



THE NATIONAL CENTER ON
Family Homelessness
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A practice area of
AIR's Human and
Social Development
Program

Integrating and Sustaining Trauma-Informed Care Across Diverse Service Systems

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**The National Center on Family Homelessness at the
American Institutes for Research**

SEPTEMBER 2013

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This publication was supported by funding from the Child, Adolescent and Family Branch, Substance Abuse and Mental Health Services Administration (SAMHSA). The content is solely the responsibility of the authors and does not necessarily represent the official views of SAMHSA.

Introduction

The concept of a “system of care” has guided and organized strategies for reforming children’s mental health systems for the last 15 years (Stroul, 2002). A system of care is defined as “a spectrum of *effective, community-based services and supports* for children and youth with or at risk for mental health and related challenges and their families, that is organized into a *coordinated network*, builds meaningful *partnerships with families and youth*, and addresses their *cultural and linguistic needs* in order to help them to *function better* at home, in school, in the community, and throughout life” (Stroul, Goldman, Pires, & Manteuffel, 2012, p.1). The core values of a system of care are (1) guiding principles across a broad array of services, (2) individualized care, and (3) coordination across child-serving systems (Wotring, 2011).

Many consumers across diverse service systems are trauma survivors, including children and youth. Children with histories of trauma are routinely served in mental health, child welfare, juvenile justice, and homeless service systems, yet their needs often go unmet because organizations and service systems are not trauma informed. Trauma-informed care is defined as a “*strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment*” (Guarino, 2012; Hopper, Bassuk, & Olivet, 2010, p.82). Becoming trauma informed requires using knowledge of trauma and its impact to design and deliver services and developing a commitment across service systems to building providers’ knowledge, awareness, and skills to support recovery.

Many similarities exist between systems of care and a trauma-informed approach. Both are organization- or system-level approaches to the delivery of services. Both are recovery oriented, placing the needs of the client at the center of all interventions; both operate from guiding principles that seek to incorporate a developmentally appropriate, strengths-based, culturally competent frame into all interventions. In addition, the successful implementation and expansion of these models relies on coordination across federal, state, and local levels; policy and procedure changes within individual organizations to enhance services and supports; and training to improve the competencies of the workforce to deliver consistent, coordinated, high-quality care responsive to a child’s or a family’s needs.

System of Care Guiding Principles

(Stroul, Blau, & Friedman, 2010)

<p>1. Ensure the availability of and access to a broad, flexible array of effective, evidence-informed, community-based services and supports for children and their families that addresses their physical, emotional, social, and educational needs, including traditional and nontraditional services and informal and natural supports.</p>
<p>2. Provide individualized services in accordance with the unique potential, strengths, and needs of each child and family, guided by an individualized, “wraparound” service planning process and an individualized service plan developed in true partnership with the child and family.</p>
<p>3. Deliver services and supports within the least restrictive, most normative environments that are clinically appropriate.</p>
<p>4. Ensure that families, other caregivers, and youth are full partners in all aspects of the planning and delivery of their own services and in the policies and procedures that govern care for all children and youth in their community, state, territory, tribe, and nation.</p>
<p>5. Ensure cross-system collaboration, with linkages among child-serving systems and mechanisms for system-level management, coordination, and integrated management of service delivery and costs.</p>
<p>6. Provide care management or similar mechanisms to ensure that multiple services are delivered in a coordinated and therapeutic manner and that children and their families can move through the system of services in accordance with their changing needs.</p>
<p>7. Provide developmentally appropriate mental health services and supports that promote optimal social-emotional outcomes for young children and their families in their homes and community settings.</p>
<p>8. Provide developmentally appropriate services and supports to facilitate the transition of youth to adulthood and to the adult service system as needed.</p>
<p>9. Incorporate or link with mental health promotion, prevention, and early identification and intervention services to improve long-term outcomes, including mechanisms to identify problems at an earlier stage and mental health promotion and prevention activities directed at all children and adolescents.</p>
<p>10. Incorporate continuous accountability mechanisms to track, monitor, and manage the achievement of system of care goals; fidelity to the system of care philosophy; and quality, effectiveness, and outcomes at the system level, practice level, and child and family level.</p>
<p>11. Protect the rights of children and families and promote effective advocacy efforts.</p>
<p>12. Provide services and supports without regard to race, religion, national origin, gender, gender expression, sexual orientation, physical disability, socio-economic status, geography, language, immigration status, or other characteristics. Services should be sensitive and responsive to these differences.</p>

