



Welcome! We're here to talk about creating a Resilient and Trauma-Informed Community and the work we are doing in La Crosse. This is our Foundation training. We'll be hearing a lot more about this diagram as we get into the topic more.



Talking points:

- Read agenda from slide (revise for your needs)
- Film will be in segments: ACEs, toxic stress, resilience, etc.
- Break
- Applying learnings to personal and professional lives
- What La Crosse community is doing

Script:

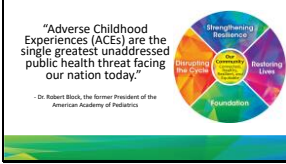
Here is the agenda for today's training.

Today's session is rooted in a film that provides an excellent starting point for talking about trauma and resilience. It's called *Resilience: The Biology of Stress and the Science of Hope*, and we'll be watching in in segments as we go through today's session.

We'll begin with an overview of Adverse Childhood Experiences, or ACEs, and hear about the original ACE study from 1998. Then we'll go into more detail about how ACEs interact with stress, and how resilience can play a role in offsetting the negative impacts of ACEs and toxic stress.

After a break, we'll look more closely at some tools that help us take an approach to our work, and our lives, that is trauma-informed and that builds resilience.

Finally, we will describe what the La Crosse community is doing collectively to counteract the effects of ACEs to create a more resilient and trauma-informed community, or RTIC. Today's training is the first step of building that foundation.



Talking Points:

- This quote is why we are here today
- It is a call to action for communities
- Goal is 1) a sense of hope that resilience can be built and 2) a sense that participants have the skills to build resilience and be trauma-informed

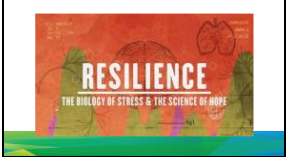
Script:

This quote is why we are here today [read quote]. We're going to hear a lot more about this idea when we learn about the original ACE study.

The magnitude of this statement summarizes why communities need to tackle ACEs and trauma collectively. Each organization and individual in a community can play a significant role, even with small actions, to change how communities address trauma and toxic stress, and how they build resilience.

Hearing this quote in the film we're about to watch was one of the catalysts for La Crosse to develop this RTIC, or Resilient and Trauma Informed Community, effort, and particularly this Foundation training. We'll review this community work in more detail later in the training, but this kaleidoscope image that you will see throughout the slides illustrates the framework La Crosse is using to build a more resilient community.

Resilience work can be empowering and hopeful. Our goal for today is that you will come away from this training with two things—a sense of hope that resilience can be built in yourselves and others, and a sense that you are equipped with the skills to build resilience and to become more trauma-informed.



Chapter 1, 2, 3, – ACE Study and correlations

Timestamp: 00:00-10:00

Script:

We're now going to watch the first few chapters of the film, which discusses the original 1998 ACE Study and how ACEs impact people's lives. After the film, we'll reflect on what we saw, so watch for things that stand out for you or surprise you.

Just a note: the film is not graphic, but it does list specific types of trauma experienced by children, so please practice self-care and take breaks if needed.

Reflection

Script:
 What stood out to you? Did anything surprise you?

Table Talk 1 (use handouts if desired): “Talk at your tables/groups about what stood out to you or surprised you in this segment of the film.”

Report out from tables if desired.

Misconceptions about ACEs

- There are not only 10 ACEs.
- “Trauma” is subjective to the individual.
- An ACE score is simply a record of what happened.
- An ACE score can be a starting point for healing.
- The impact of ACEs doesn’t have to be lifelong; we can always build resilience.

Talking Points:

- Read through the bullet points on the slide

Script:
 The film gave a broad introduction to ACEs, but let’s look more deeply at what they are and what they are not, because there are several misconceptions about them.

