Core Concepts Behind Kentucky Strengthening Families Cont.

**Low Impact Services:  
What we don't want to see in  
Family Service Programs:**

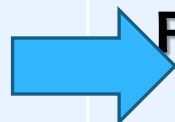
**High Impact Services:  
Kentucky Strengthening Families 5  
Core Concepts**

Underestimating the critical importance of children birth to age five




**4. Early experiences are important because they impact, both positively and negatively, the child and family for a lifetime.**

Because resources are scarce, programs find it difficult to meet all the needs of their families



**5. Kentucky Strengthening Families promotes these concepts through small but significant changes in everyday actions.**

**Objective 5: Be able to  
utilize Trauma  
Informed Care as a  
response to families  
that are predisposed  
to trauma and at risk.**



Now that you are armed  
with all this information...  
what do you do to assist  
with change?



# Imagine...

- A place where people ask, “What happened to you and what can I do to help you achieve your goals?” instead of “What’s wrong with you?”
- A place that understands that trauma can be re-triggered.
- A place committed to supporting the healing process while ensuring no more harm is done.
- A place that recognizes your strengths and builds upon them, giving you the resources you ask for.



# TIC Best Practices

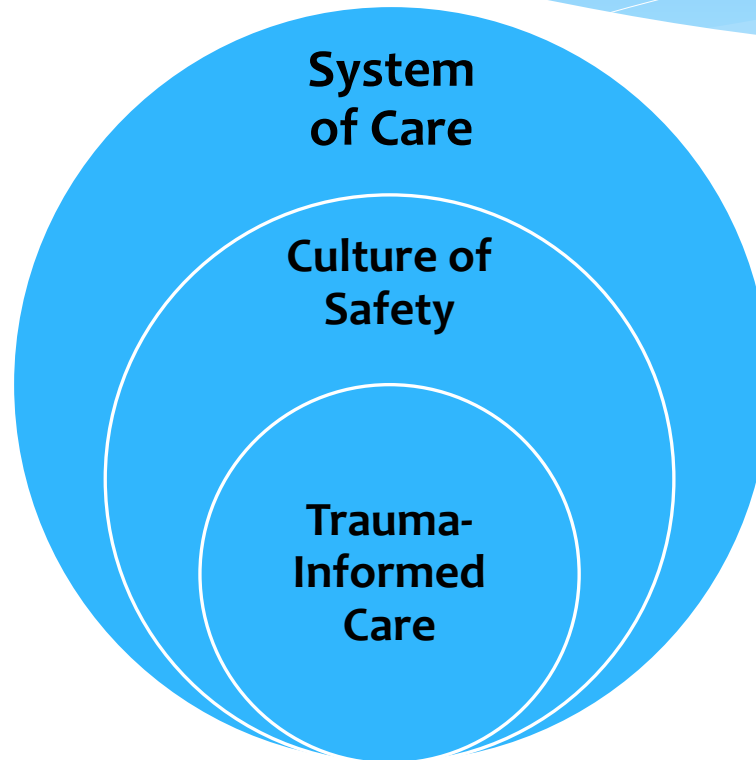


# **Trauma Informed System of Care**

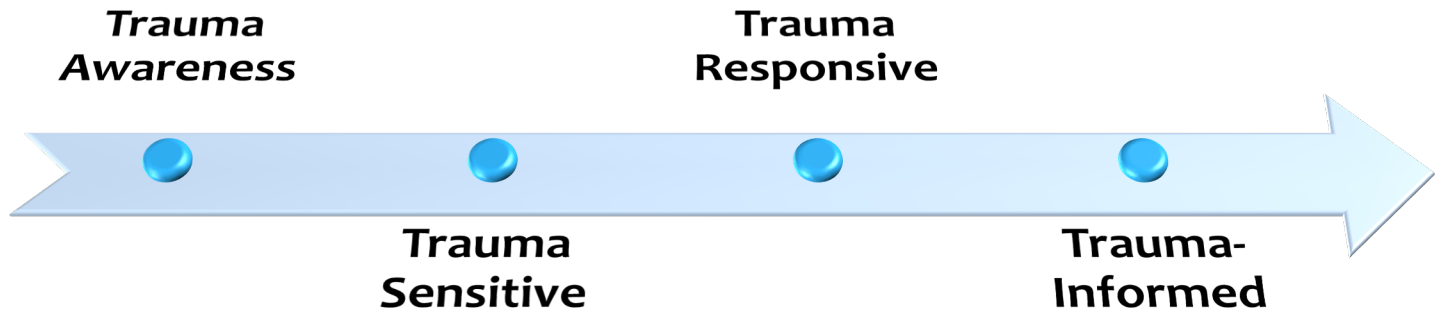
# System of Care(SOC) Trauma Informed Care (TIC)

