DOMAIN 4: Provision of Trauma-Informed, Evidence-Based and Emerging Best Practices

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Teresa is the Founder and Executive Director of the Trauma Resolution Center, formerly known as Victim Services Center. Founded in 1995, the TRC is the first trauma-focused Community Mental Health Center and state licensed substance abuse program in the US. The agency’s core service is a client-centered intervention called Traumatic Incident Reduction (TIR), which is recognized as an evidenced-based practice and is listed in the National Registry of Evidenced-Based Practices and Programs.
Domain 4: OSA Standards of Care
Screening, Assessment and Service Planning
Critical role of the Relationship
Review of common trauma specific treatment practices for adults and children
Core competencies and common elements across many trauma treatments
Resources
Treatment Process

• Engagement
• Screening and Assessment
• Service Planning
• Treatment
• Evaluation
Standard A. Emphasis on Role of Trauma

• Symptoms as Adaptations

• Focus on, “What happened to you rather than what’s wrong with you?”

• Staff Training Reinforces the Above
Trauma Screening and Assessment

- **Key process in the selection of best practices:**
  - ✓ To determine appropriate follow-up and referral
  - ✓ To determine imminent danger requiring urgent response
  - ✓ To identify need for trauma-specific services
  - ✓ To communicate to all consumers that the program believes abuse and violence are significant events
  - ✓ To communicate staff recognition of and openness to hearing about and discussing painful events with consumers
  - ✓ To open possibility of later disclosure if consumer decides not to talk about trauma experiences at early stage

Harris & Fallot 2001
Assessment and Service Planning

• Assessment process leads to discussion of its implications for service planning, and for any necessary immediate intervention.

• Helps connect trauma concerns with the consumer’s challenges and goals.

• Assists with identifying treatment approach that matches the needs of the consumer.

Harris & Fallot 2001
Standard B: Support Network Involvement

- Include key members of the consumers support network, in order to support the consumer, their service plan and promote positive treatment outcomes

- Partners in care receive education, information, resources, and guidance
Standard C: Consumer Voice and Choice

• Consumers are fully involved in decisions related to service planning

• Service plans are designed to ensure that consumers identify their personal strengths, goals, and express agreement with their service plan
Motivational Interviewing

Principles

• Focus on personally meaning goals/needs
• Reinforce positive change talk
• Reflect and recognize strengths
• Provide information
• Use open ended questions
• Reinforce that change is possible and achievable
What common and unintended ways do practitioners upset/anger/hurt clients?
Ways that Disengage Consumers

- Persuasion/hard sell: arguing for change
- Criticizing, shaming or blaming
- Scare tactics
- Incentives (short term vs long term)
- Ultimatums
- Guilt induction
- Feeling rushed/distracted
Ways that Disengage Consumers

- Assuming the expert role
- Labeling
- Unsolicited advice giving
- Rushing the conversation
- Seeing only the “con” side of behavior
- Focusing on “What’s Wrong with You”
What’s a practitioner to do?

DON’T DO THAT
Standard D. Wellness and Crisis Prevention Plans

• Wellness plans are designed to prevent and manage a crisis

• There is a crisis prevention part of the plan

• There is a crisis management part of the plan

• All staff directly involved in the consumer’s treatment is informed about the plan and how they can support it
Wellness Recovery Action Planning (WRAP®)

Includes

• Wellness Toolbox
• Daily Maintenance Plan
• Triggers and Action Plan
• Early Warning Signs and Action Plan
• When Things are Breaking Down and Action Plan
• Crisis Planning
• Post Crisis Planning

(www.copelandcenter.org)
Standard E. Trauma Specific Services

• The organization offers an array of trauma specific services

• The array of trauma specific services is sufficiently broad to meet consumer preferences and needs
Trauma Specific Approaches

- WRAP®
- Seeking Safety
- TAMAR
- TREM and M-TREM
- EMDR
- TIR
- NMT
- TF-CBT
1. Respect
2. Taking Time
3. Rapport
4. Sharing Information
5. Sharing Control
6. Respecting Boundaries
7. Fostering Mutual Learning
8. Understanding Non-linear Healing
9. Demonstrating Awareness and Knowledge of Trauma

**Handbook on Sensitive Practice for Health Care Practitioners: Lessons from Adult Survivors of Childhood Sexual Abuse** was researched and written by Candice L. Schachter, Carol A. Stalker, Eli Teram, Gerri C. Lasiuk and Alanna Danilkewich
Seeking Safety

- Developed as a group treatment for PTSD/SUD in women
- Based on CBT models of SUDs, PTSD treatment, women’s treatment and educational research
- Educates patients about PTSD and SUD’s and their interaction
- Goals include abstinence and decreased PTSD symptoms
- Focuses on enhancing coping skills, safety and self-care
- Active, structured treatment - therapist teaches, supports and encourages
- Case management

(Najavits, 2002)
Trauma, Addictions, Mental Health and Recovery (TAMAR)

- Basic education on trauma, developmental effects on symptoms and current functioning
- Behavioral appraisal and management
- Impact of early chaotic relationships on healthcare
- Coping skills, preventive education concerning pregnancy and sexually transmitted diseases and sexuality
Trauma, Addictions, Mental Health and Recovery (TAMAR)

- Role loss and parenting
- Integrates education about childhood physical and sexual abuse and its impact on adult development and functioning with cognitive-behavioral approaches
- Includes expressive therapy principles and activities
• Designed to address issues of physical, sexual, and/or emotional abuse

