



Crisis Emotional
Care Team (CECT)
Orientation



Section I

Vibrant Emotional Health Overview



Educators
Advocates
Leaders

**Vibrant
Emotional
Health**

**Vibrant
Emotional
Health**



LEAD THE WAY

Each person can evoke change individually and collectively

RESPECT

Value every person and respect and honor each individual

CORE VALUES

COMMIT TO EXCELLENCE

Give your best with authenticity and integrity & collaborate to create meaningful and impactful work

BE WELL

Take care of the self, each other and our communities



What do we do?

Crisis Services	Community Programs	Advocacy & Education	Business Solutions
<ul style="list-style-type: none"> ● National Suicide Prevention Lifeline ● NFL Life Line ● NYC Well ● Disaster Distress Helpline ● HOPEline ● Veterans Crisis Line ● BRAVEline 	<ul style="list-style-type: none"> ● Adult Peer Support ● Older Adult Treatment Programs ● Recovery Services & Vocational Training ● Family Resource Centers/ Family Prevention Services ● Parenting Skills Training ● Adolescent Skills Centers ● Care Coordination 	<ul style="list-style-type: none"> ● <i>Crisis Emotional Care Team (CECT)</i> ● Veterans Mental Health Coalition ● Geriatric Mental Health Alliance (GMHA) ● The Coordinated Children's Services Initiative of NYC (CCSI-NYC) 	<ul style="list-style-type: none"> ● Collaborate with institutions ● Tailor policies and resources ● Implement use of novel technologies when executing best practices



Who do we serve?

Individuals

Youth and adolescents, adults, older adults, individuals with severe mental illness

Families

Members of family unit

Communities

Veterans, NFL members, organizations

Institutions

Schools, hospitals



Section II

Crisis Emotional Care Team (CECT)



V!brant Emotional Health

Crisis Emotional Care Team

- Volunteer mental health providers working to provide timely, trauma-informed care to survivors of and individuals exposed to disasters and/or crises
- Foster individual and community resilience
- Train mental health professionals in critical incident response and effective crisis support
- Strive to improve disaster response in relation to emotional wellbeing and mental health based on best practices



Development of CECT

- Vibrant collaborated with Disaster Psychiatry Outreach (DPO) in 2019 to create CECT.
- DPO has been organizing psychiatrist volunteers to engage in crisis response for over 20 years.



V!brant Emotional
Health

Crisis Emotional Care Team



Who do we serve?

Crisis Emotional Care Team (CECT)

- CECT mobilizes **mental health crisis response teams** for a broad range of critical events including:
 - Natural disasters
 - Human-caused disasters
 - Community violence
 - Loss of staff member or program participant
 - Other emergencies disrupting individual and community functioning

- CECT serves **survivors, communities,** and **organizations** impacted by crises/critical incidents.



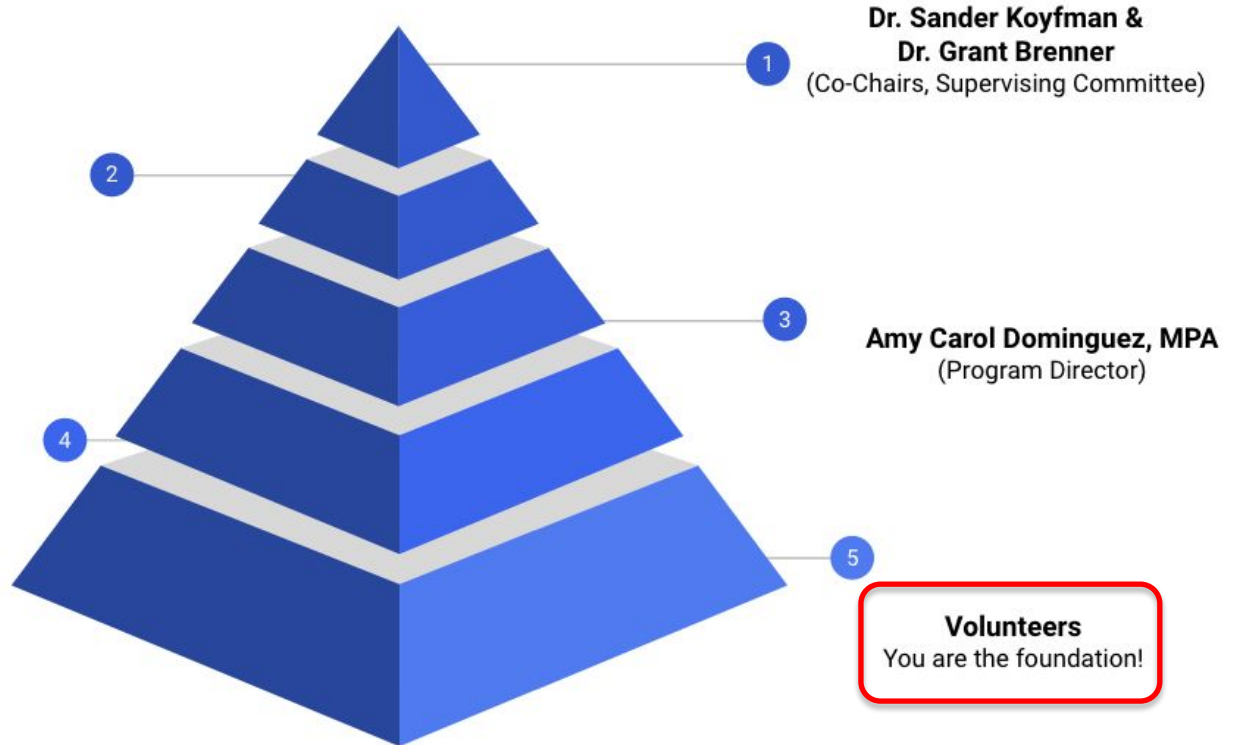
Our CECT Staff

Crisis Emotional Care Team (CECT)

Supervising Committee

Saeed Aminzadeh
Christian Burgess
Nathan Graber, MD
Jason Helgerson
Craig Katz, MD
Patricia Lincourt
David Marcozzi, PhD
Dr. Mona Masood
April Naturale, PhD
Dr. Linda Paradiso, DNP
Bruce Schwartz, MD
Lisa Furst, LMSW, MPH

Volunteer Leadership Council
(Direct volunteer support)



Our Volunteers

- Willing and able licensed and credentialed mental health professionals with some experience with trauma



Our Philosophy

HUMAN first,

HEALTH PROVIDER second,

MENTAL HEALTH PROFESSIONAL, third.

Being Human(e)

- Establish a **human connection** in a non-intrusive, compassionate manner (PFA)
- In 2004, mental health experts identified five essential elements of psychological first aid:
 - Safety
 - Calming
 - Connectedness
 - Self-Efficacy
 - Hope



Being a Health Professional

“He who has health, has hope; and he who has hope, has everything.”

— Thomas Carlyle

- Survivors may have physiological responses to crises (state of shock, restlessness, and hypervigilance, hyperarousal) and other factors affecting their physical health and safety.
- Processing psychological reactions cannot occur until physiological reactions and health issues are addressed and relatively stable (Vernberg et al., 2008; Lawyer et al., 2006).



