

## 7 Essential Ingredients of Trauma Sensitive Schools



Sara Daniel, MSW, LCSW  
Director of Clinical Services and Staff Development  
[sdaniel@sainta.org](mailto:sdaniel@sainta.org)

## TASN ATBS School Mental Health Initiative Webinar Series



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SMHI 2017 Webinar Series

## Learning Targets

- Participants will understand the high prevalence of trauma in our classrooms.
- Participants will have access to resources and strategies to create trauma sensitive practice in their school
- Participants will learn strategies to combat compassion fatigue and burnout in educators.

## Trauma-Sensitive Schools


A Perspective that...

- acknowledge the prevalence of traumatic exposures in students' lives
- provides universal supports and informs our framework for intervention
- is sensitive to unique needs of students and is mindful of re-traumatization

## The Wisconsin TSS Project


- TSS On-line professional development system  
<http://dpi.wi.gov/sspw/mental-health/trauma/modules>  
Developed by Sara Daniel and Pamela Black
- School based cross disciplinary teams
- Internal/ external coaching





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PUBLIC INSTRUCTION



**School Mental Health**

School Mental Health Framework

Attention Deficit Hyperactivity Disorder

Behavioral Health Screening Tools

Mental Health Toolkit

Suicide Prevention

Trauma

E-Resources

Strategies

Incorporating Trauma-Sensitive Practices

Informational Websites

Checklists

Trauma and PBIS

SCHOOL MENTAL HEALTH / TRAUMA / TRAUMA-SENSITIVE SCHOOLS LEARNING MODULES

## Trauma-Sensitive Schools Learning Modules

**Trauma-Sensitive Schools Learning Modules**

The Department of Public Instruction Trauma-Sensitive Schools (TSS) initiative is modeled after the Positive Behavioral Interventions and Supports (PBIS) school improvement process, focusing first on universal practices (Tier 1), followed by strategies for students who need additional support (Tier 2), and intensive interventions for students who require ongoing support (Tier 3). The change effort within each school is best facilitated by a school-based team with an internal TSS coach who commits to additional professional development provided through these modules. Implementation is enhanced when internal TSS coaches have access to technical assistance and on-going, problem-solving meetings facilitated by trained external TSS coaches.

**Tier 1**

- [Module 1 - Introduction to Trauma-Sensitive Schools Professional Development](#)
- [Module 2 - Prevalence and Impact of Trauma](#)
- [Module 3 - Neuroscience](#)

Sensitive Practices

- Informational Websites
- Checklists
- Trauma and PBIS
- Professional Development
- Presentation Materials
- Childhood
- Learning Modules**
- Evaluation
- Resiliency

**Tier 1**

- [Module 1 - Introduction to Trauma-Sensitive Schools Professional Development](#)
- [Module 2 - Prevalence and Impact of Trauma](#)
- [Module 3 - Neuroscience](#)
- [Module 4 - Self Care](#)
- [Module 5 - Trauma-Sensitive Schools](#)
- [Module 6 - Trauma-Sensitive Lens for Strategies](#)
- [Module 7 - Trauma-Sensitive Environments](#)
- [Module 8 - Social and Emotional Learning](#)
- [Module 9 - Emotional and Physical Regulation](#)
- [Module 10 - Building Relationships](#)
- [Module 11 - Cognitive Problem Solving](#)
- [Module 12 - Trauma-Sensitive School-Wide Behavior Supports](#)
- [Module 13 - Trauma-Sensitive School-Wide Discipline](#)
- [Module 14 - Engaging Parents as Partners](#)

**Tier 2**  
No modules yet available.

**Tier 3**  
No modules yet available.

Wisconsin School Mental Health Initiative

SSPW  
Social Services, Prevention & Wellness

Menu Transcript

- Introduction to TSS
- Wisconsin School Mental Health...
- Learning Targets
- Readings
- Trauma-Informed Care Values
- Nature vs. Nurture
- The Amazing Brain
- The Nervous System
- Brain Development
- Creating the Foundation
- How Brains Are Built
- Memory
- The Stress Response
- Stress and our Physiology
- Types of Stress
- Impact of Toxic Stress
- State-Dependent Functioning
- Trauma and Brain Development
- Toxic Stress and the Body
- Neurobiology of Neglect
- Historical Trauma
- Changing the Brain
- What works to move the brain L...
- Calming Strategies
- A world about reward and cons...
- Resources

