



MEDIA KIT

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“Helping the Helpers.”

Trauma is a fact of life. It does not, however, have to be a life sentence.

That is a guiding principle of Somatic Experiencing® International (SEI). We exist to bring education and training to those who can help heal people with trauma, hope to those living with trauma, and awareness of trauma to related professional communities and the public.

Somatic Experiencing (SE™) is a body-oriented therapeutic model applied in multiple professions and professional settings—psychotherapy, medicine, coaching, teaching, and physical therapy—for healing trauma and other stress disorders. It is based on a multidisciplinary intersection of physiology, psychology, ethology, biology, neuroscience, indigenous healing practices, and medical biophysics and has been clinically applied for more than four decades. Trauma impacts physical health, mental health, learning, and multiple other aspects of an individual’s life.

The SE approach offers education and clinical tools to those in the “helping” professions — therapists, medical professionals, addiction professionals, social workers, first responders, educators, and counselors in religious settings. We also serve as a resource for the media to educate consumers on how to seek help.

We know that trauma can result from a wide variety of stressors: war, natural disasters, emotional abuse, loss, domestic conflict, accidents. We also know that it can be overcome—with the right knowledge, tools, and support system. That’s why we’re dedicated to helping the helpers. Because when we do that successfully, we can achieve our vision of transforming lives through healing trauma.

“The journey toward a vital, spontaneous life means more than alleviating symptoms – it means transformation. . . Transformation is the process of changing something in relation to its polar opposite. . . This is a profound metamorphosis.”—Dr. Peter Levine, Somatic Experiencing pioneer

Mission | Vision | Values

Mission

Support trauma resolution and resilience through culturally responsive professional education, training, research, and outreach in diverse global communities.

Vision

Transforming lives through healing trauma.

Values

Support: Foster and nurture hope and empowerment.

Compassion: Lead with empathy and understanding.

Excellence: Deliver quality professional education in a spirit of innovation, creativity, and research.

Community: Cultivate trust and safety through acceptance, equity, inclusion, and unity.

Vitality: Inspire new possibilities and restore resilience through increased organizational capacity and self-regulation.

What is Somatic Experiencing?

Somatic Experiencing (SE) is a body-oriented therapeutic model applied in multiple professions and professional settings—psychotherapy, medicine, coaching, teaching, and physical therapy—for healing trauma and other stress disorders. It is based on a multidisciplinary intersection of physiology, psychology, ethology, biology, neuroscience, indigenous healing practices, and medical biophysics and has been clinically applied for more than four decades. It is the life's work of Dr. Peter A. Levine. The SE approach releases traumatic shock, which is key to transforming PTSD and the wounds of emotional and early developmental attachment trauma. It offers a framework to assess where a person is “stuck” in the fight, flight or freeze responses and provides clinical tools to resolve these fixated physiological states. SE provides effective skills appropriate to a variety of healing professions including mental health, medicine, physical and occupational therapies, bodywork, addiction treatment, first response, education, and others.

The Science: Trauma may begin as acute stress from a perceived life threat or as the end product of cumulative stress. Both types of stress can seriously impair a person's ability to function with resilience and ease. Trauma may result from a wide variety of stressors such as accidents, invasive medical procedures, sexual or physical assault, emotional abuse, neglect, war, natural disasters, loss, birth trauma, or the corrosive stressors of ongoing fear and conflict.

How It Works: The Somatic Experiencing approach facilitates the completion of self-protective motor responses and the release of thwarted survival energy bound in the body, thus addressing the root cause of trauma symptoms. This is approached by gently guiding clients to develop increasing tolerance for difficult bodily sensations and suppressed emotions.

Frequently Asked Questions

Q. How prevalent is trauma?

A: According to the World Health Organization (WHO), trauma and loss are common in people's lives. In a WHO study of 21 countries, more than 10% of respondents reported witnessing violence (21.8%) or experiencing interpersonal violence (18.8%), accidents (17.7%), exposure to war (16.2%), or trauma to a loved one (12.5%). An estimated 3.6% of the world's population has suffered from post-traumatic stress disorder (PTSD) in the previous year.¹ In the United States, 61% of men and 51% of women report exposure to at least one lifetime traumatic event, and 90% of clients in public behavioral health care settings have experienced trauma. If trauma goes unaddressed, people with mental illnesses and addictions will have poor physical health outcomes and ignoring trauma can hinder recovery.²