Being a Mental Health Professional



Psychological
First Aid



Skills for
Psychological
Recovery



Mental Health
Referrals



Vignette

Max meets Flora near the site of her home, which has been destroyed by a tornado. Much of her community was destroyed as well, and she hasn't been able to reach many of her family and friends. She is distraught and yelling at the police officers who have closed the road due to a downed power line.

While Max is trained in treating PTSD, he approaches Flora by saying hello and introducing himself as a disaster response volunteer with Vibrant. He empathizes with her distress and asks if he can be of help. While Flora is experiencing a normal distress response to traumatic events, Max complies with her request that he speak to officers to learn how they might allow friends and family members to pass should they come looking for her.

Vignette

1. If you were Max in this scenario, what do you think would be your initial course of action when meeting Flora?
2. How can/does Max respond in a manner that demonstrates the “human first,” “health provider second,” and “mental health provider third” approach to crisis response? What should he do next?
3. What information might be important for Max to know to better assist Flora?

Section III

Overview: Trauma, Grief, & Mental Health Characteristics Following a Disaster

Defining Disaster Trauma

How Disaster, Survivor, & Community Characteristics Impact

Trauma Response

The Phases of Disaster

Defining the “Second Disaster”

Disaster Stress and Grief Reactions

Disaster Mental Health Assistance:

What to Expect & How to Approach and Engage

Vignette 1

S. is a 28-year-old, married man, with a one-year-old son. He is well-resourced, financially and socially. S. was working in his office downtown when an earthquake hit. Uninjured, he was frantic to connect with his wife and son who were in their home, in a harder hit area of the community. Despite having a clear, family disaster management plan in place with his wife, it took many hours for him to learn of their safety, and they were unable to reunite until much later that night. Once together, he learns that a couple close to he and his wife have been killed and many homes in their neighborhood are no longer inhabitable.

In the weeks following the earthquake, S. experienced intense anxiety, panic attacks, insomnia, fatigue, and irritability. He began calling out of work and making excuses for why the family should not be separated. S was shocked by the intensity of his response, given his stable, well-resourced background and ample planning for such an event. S. openly spoke about his distress with family and friends and eventually sought further treatment with a therapist. He joined several community groups who volunteered to clean up and rebuild and joined a weekly support group for survivors.

Vignette Self Assessment Questions:

1. How might you respond to this survivor if you met him a few days after the event? A few weeks?
2. How aspects of S.'s disaster experience do you identify with, if you yourself were a survivor?
3. What skills, training, or previous work with trauma will most likely enhance your ability to work with S.? Inhibit it?

Vignette 2

N. is a 65-year-old, retired woman who lives alone in her home with her dog. She has a small group of close friends who she sees regularly, and she prides herself on being a strong, independent, older person who remains self-sufficient. Following a hurricane, N.'s home and local infrastructure are badly damaged and her pet was killed. Despite knowing there are a few friends she could call and stay with, she decides to remain in her home and begins the rebuilding process herself. She has refused to apply for any form of formal assistance and when asked, states that she has sufficient savings and would prefer to manage all the details herself.

After a few weeks, close friends who have checked in on her express concern over her presentation. She appears withdrawn, irritable, and physically unwell. The repairs on her home appear more significant than she is skilled to manage and they are concerned about her health and safety. She firmly but uncharacteristically shuts them out and tells them she is fine.

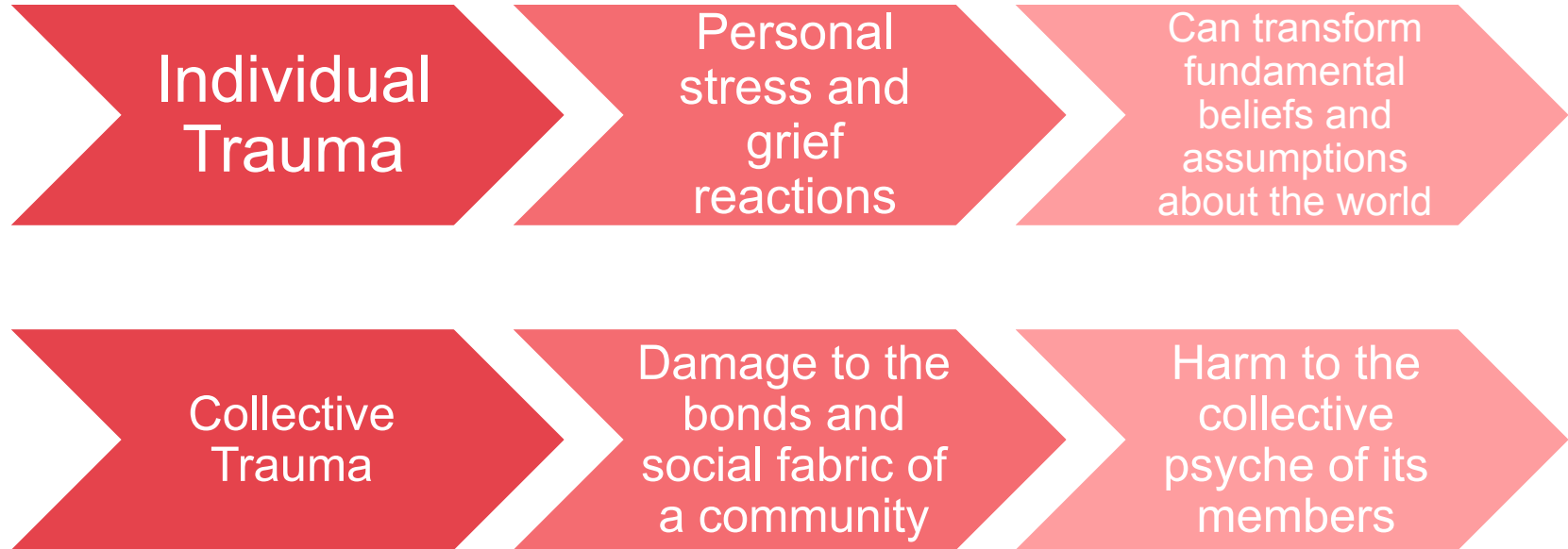


Vignette Self- Assessment Questions

1. How might you respond to this survivor if you met her a few days after the event? A few weeks?
2. What will be the most challenging aspects of a survivor declining help, for you personally?
3. What aspects of S.'s disaster experience do you identify with, if you yourself were a survivor?
4. What skills, training, or previous work with trauma will most likely enhance your ability to work with S.? Inhibit it?

What is Disaster Trauma?


Nature of Overwhelm: Individual and Collective Trauma



What is Vicarious Trauma?