Trauma Sensitive Schools: Module 3


Resources

# Wisconsin School Mental Health Initiative

## Trauma-Sensitive Schools

Module 3: Neuroscience

Sara Daniel, SaintA  
Pam Black, Trauma Sensitive Education



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This screenshot shows the title slide of a presentation titled "Trauma Sensitive Schools: Module 3". The slide features the SSPW logo in the top left corner. The main title is "Wisconsin School Mental Health Initiative" with a red arrow pointing to it. Below the title is a photograph of a diverse group of children sitting in a circle on the floor. To the right of the photo, the text reads "Trauma-Sensitive Schools" and "Module 3: Neuroscience". At the bottom right, the authors are listed as "Sara Daniel, SaintA" and "Pam Black, Trauma Sensitive Education". A navigation menu is visible on the left side of the slide, listing various topics such as "Introduction to TSS", "Learning Targets", "Readings", and "The Stress Response".

This screenshot shows the "Learning Targets" slide from the "Trauma Sensitive Schools: Module 3" presentation. The slide title is "Module #3: Learning Targets". It lists the following learning objectives under the heading "Learners will understand:":

- Child development through a neurodevelopmental lens
- Building healthy and resilient brains
- Fight, flight or freeze response to threat
- Impact of trauma on the developing brain

A "Resources" box on the right side of the slide contains the text "Here are some useful links and documents:" and a link to "Classroom Sensory Strategies Tool". The navigation menu on the left is also visible, with "Learning Targets" selected.

**Module #3: Classroom Sensory Strategies**

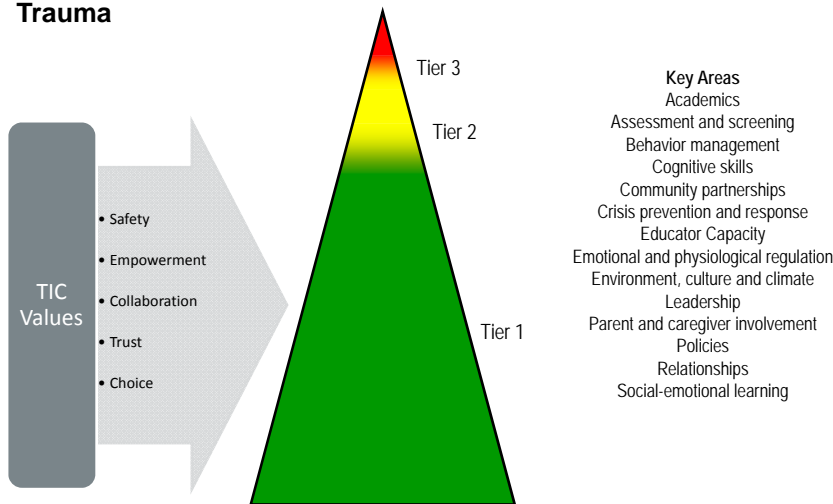
All of us have sensory needs, things that we seek out to help us regulate or things we avoid, because they make it harder for us to tolerate stress. This tool is designed to help teachers examine their classrooms using a sensory lens by prompting two questions:

1. What sensory behaviors am I seeing in my classroom?
2. What sensory options can I have available in my classroom to help my students be more available to learn?

Note: Students who do not respond to a variety of sensory options in the classroom may benefit from a student-specific sensory profile completed by a qualified occupational therapist to determine student-specific needs and strategies.

Sensory Area	General Observations	Specific Observed Behaviors	Sensory Strategies
Movement	Students need gross motor movement to maintain regulation or become dysregulated when they do not have gross motor movement.	___ Rocking/swaying	<ul style="list-style-type: none"> <li>• Rocking chair/seat</li> <li>• Wiggle seats</li> </ul>
		___ Jumping	<ul style="list-style-type: none"> <li>• Stand up/sit down desk</li> <li>• Pedal desk, ball chairs</li> <li>• Hokki Stools</li> </ul>
	Students become dysregulated by too much movement or activity.	___ Running/walking around	<ul style="list-style-type: none"> <li>• Movement breaks</li> <li>• Stand up/sit down desk</li> <li>• Pedal desk, ball chairs</li> </ul>
		___ Chaotic or frenetic movement	<ul style="list-style-type: none"> <li>• Yoga, stretching</li> <li>• Mindfulness, deep breathing</li> </ul>
Students need fine motor movement to maintain regulation or become dysregulated when they do not have fine motor movement.	___ Doodling, scribbling	<ul style="list-style-type: none"> <li>• Coloring book, free drawing,</li> <li>• Journaling</li> </ul>	
	Temperature	Students report being too hot or too cold.	<ul style="list-style-type: none"> <li>___ Too hot</li> <li>___ Too cold</li> </ul> <ul style="list-style-type: none"> <li>• Personal fans</li> <li>• Blankets</li> </ul>
Auditory/Listening	Students become dysregulated when the room is loud; students seek quiet. Students become dysregulated when room is quiet; students create noise when it is quiet.	___ Too loud	<ul style="list-style-type: none"> <li>• Noise cancelling headphones</li> <li>• Quiet corner</li> <li>• White noise machine, headphones to listen to music</li> <li>• Radio to play different kinds of music</li> </ul>
		___ Too quiet	