Core Principles of Trauma-Informed Care
(Guarino, Soares, Konnath, Clervil, & Bassuk, 2009)

Domains	Examples
Understanding Trauma and Its Impact	Understanding traumatic stress and recognizing that many current behaviors and responses are ways of adapting to and coping with past traumatic experiences.
Promoting Safety	Establishing a safe physical and emotional environment where basic needs are met; safety measures are in place; and provider responses are consistent, predictable, and respectful.
Supporting Consumer Control, Choice, and Autonomy	Helping people regain a sense of control over their daily lives. Keeping people informed about all aspects of the system and allowing them to drive goal planning and decision making.
Sharing Power and Governance	Sharing power and decision making across all levels of an organization, whether related to daily decisions or when reviewing and establishing policies and procedures.
Ensuring Cultural Competence	Respecting diversity within the program, providing opportunities for consumers to engage in cultural rituals, and using interventions specific to cultural backgrounds.
Integrating Care	Maintaining a holistic view of consumers that understands the interrelated nature of emotional, physical, relational, and spiritual health and facilitating communication within and among service providers and systems.
Healing Happens in Relationships	Believing that establishing safe, authentic, and positive relationships can be corrective and restorative to trauma survivors.
Recovery Is Possible	Understanding that recovery is possible for everyone regardless of how vulnerable he or she may appear; instilling hope by providing opportunities for consumer involvement at all levels of the system; and establishing future-oriented goals.

Despite these similarities, not all systems of care are trauma informed and thus may not fully consider the extent and impact of traumatic experiences on a child's behavior and subsequent treatment needs. Because of the extraordinarily high rates of violence and trauma in the lives of children and youth across all service systems and the potentially devastating long-term impact of violence on developmental functioning and overall health and well-being (Harris & Fallot, 2001), trauma-informed care is recommended as a unifying framework appropriate for all child-serving systems.

This brief addresses the need of a trauma-informed approach to all systems serving children, youth, and their caregivers. In doing so, we highlight the extent and impact of trauma in the lives of children and youth across various service systems; identify the core principles and key components of trauma-informed care, and provide tips and resources for adopting and sustaining a trauma-informed approach across systems of care.

Extent of Trauma in the Lives of Children and Youth Across Systems of Care

The National Survey of Children's Exposure to Violence documented that 10 percent of a nationally representative sample of children and youth ages 2–17 experienced five or more types of victimization in the past year (U.S. Department of Justice & Centers for Disease Control and Prevention, 2011). Many of these children and youth lived in unstable family environments and dangerous neighborhoods, experienced family and community violence, and had high rates of psychological distress. In addition, the Adverse Childhood Experiences (ACE) study identified a significant connection between childhood exposure to trauma and adult outcomes. The presence of multiple ACEs (e.g., physical abuse, sexual abuse) in a child's life is associated with social, emotional, and cognitive impairment; high-risk behavioral problems; and the development in adulthood of serious medical and mental health conditions (Feletti & Anda, 2010).

Children and youth involved with various systems of care have experienced disproportionately high rates of ACEs and traumatic stresses. For example, there are nearly 500,000 children in the foster care system (U.S. Department of Health and Human Services, 2012), and many of these youth have experienced abuse, neglect, and significant family stressors including poverty, substance abuse, parental mental illness, domestic violence, and homelessness (Stukes Chipungu & Bent-Goodley, 2004). Nearly 50 percent of children and youth in the child welfare system and 83 to 91 percent of children and youth who live in dangerous neighborhoods have experienced trauma (National Center for Children in Poverty, 2007). As a result, youth in foster care often struggle with physical health problems, developmental delays, behavioral difficulties, substance abuse, and emotional health issues (Vandivere, Chalk, & Moore, 2003; Grogan-Kaylor, Ruffolo, Ortega, & Clarke, 2008); youth placed in foster care for extended periods of time often experience multiple disruptions in primary relationships with adults (Dozier et al., 2006).