Vulnerability is not bounded by role or medium

Repeated empathic engagement with others' trauma-related thoughts, memories, and emotions



Negative changes in one's fundamental beliefs about the world, self, and others



Can parallel the symptoms of PTSD

Disaster Characteristics

5 Factors that influence the traumatic impact of a disaster

Natural vs
human
cause

Degree of
personal
impact

Size and
scope

Visible
impact/low
point

Probability
of
recurrence

Survivor Characteristics

Individual lenses contribute to how a person perceives, manages, and recovers from the disaster

Meaning
assigned

Personality

Defensive style

World view &
spiritual beliefs

Financial
resources

Social support
network

Previous
experience with
loss/disaster

Pre-existing
health conditions

Concurrent
stressful life
events

Cultural
experience &
ethnic
background

Community Characteristics

Effective engagement means relief efforts must fit the community



Access is enhanced when:

- Information is in native languages
- Demonstrate respect for differences
- Connect with trusted community leaders
- Recognize efforts not compatible with the community
- Actively identify and address barriers
- Actively identify and address survivor groups not accessing services

Phases of Disaster

Emotional responses progress according to stages, not always linear or sequential



“The Second Disaster”

Disaster relief procedures create a second wave of overwhelm

Tasks

Obtaining temporary housing

Applying for government assistance

Acquiring assistance from aid organizations

Replacing belongings

Seeking insurance reimbursement

Obtaining permits to rebuild

Barriers

Impersonal style of bureaucracy

Prior experiences of authority and dependency triggered

Rigid rules & procedures feel indifferent

Routinization of tasks = red tape & delays

Often fraught with inefficiencies

Previous experiences of self as competent is challenged

Disaster Stress & Grief Reactions

Normal responses to abnormal circumstances



Reduced effectiveness

Problems in living

Concern for basic survival is paramount

Grief over loss of loved ones

Grief over loss of meaningful possessions

Fear and anxiety about safety

Sleep disturbances

Concerns about relocation

Need to talk about events and feelings

Need to feel part of a community and its recovery

Evidenced-Based Disaster Reactions

The spontaneous and chaotic nature of disasters makes assessing psychological consequences difficult. The evidence suggests:

Disaster outcomes depend on a combination of risk and resilience factors

As with trauma in general, there is no single dominant predictor of outcome

Serious psychological problems occur in a minority of individuals

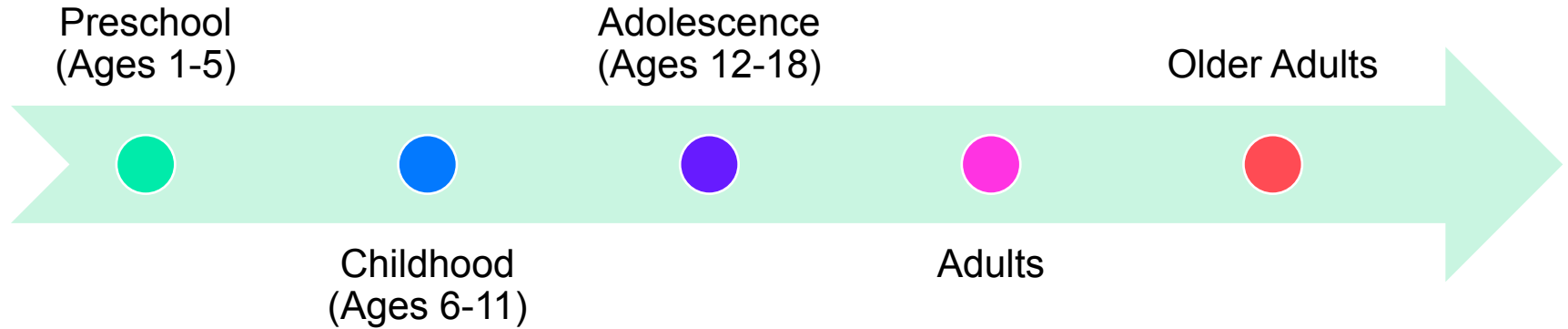
In adults, the proportion rarely exceeds 30% and is often much lower, usually in the 5-10% range

Often more than half of survivors will experience only transient distress, recovering in months to 1-2 years

Resilient outcomes have been found across a diverse range of research methodologies and are normative

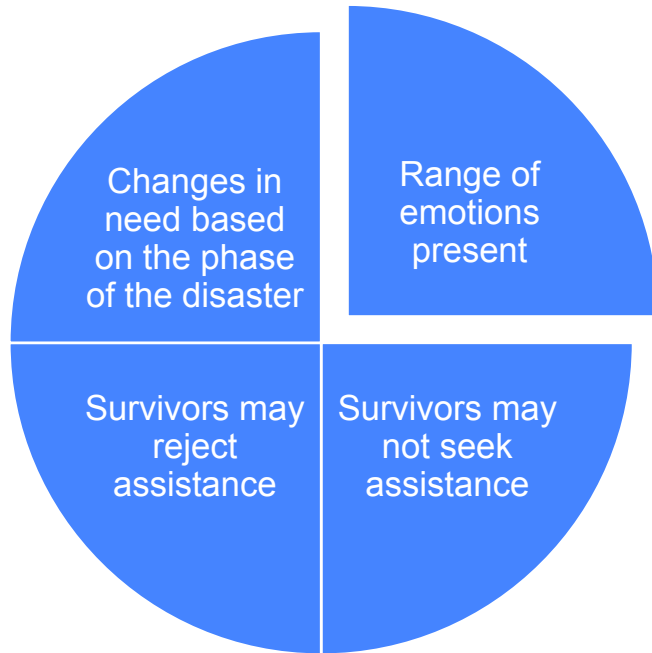
Age-Related Vulnerabilities

Using a developmental lens to assess areas of need



Disaster Mental Health Assistance: What to Expect

Tailoring expectations to meet the needs of survivors



Disaster Mental Health Assistance: How to Approach

You are a human first, a professional second



Avoid traditional methods
and stigmatizing labels

Working in a pre-diagnostic
framework

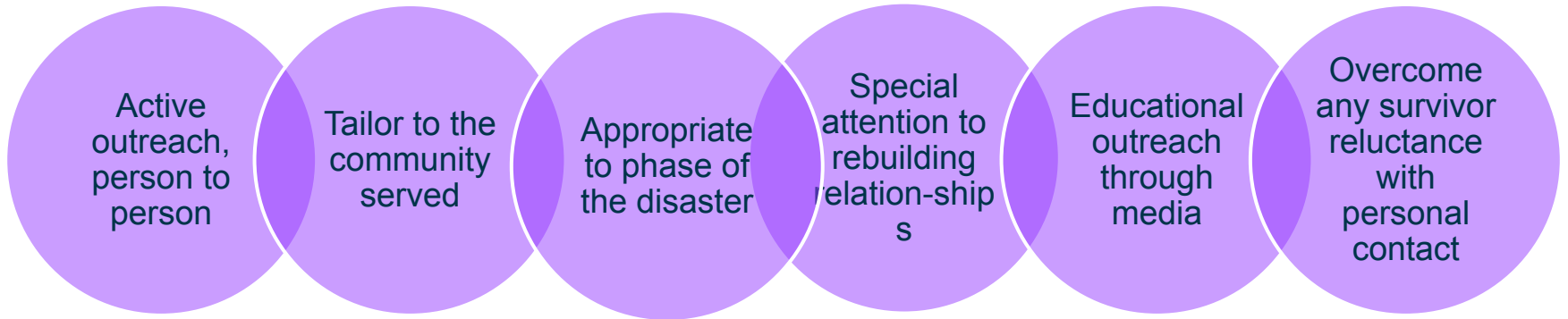
Establishing trust and safety
are paramount

Posture of deep, thoughtful,
learning and listening

Humility and sincerity

Disaster Mental Health Assistance: How to Engage

The importance of outreach and community



Vignette

Active Outreach

Sam, a licensed clinical social worker, arrives on the scene immediately following a flood in a small town. There is a tent and a table for people to approach disaster services, but no one seems to be approaching the area. There is a small crowd gathered about outside the nearby city hall, and several groups of people in the street but no apparent organized effort to outreach to people.