• Sessions focus on the following:
  ✓ Part I -- Empowerment
  ✓ Part II -- Trauma Recovery
  ✓ Part III -- Advanced Trauma Recovery Issues
  ✓ Part IV -- Closing Rituals
  ✓ Part V -- Modifications or Supplements for Special Populations

Maxine Harris, PhD
Community Connections
A Clinician's Guide for Working with Male Survivors in Groups

- Manual guides group leaders through 24 session trauma recovery process for male survivors
- Part I - group members develop a shared emotional and relational vocabulary.
- Part 2 focuses on abuse and the connections between trauma and psychological symptoms, addictive behavior and relationship patterns
- Part 3 focuses on core recovery skills
Eye Movement Desensitization and Reprocessing (EMDR)

- Eye movements and other forms of Bilateral Stimulation (BLS)
- Adaptive Information Processing (AIP)
- One or more sessions for evaluation
- Typical EMDR sessions are 60-90 minutes
- In combination with/adjunct to other therapies or as a stand alone approach
- Over 20 controlled studies

Shapiro, 1989, 2001
EMDR

8 Phases

1. Client History
2. Preparation
3. Assessment
4. Desensitization
5. Installation
6. Body Scan
7. Closure
8. Re-evaluation
If it Works in Miami...a Model Program for Serving Traumatized Human Beings

Presented by

Teresa Descilo, MSW, MCT
Founder & Executive Director
The Trauma Resolution Center

www.thetrcenter.org
teresa@thetrcenter.org
Polling Question #1

• Do you envision a life free of trauma symptoms for the individuals you work with?
Mission & Purpose

The mission of the TRC is to provide relief and resolution from traumatic and accumulated stress.

The purpose of the program is to deliver an in-depth service to traumatized human beings so that they are empowered, will not deteriorate due to the impact of trauma, and can function without the need of ongoing community intervention.
“Our wish for you is that when you are done with our services that you aren’t a victim, survivor or consumer, but a renewed and enhanced you”
Agency History

• Result of a task force
• Asked to provide services because of traumatology experience
• Housed in the SAO for four years
• We are mainly funded by our local government – Miami-Dade County
• We have served more than 12,000 people since 1995
• The TRC is the first trauma-informed and trauma-focused Community Mental Health Center in the US
• We are the first state licensed trauma-specific intensive out-patient program in Florida
Who We Serve

- Victims of every type of crime, including domestic violence, torture, human trafficking and family members of homicide victims
- At least 20% of our clients are refugees, many have no status
- At least 20% recovering from addiction
- At-risk youth
- Disaster victims
- Drug Dependency Court, Jail Diversion Program
- Over 80 countries
- Significant portion only speak Spanish or Creole
- 80% women
- Majority have no health coverage
Our Discipline

- The agency culture is informed by the discipline taught by Traumatic Incident Reduction, social work and Eastern practice:

- We create a safe space in order for our clients to process painful material. Important aspects of a safe space are:
  - Client-Centered
  - Devoid of the helper’s issues
  - Acknowledgment that we are interacting with a human being
On Creating Safety

- Recognizing what is lovable
- No evaluation
- No interpretation
- No judgment
- Untimed sessions
- Client chooses what is addressed (most of the time)
- Remaining Present
On Creating Safety 2

Our agency is an oasis for people to heal. This can only occur in a safe setting.
My Role:
The good and the bad news: I take care of my staff

- All staff engage in personal trauma work
- Those with a self-care routine take precedence in hiring
- Regular self-care is mandatory
  - Weekly breathing & meditation
  - Access to healers
  - Scheduling sessions when ‘life happens’
Services

- Individual Treatment - Viewing
- Psychoeducational Groups
- Advocacy – Personal and System
- Acupuncture, Massage, Ayurveda
- Yoga, Breathwork, Singing Bowls
- Community Resiliency Programming
- Training
- Evaluation and Expert Testimony
Our Core Service-Traumatic Incident Reduction (TIR)

• Helps a person form a conscious memory of a traumatic event
  ✓ bleed-off the sensory/emotive aspects
  ✓ enable a person to remember the event with no physiological trigger
  ✓ WOUND VS SCAR

Building Resiliency

• Not all clients are able to tell their stories right away
  ✓ Other treatment protocols are used to build ego-strength
  ✓ Holistic practices are offered to lower arousal, build consciousness and heal the body
This Intervention is Effective forEveryone Except Those:

- who are actively psychotic
- with true personality disorders
- actively abusing a substance
- too medicated to respond
- mentally incapable of following the process due to genetics, brain injury or age
How TIR Differs From Other Modalities

- Only trauma-specific approach that teaches a specific discipline for delivery
- Only trauma-specific approach that does not require prior credentials for training
- Is relatively easy to learn
- Takes people beyond eliminating symptoms to a state of increased empowerment
- Generally resolves one trauma per session, whereas other modalities often require multiple sessions per trauma
- Can be used with many different client populations
- Because it is extremely client-centered, TIR has been accepted by people from more than 80 countries
- **People experience posttraumatic growth**
• The body can take much longer to recover
  ✓ Acupuncture, chiropractic, massage
  ✓ Energy work
  ✓ Breathwork, yoga, meditation
  ● Easiest way to change physiology is to change the breath
  ● Clients receive breath and meditation CD
Psychoeducational Groups

Understanding Our Behavior
• Learn the reasons for anxieties, depression, memory loss and what to do about it.

Breaking the Cycle and Starting a New Life
• We’ll set goals and go over what to expect in your journey at TRC.

How Can I Love Someone Who Abuses Me?
• Learn about trauma bonds, what causes them and what can be done.