Another group, children and youth involved in the homeless service system, also demonstrates high rates of violence and trauma. Researchers have consistently documented that children experiencing homelessness have been exposed to multiple, often unremitting traumatic stresses, including victimization (Anooshian, 2005; Gewirtz, 2010). Twenty-five percent of all homeless children have witnessed domestic violence and 66 percent have experienced physical violence. By age 12, some 83 percent of homeless children have been exposed to at least one serious

violent event (Bassuk et al., 1996; Bassuk et al., 1997; Buckner, Beardslee, & Bassuk, 2004). It is not surprising that more than half of all children in shelters meet diagnostic criteria for posttraumatic stress disorder (PTSD), and many others experience symptoms in the subclinical range (Guarino & Bassuk, 2010; Lehmann, 1997).

Youth who experience abuse and neglect are also at high risk of engaging in delinquent behaviors and subsequent involvement with juvenile justice. Childhood exposure to violence and trauma, particularly violence, has been associated with increased involvement in the juvenile justice system (Brown, Henggeler, Brondino, & Pickrel, 1999; Chauhan & Reppucci, 2009; Rosario, Salzinger, Feldman, & Ng-Mak, 2003; Voisin, 2007; Zinzow et al., 2009). These experiences are associated with adverse long-term outcomes, including behavioral problems, delinquency, and antisocial problems that became more evident with age (Egeland, Yates, Appleyard, & van Dulmen, 2002; Ford, Hartman, Hawke, & Chapman, 2008). When these stresses are cumulative and no supportive adults are present to buffer the stress, they may have an impact on the brain function of children and place these children at greater risk for adverse physical, developmental, emotional, and functional outcomes (Fairbank & Fairbank, 2009).

In particular, youth involved in the foster care system are four times more likely to be “early start juvenile delinquents” than youth with no foster care involvement, with a portion becoming chronic offenders as they age (Alltucker, Bullis, Close, & Yovanoff, 2006; Ryan, Hernandez, & Herz, 2007). In addition, more foster youth report being arrested than youth in general (Cusick & Courtney, 2007; Foster, Qaseem, & Conner, 2004; Grogan-Kaylor et al., 2008; English, Widom, & Brandford, 2002; Maxfield & Widom, 1996).

There is a strong association between victimization in childhood and later delinquency (Cuevas, Finklehor, Turner, & Ormrod, 2007). Childhood exposure to abuse or neglect increases the risk of juvenile arrest by as much as 59 percent (Siegfried, Ko, & Kelley, 2004). Children who have been exposed to violence have a greater acceptance of violence as a means of resolving conflict, are more likely to view aggressive control as a form of coping, and are more likely to commit violent crimes (Finkelhor & Dziuba-Leatherman, 1994; Finklehor, 1995; Nofziger & Kurtz, 2005; Osofsky, 1997; Spacarelli,

Understanding Trauma within a Cultural Framework

Children and youth accessing services across systems come from different cultural backgrounds. Experiences of trauma shape their thoughts, feeling, beliefs, and the way they view the world, including their cultural responses to services and treatment. It is important for providers across child-serving systems to recognize that each child's diverse experiences, values, and beliefs will impact how that child accesses services. It is equally important to recognize that the cultural values of providers and service delivery systems have an effect on how services are delivered and accessed. Trauma has different meanings across cultures; healing takes place within one's own cultural beliefs. Being culturally aware implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by survivors and their communities. A culturally competent approach helps create a respectful environment in which trauma survivors can begin to rebuild a sense of self and a connection to their communities. The guiding principles of trauma-informed care are predicated on mutual learning and assistance, respectful interactions, and true partnerships across diverse groups and individuals. Cultural dynamics must be appreciated, and the role of cultural and linguistic differences and their impact on service provision are critical parts of providing trauma-informed care.

Coatsworth, & Sperry Bowden, 1995). As they age, the risk of criminal offending among young adults increases with exposure to community violence and a history of receiving traumatic news (Eitle & Turner, 2002).

Finally, exposure to sexual abuse is alarmingly high, especially for young girls. Among juvenile girls identified by the courts as delinquent, more than 75 percent have been sexually abused (Calhoun, Jurgens, & Chen, 1993). More than half of these youth have one or more mental health diagnoses, and a quarter suffer from PTSD (Casey Family Programs, 2001).