A significant number of children in America are exposed to traumatic life events, according to the American Psychological Association (APA):

- Estimated rates of witnessing community violence range from 39% to 85%—and estimated rates of victimization go up to 66%.
- Rates of youths' exposure to sexual abuse, another common trauma, are estimated to be 25 to 43%.
- Rates of youths' exposure to disasters are lower than for other traumatic events, but when disasters strike, large proportions of young people are affected, with rates varying by region and type of disaster. Children and adolescents have likely comprised a substantial proportion of the nearly 2.5 billion people affected worldwide by disasters in the past decade.³

1. WHO releases guidance on mental health care after trauma, who.int, 08.06.2013
2. Substance Abuse and Mental Health Services Administration, SAMHSA-HRSA Center for Integrated Health Solutions
3. Children and Trauma, apa.org

Q. On what science is Somatic Experiencing based?

A: Animals are constantly under threat of death yet show no symptoms of trauma. From his years studying animal behavior (as well as stress physiology, psychology, neuroscience, and medical biophysics), Dr. Peter Levine discovered that trauma has to do with the third survival response to perceived life threat, which is freeze. When fight and flight are not options, we freeze and immobilize, like “playing dead.” This makes us less of a target. However, this reaction is time-sensitive—in other words, if freeze is employed instead of fight or flight, the massive energy is stored in the body until the threat has passed and is then discharged through shaking and trembling. If the immobility phase doesn’t get completed, then that charge stays trapped, and the body continues to perceive itself as still under threat. The Somatic Experiencing method works to release this stored energy and turn off this threat alarm that causes severe dysregulation and dissociation. SE helps people understand this body response to trauma and work through a “body first” approach to healing. For a video that illustrates animal behavior and its relationship to SE, please see “Nature’s Lessons in Healing Trauma: An Introduction to Somatic Experiencing®” available on our website at www.traumahealing.org/resources.

Q. Somatic Experiencing is considered “evidence-supported” not “evidence-based”. What’s the difference?

A: An evidence-based approach to medicine, education, and other disciplines is based on a robust body of rigorous scientific studies and emphasizes the practical application of the findings of the best available current scientific research. Examples of evidence-based treatment for mental health include cognitive behavioral therapy, psychotherapy, functional family therapy, assertive community treatment, and FDA-approved medicines.¹ Applying evidence-based principles in mental health treatment ensures that providers use the best evidence as a starting framework, while simultaneously affording them flexibility to individualize treatment. Mental health professionals can assess research data and decide if and how to incorporate it into practice. However, the conditions and characteristics of treatment outcome research can vary significantly vs. what professionals experience in their “real world” clinical practices.²

The gold standard for an evidence-based practice is to have a body of research that contains a series of randomized controlled clinical trials (RCTs). This type of study assigns treatment and compares it to non-treatment in a way that minimizes bias that might come from differences in the people studied. Generally speaking (and with many caveats), when a practice or treatment has been investigated in a variety of populations or under different conditions and is found to be effective, it can be considered “evidence-based.” Alternatively, an “evidence-supported” practice has a more limited body of research and typically is in the process of building “evidence.” So, for example, there have been only a few RCTs on SE^{3,4} and a handful of observational studies⁵. The results of these studies have found SE™ to be effective for specific populations with specific trauma symptoms but the full body of evidence is limited so it has not yet become an official “evidence-based practice.”

4. SAMHSA Evidence-Based Practices Resource Center, <https://www.samhsa.gov/ebp-resource-center>
5. Evidence-Based Psychotherapy: Advantages and Challenges, Sarah Cook, Ann Schwartz, Nadine Kaslow, Neurotherapeutics, July 2017, [ncbi.nlm.nih.gov](https://pubmed.ncbi.nlm.nih.gov/27711111/)
6. Brom D., Stokar Y., Lawi C., Nuriel-Porat V., Ziv Y., Lerner K. & Ross, G.(2017). Somatic experiencing for posttraumatic stress disorder: A randomized controlled outcome Study. J Trauma Stress, Jun; 30(3):304-312
7. Elmoose Andersen T., Lahav Y, Ellegaard H., & Manniche C. (2017) A randomized controlled trial of brief Somatic Experiencing for chronic low back pain and comorbid post-traumatic stress disorder symptoms, European Journal of Psychotraumatology, 8:1
8. See for example, the Somatic Experiencing ® website: <https://traumahealing.org/resources/>

Q. What research has been done to date on Somatic Experiencing?

A: Clinical research on SE is in its early stages, despite having been practiced successfully by individual therapists trained in SE for more than four decades. Some of the research to-date, including the use of SE for treating war veterans and others with post-traumatic stress disorder (PTSD), is published on our website at: www.traumahealing.org/resources . If you're interested in discussing or funding SE research, please contact us at research@traumahealing.org or 303-652-4035.