1. What can Sam do to actively outreach to disaster survivors, person to person, in the most effective way?
2. What factors should Sam consider when deciding if and who to approach?
3. What might he say and do if he decides to approach a disaster survivor in the is scenario?

Vignette

Active Outreach

After some work interacting with survivors in the community, Sam begins to realize that many neighbors do not where each other are, or whether there have been losses in the community. There is a town hall meeting that night for the community to discuss the effects of the disaster and the status of recovery efforts.

1. What can Sam do help build relationships and connection within the community?
2. How can Sam determine his role in building relationships among neighbors and community members?
3. What community groups, other than neighbors and families, might Sam inquire about to help build community cohesion?



Section IV

What to Expect During a Disaster Response

Remember The Basics

Know Incident Command
Structure

Work as a Team

Collaborate and Communicate

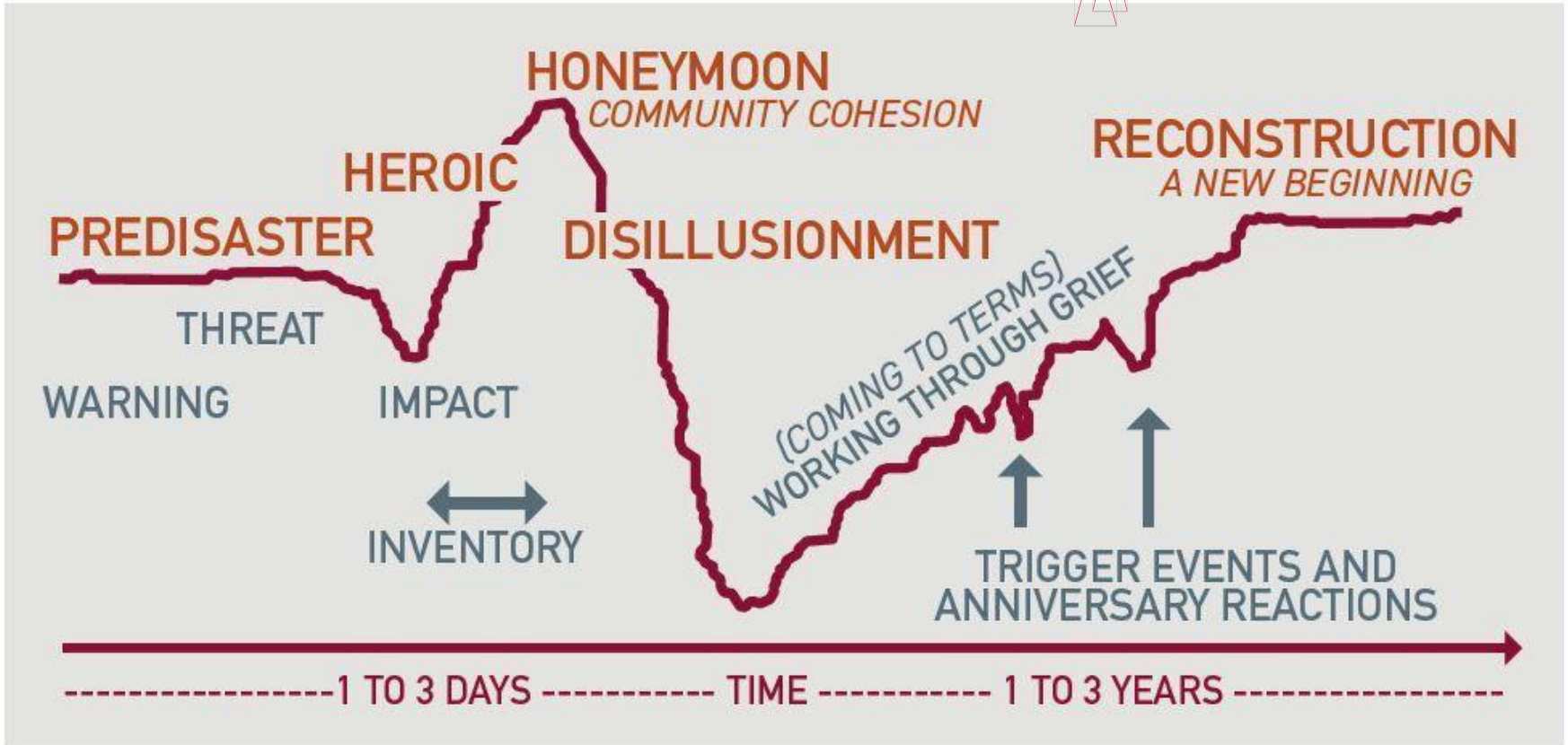
Understand Cultural
Differences

Follow Protocol

Assess Needs

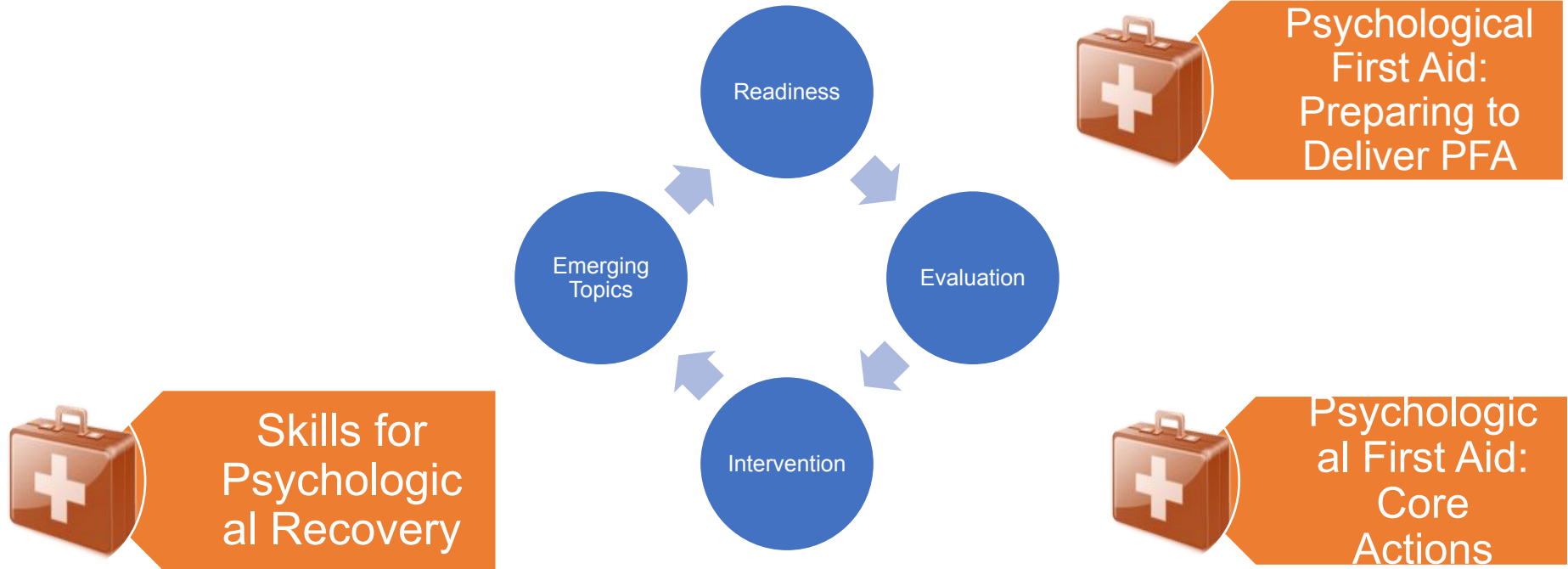
Get Feedback

Psychological Phases of Disaster



The Basics

Disaster response consists of four basic modes.