About Domestic Violence
• What is domestic violence, how it colors our lives and affects our children?
Yes, I thank you for listening to me. I feel less of a load from the things that have happened to me in my life. These sessions have allowed me to think more about my future and my life. How I have more strength to face what life may bring. When I came here, I felt I was carrying a heavy load, but now I feel calm and I do not feel confused.

Congratulations, you have a great staff that gave attention to all people with patience; everything was excellent. May God bless you all and give each and everyone one of you more strength to continue to help people like me. 20 hours
Lessons Learned

• Given the opportunity, people can heal

• Anyone who is motivated, can facilitate this work

• Facilitating Trauma Resolution accelerates growth and healing opportunities *for the facilitator*: they must commit to their own work

• There will be resistance and lack of cooperation from those who are unwilling to do their own work and/or who are attached to the status quo
University of Miami

- Partnership for five years
  - One dissertation completed on our data – 100 women from 20 different countries
- Two outcome studies and numerous articles of evaluated data
- Multiple statistical analyses of our data indicated that our clients significantly reduce or eliminate symptoms of PTSD, depression and anxiety in an average of 20 hours of treatment
Research, Info and Training Links

- **Trauma Resolution Center Website**
  - [www.thetrcenter.org](http://www.thetrcenter.org)

- **Traumatraining.net**
  - [www.traumatraining.net](http://www.traumatraining.net)

- **National Registry of Evidenced-Based Practices & Programs**
  - [www.tir-nrepp.org](http://www.tir-nrepp.org)

- **SAMHSA Sponsored movie about TRC**
  - [www.trcmovie.org](http://www.trcmovie.org)
I write as the co-Principal Investigator of the Adverse Childhood Experiences (ACE) Study of 17,334 adult participants at Kaiser Permanente, dealing with the relationship of ten common categories of adverse life experiences in childhood to emotional state, biomedical disease, and social malfunction fifty years later. As a result of this experience and our over seventy publications, I have come to value the work of the Trauma Resolution Center in Miami, Florida. This unusual, trauma-focused program has a history of providing effective services for victims of crime who have developed posttraumatic stress disorder, depression, and/or anxiety because of their victimization. (September 5, 2013)
kintsukuroi

(n.) (v. phr.) "to repair with gold"; the art of repairing pottery with gold or silver lacquer and understanding that the piece is more beautiful for having been broken
Agencies We’ve Trained

• **Susan B. Anthony Center – Broward County** [http://www.susanbanthonycenter.org/](http://www.susanbanthonycenter.org/) - Assists mothers with addiction. Residential and outpatient

• **Amethyst in Columbus, Ohio** [http://www.amethyst-inc.org/](http://www.amethyst-inc.org/) - Also assists mothers with addiction. Residential and outpatient

• **Center for Family and Child Enrichment – Miami** - [http://www.cfceinc.org/](http://www.cfceinc.org/) - Assists kids and families in the dependency system. One staff supervisor has become a trainer and many clinical staff are now providing children and families TIR.

• **Akwesasne Mohawk Tribe** – trained people in their mental health and substance abuse clinics. Actively in use. Working toward establishing their own TRC

• **Miami-Dade County** – Community Action/Health and Human Services Department in conjunction with Judge Jeri Cohen and Drug Dependency Court sent us 4 clinical staff that we are continuing to train for implementation of our model in all of their substance abuse facilities.

• **North County Lifeline – San Diego** [http://www.nclifeline.org/](http://www.nclifeline.org/) - After training one employee, a second workshop was completed in April and there are now six staff providing TIR to their clients.
Polling Question #2 & #3

For Adults:

- How would you describe the number of evidence based practices your organization offers?
  - None
  - One
  - Two or more

- Have staff received training in these practices?
Dr. Bruce Perry and
The Child Trauma Academy

The Neurosequential Model of
Therapeutics
(NMT)
NMT Overview

An approach to clinical problem solving that is:

• Developmentally informed
• Biologically respectful
• Organizes a child’s history and current functioning
• Not a specific therapeutic technique or intervention
Goal is to structure assessment of a child to:
• Articulate primary problems
• Identify key strengths
• Apply interventions that will help family, educator, therapists and related professionals best meet the needs of the child
Core Principles

- Brain organization and functioning
- Neurodevelopment and memory
- Relational neurobiology and attachment
- Stress, distress and trauma
- Neglect
NMT emphasizes the importance of assessing:

- Developmental history
- Developmental risk
- Current central nervous system functionality
- Current relational health
- Functional brain map
Interventions

Four areas of recommended interventions:

• Sensory Integration
• Self regulation
• Relational
• Cognitive
Three levels of recommended interventions:

- Essential
- Therapeutic
- Enrichment
Trauma Focused - CBT

- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) has the strongest research evidence. Multiple national and international randomized controlled trials have documented its effectiveness.

- Over 80% of traumatized children will show significant improvement with 12-to-16 weeks of treatment (once a week; 60-to-90 minute sessions).
  
  ✓ PTSD Symptoms: Re-experiencing, Avoidance, Emotional Numbing, and Hyperarousal
  ✓ Depression, anxiety, behavioral problems, sexualized behaviors, interpersonal trust, and social competence

(Cohen, Mannarino, and Deblinger)
TF-CBT Components

Best summarized by the acronym PRACTICE:

- Psycho-education and Parenting Skills
- Relaxation and Stress Management
- Affective Modulation
- Cognitive Processing
- Trauma Narrative
- In Vivo Desensitization
- Conjoint parent-child sessions
- Enhancing safety and social skills
Polling Question #5 & #6

For Children:

• How would you describe the number of evidence based practices your organization offers?
  