- SOC = “A comprehensive spectrum of mental health and other necessary services which are organized into a coordinated network to meet the multiple and changing needs of consumers and their families” (Stroul & Friedman, 1986)
- TIC = an overarching perspective which infuses the network with a way of approaching consumers; it reminds everyone what consumers have likely been through and how to sensitively take trauma into account

# System of Care (SOC) Trauma-Informed Care (TIC)



# The Trauma-Informed Care Continuum



# The Trauma-Informed Care Continuum

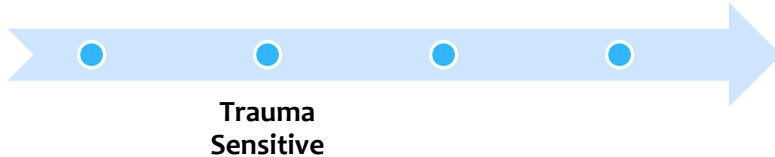
Trauma  
Awareness



## TRAUMA AWARENESS

- Aware of the prevalence of trauma
- Considering that it might impact their clientele, staff, or family

# The Trauma-Informed Care Continuum



## TRAUMA SENSITIVE

- Exploring principles of trauma-informed care
- Considering the implications of adopting the principles
- Prepare for change (both at work or at home)



# The Trauma-Informed Care Continuum

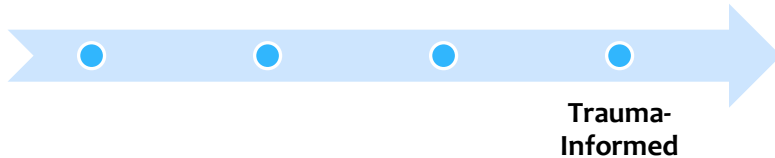
## TRAUMA RESPONSIVE



Trauma  
Responsive

- Begun to change organizational culture (highlight the role of trauma)
- At all levels: staff/families begin re-thinking routines and infrastructure,

# The Trauma-Informed Care Continuum



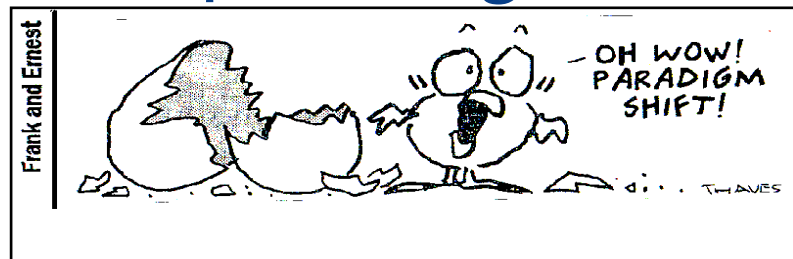
## TRAUMA-INFORMED

- Trauma-responsive practices are made the organizational norm in any environment

# A Paradigm Shift

Not simply about trauma-awareness;  
but **trauma informed**

- Shifts how we see symptoms
  - Strength based/resiliency oriented
  - Rather than inherently pathological
- Shifts how we go about providing services in a system of care



# Trauma-Informed Care

- It involves the provision of services and interventions that FIRST do not inflict further trauma on an individual or reactivate traumatic past experiences
- A “Universal Precautions” approach to care
- One that helps an individual to heal

# Trauma-Informed Care

- It means making a commitment to changing the practices, policies and culture of an entire organization – changing a program’s culture.
- Staff at all levels and all roles modify what they do based on an understanding of the impact of trauma and the specific needs of trauma survivors.