Impact of Trauma on Children’s Development

Traumatic experiences occur outside the realm of usual experience; threaten one’s physical, spiritual, and emotional well-being; and invoke intense feelings of helplessness, fear, and lack of control (American Psychiatric Association, 2000). These events overwhelm the physiological system for coping with stress and leaves people feeling unsafe and vulnerable (Herman, 1992). As traumatic experiences accumulate, the physiological and psychological impacts become more profound, sometimes resulting in long-term neurobiological changes that can significantly affect daily functioning (Cook et al., 2005; National Scientific Council on the Developing Child, 2005; van der Kolk, Roth, Pelcovitz, Sunday, & Spinazzola, 2005).

It is well known that early life experiences have an impact on children’s development (Shonkoff & Phillips, 2000; U.S. Department of Health and Human Services, 2009). The developmental periods between ages 0–5 and 15–25 are sensitive periods of human development when certain parts of the brain are most susceptible to traumatic experiences. Positive, supportive, and enriching experiences during these developmental times enhance a child’s development, whereas adversity and toxic early experiences can lead a child down unhealthy developmental pathways that can persist far into adulthood (Center on the Developing Child, 2010). Recent studies have documented that children exposed to cumulative stressors are more likely to experience negative outcomes than children who have not had these experiences, especially if they are not involved in a supportive relationship with a caregiver (Fairbank & Fairbank, 2009). Additionally, early childhood maltreatment has been associated with peer difficulties and externalizing behavior problems in school-age children and with antisocial behavior and delinquency in adolescents that persist over time (Cuevas et al., 2007; Ford et al., 2008).

Children exposed to high rates of trauma demonstrate psychological distress and adverse long-term outcomes (Ford et al., 2008; U.S. Department of Justice, 2011). The constant barrage of traumatic experiences can have profound effects on early brain development, which can create dysregulated neurophysiological systems resulting in a host of emotional and behavioral problems that can worsen with age (Center for the Developing Child, 2010). Ongoing exposure to traumatic stress, particularly exposure from a young age, can affect all aspects of people’s lives, including physiological, emotional, and cognitive functioning; social interactions and relationships; and identity formation (Cook et al., 2005).

What Is Trauma-Informed Care?

Most children who have experienced trauma have learned to adapt to these circumstances in order to survive. However, their ways of coping may seem confusing and out of place in their current circumstances and can baffle and frustrate service providers. Without understanding

trauma and its impact on the brain and body, service providers may inadvertently retraumatize children and families by responding in ways that replay previous traumatic interactions. Given the high rates of traumatic exposure among children in systems of care, understanding trauma and its impact is essential to providing quality care.

Trauma-informed care is an organizational approach to programming that involves understanding, anticipating, and responding to the behaviors and expectations of children who have been traumatized. Because trauma-informed care aligns with the core values and guiding principles of systems of care, it is appropriate for organizations across child- and family-serving systems. Trauma-informed services minimize the possibilities of revictimization by creating safe environments. Such services maximize children's choices and control over the course of their recovery and focus on strengths, spiritual and emotional well-being, and the development of trusting relationships. Studies have shown the following preliminary outcomes of trauma-informed care: improved functioning and decreased emotional symptoms; decrease in use of crisis-based services; enhanced self-identity, skills, and safety among children; and greater collaboration among service providers (Cocozza et al., 2005; Morrissey & Ellis, 2005; Noether et al., 2007).

Trauma-informed care provides a universal design for addressing violence and trauma in child-serving systems of care. As an organizational, systemwide approach, trauma-informed care is delivered to all children by all personnel across the system, not just by specialized clinical staff. It implies that staff at every level understand and respond to the needs of their clients through the lens of trauma so that no matter what door a child may go through—into a foster home, a residential program, a homeless shelter, or a clinic—she or he can be assured a basic level of appropriate care that is responsive to the trauma the child has likely endured. Accomplishing this requires a commitment and a coordinated effort at all levels—federal, state, and local—to changing the practices, policies, and cultures of entire organizations within and across systems, using knowledge of trauma and recovery to design and deliver services (Guarino et al., 2009; Guarino, 2012).