**Using the PBIS Framework to Better Support Students Affected by Trauma**



<http://dpi.wi.gov/sspw/mental-health/trauma>

- Tier 1 – Universal strategies and instruction for all students
- Tier 2 – Additional supports for students with milder symptoms of trauma or in high-risk groups
- Tier 3 – Intensive and ongoing interventions for students deeply impacted by trauma

Roger D. Fallot, Ph.D. and Maxine Harris, Ph.D., 2009

## Trauma Definition

- 1) Exposure to an event that threatens/harms physical or emotional integrity of the individual or someone close to them
- 2) Overwhelms the person's ability to respond
- 3) Creates significant difficulty in functioning

SaintA, 2014

## Types of Trauma

- Acute trauma: The response to a one-time event
- Complex trauma: Exposure to multiple traumatic events, often of an invasive, interpersonal nature, and the wide-ranging, long-term impact of this exposure (*National Child Traumatic Stress Network*)
- Historical trauma: A constellation of characteristics associated with massive cumulative group trauma across generations. *Brave Heart, M. Y.H. (1999)*

## Polling Questions

A trauma sensitive schools is one that:

- a. Provides universal supports through a trauma sensitive framework and is mindful of re-traumatization
- b. Screens for trauma to be able to make referrals for special education services
- c. Encourages parents to seek treatment for their child to help control negative behaviors

## Trauma Sensitive Schools

7 Essential Ingredients

1. Prevalence
2. Impact
3. Perspective Shift
4. Regulation
5. Relationship
6. Reason To Be
7. Caregiver Capacity



## #1: Prevalence

### Adverse Childhood Experiences (ACE) Study Center for Disease Control and Prevention

Household dysfunction	Kaiser*	WI**
• Substance abuse	27%	27%
• Parental separation/divorce	23%	21%
• Mental illness	19%	16%
• Violence between adults	13%	16%
• Incarcerated household member	5%	6%