# Trauma-Informed Care

“A human services or health care system whose primary mission is altered by virtue of knowledge about trauma and the impact it has on the lives of consumers receiving services”

~Maxine Harris



# Organizational and Cultural Changes

- Finding a Champion of TIC in your Division/Branch/Organization
- Completing a Needs Assessment  
(Please remember Secondary Trauma)
- Learning and Incorporating the  
Six Key Principles of Trauma-Informed Approach
- Strategic Planning of the Ten Implementation Domains
- Striving to become Trauma-Informed



# THE CONCEPT OF TRAUMA,

## 3 “E”s

1. Events

2. Experience

3. Effects

Individual trauma results from an **event**, series of events, or set of circumstances that is **experienced** by an individual as physically or emotionally harmful or life threatening and that has lasting adverse **effects** on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.



# TRAUMA-INFORMED APPROACH: KEY NORMS

## 1. Realization

## 2. Recognize

## 3. Responds

## 4. Resist Re- traumatization

A program, organization, or system that is trauma-informed **realizes** the widespread impact of trauma and understands potential paths for recovery; **recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and **responds** by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively **resist re-traumatization**.

# SIX KEY PRINCIPLES of a Trauma-informed Approach

## 1. Safety

- Physically and psychologically safe

## 2. Trustworthiness and Transparency

- Operations and decisions

## 3. Peer Support

- Trauma survivors; establishes hope, safety, trust and collaboration

## 4. Collaboration and Mutuality

- Leveling of power differences-everyone has a role to play

## 5. Empowerment, Voice and Choice

- Belief in people served, resilience, and ability to heal and recover.

## 6. Cultural, Historical, and Gender Issues

- Stereotypes and biases

# **SIX KEY PRINCIPLES of a Trauma-informed Approach**

## **Group Activity**

# TEN IMPLEMENTATION DOMAINS

1. **Governance and Leadership**
  - A champion and point of responsibility, true TIC
2. **Policy**
  - Trauma-informed approach is backed by policies and protocols
3. **Physical Environment**
  - Sense of safety and collaboration
4. **Engagement and Involvement**
  - Significant voice and meaningful dialogue at all levels with survivors
5. **Cross Sector Collaboration**
  - True SOC/Wraparound approach

# TEN IMPLEMENTATION DOMAINS

6. Screening, Assessment, Treatment Services
  - Evidenced-Based Practices; available to all
7. Training and Workforce Development
  - On-going training and professional development
8. Progress Monitoring and Quality Assurance
  - Assessment, tracking, and monitoring of effective use of TIC principles
9. Financing
  - Resources support Trauma-informed approach
10. Evaluation
  - Agency measures and evaluation designs reflect understanding of trauma and trauma-oriented research