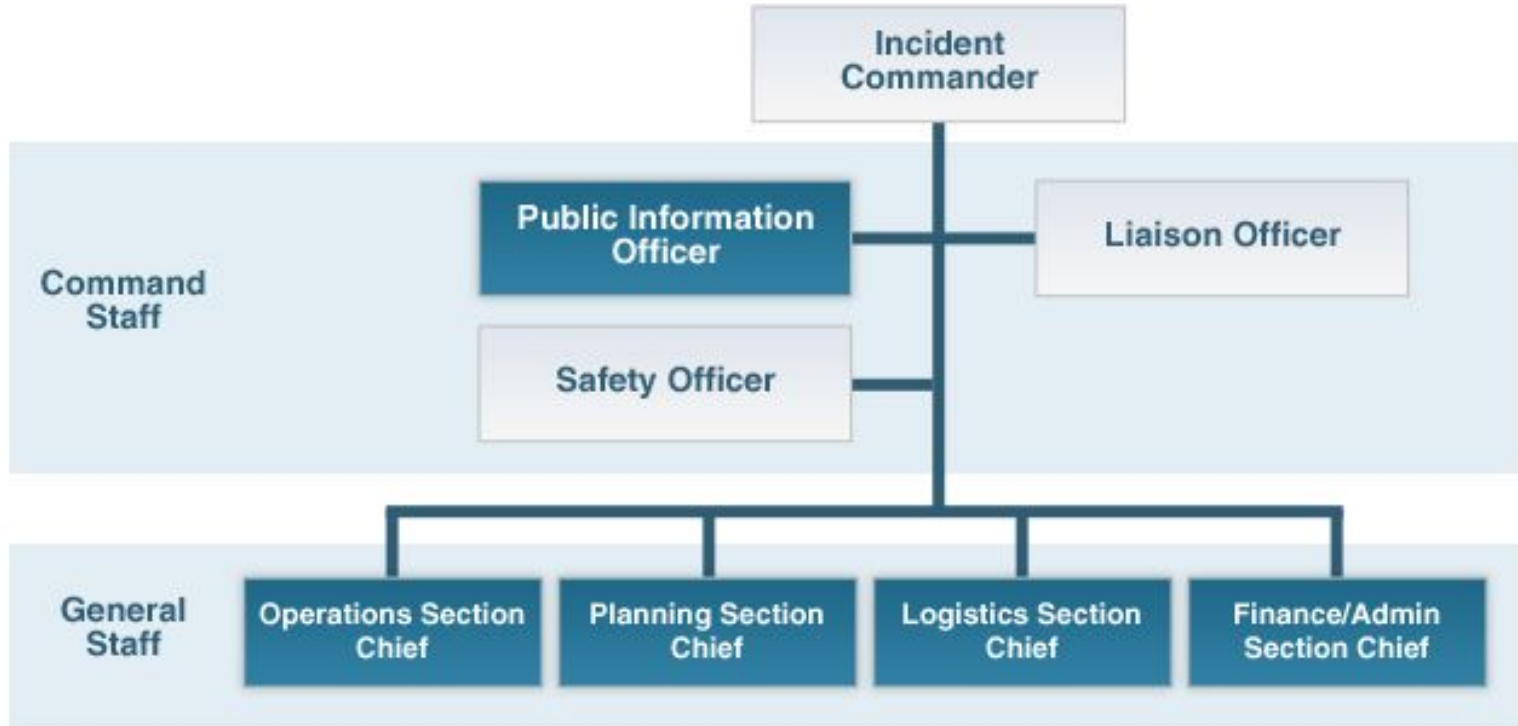
Incident Command System (ICS)

ICS Development and Purpose

- Incident Command System: Established hierarchy designed to facilitate effective interdisciplinary response to a critical incident/crisis
- Incident Command System was developed to:
 - Facilitated effective collaboration and communication across agencies
 - Provide administrative and logistical support
 - Minimize confusion regarding chain of command
 - Offer flexibility according to the needs/concerns specific to the incident
 - Provide cost effective and efficient responses for the incident

Incident Command System (ICS)

Know your incident command system and how to collaborate.





Scenario

A Clinical Emergency – Navigating Incident Command

Mary responds to a clinical emergency in which a disaster survivor is having a manic episode characterized by angry outbursts, threatening other survivors, and turning over a table in the disaster services tent.

1. What might Mary do to best help a disaster survivor who is suffering from acute effects of stress in the context of a mental illness?
2. How can Mary effectively use her knowledge of incident command structure to help address this disaster survivor's needs?

Teamwork

From Me to We

- A cooperative or coordinated effort by a group of associated persons acting together for a common cause
- *A disaster response care team may be defined as: a group of interpersonally associated providers that works toward the common goal of seeing that disaster victims receive quality disaster care.*



Barriers to Teamwork



Solutions

- **Develop a Team Name**

- Imparts a sense of belonging, builds team spirit, increases motivation and can ultimately enhance service and standards.
- Foster relationships prior to entering disaster work.
 - Establish trust.