  None  One  Two or more

• Have staff received training in these practices?
Domain 4

Standard F. Coordination of Care

• The organization promotes collaboration, continuity and coordination of care

• The organization shares trauma related information with other service providers to promote effective care and reduce the likelihood of re-traumatization

• The organization engages consumers in making informed decisions
Practitioner Core Competencies

• Relational Alignment: Inquiries related to trauma attend to the emotional comfort and preferred pace of the client

• Transparency: Explaining the purpose of the counseling process, the counselors role, and the role of the client

• Shared decision making:
  ✓ Acknowledging and responding to the clients perspective
  ✓ Practitioner shares his/her perspective
  ✓ Practitioner merges perspectives (emphasizes shared perspectives and acknowledges differences without pressure or coercion for client to accept practitioners perspective)
Practitioner Core Competencies

• Person centered responding and inquiries: the clients felt needs and personally meaningful goals drive the process

• Education: practitioner imparts information in a way that aligns with adult education principles and practices
  ✓ Tell show do activities
  ✓ Check persons understanding
  ✓ Provide written info and use handouts
  ✓ Include communication channels that employ many senses: see, hear, speak, touch/do (write)
Beyond Specific Models of Treatment

Identification of common elements and approaches across models/protocols and curricula
Common Elements Approach to Best Practices

1. Engagement of the clients (motivational interviewing orientation)-Its all about the relationship
2. Informed and shared decision making as a critical value
3. Assessment and client history with an emphasis on resilience related strengths (personal and social protective factors)
4. Service planning aligned with client preferences and cultural values
5. Explanation of the intervention(s), role of the practitioner and role of the client, expected outcomes, review of progress and shifting approach as needed
Common Elements Approach to Best Practices

6. Education about trauma
7. Provision of the intervention
8. Continually attending to client response and elicit feedback
9. Telling of the trauma narrative
10. Learning about triggers and new ways of coping
11. Breaking old habits (thinking, behaving, feeling)
12. Learning new behaviors and actions to build resilience
Common Elements Approach to Building Resilience

• Develop community connections and strengthen social support
• Know your triggers and avoid unpleasant and emotionally harmful people, places and things
• Set goals for yourself that are meaningful
• Accept changes as part of life (a healthy acceptance)
• Recognize the insights and awareness that may emerge from traumatic life events
Common Elements Approach to Building Resilience

- Take action and assert your rights
- Develop a healthy lifestyle of wellness
- Develop realistic and positive thinking
- Developing effective coping and self-regulation skills
- Recognize and focus on your strengths
- Find meaning through creative expression
RESOURCES
Healing the Trauma of Abuse

- Empowerment
- Trauma Recovery
- Creating Life Changes
- Closing Rituals
• **The Boy Who Was Raised as a Dog**
  Dr. Perry and Maia Szalavitz, 2007
• CTA Library section on [http://childtrauma.org/](http://childtrauma.org/)
• Special NMT DVD on the CTA online store
The Resilience Cookbook

This interactive tool, The Community Resilience Cookbook, is a companion to the proceedings of the National Collaborative on Adversity and Resilience that was released in June with generous support from Robert Wood Johnson Foundation.

http://www.healthfederation.org/community-resilience-cookbook/

Health Federation of Philadelphia
SAMHSA’S Tip 57

- Impact and consequences of trauma
- assessment
- treatment planning
- strategies that support recovery
- building a trauma-informed care workforce

Clinical and organizational guidelines for trauma-informed care

Models for Developing Trauma-Informed Behavioral Health Systems and Trauma-Specific Services

2008 update

Compiled by Ann Jennings, PhD

http://www.theannainstitute.org/Models%20for%20Developing%20Traums-Report%201-09-09%20_FINAL_.pdf
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<td>Creating Cultures of Trauma-Informed Care Models: pgs 11 – 13</td>
<td>Developed by Roger Fallot Ph.D and Maxine Harris Ph.D of Community Connections DC</td>
<td><a href="http://www.ccdc1.org">www.ccdc1.org</a> or call Rebecca Wolfson Berley, M.S.W Director of Trauma Training 202-608-4735 <a href="mailto:rwolfson@ccdc1.org">rwolfson@ccdc1.org</a></td>
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<td>Creating Trauma Informed Systems of Care: Facilitating Recovery in Mental Health Service Settings Models: pgs 13 - 14</td>
<td>Developed by Kevin Huckshorn National Association of Mental Health Program Directors</td>
<td>National Technical Assistance Center/National Center for Trauma Informed Care 703-739-9333 or 301-634-1785 <a href="mailto:NCTIC@nasmhpd.org">NCTIC@nasmhpd.org</a> <a href="http://mentalhealth.samhsa.gov/nctic">http://mentalhealth.samhsa.gov/nctic</a></td>
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<td>Developing Trauma-Informed Organizations: A Tool Kit Models: pg 17</td>
<td>Developed by Members of the MA State Leadership Council of the WCDVS Women Embracing Life and Living (WELL) Project of the Institute for Health and Recovery</td>
<td>Laurie Markoff 617-661-3991 <a href="mailto:wellproject@healthrecovery.org">wellproject@healthrecovery.org</a> <a href="http://www.healthrecovery.org">www.healthrecovery.org</a></td>
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<td>Developed by Kevin Huckshorn National Association of Mental Health Program Directors</td>
<td>Kevin Huckshorn, Office of Technical Assistance, NASMHPD <a href="mailto:kevin.huckshorn@nasmhpd.org">kevin.huckshorn@nasmhpd.org</a></td>
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<td>Developed by Sidran Institute</td>
<td>Esther Giller at Sidran Institute 410-825-8888, ext. 207 <a href="mailto:esther.giller@sidran.org">esther.giller@sidran.org</a> <a href="http://www.sidran.org">www.sidran.org</a></td>
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# Resources