How to Integrate Trauma-Informed Care Into Systems of Care

As awareness of the prevalence of trauma and its impact in the lives of children has increased, there has been a shift in the way that services are designed

A Toolkit for Creating a Trauma-Informed Organization

*In response to the high rates of trauma in the homeless population, The National Center on Family Homelessness developed the Trauma-Informed Organizational Toolkit to provide programs with a roadmap for becoming trauma informed (Guarino et al., 2009). The Toolkit offers organizations specific guidelines on how to modify their practices and policies to ensure that they are responding appropriately to the needs of families who have experienced traumatic stress. The **Trauma-Informed Organizational Toolkit** includes the **Trauma-Informed Organizational Self-Assessment** and a **User's Guide**. Both are designed to assist programs in learning about a trauma-informed approach and assessing their current service delivery systems. The *How-To Manual for Creating Organizational Change* provides concrete steps that organizations can take to become trauma informed. Based on lessons learned from local and national piloting, the Trauma-Informed Organizational Toolkit has been identified by SAMHSA as a model for developing trauma informed care systems (Jennings, 2008). The tool that has been adapted for use with agencies serving women veterans and displaced populations. The tool can be used across diverse systems of care. The Toolkit and adapted versions can be downloaded at www.familyhomelessness.org.*

and delivered across service systems. As systems of care have evolved over the last 20 years to meet children’s mental health needs (Stroul, 2002), they have integrated new and better practices to improve services. With our more developed understanding of trauma, its extent, and impact for children across multiple systems of care, the time has come to fully integrate trauma-informed approaches into systems of care. Trauma-informed care is not an addition; it is a complementary approach to the existing system of care framework that offers the promise of responding sensitively and appropriately to all children and youth affected by trauma.

Trauma-informed care aligns well with the core values embraced by systems of care. A trauma-informed perspective accounts for the interrelationships among physical, emotional, and behavioral health; parent-child attachment; and how these outcomes are affected by chronic exposure to trauma. Systems of care encourage the coordination of services for children, youth, and families across child-serving systems. They focus on family and child engagement, youth and community involvement, and cultural and linguistic differences to further strengthen the approach to quality care. A “trauma-informed system of care” combines these frames such that partnering across service systems, providing comprehensive training for staff, creating safe and supportive service environments, conducting thorough assessments, integrating systems to meet children and family needs, addressing cultural and linguistic needs, and providing trauma-specific services are fully integrated.

Consumer Voice in Trauma-Informed Systems of Care: Making Trauma Central

Incorporating the consumer voice is already a guiding principle of the systems of care. However, within a trauma-informed system of care, the power of the consumer voice in deciding what works for them and what doesn’t in managing traumatic reactions becomes central. Recovery and success for trauma survivors is largely based on their ability to regain control of their lives. Service providers can facilitate meetings where children, youth, and families can learn together about how trauma has affected their functioning. Providers share knowledge of trauma with families and youth. The management of traumatic reactions or maladaptive survival responses is discussed together so that families and youth can make informed decisions about behavior plans, placement, and treatment decisions that work for them. Engaging children, youth, and families also means providing opportunities for them to be directly involved in developing agency activities and evaluating agency practices that support recovery from trauma.

From Traditional to Trauma-Informed Systems of Care: A Paradigm Shift

Systems of care, and the continuum of services offered within them, are important components of a recovery system for survivors of trauma. Systems of care have worked to shift how they view the work away from a traditional, deficits-based, and provider-driven model to a strengths-based, consumer-driven, and recovery-oriented one. A trauma-informed system of care goes one step further, making understanding the impact of trauma on children, youth, and those who serve them a central component of the system.

This shift from traditional to trauma-informed is more than a shift in practice; at its core, it is a shift in how providers view the people served by the system. Within traditional systems of care, the impact of trauma is not well understood by providers. As a result, problems or symptoms are viewed as discrete, separate, and often unrelated to past experiences of trauma. Children, youth, and families are seen as broken, vulnerable, and unable to make decisions for themselves. In

traditional models, providers view themselves as the experts who know what is best for clients, and treatment is diagnostically driven and symptom focused. Relationships are based on hierarchies, and power sharing is limited. Emanating from a traditional paradigm, service delivery also includes a range of practices that are not conducive to recovery for trauma survivors and in fact may even have the potential to cause additional harm (Prescott et al., 2008).