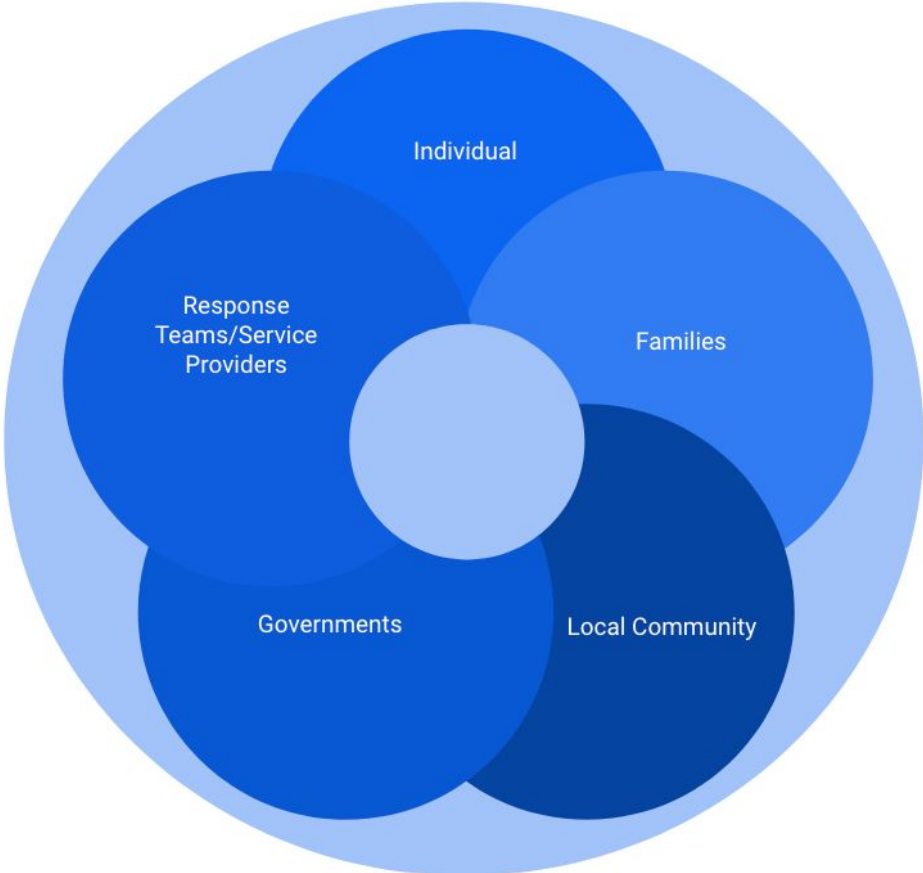
- **Buddy System**

- A formal assignment of a partner or buddy who will work with you and watch out for your well-being. A buddy system is important, especially in a disaster, as individuals may not be able to judge when they are responding sub-optimally or are at risk.

Solutions Continued...

- **Mentorship**
 - Effective **mentoring** leads to improved knowledge, skills and performance by providing personal access to important know-how and savvy practices.
 - You are not the first!
- **Support Group**
 - Benefits of having a safe place to share your experiences, to receive support and develop connections.
 - Peer Counseling
 - Helps when we are unaware of what is beyond our scope.
 - Accountability.
- **Volunteer Leadership Council**
 - Provided by CECT

Collaboration on the Ground



Understanding Cultural Differences

Understanding Cultural Differences



- Cultural Competence, including cultural knowledge, awareness, and skills are essential to increasing access and improving the standard of care.
 - Seeking mental and psychological support can be perceived negatively by individuals as well as the larger society.
 - Religious leaders are important influencers in communities, providing powerful channels for delivering messages that can educate, unite and motivate.

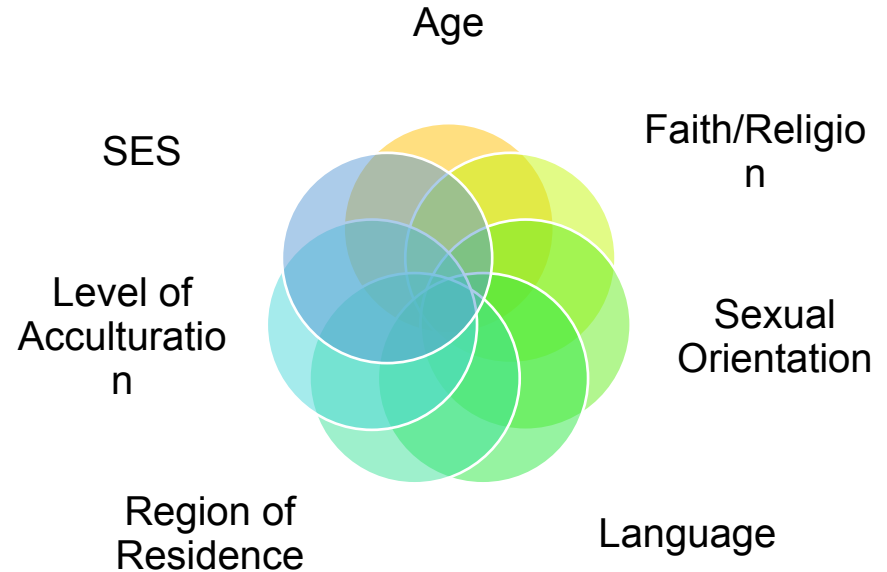
Understanding Cultural Differences

- Cultural differences affect both the concern that clients experience as well as the communication styles and intervention methods that will be successful.
- Different groups may prefer different problem-solving styles.



Culturally Informed Disaster Relief Response

- Culturally-Informed Care refers to the capacity for health care professionals to provide trauma-informed assessment and intervention that acknowledges, respects, and integrates individuals' and their families' cultural values, beliefs, and practices.
- Understanding an individuals' cultural context goes beyond race and ethnicity identity markers.



Culturally Informed Strategies for Assessment:

Listen

- What is your understanding of what's happened?
- What is worrying you the most?
- Have you experienced something like this before?

Be Open

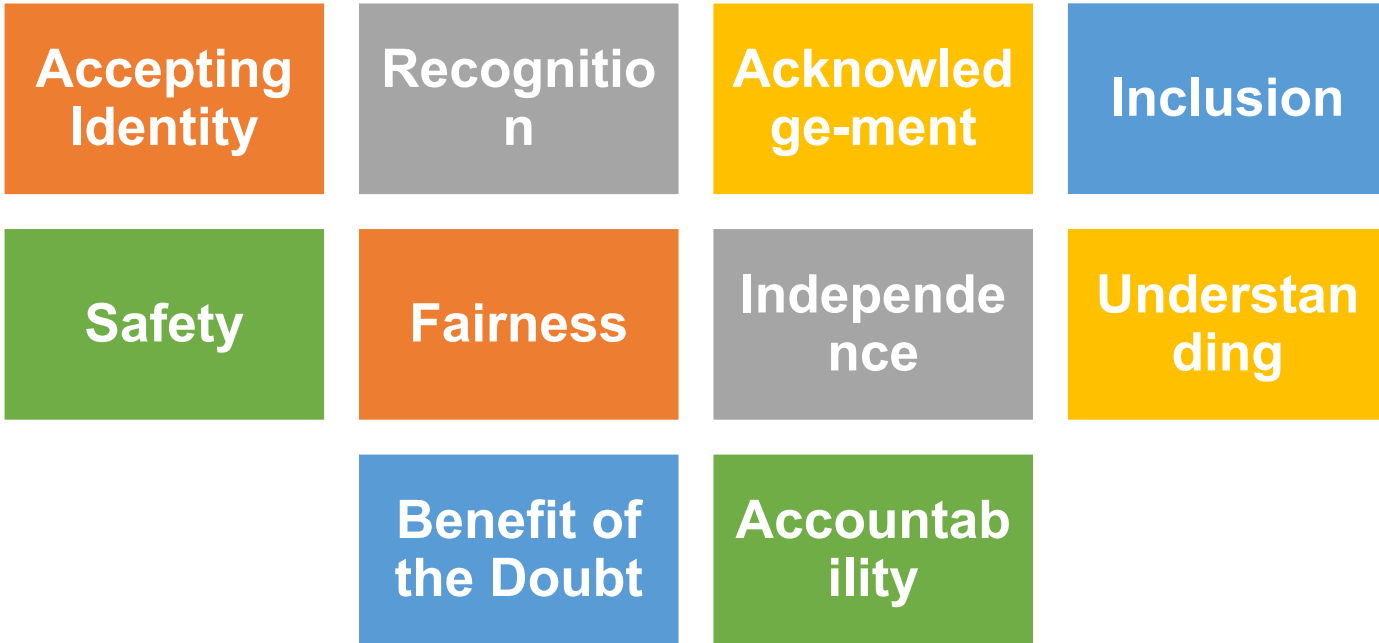
- Who do you normally turn to for support?
- Are you open to outside referrals and resources?