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<td>Developed by Sidran Institute</td>
<td>Esther Giller at Sidran Institute 410-825-8888, ext. 207 <a href="mailto:esther.giller@sidran.org">esther.giller@sidran.org</a> <a href="http://www.sidran.org">www.sidran.org</a></td>
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<td>The Sanctuary Model Models: pgs 19-21</td>
<td>Developed by Sandra Bloom M.D.</td>
<td>Sandra L. Bloom, M.D; CommunityWorks 215-248-5357, <a href="mailto:S13132020@msn.com">S13132020@msn.com</a> <a href="http://www.sanctuaryweb.com">www.sanctuaryweb.com</a></td>
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<td>Domestic Violence Group Intervention Models: pg 21</td>
<td>Community Connections DC</td>
<td>Aisha Meertins 202-608-4734 <a href="mailto:ameertins@ccdc1.org">ameertins@ccdc1.org</a></td>
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<td>Economic Success in Recovery Models: pgs 22-23</td>
<td>Boston Consortium of Services for Families in Recovery, Boston Public Health Commission and Institute on Urban Health Research at Northeastern University.</td>
<td>Dr. Hortensia Amaro, <a href="mailto:h.amaro@neu.edu">h.amaro@neu.edu</a>; or Rita Nieves, <a href="mailto:rita_nieves@bphc.org">rita_nieves@bphc.org</a></td>
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<td>Addictions and Trauma Recovery Integration Model (ATRIUM) Models: pg 25</td>
<td>Developed by Dusty Miller, Ed.D., and Laurie Guidry, Psy.D</td>
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<td>The Associative Skills Model: Taking Charge of Change; The Trouble with Feelings; and Boundaries, Precious Boundaries Models: pgs 30 - 31</td>
<td>Developed by professional educator and trauma survivor Elizabeth Power, M.Ed</td>
<td>Esther Giller, Sidran Institute</td>
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<td>The Trauma and Recovery Group: Cognitive-Behavioral Treatment for PTSD Among People with Severe Mental Illness Models: pgs 26-27</td>
<td>Stanley Rosenberg, PhD and Kim Mueser, PhD</td>
<td><a href="mailto:Kim.T.Mueser@Dartmouth.edu">Kim.T.Mueser@Dartmouth.edu</a> or <a href="mailto:Stan.Rosenberg@Dartmouth.edu">Stan.Rosenberg@Dartmouth.edu</a></td>
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<td>Eye Movement Desensitization and Reprocessing (EMDR) Models: pgs 32-33</td>
<td>Developed by Francine Shapiro in 1989</td>
<td>EMDR Institute, Inc. emdr.com <a href="mailto:inst@emdr.com">inst@emdr.com</a> 831-761-1040</td>
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<td>Growing Beyond Survival: A Self Help Toolkit for Managing Traumatic Stress Models: pg 34</td>
<td>Developed by Elizabeth Vermilyea, M.D. and Sidran Institute</td>
<td>For training on using this resource contact: Sidran Institute 410-825-8888 x 207, <a href="mailto:orders@sidran.org">orders@sidran.org</a> <a href="http://www.sidran.org/gbs">www.sidran.org/gbs</a></td>
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<td>Developed and conducted by the Boston Consortium of Services for Families in Recovery (BCSFR), Boston Public Health Commission and Institute on Urban Health Research at Northeastern University</td>
<td>Dr. Hortensia Amaro <a href="mailto:h.amaro@neu.edu">h.amaro@neu.edu</a> or Rita Nieves, R.N., M.P.H. <a href="mailto:Rita_Nieves@bphc.org">Rita_Nieves@bphc.org</a></td>
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<td>Developed by three art therapists, Barry M. Cohen, Mary-Michola Barnes, and Anita B. Rankin</td>
<td>For training in using this resource and for additional information, , 410-825-8888 x 207, <a href="mailto:esther.giller@sidran.org">esther.giller@sidran.org</a></td>
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<td>Prolonged Exposure (PE) Therapy Models: pg 39 - 40</td>
<td>Developed by Edna B. Foa, Ph.D., Professor of Psychology at the University of Pennsylvania and the founder and director of the Center for the Treatment and Study of Anxiety</td>
<td>Dr. Edna Foa or Dr. Elizabeth Hembree: Center for the Treatment and Study of Anxiety Phone: 215-746-3327 Website: <a href="mailto:ctsa@mail.med.upenn.edu">ctsa@mail.med.upenn.edu</a></td>
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<td>Seeking Safety Models: pgs 41 - 42</td>
<td>Developed by Lisa M. Najavits, Ph.D., at Harvard Medical/McLean Hospital</td>
<td>Lisa M. Najavits, Ph.D. 617-855-2305 (phone) <a href="mailto:info@seekingsafety.org">info@seekingsafety.org</a> <a href="http://www.seekingsafety.org">www.seekingsafety.org</a></td>
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<td>Spirituality in Trauma Recovery Group Models: pg 43</td>
<td>Developed as part of the D.C. Trauma Collaboration Study at Community Connections, one of the Women, Co-Occurring Disorders, and Violence Study sites.</td>
<td>Aisha Meertins 202-608-4734 <a href="mailto:ameertins@ccdc1.org">ameertins@ccdc1.org</a> <a href="http://www.ccdc1.org">www.ccdc1.org</a></td>
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<td>Trauma Affect Regulation: Guide for Education and Treatment (TARGET©) Models: pg 45 - 46</td>
<td>Developed by Julian Ford, Ph.D.</td>
<td>Eileen Russo <a href="mailto:Russo@psychiatry.uchc.edu">Russo@psychiatry.uchc.edu</a> <a href="http://www.ptsdfreedom.org">www.ptsdfreedom.org</a></td>
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| Trauma, Addictions, Mental health And Recovery (TAMAR) Trauma Treatment Group Model Models: pgs 46 - 47 | Developed as part of the first phase of the SAMHSA Women, Co-Occurring Disorders and Violence Study | Joan Gillece  
410-724-3238  
gillecej@dhmh.state.md.us  
Jenny Howes  
410-724-3180  
howesj@dhmh.state.md.us |
|---|---|---|
| Trauma Recovery and Empowerment Model (TREM) Models: pgs 47 - 49 | Developed by Maxine Harris, Ph.D., and the Community Connections Trauma Work Group | Rebecca Wolfson Berley, M.S.W.  
Director of Trauma Training  
202-608-4735  
rwolfson@ccdc1.org |