# TEN IMPLEMENTATION DOMAINS

## Grid Exercise



# Caregivers, Providers and Healers

# Screaming Animals Commercial

<https://www.youtube.com/watch?v=4W6VxtNZjok>



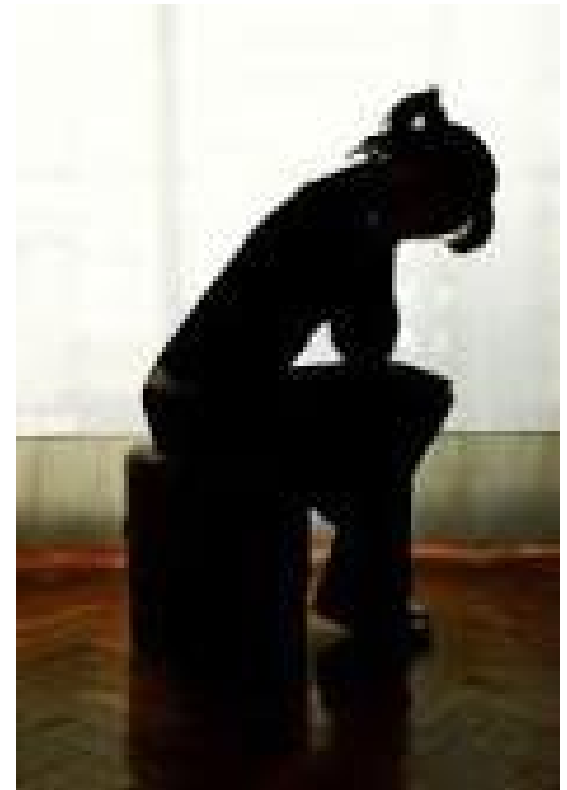
# Compassion Fatigue

**Vicarious Trauma**

**Secondary Trauma**

# Who?

Anyone who works directly with individuals who have been traumatized is vulnerable to the effects of trauma.



# Beware of the Signs

- Emotional: anger, sadness, prolonged grief, anxiety, depression
- Physical: headaches, stomachaches, lethargy, constipation
- Personal: self-isolation, cynicism, mood swings, irritability with spouse/family
- Workplace: avoiding clients, missed appointments, tardiness, lack of motivation, moodiness/irritability with clients

# Beware of the Signs

- Increased irritability or impatience with clients
- Decreased concentration
- Feeling numb/detached – denial of traumatic events
- Intense feelings/thoughts/dreams over time about a client's trauma

# Other Tips

- Don't go it alone
- Recognize compassion fatigue as an occupational hazard
- Seek help with your own traumas
- If you see signs in yourself, talk to a professional
- Attend to self-care

# Self-Care is the Key



Self-Care Activity:  
What makes you  
feel recharged or  
Energized?

# Trauma – In a Nutshell

- Exposure to trauma is the rule rather than exception.
- Consider that many individuals bring a lifetime history of trauma (acute and chronic) which impacts their current situation.
- This history often results in change in brain structure and function.
- Make certain to **ALWAYS** get the **WHOLE** story!

# Take Home Message

- **Trauma** is a pervasive issue. Many individuals who receive behavioral health services have been exposed to traumatic events.
- **Trauma-informed care** understands the pervasiveness of trauma and commits to identifying and addressing trauma issues early.
- **Trauma-Informed agencies** provide services that do not re-traumatize folks and commit to infusing TIC into policies and practices, with the ultimate goal to create trauma-free environments.
- Responding to individuals in a **trauma-informed manner** is crucial to overall health and must be a priority.



# Take Home Message

- ACEs and Toxic Stress can dramatically impact our brain development.
- Kentucky Strengthening Families and Trauma-Informed Care Approach work in synchronicity to give families and individuals the best possible System of Care that is available.
- Trauma is based on that person's experiences and perception.
- All agencies, organizations, and places that are service providers need to adopt a Trauma-informed Approach

**NATIONAL**

**SUICIDE**

**PREVENTION**

**LIFELINE**

**1-800-273-TALK (8255)<sup>TM</sup>**

**[suicidepreventionlifeline.org](http://suicidepreventionlifeline.org)**

**RED NACIONAL**

**de**

**PREVENCIÓN**

**del**

**SUICIDIO**

**1-888-628-9454**

**prevenciondelsuicidio.org**

# Resources

- Center for Disease Control and Prevention <http://www.cdc.gov>
- Center for the Study of Social Policy <http://www.cssp.org>
- Center on the Developing Child at Harvard University  
<http://developingchild.harvard.edu>
- Child Welfare Information Gateway  
<https://www.childwelfare.gov>
- National Alliance of Children's Trust and Prevention  
<http://ctfalliance.org>
- Diagnostic and Statistical Manual of Mental Disorders, 5<sup>th</sup> Edition
- Substance Abuse and Mental Health Services Administration  
[www.samhsa.gov](http://www.samhsa.gov)

# Contact Information

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# Trauma-Informed Care

IN KENTUCKY



*Safety • Individual Choice • Empowerment*