Respect

- Who typically makes decisions for you and your family?
- Is there anyone else you would like me to talk to?
- What would be helpful for you and your family at this time?

Dignity

“What we extend to others and would like for ourselves.”

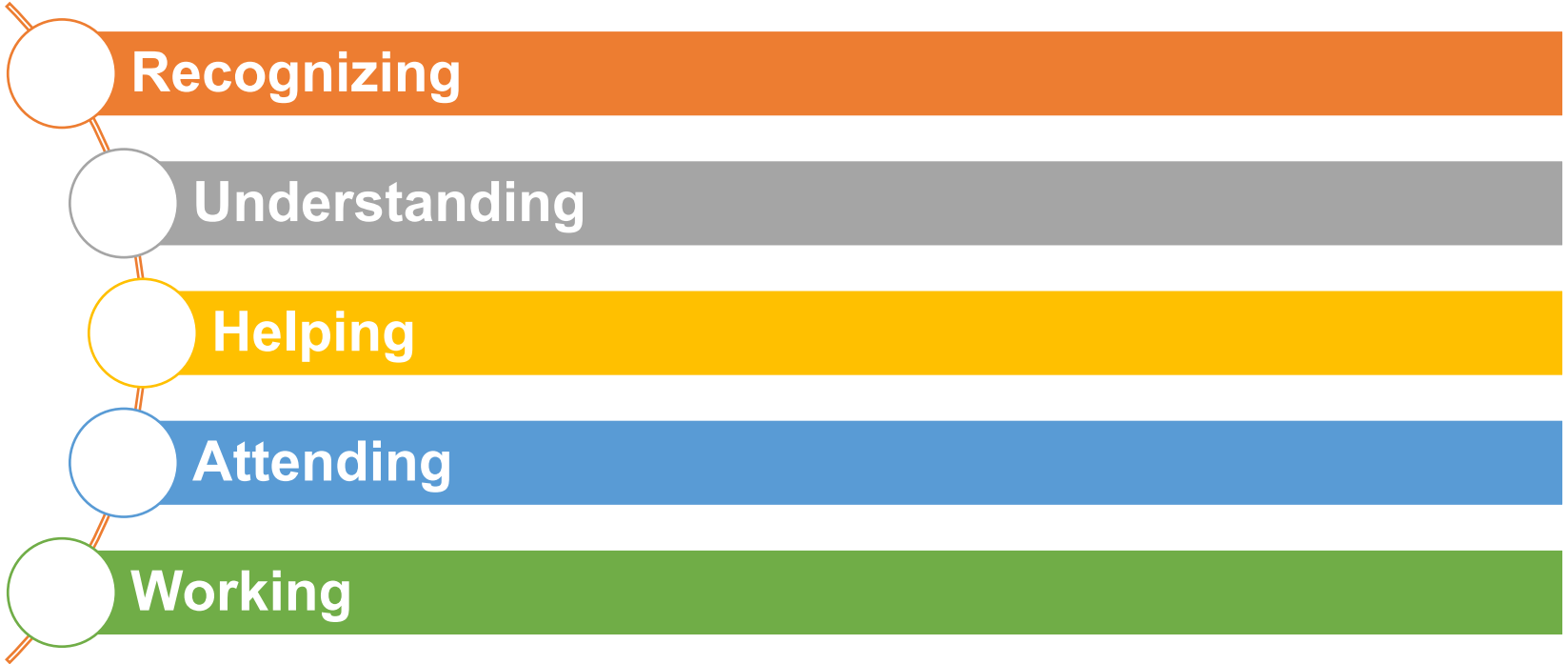


Case Vignette

Roberto and his family have recently lost their home and all of their belongings in a Hurricane. Roberto presented to your clinic alone. Roberto is Venezuelan and reported that he and his family have been in the United States for the last 10 years. His immigration was prompted by unrest which he and his family experienced in Venezuela.

- ***How would you initiate dialogue with Roberto?***
- ***What are things to keep in mind?***
- ***How could you treat Roberto with dignity?***

Culturally Informed Strategies for Additional Interventions



Self-Awareness

To pursue Self-Awareness, Self-Assessment is Key!

- The process of **looking at oneself** in order to assess.
- This process can provide clarity of your skills, knowledge, and awareness of self in your interactions with others.
- A goal of self-assessment, in this context, is to assist you to recognize what you can do to become more effective in working and living in a diverse environment with diverse clients.



Self-Assessment

What identities do I hold ?

Race, ethnicity, national or regional location, religion, gender identity and expression, political affiliation, socio-economic status/economic class, sexual identity, ability, age, etc.

What are my traditions, values, and behaviors and how are they influenced by my identities?

Remember a time when you became aware of being different from other people and how you dealt with it.

Perhaps you were visiting another country and did not speak or read the language; how did you manage?

What assumptions do I make about people of various identities?

We all make assumptions and we all have biases and prejudices.

Case Vignette

A 55-year-old female Bosnian Muslim identified immigrant was referred for assessment. She presented complaining of shortness of breath since the tornado 2 days ago. She became visibly upset when the assigned male staff member attempted to engage her in an assessment which initially included medical clearance. The woman refused to engage this process multiple times and the male staff member initially walked away. As the male staff member was attempting to return to make another attempt, another provider informs him that “she is probably upset because men are trying to touch her body.”

- ***If you were initially the assigned provider what would you do?***
- ***What culturally informed strategies might be helpful?***

Idioms of Distress

- Alternative modes of expressing **distress** and indicate manifestations of **distress** in relation to personal and cultural meaning.
 - Expression through bodily symptoms or somatization is a common idiom through which distress is communicated.
- Awareness is key to limit the incorrect categorization of these expressions as pathology.

Ataques de Nervios

- Acute Stress
- Tremors
- Palpitations

Susto

- Chronic Symptoms
- Fever
- Diarrhea

Excerpt

Crazy Like Us: The Globalization of the American Psyche **Chapter 2 – The Wave That Brought PTSD to Sri Lanka**

“ Watching the aftermath of Tsunami, Fernando couldn’t of course, predict the psychological consequences. This was an unprecedented event that could overtax the religious institutions and healing traditions that the population relied on. Still, the idea often repeated by Western experts, that Sri Lankans had few local resources for psychological healing (because they lacked trauma counselors) seemed to simply ignore or discount the cultural traditions, beliefs, and rituals that Sri Lankans had so long relied on. Similarly, the idea common to many Western traumatologists, that psychological treatments could be easily divorced from religion, ethnicity, and the cultural history of the country, was hard for Fernando to understand.

Most important, Fernando worried that the PTSD symptom checklists did not reflect the culturally particular ways that Sri Lankans experience psychological suffering after trauma. She worried that by using these checklists mental health professionals from Western countries would be ineffective – or even do harm- unless they understood that Sri Lankans had culturally distinct reactions to traumatic events as well as culturally specific modes of healing. She believed that unless these local idioms of distress were understood, appropriate interventions could not be formulated. Without a deep understanding of the illness, in other words, it would be impossible to treat the disease.”