| Trauma Resiliency Model (TRM) Veterans Resiliency Model (VRM) Models: pgs 50 - 51 | Developed by Trauma Resource Institute’s Co-founders, Elaine Miller-Karas, MSW and Laurie Leitch, PhD | Website:  
[www.traumaresourceinstitute.com](http://www.traumaresourceinstitute.com)  
Contact with questions about training:  
Elaine Miller-Karas, Elainemk27@mac.com |
| TRIAD Women’s Group Model Models: pg 52 | Developed by and implemented at one of the SAMHSA Women Co-Occurring Disorders and Violence Study sites | Colleen Clark, Ph.D.  
813-974-9022  
cclark@fmhi.usf.edu |
| Spirituality and Recovery Curriculum | Developed and conducted by the Boston Consortium of Services for Families in Recovery (BCSFR), Boston Public Health Commission and Institute on Urban Health Research at Northeastern University | Dr. Hortensia Amaro  
h.amaro@neu.edu  
Rita Nieves, R.N., M.P.H.  
Rita_Nieves@bphc.org |
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<td>Pat Gilchrist, Ulster County Mental Health; and Peri Rainbow, of Women’s Studies at New Paltz State University of New York</td>
<td>NYS OMH Printing and Design Services, fax number 518-473-2684</td>
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<td>Developed by the Boston Consortium of Services for Families in Recovery, Boston Public Health Commission</td>
<td>Dr. Hortensia Amaro <a href="mailto:h.amaro@neu.edu">h.amaro@neu.edu</a> or Rita Nieves, R.N., M.P.H. <a href="mailto:Rita_Nieves@bphc.org">Rita_Nieves@bphc.org</a></td>
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<td>Created by Maxine Harris, Ph.D., Bronwen Millet, Ph.D., Lori Beyer, M.S.W., Jerri Anglin, M.S.W., Rebecca Wolfson, MSW</td>
<td>Aisha Meertins 202-608-4734 &lt;<a href="mailto:ameertins@ccdc1.org">ameertins@ccdc1.org</a>; <a href="http://www.ccdc1.org%3E">www.ccdc1.org&gt;</a></td>
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<td>Developed by Community Connections with Roger D. Fallot, Ph.D. et al</td>
<td>Rebecca Wolfson Berley, M.S.W., Director of Trauma Training 202-608-4735 <a href="mailto:rwolfson@ccdc1.org">rwolfson@ccdc1.org</a> Aisha Meertins 202-608-4734 <a href="mailto:ameertins@ccdc1.org">ameertins@ccdc1.org</a></td>
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<td>Developed by the Trauma Treatment Training Center (TTTC) and Cincinnati Children’s Hospital Medical Center</td>
<td>Lacey Thieken, Mayerson Center for Safe &amp; Healthy Children Phone: 513.636.0042 Fax: 513.636.0204 Email: <a href="mailto:Lacey.Thieken@cchmc.org">Lacey.Thieken@cchmc.org</a></td>
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<td>Child Development Community Policing Program (CD-CP) Models: pgs 60 - 61</td>
<td>Developed by the Yale Child Study Center and the New Haven Department of Police Service</td>
<td>for Children Exposed to Violence: Steven R. Marans, Ph.D., Director, and Professor of Child Psychiatry and Psychiatry Phone: (203) 785-3377 Email: <a href="mailto:steven.marans@yale.edu">steven.marans@yale.edu</a></td>
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<td>Stewards of Children: Adults Protecting Children from Abuse Models: pg 63</td>
<td>Developed by Darkness To Light <a href="http://www.darknesstolight.org">www.darknesstolight.org</a></td>
<td>Pat Patrick, LISW 843-954-5444 <a href="mailto:ppatrick@d2l.org">ppatrick@d2l.org</a> <a href="http://www.darknesstolight.org">www.darknesstolight.org</a></td>
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<td>Kathleen Guarino, LMHC/ The National Center on Family Homelessness 617-964-6841 <a href="mailto:Kathleen.guarino@familyhomelessness.org">Kathleen.guarino@familyhomelessness.org</a> <a href="http://www.familyhomelessness.org">www.familyhomelessness.org</a></td>
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<td>Glenn Saxe, Children’s Hospital Boston/Harvard Medical School 617 919 4676 <a href="mailto:Glenn.saxe@childrens.harvard.edu">Glenn.saxe@childrens.harvard.edu</a></td>
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<td>Nurturing Program for Families in Substance Abuse Treatment and Recovery, 2nd edition Models: pg 67 - 68</td>
<td>Developed by the Institute for Health and Recovery</td>
<td>Terri Bogage 617-661-3991 <a href="mailto:family@healthrecovery.org">family@healthrecovery.org</a> <a href="http://www.healthrecovery.org">www.healthrecovery.org</a></td>
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| Strengthening Multi-Ethnic Families and Communities: A Violence Prevention Parent Training Program Models: pgs 69 - 70 | Developed by Marilyn Steele, Ph.D. in collaboration with Marilyn Marigna; Jerry Tello, and Ronald Johnson | Dr. Marilyn Steele, Ph.D. Parenting Across Cultures
323-936-0343
[dr_mls@earthlink.net](mailto:dr_mls@earthlink.net),
[www.parentingacrosscultures.com](http://www.parentingacrosscultures.com) |
| Circle of Security Models: pgs 42-43                                             | Developed by TAMAR program with Maryland Department of Health and Mental Hygiene                          | Andrea Karfgin, PhD
410-974-8968
tamarinc@aol.com                                                                 |
| Non-Traditional Parenting Interventions Pg 44                                    | Community Connections DC                                                                               | Aisha Meertins
202-608-4734
ameertins@ccdc1.org                                                                 |
| Pathways to Family Reunification and Recovery Pg 45                              | Developed and conducted by the Boston Consortium of Services for Families in Recovery (BCSFR), Boston Public Health Commission and Institute on Urban Health Research at Northeastern University | Dr. Hortensia Amaro
h.amaro@neu.edu
or
Rita Nieves, R.N., M.P.H.
Rita_Nieves@bphc.org |
| Recovering Families Parenting Curriculum                                           | SAMHSA Women Co-Occurring Disorders and Violence Study                                                 | Frances Hutchins
fhutchins@sjgov.org                                                                |