- An ACE score totals up the types of traumatic experiences a person has had, ranging from 1 and 10. It’s important to realize, however, that there are not *just* 10 ACEs. The original ACE study was limited to 10 *categories* of adverse experiences in order to show the correlation between the dose of trauma and the health and life outcomes that may result. That correlation is based on dozens of individual experiences.
- There are adverse experiences beyond the original 10 categories that may be traumatic. The word “trauma” is subjective—what is traumatic for one person may not seem traumatic to another. The important takeaway is that a high dosage of adversity has the potential to increase the likelihood of negative health outcomes later in life.
- We are not defined by our ACE scores. An ACE score is simply a record of what has happened to us, not a measure of how it affects us. It doesn’t take into account what we do to offset or address ACEs that may be present. This is where resilience comes in.
- Knowing our ACE score can be a place to start our healing process. We heard from Dr. Anda in the film that ACEs are very common, even high ACE scores. Later in the film, we will see how adults who learn their scores gain a better understanding of their own potential for health and well-being. It’s also important to point out that your ACE score is yours alone and doesn’t have to be shared with others. You don’t need to know another person’s score to be empathetic to them. We’ll get into this more later.

Chapter 4, 5, 6, 7 –Brain science, overactivation, Shonkoff toxic stress, resilience, need for caring, stable adult
Timestamp: 10:01-24:38

Script:
 Now we are going to return to the film and learn more about how the environment people live in affects how ACEs impact their lives. We’ll learn about the science of how ACEs affect the body, and an introduction to how resilience works to buffer the effects of ACEs.

While watching, think about how resilience has impacted your life and the experiences you have had. Notice how the environment—both the physical environment and just the people around us—affects our resilience.

Reflection

Script:
 What were some of your takeaways from this segment of the film?

Table Talk 2:

Dr. Shonkoff introduced the concept of resilience as a buffer to the impacts of childhood trauma, especially if there is the presence of a stable, caring adult. Take a moment to think about a person in your life who always believed in you or who supported you in your childhood or your youth.

- Did you ever tell them about the impact they had on your life?
- If you are comfortable talking about this person’s impact, take a few minutes to talk at your tables about this person. This is a person who built your resilience.

Do you see ways that you could be a supportive, caring adult in a child’s life? Could you build the resilience of another person?
 It’s important to recognize that being supportive or resilience-building can happen at the same time as accountability. If trauma is approached with empathy first, and children are given a chance to feel heard, accountability can then often be addressed more successfully.



Talking Points:

- ACEs don't exist in a vacuum. They are affected by context.
- Negative conditions make it harder to reduce the impact of ACEs.
- Positive conditions can serve as a buffer to the impact of ACEs.
- Conditions outside the community, such as natural disasters, can impact the ability of communities and policy makers to buffer ACEs.
- ACEs impact all populations, but some experience more than others and have fewer buffers available to them, so we need to consider equity in resilience-building efforts.

Script:

This is a very busy slide, so this is also available as a handout. **[Handout #1]**

As Dr. Harris noted in the film, simply the place where you live can influence your health and even your life expectancy. We can't look at ACEs in a vacuum. We have to consider how they occur in the context, or environment, of children's lives.

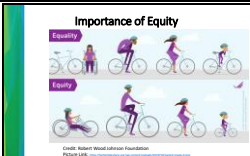
We talked about how the presence of a single caring adult can have a huge impact on a child's life. If one person can change the course of a child's life, and even their health, imagine how big an impact the rest of their environment can have. Context matters, especially early in life.

It's not just which ACEs we experience, but the conditions in which ACEs occur that affect our future health. This image represents Adverse Childhood Experiences as growing on a tree. These are *direct* experiences that can have serious impacts if there is no buffer against them. But these experiences on the tree are fed from underneath by conditions in the surrounding community. These have *indirect* effects on the child and possibly their family and other people in their lives.

What we need to remember is that if the tree were growing in *healthy* soil, or a more healthy and supportive environment, that environment would serve as a buffer to the impact ACEs might have.