In contrast, a trauma-informed approach views children, youth, and families through a “trauma lens,” thereby shifting the way providers see families, understand children’s behavior, and approach treatment and decision making. Behaviors, responses, attitudes, and emotions are understood as a collection of survival skills developed in response to traumatic experiences. In addition, a trauma-informed approach also acknowledges the impact that working with trauma survivors has on providers (i.e., secondary traumatic stress) and includes practices to create a culture of self-care for staff.

Examples of trauma-informed strategies that providers across the continuum of services in systems of care can use to build resilience and support recovery for children and youth include: (a) creating universal opportunities to help youth identify, express, and regulate feelings and behaviors; (b) establishing physical and emotional safety for youth and incorporating ways to assess youth’s perceived level of safety; (c) incorporating knowledge of cultural backgrounds and culture-specific responses to trauma in addressing particular behaviors; and (d) addressing staff self-care in team meetings and professional development. By incorporating new research into trauma and an understanding of trauma and its impact into an ever-evolving service system, providers can better foster recovery for trauma survivors. This represents a positive step forward in the development of systems of care.

Strategies in a Trauma-Informed System of Care
Training and supervision on trauma and its impact are a regular part of staff training; knowledge of trauma is an expected core competency, including attention to provide self-care.
Comprehensive trauma assessment is completed to inform treatment and placement decisions.
Natural community supports are used to help families manage children’s traumatic reactions and behaviors (e.g., sports, activity groups, after-school programs); all organizations across the continuum of care are based on models of trauma-informed care.
Trauma recovery is a central component of family and youth treatment planning meetings.
Programs are flexible in rules; visitation with family is encouraged to support the development of healthy attachment and minimize retraumatization.
Nonpunitive behavior management strategies are used to help traumatized youth learn safety, self-regulation, and coping skills.
Multiple moves between programs are minimized to reduce retraumatizing a child and disrupting important relationship.

Common Challenges

The most common obstacles to transforming a system or an organization to become trauma informed echoed by providers are limited time and resources. Becoming trauma informed is an ongoing process that begins by raising awareness through education and training about trauma and its impact. Based on this knowledge, organizations build buy-in from staff across the system to make the changes needed. Providers, especially those in underresourced communities, may have few opportunities for training or career development and often lack consistent supervision to develop their skills. They may have little formal training and education in areas such as child development, attachment, and the impact of violence and trauma on children and youth. In many cases, only a clinician or select staff receive trauma training, even though alone they cannot provide trauma-informed care or transform the system. Within an organization, trauma-informed care requires a commitment and an investment in training the workforce, including staff at all levels—administrators and facility staff, front line workers, supervisors and program directors, clinicians and case managers. Across the continuum of services and agencies, staff must also be trained, ideally cross trained, so that services can be coordinated. Transforming the culture of a system and sustaining those changes can be challenging. Staff turnover, diminishing resources, and competing demands for an agency’s time and attention can threaten any change process. We offer the following tips and strategies to guide agencies across service systems in adopting, implementing, and sustaining a trauma-informed system of care.

Tips and Strategies

- Obtain a baseline assessment of the capacity of the organization or system to deliver trauma-informed services.
- Identify needs and areas for development, and develop a strategic plan to adopt changes.
- Routinely provide training on trauma and trauma-informed care for all staff across the organization.
- Coordinate and provide cross-trainings across service systems to develop a shared mission, vision, language, and commitment to delivering trauma-informed care.
- Conduct periodic reviews of short-term and long-term goals. Agencies can reassess their program yearly to identify changes. Use various assessment tools, including staff and consumer surveys, focus groups, and individual interviews, to continually monitor how trauma-informed care is being delivered to and received by clients.
- Build trauma-informed services for children that include specialized programming, assessments, and resource coordination.
- Engage youth and families in service delivery to meet their unique needs. This can be achieved only when a supportive environment is created.
- Connect with experts in various areas and agencies that can provide ongoing support and consultation.
- Network with other service systems that are incorporating trauma-informed models to build a support system and learning community to help sustain commitment to delivering trauma-informed care.