Contact: Communications@TheNationalCouncil.org
202.684.7457
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<td>Trauma and Triumph: Parenting Abused and Neglected Children</td>
<td>Child Welfare Training Institute, Institute for Public Sector Innovation, Muskie School of Public Service</td>
<td>Leslie Rozeff 207-626-5218 <a href="mailto:Leslie.rozeff@maine.gov">Leslie.rozeff@maine.gov</a></td>
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<th>Chandra Ghosh Ippen, Ph.D., Child Trauma Research Project 415-206-5312 <a href="mailto:chandra.ghosh@ucsf.edu">chandra.ghosh@ucsf.edu</a>.</th>
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<th>Developed by Melissa K. Runyon, PhD, in collaboration with Esther Deblinger, PhD</th>
<th>Melissa K. Runyon, Ph.D., Associate Professor of Psychiatry <a href="mailto:runyonmk@umdnj.edu">runyonmk@umdnj.edu</a></th>
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<td>Developed by Sheila Eyberg, PhD</td>
<td>Dr. Sheila Eyberg of the University of Florida (<a href="http://www.PCIT.org">www.PCIT.org</a>) and the University of California Davis CAARE Center (<a href="http://www.pcit.tv">www.pcit.tv</a>).</td>
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| Safety, Mentoring, Advocacy, Recovery, and Treatment (SMART) Models: pgs 79 - 80 | Developed by team of clinicians at the Kennedy Krieger Institute Family Center | Betsy Offermann, LCSW-C 443-923-5907  
Offermann@kennedykrieger.org                                                  |
| Trauma Focused Cognitive Behavioral Therapy (TF-CBT) for Children and Parents; Cognitive Behavioral Therapy for Childhood Traumatic Grief (CBT-CTG); Combined TF-CBT and Sertraline for Children Models: pgs 80 - 81 | Developed by Judith A. Cohen, M.D., Anthony P. Mannarino, Ph.D. and Esther Deblinger, Ph.D |  
www.modelprograms.samhsa.gov  
Judith Cohen  
Jcohen1@wpahs.org                                                                |
| Trauma Systems Therapy Models: pgs 81 - 82                                   | Developed by Glenn Saxe M.D.                                                 | Glenn Saxe MD, Children’s Hospital Boston/Harvard Medical School  
617 919 4676  
Glenn.saxe@childrens.harvard.edu  
Website TBD                                                                  |
| Assessment-Based Treatment for Traumatized Children: A Trauma Assessment Pathway Model (TAP Models: pgs 84 - 85) | Developed by the Chadwick Center for Children & Families at Rady Children’s Hospital in San Diego | Lisa Conradi, PsyD, NCTSN Project Manager  
(858) 576-1700 ext. 6008  
Iconradi@rchsd.org                                                             |
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<td>Elissa J. Brown, Ph.D., Associate Professor of Psychology, 718-990-2355</td>
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<td>Based on Trauma-Focused Cognitive Behavior Therapy (Cohen, Mannarino, &amp; Deblinger, 2006)</td>
<td>Michael de Arellano, Ph.D., National Crime Victims Research &amp; Treatment Center (843) 792-2945 <a href="mailto:dearelma@musc.edu">dearelma@musc.edu</a> <a href="http://www.musc.edu/ncvc">www.musc.edu/ncvc</a></td>
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<td>for information on training and consultation, visit <a href="http://www.nationaltraumaconsortium.org">www.nationaltraumaconsortium.org</a></td>
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<td>Developed by Cheryl Lanktree, Ph.D. and John Briere, Ph.D.</td>
<td>Cheryl Lanktree, Ph.D. <a href="mailto:clanktree@memorial.org">clanktree@memorial.org</a> or John Briere, Ph.D. 562 933-0590, <a href="http://www.johnbriere.com">www.johnbriere.com</a>.</td>
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<td>Developed by Community Connections DC with Sasha Bruce Youthwork, Inc and District of Columbia’s Department of Mental Health School Mental Health Program</td>
<td>Aisha Meertins 202-608-4734 <a href="mailto:ameertins@ccdc1.org">ameertins@ccdc1.org</a></td>
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<td>Developed by Sandra Bloom M.D.</td>
<td>Jeanne Rivard 703-739-9333 x146</td>
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<td><a href="http://www.andruschildren.org">www.andruschildren.org</a></td>
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<td>Seeking Safety Models: pgs 95 - 96</td>
<td>Developed by Lisa M. Najavits, Ph.D., at Harvard Medical/McLean Hospital</td>
<td>Lisa M. Najavits, Ph.D. 617-855-2305 (phone)</td>
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<td>Draws from Dialectical Behavior Therapy, Trauma Affect Regulation, and Trauma and Grief Component Therapy</td>
<td>Mandy Habib, Psy.D. Division of Trauma Psychiatry 516-562-3276</td>
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<td><a href="mailto:mhabib@nshs.edu">mhabib@nshs.edu</a>.</td>
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<td>Judith Ford 860-751-9072</td>
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<td><a href="mailto:Judy@advancedtrauma.com">Judy@advancedtrauma.com</a></td>
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<td>Developed by Christopher M. Layne, Ph.D., William R. Saltzman, Ph.D., and Robert S. Pynoos, M.D., M.P.H</td>
<td>Christopher Layne, Ph.D., UCLA - for Child Traumatic Stress (310) 235-2633, extension 223. <a href="mailto:cmlayne@mednet.ucla.edu">cmlayne@mednet.ucla.edu</a></td>
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<td>Voices: A Program of Self-Discovery and Empowerment for Girls</td>
<td>Developed by Stephanie S. Covington, Ph.D., L.C.S.W.</td>
<td>Stephanie S. Covington, Ph.D., L.C.S.W., 858-454-8528 <a href="mailto:sscird@aol.com">sscird@aol.com</a></td>
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<td>Developed by Sidran and consumer advocates of the TAMAR Project, the MD WCDVS Study</td>
<td>Sidran Institute 410-825-8888 x 207, <a href="mailto:orders@sidran.org">orders@sidran.org</a> <a href="http://www.sidran.org/catalog/sige.html">www.sidran.org/catalog/sige.html</a></td>
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<td>Developed by the Boston Consortium of Services for Families in Recovery, Boston Public Health</td>
<td>Dr. Hortensia Amaro <a href="mailto:h.amaro@neu.edu">h.amaro@neu.edu</a> or Rita Nieves, R.N., M.P.H., <a href="mailto:Rita_Neives@bphc.org">Rita_Neives@bphc.org</a></td>
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<td>Developed by Stephanie S. Covington, Ph.D., L.C.S.W</td>
<td>Stephanie S. Covington, Ph.D., L.C.S.W., 858-454-8528 <a href="mailto:sscird@aol.com">sscird@aol.com</a></td>
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<td>Developed by Dusty Miller, Ed.D</td>
<td>Dusty Miller 413-584-8404 413 203 1432 (h&amp;w) (413) 313 6317 (c) <a href="mailto:dustymi@aol.com">dustymi@aol.com</a> <a href="http://www.dustymiller.org">www.dustymiller.org</a></td>
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<td>New Partnerships for Women Psychoeducational Groups with Consumer Curriculum</td>
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<td><a href="mailto:npw@choiceonemail.com">npw@choiceonemail.com</a></td>
</tr>
<tr>
<td>Trauma- No More Secrets (film)</td>
<td>Connecticut Department of Mental Health and Addiction Services</td>
<td>Judith Ford <a href="mailto:Judith.Ford@po.state.ct.us">Judith.Ford@po.state.ct.us</a> 860-418-6732</td>
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<tr>
<td>WELL Recovery Groups: <em>Model for Peer Led Self/Mutual Help Groups for Women with Substance Abuse and Mental Health Problems and Histories of Trauma</em></td>
<td>Institute for Health and Recovery</td>
<td>Laurie Markoff or Christine LaClair <a href="mailto:wellproject@healthrecovery.org">wellproject@healthrecovery.org</a> 617-661-3991. <a href="http://www.healthrecovery.org">www.healthrecovery.org</a></td>
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### Resources