There are many ways to depict this, and this image goes a step farther by introducing a third layer of context—the environment beyond the community level. This layer of context affects the broader population and includes external forces like natural disasters and health emergencies like pandemics. These are all stressors that not only impact individual children coping with ACEs, but with their communities, the people who may be helping or treating them, and those who set policies that affect them more broadly. Think about a child experiencing ACEs in 2019 vs. during the COVID-19 pandemic and the resources available to them.

This is not to say that ACEs only occur in certain populations or conditions. ACEs are very common in all populations. It is access to resources that not equally distributed. ACEs can happen to anyone, but access to care and to resilience-building buffers may be heavily influenced by the world in which a person lives. This is important to remember for ourselves and those we interact with so that our efforts to build resilience are equitable.



Talking Points:

- We can build resilience through providing buffers that match the needs of a person which is empathy
- Equality is where everyone is given the same resources
- Equity is where everyone is given resources that match their specific needs

ACEs are an example where some populations need more help than others to build resilience

Script:

So what do we mean by equity?

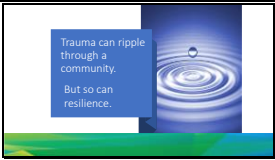
When it comes to building resilience equitably, we mean providing buffers and support that match the needs of a person, regardless of how that compares to the needs of others. Equity is not the same as equality, where everyone receives the same support.

This slide illustrates what equitable support looks like.

“Equality” occurs when everyone is given the same resources or opportunities, regardless of their needs. It ignores context. Each of these people needs a bike, but a standard bike doesn't meet the needs of each person equally. An equal approach—giving everyone a standard bike, or generic supports—may feel good, and may meet the needs of *most* people, but it doesn't take into account the different contexts in which we all live. A solution that doesn't work within our individual contexts may not be a solution at all, and in fact could be a waste of resources.

“Equity” recognizes that each person has different needs for resources to reach the same outcome as others. Equity considers the context, history, and conditions surrounding each person. In the image, each person receives the bike that suits their needs, but the bikes are not all the same.

We need to commit to processes and practices that fight for equitable services and treatment for victims of ACEs and trauma.



Talking Points:

- It takes a community to tackle public health issues like ACEs, but there is still a role for individuals
- When a child experiences ACEs, it can ripple out to affect others in the community
- We can find hope because resilience works in the same way
- Build our own resilience- helps us interact with others and in turn help build their resilience
- We do this with empathy

Script:

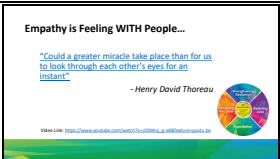
We've mentioned how it takes a community to tackle such a large public health issue as ACEs and toxic stress, but that there is also a role for individuals, whether we are acting in professional roles or just as members of the community.

When a child experiences ACEs, the impact doesn't end with that child. It ripples out through their interactions with those around them, who themselves may have been impacted by their own adverse experiences or stressors. Through interactions and relationships with friends, neighbors, care and service providers, employees and coworkers, and the community at large, the damaging and compounding effects of adverse experiences can ripple outward. At a large scale, because they are so prevalent, these events can impact how community members view and relate to each other, leading to stigma, judgment, and discrimination in our culture.

Where we find hope is in the fact that resilience-building works much the same way. As Dr. Shonkoff said in the film, "If we want to produce dramatic impacts on the outcomes for kids experiencing toxic stress, we have to transform the lives of the adults who are taking care of them...We need to do more than give parents information and advice; we need to build their capabilities."

By building our own resilience and recognizing how we interact with and respond to others, we can find ways to build each others' resilience. We can create buffers against the rippling effect of ACEs and trauma through our communities. Through supportive interactions and relationships, whether as professionals or just as members of a community, we can play a role in meeting people's specific needs and interrupting the flow of trauma wherever we are able. The more people who learn to do this, who focus on building resilience, the bigger the effect we can have on reducing stigma and changing how we treat each other as people.

The way to begin this work is through empathy.