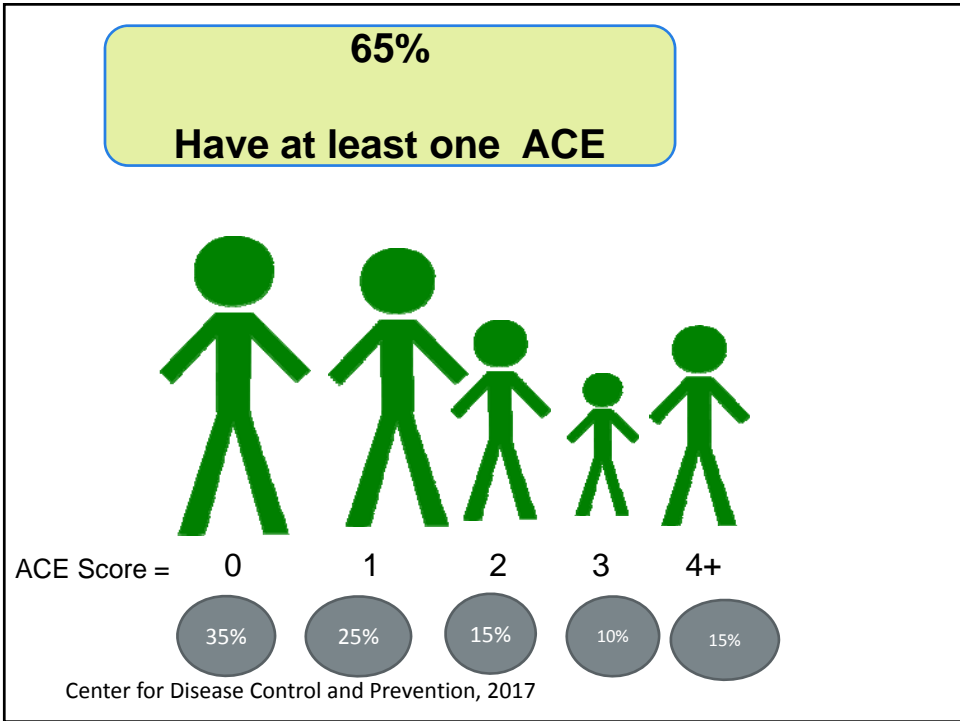
  

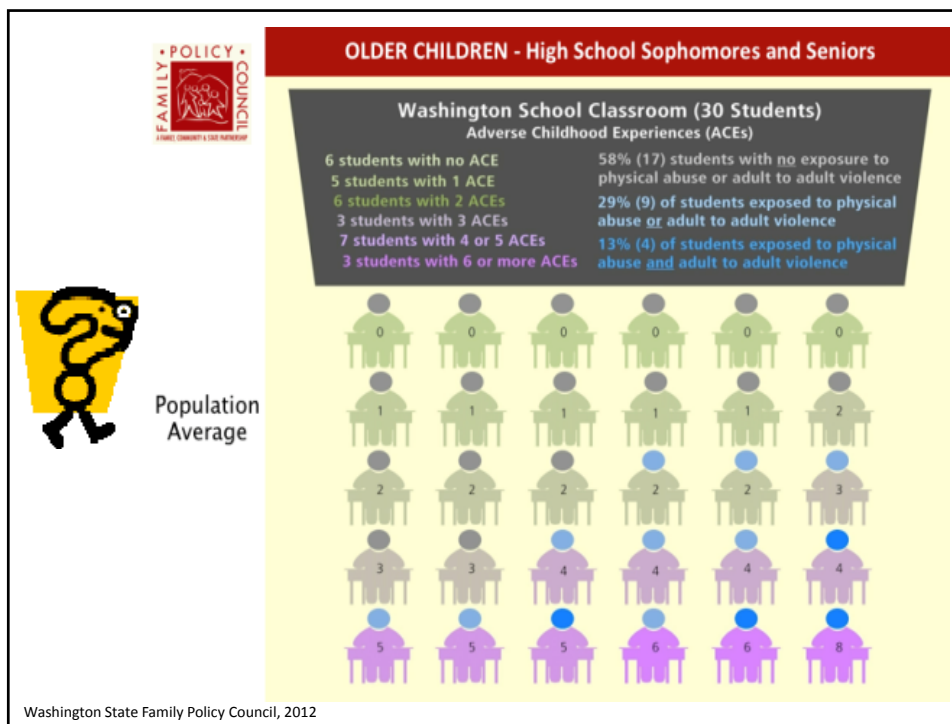
Abuse	Kaiser*	WI**
• Psychological /Emotional	11%	29%
• Physical	28%	17%
• Sexual	21%	11%

Neglect	Kaiser*	WI**
• Emotional	15%	
• Physical	10%	

\* Center for Disease Control and Prevention 1995-97  
 \*\* Wisconsin Child Abuse and Neglect Prevention Board  
<https://preventionboard.wi.gov/Pages/OurWork/ACE.aspx>





## Prevalence of Trauma: Other ACEs

- Urban ACE Indicators
  - Witnessed violence 40.5%
  - Felt discrimination 34.5%
  - Unsafe neighborhood 27.3%
  - Experienced Bullying 7.9%
  - Lived in foster care 2.5%

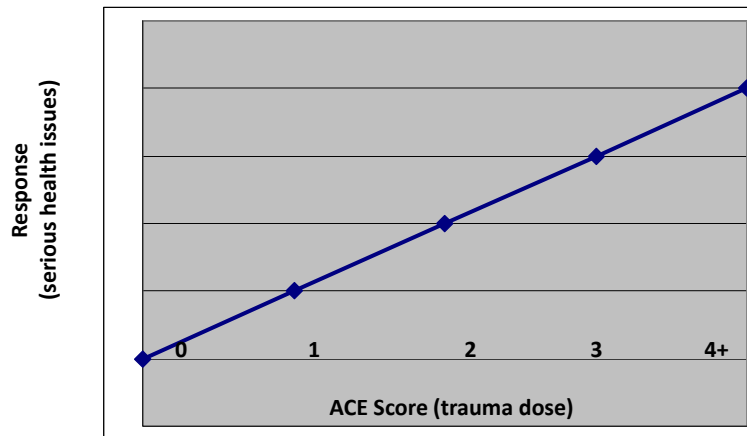


The Health Federation of Philadelphia, 2016  
<http://www.instituteforsafefamilies.org/philadelphia-urban-ace-study>