Q. How is Somatic Experiencing different from or similar to traditional psychotherapy?

A: The practice of SE is an additional “tool” in the skill set of trained psychotherapists, social workers, medical professionals, body workers, and others. SE can be successfully integrated and added to a therapeutic practice in the same way that psychotherapists can use cognitive behavioral therapy, interpersonal psychotherapy, Jungian therapy, animal-assisted therapy, or art, music, drama, and movement therapy. Somatic Experiencing should be provided by a Somatic Experiencing Practitioner (SEP®) with extensive training in its principles and application. To find an SEP, please visit our Provider Directory at <https://directory.traumahealing.org/>

Q. Can Somatic Experiencing be practiced in groups?

A: Yes. Practitioners of SE find that when internal cues and interpersonal interactions are viewed through the lens of survival physiology, what previously looked like symptoms can be seen as management strategies. These patterns can be welcomed as the organism's best attempt to protect itself. SE-informed group psychotherapy broadens and deepens the efficacy of either SE with an individual client, or group psychotherapy informed by the principles and practices of SE. The group setting can be an environment in which members discover or recover a capacity for optimal self-regulation.¹

1. Group Psychotherapy Informed by the Principles of Somatic Experiencing: Moving Beyond Trauma to Embodied Relationship, Taylor & Francis, International Journal of Group Psychotherapy, 01.27.2017

For additional information or questions, please contact Somatic Experiencing® International at research@traumahealing.org.

Fast Facts about SE™ International

- 501(c)(3) nonprofit founded in 1994 and governed by a nine-member Board of Directors
- Based on the foundational work of Dr. Peter A. Levine
- Based in Boulder, Colorado with trained Somatic Experiencing Practitioners (SEPs) working around the world
- Training offered includes: a three-year curriculum designed to lead to the Somatic Experiencing Practitioner Certificate, short courses on the basic principles of Somatic Experiencing, and assistant and provider programs
- More than 120,000 professionals in 40 countries on 6 continents have been trained in SE. Currently, there are SE students in 74 countries.
- Our organization includes more than 1,400 staff, faculty, coordinators, and training assistants.

About Our Training

In 1972, in his “tree house” in Berkeley, California, Dr. Peter Levine held the first class on his therapeutic concept of Somatic Experiencing. Since then, more than 120,000 professionals in the healing profession have taken SE professional training worldwide.

Trauma can be overcome—that’s why we’re focused on helping the helpers. Today, students no longer meet in a tree house. Around the world—six continents to be exact—professionals participate in our robust and comprehensive training in person and on-line. Training is delivered through a combination of lectures, live demonstrations, guided practice sessions, audio-visual case studies, and suggested reading.

Students enroll in one of our many offerings: a three-year curriculum designed to lead to the Somatic Experiencing Practitioner certificate (SEP), short courses on the basic principles of Somatic Experiencing, and assistant and provider programs.

Rather than focus on the re-telling of traumatic events or personal history, SE aims to identify what is interfering with people’s internal threat-recovery process and helps clients develop tools for restoring their innate capacity to rebound from overwhelming experiences. By facilitating the completion of self-protective responses and releasing survival energy that has become bound in the body, SE addresses the root cause of trauma symptoms.

We envision a world of transforming lives through healing trauma.

Media Insights

If you are a member of the media, we invite you to review the specific topics below and contact us for further information or resources on these and other topics. Please contact communications@traumahealing.org Please also visit our social media sites for important resources, including replays of our SE Community Conversations. Recent topics covered on these Community Conversations include Mental Wellness in the Line of Duty: Supporting Public Safety Professionals; Moving Through Trauma: How Fitness Can Deliberately Heal Us; Parenting and Parenthood During Crisis; Substance Abuse, Addiction Recovery, and Frontiers in Neuropsychology; Medical Mental Health Matters; and The State of Men's Mental Health. These can be found at www.traumahealing.org/conversations.