VIDEO: Queue up in advance, let ads play

https://www.youtube.com/watch?v=cDDWvj_q-o8&feature=youtu.be

Talking Points:

- This video helps show you what empathy looks like.
- It is based in healthcare but applies to all areas.
- It can be emotional, so please practice self-care.
- Discuss afterwards what people experienced.

Script:

So what do we mean by empathy? Empathy is a skill that you already have, and it can be learned and developed. It is an awareness of others that goes beyond what people say. It is a way of creating connection and understanding. All of this helps you build resilience for yourself and for the people around you.

This short video helps you see what that awareness looks like. It helps shift our perspective by giving us a glimpse of what others might be experiencing that may not be obvious to us. Empathy is the skill that helps us recognize what is not obvious.

As you are watching it, think about situations where you may not have realized what was going on in another person's world when you interacted with them, and how different that interaction might have been if you had been more attuned to their situation.


This film was designed specifically for healthcare, but the message easily translates to other areas. Just a warning: it can be emotional for some, so please be prepared for that and practice self-care however you need to.

[After video: what did you feel when you watched this video? What did you notice?]

[Facilitators: give any examples of what you noticed. Have you had similar experiences. One example: think about how the woman with the therapy dog, who is celebrating her wedding anniversary, may have to work harder to be empathetic to the family visiting their loved one for the last time. Have others approached situations from very different places like in this situation? Ask for feedback.]

Prerequisites to empathy

- We may have held attitudes, beliefs, expectations, or assumptions that were not helpful for others who may have been suffering.
- We may have provided care to others that was expected practice but not always trauma informed.
- All journeys include missteps...and there will be more.
- Self-awareness is necessary to building empathy skills. Always aim to self-reflect.



Talking Points:

- We started by shifting our perspective from “what’s wrong with you” to “what happened to you.”
- Up to now, we have focused on the professional perspective, but now we are going to look at our roles as individuals and fellow human beings.
- Before talking about empathy, we need to see this as a journey that we have been on and will continue
- Review the points on the slide and give personal examples if you are comfortable.
- We are all on this journey together, so be kind to yourself and others.

Script:

In order to develop our empathy skills, we need to acknowledge a few things first. Being empathetic means changing the way we interact with others, and with ourselves. We need to be willing to look at ourselves more closely and recognize where we’ve been up to this point and who we are now before we focus on growing and doing better.

[review bullet points and give personal examples if helpful, offer examples]

(For all bullet points, note that these statements may STILL be true)

Take-aways:

As we continue our conversations today, keep in mind that this is not a place for shaming or blaming of ourselves or others. If we know better, we will do better. We have all made mistakes or missteps, and we will continue to do so because we will never be perfect. Recognizing this is an important step as we develop our empathy skills.

VIDEO: Queue up in advance, let ads play

<https://www.youtube.com/watch?v=1Evgu369Jw>

Talking Points:

- Brene Brown made this video to describe empathy and sympathy
- We’ll have a discussion about this afterwards, so be thinking about examples of empathy as you watch.

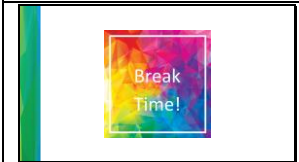
Script:

Some of you may have heard of Brene Brown, and this is one of her clips. When most people first learn about empathy, what they are really thinking of is sympathy, and it’s important to know the difference. This video clip talks specifically about how the two differ and are actually opposites.

After we watch the video, think about situations you may have been in where empathy was expressed well, either by you or someone interacting with you, but also about situations where empathy could have been expressed better. Sometimes empathy failures are easier to think of. We’ll share a few stories afterwards.

(With group input, review some of the points made in the video)

Let’s take a short 10 minute break before we continue on.



Case studies: Clifford Beers, Counselor story, Miss Kendra

Timestamp: 24:39-42:51

Script:

Now we are going to watch some case studies of how resilience-building looks in practice. Watch for examples of empathy being practiced. How is resilience being built.