## #2: Impact



## Impact: ACE Related Health Outcomes



## ACE Related Health Outcomes

- Alcoholism and alcohol abuse
- Chronic obstructive pulmonary disease (COPD)
- Depression
- Fetal death
- Health-related quality of life
- Illicit drug use
- Ischemic heart disease (IHD)
- Liver disease
- Risk for intimate partner violence
- Multiple sexual partners
- Sexually transmitted diseases (STDs)
- Smoking
- Suicide attempts
- Unintended pregnancies
- Early initiation of smoking

Center for Disease Control and Prevention, 2016

<http://www.cdc.gov/violenceprevention/childmaltreatment/consequences.html>

## ACE and School Performance

- Traumatized children are:
  - 2.5x more likely to fail a grade in school
  - score lower on standardized achievement tests
  - have more struggles in receptive and expressive language
  - are suspended and expelled more often
  - more frequently placed in special education



*The Heart of Learning and Teaching Compassion, Resiliency and Academic Success* Wolpow, Ray; Johnson, Mona M.; Hertel, Ron; Kincaid, Susan O. 2009  
<http://k12.wa.us/CompassionateSchools/HeartofLearning.aspx>

## Impact on Worldview

### Optimal Development

- Nurturing and stable attachments with adults
- Belief in a predictable and benevolent world/generally good things will happen to me
- Feeling of positive self-worth /others will see my strengths
- Optimism about the future
- Feeling that I can have a positive impact on the world

### Developmental Trauma

- Basic mistrust of adults/inability to depend on others
- Belief that the world is an unsafe place/bad things will happen and they are usually my fault
- Assumption that others will not like me
- Fear and pessimism about future
- Feelings of hopelessness and lack of control

## Impact on Learning and Behavior

### Impact on Learning

- Organization
- Cause and effect
- Memory
- Executive functioning
- Attention
- Academic engagement
- Intrusive thoughts
- Receptive and expressive language
- Fine motor skills
- Frustration tolerance/perseverance

### Impact on Behavior

- Reactivity
- Impulsivity
- Attention (vigilance/dissociation)
- Relational engagement
- Emotional regulation
- Social and emotional development
- Aggression
- Withdrawal
- Perfectionism

## Polling Question #2

Trauma sensitive schools is most effective at the universal level because the ACEs study tells us that \_\_\_\_\_% of people will be exposed to an adversity prior to age 18.

- a. 10%
- b. 65%
- c. 98%

## #3: Perspective Shift



## Assumptions

1. Behavior is communication

2. "Kids do well, if they can."

*Greene, R. PhD, Lost at School (2008)*

Student challenges are most often an expression of:

- Unsolved problems
- Lack of skills
- Unmet needs



3. We are seeking an effective intervention,  
not an appropriate consequence

## Perception: How do we view children?

Traditional View	Trauma Informed View
Acting out child	Emotionally dysregulated child
Anger management problems	Scared / fight, flight, freeze response
Willful and naughty	Adaptive patterns of behavior
Manipulative	Seeking to get needs met
Uncontrollable	In need of skills to self-regulate
Off task/ not paying attention	Hypervigilant or dissociative adaptations
Pushing buttons	Negative template or worldview
In need of consequences to motivate	In need of effective intervention to heal

## Perception: How do we view parents?

Traditional View	Trauma Informed View
Non-compliant, disrespectful	Scared, seeking control
Lazy	Feels helpless
Uncaring, disengaged	Overwhelmed, disenfranchised
Manipulative	Seeking to get needs met
Angry	Survival adaptation
Delayed/ "slow"	Dissociative
System distrust	Historical trauma

Perspective Shift

## Shifting Perspective: Getting Started

### Aligning initiatives

- Framework, Practice, Program?
- Common Objectives – Academics, Behavioral or student wellbeing?