Trauma and War

According to the National Center for PTSD, a unit of the US Department of Veterans Affairs, between 11 percent and 20 percent of soldiers who served or are serving in Operation Iraqi Freedom and Operation Enduring Freedom have post-traumatic stress syndrome (PTSD) in a given year. Even more disturbing is the fact that 15 percent of veterans of the Vietnam War were diagnosed with PTSD 20 years after the war and approximately 30 percent of all Vietnam veterans have had PTSD in their lifetime. In addition to combat, another cause of PTSD in the military can be sexual trauma—23 percent of women have reported sexual assault when in the military.

Although the standard treatment for PTSD has typically involved psychotherapeutic intervention, in recent years the search has been on for new approaches to help veterans heal from PTSD trauma—including body-centered or somatic approaches such as Somatic Experiencing. These approaches share the assumption that trauma is first and foremost an experience that affects and imprints the body and that it's essential to engage the body in the healing process.*

** J. Scott Janssen, MSW, LCSW, Social Work Today, September/October 2015 Somatic Experiencing: A Body-Centered Approach to Healing Veterans' PTSD*

Trauma and Animal Behavior

Animals are constantly under threat of death yet show no symptoms of trauma. From his years studying animal behavior, Dr. Peter Levine discovered that trauma has to do with the third survival response to perceived life threat, which is freeze. When fight and flight are not options, we freeze and immobilize, like "playing dead." This makes us less of a target. However, this reaction is time-sensitive—in other words, it needs to run its course, and the massive energy that was prepared for fight or flight gets discharged, through shakes and trembling. If the immobility phase doesn't complete, then that charge stays trapped, and, from the body's perspective, it is still under threat. The Somatic Experiencing method works to release this stored energy and turn off this threat alarm that causes severe dysregulation and dissociation. SE helps people understand this body response to trauma and work through a "body first" approach to healing with a trained SE Practitioner.

Trauma in Communities

Community trauma affects social groups or neighborhoods long subjected to interpersonal violence, structural violence, and historical harms.

Research suggests that the causes of community trauma lie in the historic and ongoing root causes of social inequities, including poverty, racism, sexism, oppression and power dynamics, and the erasure of culture and communities.* For example, nearly half—42%—of Baltimore’s children experience three-plus traumatic events before they reach adulthood.*

The Elijah Cummings Healing City Act, enacted by the Baltimore City Council in January 2020, will seek to train the focus of Baltimore government and leadership on healing from the trauma, violence, and racial inequity in the city. The Act creates a multi-agency task force that requires formal training on trauma-informed care and makes trauma-responsive and trauma-informed delivery of services a priority across city government. The task force will address childhood trauma and requires training at every Baltimore city agency to provide appropriate response to the unmet need of providing a lasting response to those who are dealing with trauma in their lives and communities.

**Trauma-Informed Community Building and Engagement, The Urban Institute, April 2018; Mayor’s Office of Children & Family Success, bmorechildren.com/policy-advocacy*

Trauma and First Responders

Rescue workers can be defined as any person who professionally or voluntarily engages in activities devoted to providing out-of-hospital acute medical care; transportation to definitive care; freeing persons or animals from danger to life, or well-being in accidents, fires, bombings, floods, earthquakes, other disasters, and life-threatening conditions.

Because of these activities, rescue workers have a high exposure to traumatic events. A traumatic event is defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM) as experiencing, witnessing, or being confronted with at least one event that involves actual or threatened death or serious injury, or a threat to the physical integrity of self or others. The occupational routine of rescue workers includes the provision of emergency medical assistance to severely injured people and searching for and recovering victims from natural disasters or other traumatic events, all of which qualify as traumatic according to DSM criteria.