Additional Resources

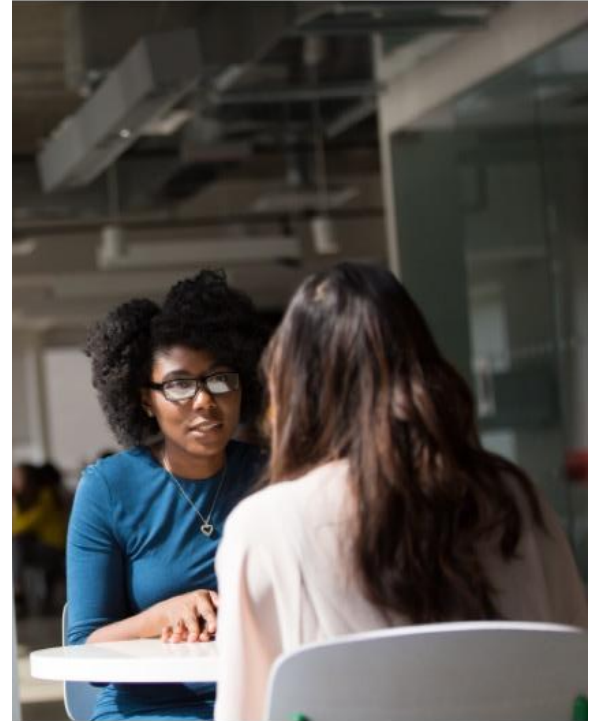
- [The Tannenbaum Center for Interreligious Understanding](#)
- [The Child Mind Institute](#)
- [United Nations Office of Counterterrorism](#)
- [SAMHSA](#)

Critical Communication Skills

Critical Communication Skills

Building rapport through active listening.

- **Understand** what the individual is saying
- Have **genuine respect** for the individual
- Be **nonjudgmental** and accepting despite any differences in attitudes
- Establish **trust** (don't make promises you cannot keep)
- Be willing to listen to repeated accounts of the event, allowing the individual to “**work through**” their feelings in the process
- Recognize communication is not always direct; consider the **subtext**



Follow Protocol (and be flexible!)

Protect yourself and those you are helping

- **Follow Vibrant protocols at all times** as these protocols are designed to keep you safe as well as the people you're helping.
- **Interventions are evidence-based** and therefore shown to do no harm while providing the maximum amount of benefit to the people you are helping.
- Studies have shown that professionals who follow protocols are **less likely to suffer long-term negative effects** of working in disaster response

Needs Assessment

Utilize your humanity, Psychological First Aid and Skills for Psychological Recovery to assess the needs of individuals, groups and communities

- Assess and **address your own needs** first
- Clearly **identify what we do not know** and what **resources** might be needed to fill in knowledge gaps
- What/Who are the **trusted resources/facts**?

- Conduct a **functional assessment** - what basic needs are not being met?
- Be clear on **how we are going to apply PFA/SPR** before responding
- **Approach as a human** (compassion, rapport, respect), assess needs, PFA, then SPR, mental health referral if indicated

Needs Assessment II

Utilize your humanity, Psychological First Aid and Skills for Psychological Recovery to assess the needs of individuals, groups and communities.



Enhance immediate and ongoing safety, and provide physical and emotional comfort



Calm and orient emotionally overwhelmed or distraught survivors



Help survivors tell you specifically what their immediate needs and concerns are, and gather additional information as appropriate



Offer practical assistance and information to help survivors address their immediate needs and concerns

The Importance of Feedback

Check in with yourself, your team, Vibrant organizers, and the people you are helping.



Self Care

*“Self-healing must
come before other
healing.”*

Self-Care Defined

The practice of *taking* *action* to preserve or improve one's own health.



Potential Effects of Disaster Response

“No one who sees a disaster is untouched by it.”

Vicarious Trauma

Countertransference

Secondary Traumatic Stress

Compassion Fatigue

Burnout

Shared Traumatic Reality



- An unusual situation, where providers and their patients are simultaneously exposed to the same traumatic event.
- Four conditions for Shared Traumatic Reality:
 - 1) The event can potentially traumatize the entire community to which the provider and patient belong.
 - 2) The reality shared refers to a current event, not one in the distant past.
 - 3) Both the client and provider belong to the community.
 - 4) The helping professional suffers **double exposure** both as an individual member of the stricken community and as a professional providing services and care to persons who are themselves adversely affected by the disaster.

Scenario – Shared Traumatic Reality

Lucas had his own home and office destroyed during a flood and he is now living with family members while he provides volunteer mental health disaster response services to his community. He encounters a young family who have also lost their home. While helping them access housing resources, it occurs to Lucas that there is room in his extended family's home for this family of survivors.

1. What factors might lead Lucas to consider wanting to host this family of survivors?
2. What are the possible reasons this might not be in the best interests of the family of survivors? Or not in the best interests of Lucas? Or his family?
3. What might Lucas do to ensure his decision making is sound as he helps this family?

Shared Traumatic Reality

- As members of the same disaster-stricken community, both patient and clinician may experience similar disruptions of shelter, transportation, access to social and material supports, and communication with loved ones.
 - 9/11
 - Hurricane Katrina – “Working in an echo chamber.”
 - COVID
- Self reflection is key!



Individual Context

Dimension	Immediate Response	Long-Term Response
Management of Workload	Task priority levels with realistic plan	Work smarter, not harder
Balanced Lifestyle	Physical exercise, nutritional eating, adequate sleep, and utilizing social supports	Family and social connections maintained away from program; hobbies maintained
Strategies for Stress Reduction	Deep breathing, meditation, using time off effectively, talking about/processing emotions	Relaxation Techniques, pacing between low and high stress activities
Self-Awareness	Early warning signs for stress reactions and noticing the effects on self.	Recognition of when own disaster experience or losses interfere with effectiveness and Involvement in opportunities for self exploration and addressing emotions evoked by disaster work

Organizational Context

- 
- Effective Management Structure and Leadership
 - Clear Purposes and Goals
 - Functionally Defined Roles
 - Team Support
 - Plan for Stress Management

Vignette

Carol is a volunteer with a relief organization. She is married and has two children, aged 10 and 14. An approaching hurricane was predicted to cause flooding and electrical outages. A relief organization was running a shelter in the town's community center and asked Carol to act as a team leader for volunteers. The hurricane was stronger than expected and floodwaters washed out many roads. Carol recognized that some of the people at the shelter did not have medical necessities, such as insulin and oxygen tanks. She worried that people could have serious health problems if the roads did not clear soon. Carol's husband called to say that their home was flooded. He said that the family was safe upstairs and that they had food and water. He assured her that they would be fine until she returned and suggested that Carol stay at the community center until the roads clear up.

Questions for Self-Assessment

1. What **would** you do if you were Carol?
2. What **should** you do? If different than your answer to 1. above, how do you understand the differences in your answers?
3. How can Carol help create a plan for communication and what people/parties are necessary to include?
4. How can Carol plan for her own healthy coping during this challenging scenario?



Vignette Self Assessment Questions:

1. How might you respond to this survivor if you met him a few days after the event? A few weeks?
2. How aspects of S.'s disaster experience do you identify with, if you yourself were a survivor?
3. What skills, training, or previous work with trauma will most likely enhance your ability to work with S.? Inhibit it?

Additional Resources

- Vibrant Staying in Balance Tool Kit
- [Center for Resilience](#)
- [SAMHSA](#)
- [Tuesday's Children Self-Care](#)

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