### Evaluating current practice

- Stop, start, continue, change(See Module #6)
- Assessing practice through TSS lens (See Module #6)
- School-wide behavior supports (see Module #12)
- School-wide discipline (see Module #13)

Trauma Sensitive Self Assessment (evaluation/ module #5)



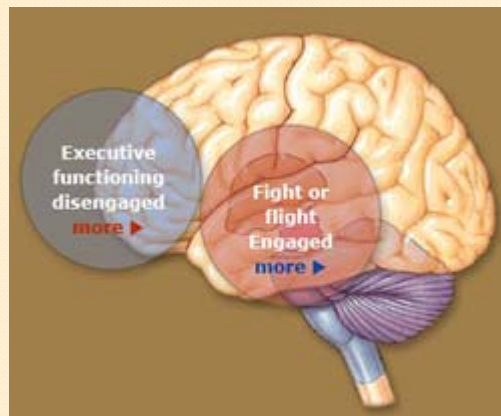


## #4 Regulation



Regulation

## The Stress Responses



## Stress and our Physiology

### Noticeable Effects

- Pupils dilate
- Mouth goes dry
- Muscles tense
- Heart pumps faster
- Breathing rate increases
- Chest pains
- Palpitations
- Perspiration
- Hyperventilation



### Hidden Effects

- Brain prepares body for action
- Adrenaline released
- Blood pressure rises
- Liver releases glucose to provide energy for muscles
- Digestion slows or ceases
- Cortisol released (depresses immune system)

<b>Adaptive Response</b>	Rest	Vigilance	Freeze	Flight	Fight
<b>Hyperarousal Continuum</b>	Rest	Vigilance	Resistance	Defiance	Aggression
<b>Dissociative Continuum</b>	Rest	Avoidance	Compliance	Dissociation	Fainting
<b>Primary secondary Brain Areas</b>	F-CORTEX <i>Cortex</i>	CORTEX <i>Limbic</i>	LIMBIC <i>Midbrain</i>	MIDBRAIN <i>Brainstem</i>	BRAINSTEM <i>Autonomic</i>
<b>Cognition</b>	Abstract	Concrete	Emotional	Reactive	Reflex
<b>Mental State</b>	<b>CALM</b>	<b>AROUSAL</b>	<b>ALARM</b>	<b>FEAR</b>	<b>TERROR</b>

Bruce D Perry © 2010 [www.ChildTrauma.org](http://www.ChildTrauma.org)

How do we intervene in the classroom?



## Categories of Strategies

- Sensory
- Regulatory
- Relational



## What are our current strategies?

- Increase consequences (suspension, take away recess)
- Set up reward system/ incentives
- Lower expectations
- Insight oriented learning and self-reflection
- Cognitive behavioral therapy
- Behavior management programs



## Sensory Needs

### Sensory categories

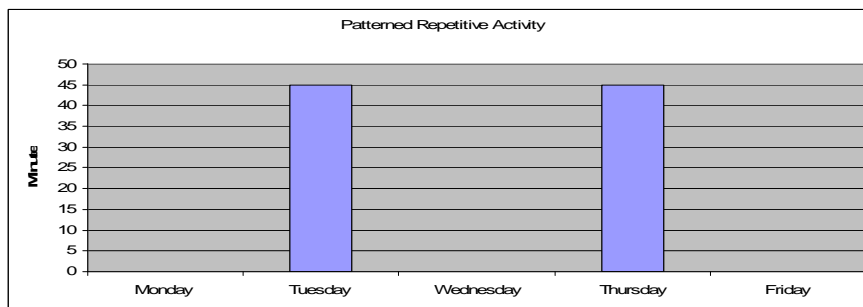
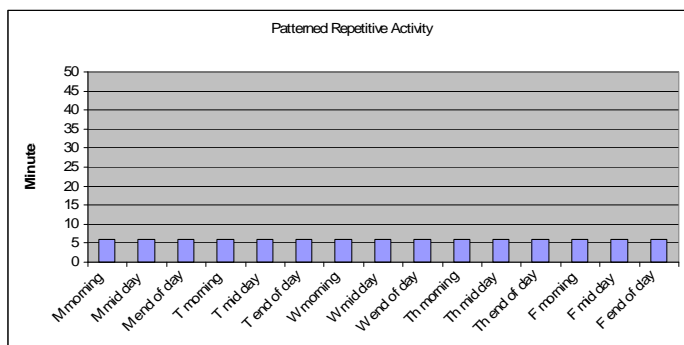
- Proprioception / Movement
- Vestibular/ Balance
- Temperature/Touch
- Auditory
- Vision
- Smell
- Taste/ Chewing



- What might sensory triggers look like?
- What might sensory preferences/ seeking look like?