Talking Points/Script:

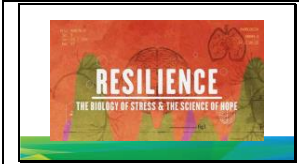
****Goal is to guide in-depth discussions rather than content****

Did you see empathy being practiced?

- Laura the counselor working with Cynthia
- Teacher talking about kids’ worlds having issues that are important to them but not to adults
- What else?


How was resilience being built?

- Building adult’s resilience: Home visit for Cynthia and her family – meeting her where she was



Resilience Reflection

How was empathy practiced?
How was resilience built?



- Building one’s own: Laura dealing with her own ACEs as well as her clients – Bruce Perry’s Regulate-Relate-Reason model (video?)
- Building kids’ resilience: Miss Kendra’s list [of rights] for kids, encouraging kids to name the scary things and deal with that through letters

What are some ways you could see yourself building resilience for others in your life right now?
How would you need to build your own first? Regulate – relate - reason

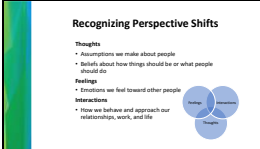
****Take time with this discussion****



Solutions/Tools/TIC: Washington, Timestamp: 42:52-credits

Script:

We will now finish up the film. This is where start talking about actions that we can take as individuals as well as communities. As you watch it, look for actions that you could take to build your own or someone else’s resilience.



Talking Points:

- We need to recognize our own biases in our thoughts, feelings, and interactions with others.
- We are always making assumptions based on our biases.
- Trauma is subjective, so we need to recognize that others respond differently.

Script:

Perspective shifting is intentional work. It challenges us to stop and consider our own biases that may act as barriers to serving others with empathy and trauma informed care.

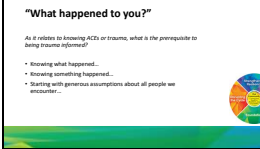
We are always automatically generating assumptions and conclusions about the people and situations we encounter.

Shifting our perspective towards being trauma-informed and resilience-building means raising our awareness of our thoughts, our feelings, and our interactions with others and understanding that each influences the other.

Example....if we believe a person’s situation is their fault, we’re unlikely to feel empathy, and unlikely treat them with empathetic care.

When we examine how we interact with people and practice empathy, we need to remember that every individual is different in how they react to trauma. Trauma is very subjective. What is traumatic to me may not feel traumatic to you.

One helpful observation to keep in mind (shared by practitioner Jim Sporleder) is that “every behavior is a communication.” Try to repeat this to yourself when you see someone behaving in a way that causes you to struggle. What are they communicating? Another quote: “Emotions are not noise, they are data.” What can you do with the data you are gathering? Give examples of recognizing when someone is responding from a place of struggle, and how you might respond with generosity.



Talking Points:

- Change perspective from "what's wrong with you?" to "what happened to you?"
- Do we need to know the details of someone's trauma?
- Do we even need to know that something happened?
- We can show empathy by giving everyone grace with generous assumptions

Script:

When Dr. Anda talked about being trauma-informed, he spoke of shifting our perspective from “what’s wrong with you” to “what happened to you.”

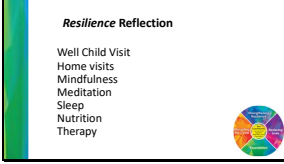
But do we really need to know what happened to someone in order to be empathetic?

Do we need to know the details of someone’s trauma? (see first bullet) This may be true if we work in a clinical setting and are assisting a patient with a specific trauma, but for most of us, we can connect with a person empathetically without knowing the details of what they are going through.

(Second bullet) What about just knowing that *something* has happened? Is that enough? Is that necessary? (Give example of Handle With Care—where law enforcement agencies will notify a school district if a student was involved in an incident, but not offer any details of the incident, only their name) This may be helpful in dealing with specific situations, but is it always necessary?