#### Trauma Training

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<thead>
<tr>
<th>Trauma Training</th>
<th>Developed By</th>
<th>Contact Information</th>
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<tbody>
<tr>
<td>A Woman’s Addiction Workbook</td>
<td></td>
<td>Lisa Najavits, Ph.D. 617-855-2305</td>
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<tr>
<td>Women’s Leadership Training Institute: “For and By</td>
<td>Developed and conducted by the Boston Consortium of Services for Families in</td>
<td>Dr. Hortensia Amaro <a href="mailto:h.amaro@neu.edu">h.amaro@neu.edu</a> or Rita Nieves, R.N., M.P.H.</td>
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<tr>
<td>Women in Recovery from Addiction, Mental Illness,</td>
<td>Recovery (BCSFR), Boston Public Health Commission and Institute on Urban</td>
<td><a href="mailto:Rita_Nieves@bphc.org">Rita_Nieves@bphc.org</a></td>
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<td>and Trauma,”</td>
<td>Health Research at Northeastern University</td>
<td></td>
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<tr>
<td>Your Surviving Spirit: A Spiritual Workbook for</td>
<td>Dusty Miller, Ed.D</td>
<td>Dusty Miller 413-584-8404. <a href="http://www.dustymiller.org">www.dustymiller.org</a> <a href="mailto:dustymi@valinet.com">dustymi@valinet.com</a></td>
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<tr>
<td>Coping With Trauma</td>
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