# Self Regulation

- Art
- Music
- Yoga, stretching,
- Bouncing a basketball, playing catch
- Aerobic Exercise <https://www.youtube.com/watch?v=6Rivxc5-2C0>
- Bal-a-vis-x [https://www.youtube.com/watch?v=\\_mbQv34Zs-w](https://www.youtube.com/watch?v=_mbQv34Zs-w)
- Comfort/ sensory rooms
- Pet assisted work
- Ritual and routine
- Deep breathing,
- Mindfulness [https://www.youtube.com/watch?v=U9-phWL8t08&feature=player\\_embedded](https://www.youtube.com/watch?v=U9-phWL8t08&feature=player_embedded)
- **For more examples:**  
[https://media.dpi.wi.gov/sspw/av/trauma\\_sensitive\\_schools\\_mod\\_9/story.html](https://media.dpi.wi.gov/sspw/av/trauma_sensitive_schools_mod_9/story.html)



Regulation

## # 5: Relationship



Rita Peirson— Every Child Needs a Champion

[http://www.ted.com/talks/rita\\_peirson\\_every\\_kid\\_needs\\_a\\_champion](http://www.ted.com/talks/rita_peirson_every_kid_needs_a_champion)

## Elements of Relationship Building

### Safety

- Predictable structure and routines
- Consistency

### Empowerment

- Growth mindset
- Build on strengths
- Teaching skills of regulation, problem solving, social and emotional learning



### Trust

- Meeting needs
  - Physical safety
  - Recognizing triggers
  - Seclusion and restraint
- Follow through

### Collaboration

- Collaborate with students to get input on school rules, policies, curriculum, etc.

### Choice

- Student driven planning and decision making
- Individualized learning

Relationship

Roger D. Fallot, PhD and Maxine Harris, PhD (2009)

## Boundaries



### #6: Reason to Be

- Past: How did I come to be?
- Present: Who am I and what is my purpose?
- Future: Who do I hope to become?
- Family identity, culturally responsive
- Strengths and competencies; identity development
- Hope, optimism, vision & mission