- Provide trauma training as part of the new-hire process, and conduct ongoing trainings on trauma-related topics.
- Educate other service systems and providers working with children, youth, and families on the impact of trauma and trauma-informed care.
- Share your lessons learned and best practices to support the growth of trauma-informed practices in the field.

Spotlight:

**System of Care Trauma-Informed Agency Assessment (TIAA) Guide
THRIVE in Westbrook, Maine**

“An in-depth, validated data-collection tool designed by dedicated family, youth, and agency staff to identify areas of strength and pinpoint areas for improving trauma-informed service.”

The guide was created for children’s behavioral health agencies and offers six practice areas.

- 1. Physical and Emotional Safety** assesses whether secure reception/waiting areas, nonjudgmental treatment, and flexible scheduling, among others, promote a sense of safety.
- 2. Youth and Family Empowerment** refers to whether policies and practices empower clients through strength-based participation and/or community-based partnerships.
- 3. Trustworthiness** refers to whether factors such as consistency, accessibility of staff, and interpersonal boundaries foster trust between an agency and the consumer.
- 4. Trauma Competence** is the extent to which staff, policies, procedures, services, and treatment serve the unique experiences and needs of trauma survivors.
- 5. Cultural Competence** is the extent to which staff, policies, procedures, services, and treatment accommodate the cultures, traditions, and beliefs of youth and family consumers.
- 6. Commitment to Trauma-Informed Philosophy** is the extent to which all agency staff with consumer contact integrate a trauma-informed philosophy in everything they do.

Learn more about THRIVE by visiting <http://thriveinitiative.org/about/system-of-care/>.

Conclusion

Experiences of trauma have a significant impact on the well-being of children and youth and their caregivers. Given the prevalence of trauma in the lives of children and youth accessing the systems of care, trauma-informed care is an organizational approach to addressing these high rates of trauma that can be applied universally across child-serving systems. This type of systemwide approach requires that providers at all levels, in all roles, modify what they do by understanding the impact of trauma and the specific needs of trauma survivors. It means making a commitment to changing the practices, policies, and culture of an entire agency and requires a coordinated federal, state, and local response to systemwide transformation.

Resource List

1.1

Author/Distributor: The National Center on Family Homelessness

Website: www.familyhomelessness.org

Language: English

Content: *Trauma-Informed Organizational Self-Assessment: A Guide for Creating Trauma-Informed Services for Mothers and Children Experiencing Homelessness*

1.2

Author/Distributor: National Center for Trauma-Informed Care

Website: <http://www.samhsa.gov/nctic/>

Language: English

Content: This technical assistance center is dedicated to building awareness of trauma-informed care and promoting the implementation of trauma-informed practices in programs and services.

1.3

Author/Distributor: The Trauma Center

Website: www.traumacenter.org

Language: English

Content: The Trauma Center helps individuals, families, and communities that have been impacted by trauma and adversity to reestablish a sense of safety and predictability in the world and provides them with state-of-the-art therapeutic care as they reclaim, rebuild, and renew their lives.

1.4

Author/Distributor: Safe Start Center

Website: www.safestartcenter.org/resources/tip-sheets.php

Language: English

Content: This center helps users broaden their knowledge of and promote community investment in evidence-based strategies for reducing the impact of children's exposure to violence.

1.5

Author/Distributor: Oregon Health Services – Trauma-Informed and Trauma-Specific Services

Website: <http://www.oregon.gov/OHA/amh/Pages/trauma.aspx>

Language: English

Content: This site provides valuable links to policy samples, screening tools, presentations, publications, and other trauma-related Web links.

1.6

Author/Distributor: National Association of State Mental Health Program Directors (NASMHPD)

Website: <http://www.nasmhpd.org/TA/NCTIC.aspx>

Language: English

Content: This site offers valuable information about CMHS's (Center for Mental Health Services) National Center for Trauma Informed Care (NCTIC). It offers resources such as publications, reports, webinars, and other tools.

1.7

Author/Distributor: Medical University of South Carolina

Website: <http://tfcbt.musc.edu/>

Language: English

Content: Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT)—A Web-Based Learning Course. TF-CBT is a child and parent psychotherapy approach for children who have behavioral difficulties that result from trauma. Children and parents learn new skills to manage and resolve distressing thoughts, feelings, and behaviors that result from traumatic life events.