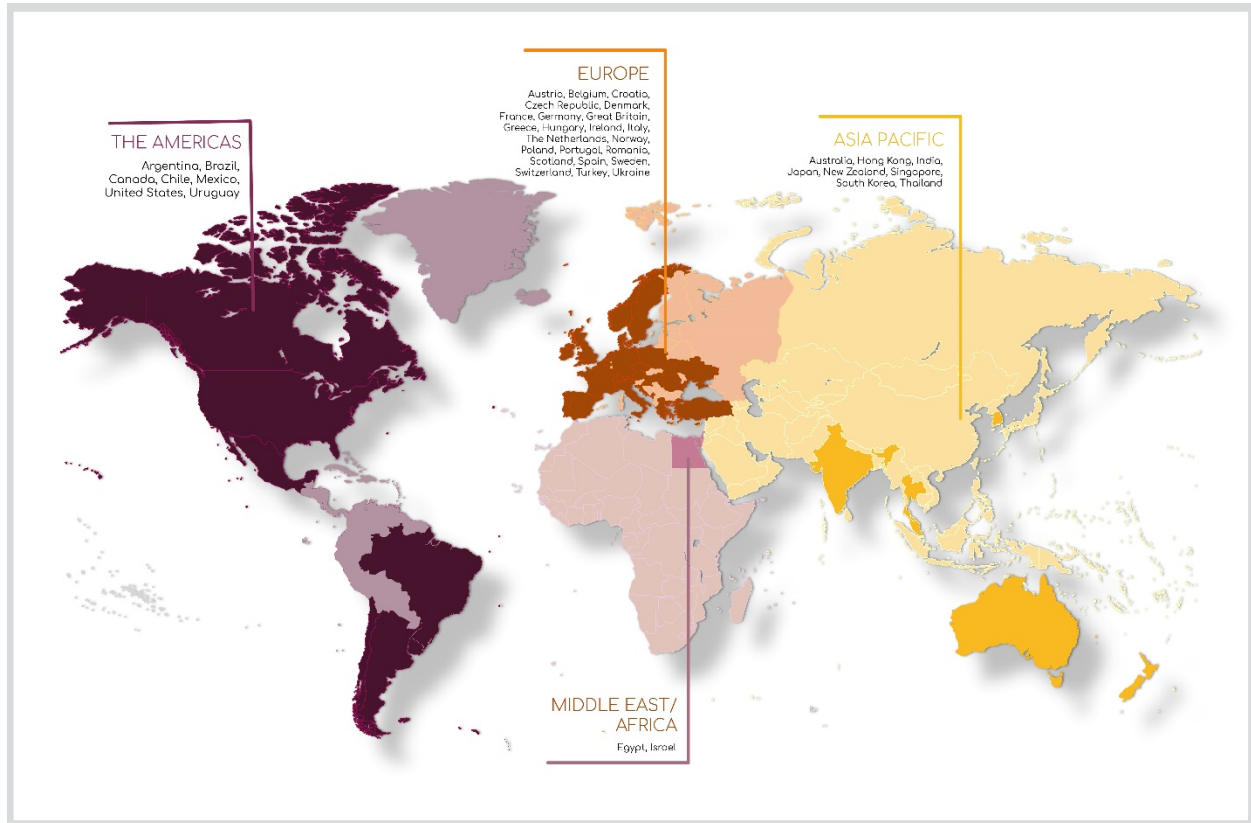
Because the risk of developing PTSD increases with the number of traumatic events experienced, rescuers are a high-risk group for PTSD. Besides occupation, the nature, the severity, and the repetition of the exposure to traumatic events may influence the prevalence of PTSD. Research studies indicate promising results on the use of Somatic Experiencing to resolve the physiological component of trauma in disaster survivors and responders.*

Please see the Resources tab on our website www.traumahealing.org/resources for more helpful information on Somatic Experiencing.

**Rescuers at risk: a systematic review and meta-regression analysis of the worldwide current prevalence and correlates of PTSD in rescue workers, [ncbi.nlm.nih.gov](https://pubmed.ncbi.nlm.nih.gov/); The Role of Somatic Psychotherapy in Treating First Responders: Providers' Perspectives, Master of Social Work Clinical Research Papers, [Sophia.stkate.edu](https://sophia.stkate.edu)*

Global Presence

SE™ International and its affiliates offer SE™ in 40 countries.