## Impact: Resilience

### 7 Factors Related to Resilience

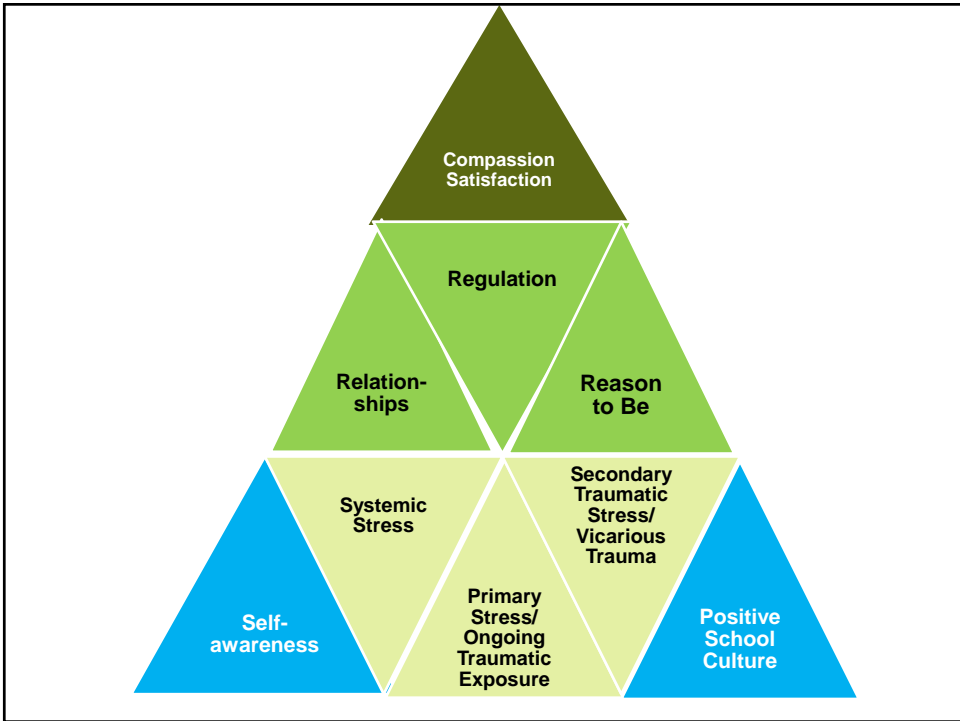
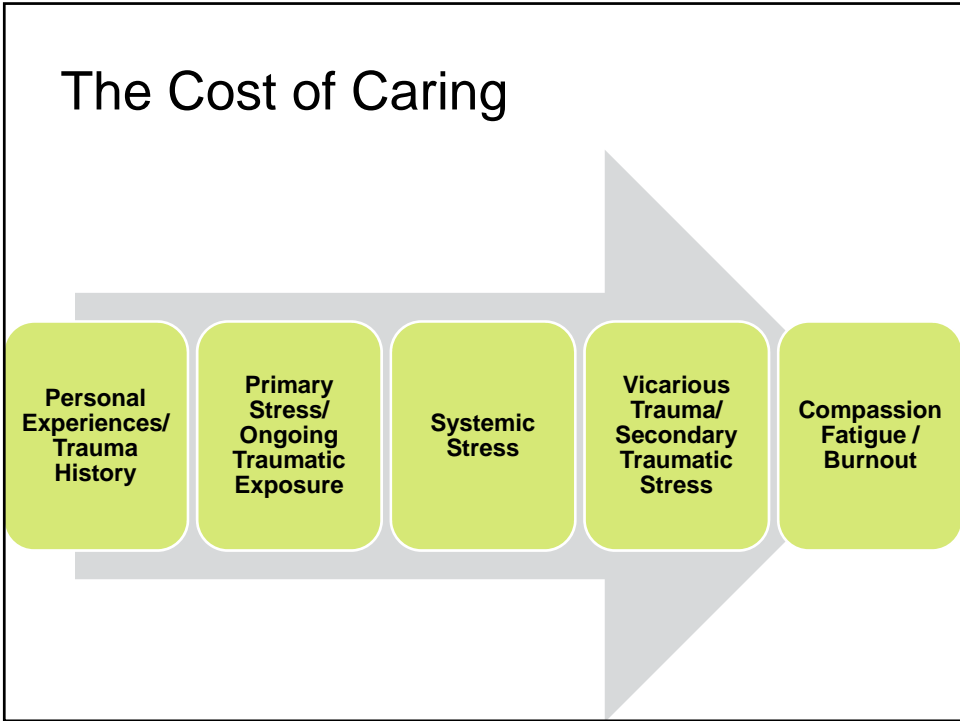
1. Access to supportive **relationships**
2. Development of a desirable **personal identity**
3. Experiences of **power and control**
4. Experiences of **social justice**
5. Access to material **resources**
6. Experiences of a sense of **cohesion** with others
7. Adherence to **cultural traditions**

Michael Ungar, PHD 2007

## #7 Caregiver Capacity







## Self-Awareness

### Personal Awareness:

- Acknowledging personal trauma history/ ACE score.
- Recognizing its role in your way of being
- Seeking professional support as needed

### Red Flags

- Changes in friends or activities
- Sleeping /eating issues
- Intrusive thoughts
- Medical Concerns
- Withdrawal/ numbing
- Others?

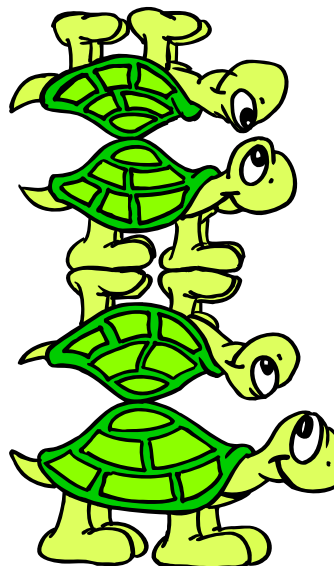


### Self- Assessment

- Beth Hudnall Stamm - ProQOL <http://www.proqol.org>

## Positive School Culture

- Wellness program
- Work/life balance is valued
- Open communication
- Positive problem solving
- Supportive culture (ask for help, tapping out)
- Gratitude and celebrations



## Strategies for us

- Regulation
- Relationship
- Reason to be



## Self Care Plan



Sara Daniel [sdaniel@sainta.org](mailto:sdaniel@sainta.org)

**For professional development**

<http://www.sainta.org/trauma-informed-care/community-training/>

**For train the trainer**

<http://www.sainta.org/trauma-informed-care/>

**For consultation or professional development on your site**

<http://www.sainta.org/trauma-informed-care/inquiry-form/>

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- National Center for Trauma Informed Care, <http://mentalhealth.samhsa.gov/nctic/>
- Van der Kolk, B., <http://www.traumacenter.org>
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