1.8

Author/Distributor: The Trauma-Informed Response

Website: www.traumainformedresponse.com/

Language: English

Content: This site assists organizations in creating trauma-responsive, trauma-informed systems and in particular helps organizations adopt trauma-informed care. TReSIA, the Trauma Responsive Systems Implementation Advisor suite, includes tools for implementing trauma-informed care. Trauma-informed care supports mental health recovery for most mental health diagnoses including PTSD and addiction.

1.9

Author/Distributor: The Trauma Informed Care Project

Website: www.traumainformedcareproject.org/

Language: English

Content: This project educates those who deliver services or have some piece of a family's case about trauma and how it may impact the system and/or affect the family. It trains practitioners in evidence-based trauma-informed services so that consumers/community/systems can have available resources to send trauma survivors to receive services.

1.10

Author/Distributor: California Center of Excellence for Trauma Informed Care

Website: www.trauma-informed-california.org/

Language: English

Content: Trauma-specific services have the primary task of addressing the impact of trauma and facilitating trauma recovery.

1.11

Author/Distributor: State University of New York at Buffalo, School of Social Work

Website: www.socialwork.buffalo.edu/research/ittic/

Podcast: www.socialwork.buffalo.edu/podcast/trauma/

Language: English

Content: Living Proof Podcast Series: Trauma and Trauma-Informed Care. These free podcasts related to trauma and trauma-informed care are produced biweekly by SUNY at Buffalo School of Social Work.

1.12

Author/Distributor: The Trauma Informed Care Network

Website: www.traumainformedcarenetwork.org/

Language: English

Content: This network promotes a shared community vision that embraces a system of care that views individuals in a way that honors their complicated and traumatic histories by responding with sensitivity and understanding.

1.13

Author/Distributor: Florida Department of Juvenile Justice

Website: <http://www.djj.state.fl.us/partners/our-approach/Trauma>

Language: English

Content: This site endorses providing trauma-informed care to continue to be “part of the solution” and to give children the opportunity to live with more hope than fear.

1.14

Author/Distributor: Child Welfare Information Gateway

Website: www.childwelfare.gov/responding/trauma.cfm

Language: English

Content: The Child Welfare Information Gateway promotes the safety, permanency, and well-being of children, youth, and families by connecting child welfare, adoption, and related professionals as well as the general public to information, resources, and tools covering topics on child welfare, child abuse and neglect, out-of-home care, adoption, and more.

1.15

Author/Distributor: The National Child Traumatic Stress Network (NCTSN)

Website: www.nctsn.org

Language: English

Content: NCTSN’s collaboration of frontline providers, researchers, and families is committed to raising the standard of care while increasing access to services. Combining a knowledge of child development, expertise in the full range of child traumatic experiences, and dedication to evidence-based practices, the NCTSN changes the course of children’s lives by changing the course of their care.

1.16

Author/Distributor: ChildTrauma Academy

Website: <http://www.childtrauma.org/>

Language: English

Content: The ChildTrauma Academy strives to improve the lives of high-risk children through service, research, and education. Free online learning modules are available.

1.17

Author/Distributor: National Clearinghouse on Families and Youth

Website: <http://ncfy.acf.hhs.gov/tools/exchange/trauma-informed-care/tips>

Language: English

Content: Trauma-Informed Care, Tips for Youth Workers

1.18

Author/Distributor: Wisconsin Department of Public Instruction

Website: http://sspw.dpi.wi.gov/sspw_mhtrauma

Language: English

Content: This site offers a variety of resources to help schools become more trauma sensitive.

The links provide a list of commonly asked questions with responses, an annotated list of high-quality resources, and a PowerPoint presentation with detailed speaker notes that can be used in a building in-service workshop.

1.19

Author/Distributor: National Federation of Families for Children’s Mental Health

Website: <http://www.ffcmh.org>

Language: English

Content: The Federation provides advocacy at the national level for the rights of children and youth with emotional, behavioral, and mental health challenges and their families.

1.20

Author/Distributor: National Center for Cultural Competence (NCCC)

Website: <http://nccc.georgetown.edu>

Language: English, Spanish

Content: NCCC provides national leadership and contributes to the body of knowledge on cultural and linguistic competency within systems and organizations.

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