Board of Directors

Rebecca Stahl, JD, LLM, SEP, Chair: Rebecca is Executive Director at the Sayra and Neil Meyerhoff Center for Families, Children and the Courts at the University of Baltimore School of Law. She previously worked at the Children's Law Center of California in Los Angeles County and the Pima County (Arizona) Office of Children's Counsel as a lawyer for children in family law cases. Rebecca was a Fulbright Scholar in New Zealand and during her Fulbright year earned a Master of Law degree from the University of Otago in Dunedin, New Zealand, where she studied the role of lawyers for children in family court cases. She has presented at a variety of international conferences focused on children's rights and family law, on topics ranging from yoga and stress management to the role of lawyers for children in both family and juvenile court. She also has given presentations on being more trauma-informed in legal practices, particularly in representing children. Rebecca co-authored *Representing Children in Dependency and Family Law: Beyond the Law*, a book regarding the need for children's lawyers to understand psychological issues and has published articles on the role of children's representation. Rebecca earned her JD magna cum laude from the University of Arizona and her BA from the University of Michigan. She completed the SE Professional Training and earned her SEP.

Michael Changaris, PsyD, 2020 Past-Chair: Michael is a clinical psychologist with a specialty in the biological bases of behavior, stress physiology, and the neuroanatomy of PTSD. He is the training coordinator for an integrated health psychology program, training and supervising post-doctoral, pre-doctoral and practicum level students on a biopsychosocial approach to team-based care. Michael completed his post-doctoral fellowship with the child, family, and adolescent intensive outpatient program with Kaiser Permanente in Antioch, California. He received a doctorate in psychology from John F. Kennedy University. Michael completed his dissertation research on the efficacy of Somatic Experiencing in treating adults who were homeless. He also has worked extensively with seniors and has developed treatments and trainings to address the unique needs of this population.

Michele Solloway, Ph.D., MPA, SEP, RPP, LMT/BCMBT, Chair Elect: Michele is a nationally renowned health services scientist and researcher. She is president of Renew Your CORE (Creativity, Opportunities, Resilience and Effectiveness), a private practice in Baltimore, Maryland, specializing in trauma healing at the individual, group, and organizational levels. As a healing arts practitioner for more than 15 years, she is certified in Somatic Experiencing, polarity therapy, craniosacral therapy, massage, and energy healing. Michele has a particular interest in working with professional service providers (healthcare, social services, education, and justice) who are at high risk for secondary or vicarious trauma. She also has more than 25 years of experience as a health services researcher with a focus on adverse childhood experiences (ACEs), child and family health, vulnerable populations, federal and state health policy, and integrative medicine. Michele recently coauthored a national agenda on ACEs for research, policy, and practice and consults with organizations to provide training to promote trauma-informed organizations and systems of care.

Sangeeta Fernandes, Ph.D.: Sangeeta is the director of the American Academy of Ophthalmic Executives, serving a specialized group of 4,000 practice executives and physicians within the San Francisco-based international association of 30,000 ophthalmologists. In her previous work, Sangeeta studied mental health and sexual trauma among marginalized populations, including those at risk for HIV. Her work focused on finding pathways to provide risk education and inspire health efficacy in populations challenged by socio-cultural and economic inequity. She has more than 15 years of experience working in and with academic and research institutions in international public health.

Sergio Ocampo, MA, LMFT, SEP: Sergio is a licensed Marriage and Family Therapist in private practice in Los Angeles, CA. He has served as an SE Assistant since 2017. Prior to his completion of Somatic Experiencing training, Sergio worked and studied internationally for nearly 10 years. He received a scholarship to study and restore Renaissance art in Florence, Italy, and later worked in the petroleum and automation industries, enabling him to travel and work in other parts of Europe as well as in Africa. Sergio is fluent in Italian, Dutch, Spanish, and English. Upon returning to America, Sergio joined the financial services industry in roles as a stockbroker and financial advisor. Later, he created his own business enterprise specializing in media and electronics for the sports and film industries.

Carmen Casado: Carmen is the founder of Carmen Casado Somatics and is a Provisional SEP (P-SEP), a yoga therapist, and hosts and leads the SE study group for her SE East Bay cohort. Carmen draws on more than two decades of yoga and mindfulness practices, and a decade of yoga and mindfulness teaching when supporting clients' embodied wellness journeys. She has been on the Board of the Reciprocity Foundation, an organization that offers holistic support to under-served communities, since 2012. She is also a certified yoga teacher with the Veterans Yoga Project. Carmen graduated from California Western School of Law magna cum laude, where she served as an associate editor of the CWSL International Law Journal and was a member of the Jessup International Moot Court Team. She practiced immigration law for more than 16 years and is a member of the California and New York State Bars. Carmen is fluent in Spanish and has lived in four countries.