(Third bullet) For most of us, in most situations, we can be more empathetic simply by starting with generous assumptions. We can't always know what drives people's actions. Think about situations when you may have made the wrong assumption about why someone behaved the way they did. Imagine how that might have gone differently if your assumptions were more generous.

Empathy is not about taking others' actions at face value. It's about being generous in our assumptions about the intention behind those actions.



Talking Points:

- Moving on to "what can we do about this?"
- Majority on the list are things we can do on our own or encourage others to do
- ACEs are among us- everyone has a role in building resilience
- Can you see how you can build resilience and prevent ACEs from occurring?

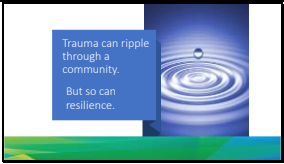
Script:

So we heard about several suggested actions that answer the question of "what can we do about this?"

Review slide. With the exception of the well-child visit, all of these are things outside of medicine. These are things we can do on our own or can encourage among the people we have connections with.

Dr. Anda reminded us that ACEs are not "out there," they are among us. Everyone has a role they can plan in building resilience—both for themselves and for others. We do this by showing empathy and being trauma-informed.

Now we are going to talk at our tables again about where you see your role developing in preventing ACEs, buffering the effects on ACEs, and supporting those who are dealing with the aftermath of ACEs. What difference can you make as an individuals—and we'll talk more later about what we can do as communities.



Talking Points:

- Each of us can play a role in creating a more resilient and trauma-informed community
- We want to start to break the cycle of ACEs by building resilience in ourselves
- Sphere of influence- our resilience ripples to sphere of influence, our sphere of influence's resilience will then build and amplify and ripple to the community

Script:

****Revisit this slide as segue to collective action****

We've said that each of us can play a role in creating a more resilient and trauma-informed community. This isn't something we do only through our jobs. It's a way of thinking and living in the world. If everyone in a community plays a role in this process, the whole community changes.

Example: those who have experienced ACEs have a higher likelihood of continuing the cycle—some continue the cycle of abuse, some continue the cycle as victims. There is a saying that "Hurt people hurt people." If we're starting with ourselves, one action we can take is seeking help addressing our own ACEs to break the cycle for the next generation.

Recall this slide and how we talked about resilience rippling through a community. Each of us has a sphere of influence. By practicing empathy and generous assumptions, and taking actions to prevent future ACEs, each of us creates a ripple to the people we encounter. If we worked collectively with others who have this same practice, our ripples will amplify each other and have more of an effect.



Talking Points: [Handout #2]

- This is our community's answer to that question.
- The Kaleidoscope Model of Change is a framework that connects the work of the community
- Goal is in the center
- Four segments surrounding it are our Commitments to the community
- Begins at the bottom with building a Foundation – common language and understanding
- Other three Commitments represent where work is being done in the community
- Circular because it is a continuous cycle that repeats itself

Script:

Give out Handout #2 – RTIC Overview

In the film, Laura Porter from Washington state said that if we can get information about ACEs flowing through communities, people will create very wise actions.

We have a community that is rich with resources, and many people have been doing a lot of work here to become more trauma-informed for about 10 years. We learned that the ACEs Study was conducted in 1998, but few people heard anything about it until about 10 years later, and that's when we started seeing more work being done in our area.

The need to focus on this as a community is what brought together a group of people representing several different community efforts who wanted to learn more from each other about how their work interconnected and how they could be more trauma-informed. Together, they felt the film we just watched could be used to broaden the conversation around childhood trauma and resilience in our community and inspire more connection around this work.

This group, which grew into the RTIC Support Team, saw the wide variety of projects and organizations addressing resilience and trauma and felt there was a need for a framework that could help guide how we all work together to Create a Resilient and Trauma Informed Community (RTIC). We call this the Kaleidoscope Model of Change. The reason for the name is that everyone who picks up a kaleidoscope sees something different every time, though the contents stay the same. Addressing trauma as a community is similar in that how we address it will be unique to each person and organization.