Yadira Velazquez, MD: Yadira is board-certified in neurology and clinical neurophysiology with expertise in neuromuscular medicine and functional neurological disorders (FND). Dr. Velazquez was born in Cuba and received her medical degree from the University of Barcelona, in Spain. She completed her neurology residency at Cooper University Hospital/University of Medicine and Dentistry of New Jersey (UMDNJ) and her fellowship at Hershey Penn State Medical Center in Hershey, Pennsylvania. Upon graduating, she became the director of the electromyography laboratory at Christiana Care Health System in Wilmington, Delaware, and later founded Science & Shamanism, an international movement that uses the philosophy of nature to promote healing and self-growth. Yadira is passionate about the mind-body-emotional-spiritual connection and about the intersection of scientific research with ancient and holistic methods of healing. Her research has been published in numerous peer-reviewed medical and scientific journals.

Defne Erdur, MA, PhD: Defne is an artist, therapist, and researcher trained in contemporary dance, sociology, intermodel expressive art therapy, meditation, and Somatic Experiencing®. She is also a certified body therapist actively practicing a multitude of techniques towards a deeper understanding of the body as a bio-psycho-social whole. Defne has a BA and MA in sociology and a PhD in contemporary dance. She works with different populations, ranging from professional and amateur movers to therapists and the general public. In recent years she has prioritized working with LGBTQ communities, women, and migrant children and youth. Defne is an assistant for SE training in Turkey and Romania. She previously worked for WINPeace, Beyond Borders, and MENA Salam Fellowship towards peace building in the Mediterranean and Middle East regions.

R. Scott Palmer, PhD, SEP: Scott is a licensed psychologist practicing in Lake Oswego, Oregon. Scott has a doctorate in human services, for which he examined consensus decision-making in groups, and a doctorate in clinical psychology, for which he examined using transpersonal psychology to explore both spiritual experiences cross-culturally in schizophrenia, as well as the differences between psychotic experiences and spiritual emergent experiences. Scott previously spent more than 15 years managing county-wide mental health programs that served economically disadvantaged and culturally diverse youth and families. In this role, he provided program evaluation, grant writing and administration, grant application review; led a culture-based wraparound program; and served as clinical director for a pre- and post-doctoral psychology internship program. Scott has also performed more than 600 court-ordered forensic psychological evaluations while serving as an expert witness in child dependency, juvenile justice, family, and conservatorship court matters. Prior to becoming a psychologist, Scott was a classical cellist and a massage therapist.

Helping Others

Somatic Experiencing International is dedicated to comprehensive public awareness of Somatic Experiencing and how it can help heal trauma. We also want to help those in related professions recognize and understand secondary trauma. Secondary trauma is an umbrella term for the trauma that results from repeated compassionate engagement with traumatized populations. It is a very real and very serious issue. It is a natural consequence of working to help those who have been traumatized. Secondary trauma can have serious consequences on health, both mental and physical.* Secondary trauma is not a lack of willpower, resilience, or commitment. It is not just “normal” work-related stress. It is an occupational hazard that can affect professionals in various settings and occupations. Our decades-long experience in helping people heal from trauma can help institutions and communities of professionals who may experience secondary trauma. We invite you to contact us for more on how we can develop a customized program on Somatic Experiencing and trauma resolution to your organization.

Medical Community: doctors, nurses, physical and occupational therapists, medical academics, hospital social workers

Workplace: human resources professionals, wellness program managers, volunteers

Victim Service Providers: professionals involved in services to people who have experienced sexual assault, child abuse/neglect, domestic violence, elder abuse, hate crimes, accidents, natural disasters

Legal and Justice Community: police, investigators, legal advocates, prisons

Journalists: editors, reporters, photojournalists

Religious Community: Clergy, peer-to-peer religious or spiritual counselors

**Secondary Trauma in the Workplace, Montana State University*

Our Staff Leadership

- Marv Tuttle, CAE, Executive Director
- Sonja Cole, Chief of Staff
- Kristin Velazquez Kenefick, PsyD, P-SEP, Director of Training and Faculty Relations
- Marie Bozeman, Director of Programs
- Paul Beverly, Director of Business Development and Fundraising
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