At the center of the framework is our goal: a community that is connected, healthy, resilient, and equitable. Around that goal are four Commitments that this framework makes to the community.

What you just completed is the first step which is to build a foundation. That's why this session is called Foundation training. Here, we are creating shared knowledge and a common language around Adverse Childhood Experiences, trauma-informed care, and building resilience. We've trained close to 2000 people in our Foundation-building sessions.

The next three commitments represent the work that is being done in the community, and where more work could be done. Many organizations and projects in this community are engaged in Disrupting the Cycle of trauma, Strengthening Resilience by enhancing protective factors, and Restoring Lives by providing support for those who are healing. You may work in one or more of these three areas, but together, if we are all supportive of each other's work toward a common goal, we believe we can get to the center.

One of the main points in the film is that ACEs are often at the root of dozens of health and well-being outcomes, and that ACEs are common in virtually all populations.

Think about all the work people in this community do to directly address all of these more than 40 conditions and disorders that may be rooted in ACEs. How heavily does that work focus on the present situation and treating the outcomes that may have resulted from ACEs? While that work continues, think about what else we could be doing to address a potential root cause of these health outcomes that may not be getting addressed?

What does it look like for a whole community to work towards the same goal?



Talking Points:

- This is how we amplify resilience as a community on different levels
- You are equipped with the knowledge of empathy, resilience, and trauma-informed care to work towards the goal in the center
- Do you see your role in creating a resilient and trauma-informed community?
- I hope you are leaving this session with that sense of hope that we talked about, and that you feel empowered to take action.

Script:

If we think about a whole community working together in a mutually-supportive way, we can look at the way all the individual roles fit together at multiple levels. We may all play different roles in a community, but if we are all attempting to build resilience in the people we have around us, whether professionally or personally, as a collective effort, we can amplify those ripples we talked about and have a bigger effect. This can range from small actions at home to large-scale policies. This slide was adapted from information from the CDC, showing how many layers of a community can buffer its residents. If you are in government, you can support policies that support families. Communities and schools can support children and parents with programming. Employers can support those who work for them, whether adults (many of whom are parents) or teens who may be struggling. Parents have a huge influence on their children's worlds, but we need to remember that many parents are still carrying the effects of their own ACEs, so they need support, too, so they can work to prevent repeating the cycle of ACEs they are part of. And of course, there are actions we have already talked about that we can take for ourselves and our families.

Now that you have created your Foundation, you are equipped with the knowledge of empathy, resilience, and trauma-informed care. This is what can help guide you to reach the goal in the center as part of a greater community, because you already possess the skills to do so.

Do you see your role in creating a resilient and trauma-informed community? Assignment: think about a specific action you might like to take, either as an individual in your own or someone else's life, or an action you can be part of in your

community. Write that down, and when we send you a survey after today, we will remind you that you set an action for yourself and see if you have taken steps towards it.


I hope you are leaving this session with that sense of hope that we talked about, and that you feel empowered to take action.

Talking Points/Script:

****Walk through the website****

Here are some other resources online that you can access yourself.

Please talk with me about what other resources would be helpful, and I will help you access them.



The slide titled "Resources for RTIC Organizations" features a QR code in the top right corner. The text on the slide includes: "Find your own RTIC action plan" with a link to <https://www.rticactionplan.com/>; "RTIC website" with a link to www.rticactionplan.com/; "What we offer" with a list of services: "Foundation training schedule", "Tools and guides on evidence and organizational change", and "Organizational Assessment"; "Partner together" with a link to www.rticactionplan.com/partners and a list of partners: "Illinois, Ohio, Arkansas, MI, Kansas"; and "Additional RTIC resources" with a link to <https://www.rticactionplan.com/resources> and a note: "Single copy \$1000, 10 copies purchase on trade, Single copy \$1000, 10 copies purchase on trade". A circular graphic with colored segments is located in the bottom right corner of the slide.