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# Advancing Change to Support Trauma-Informed Initiatives and Build Evidence of Impacts

Trauma-Informed Approaches: Connecting Research, Policy, and Practice to  
Build Resilience in Children and Families

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Trauma-Informed Approaches: Connecting Research, Policy, and Practice to Build Resilience in Children and Families

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# Executive Summary

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Despite a proliferation of interest and investment in trauma-informed (TI) approaches by policy makers, researchers, practitioners, and other stakeholders, few opportunities exist to synthesize and share available knowledge, research, and resources.

This issue brief summarizes information from multiple sources to offer insight into three critical questions:

1. How can stakeholders achieve a common understanding of what it means to be “trauma informed”?
2. How can stakeholders support a TI workforce?
3. How can stakeholders strengthen measurement and build evidence of impacts?

This issue brief conveys information and perspectives gathered through diverse project activities focused on systems-level TI approaches across service sectors. Our collective efforts revealed three broad areas of need: achieve a common understanding, support the workforce, and build evidence.

## Achieve a Common Understanding

As a variety of projects and efforts across sectors fund, design, and implement TI initiatives, they draw from multiple terms related to trauma and childhood adversity. Many programs addressing trauma have cited the well-known framework developed by the Substance Abuse and Mental Health Services Administration (SAMHSA).<sup>1</sup> Although the SAMHSA framework presents a foundational definition for TI approaches and is applied across disciplines and systems, it does not fully integrate learnings from recent efforts focused on strengthening resilience in individuals, families, and communities or thoroughly operationalize strategies for implementation. For the purposes of this paper, we present a revised definition of trauma that synthesizes information across sources and reflects new insights from this project.

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**Trauma results from an event experienced as physically or emotionally harmful or life threatening that can have lasting adverse effects on functioning and well-being.<sup>2</sup> Traumatic experiences may originate outside the family (e.g., community violence) or within the family (e.g., physical, sexual, or psychological abuse and neglect).<sup>3</sup> Although childhood trauma can impact individuals of all socioeconomic levels, economically vulnerable children often face caregiving situations and adverse community environments that compound traumatic**

experiences.<sup>a</sup> Depending on individual, family, and environmental risk and protective factors,<sup>b</sup> individuals may demonstrate resilience or adaptive responses to trauma and can be buffered from the experience of lasting harm.<sup>c</sup>

## Support the Workforce

Many barriers undermine effective implementation of TI approaches. High caseloads and staff turnover rates prevent staff from effectively implementing and sustaining TI practice change. Long-term improvement in supporting the TI workforce begins with leadership and includes staff buy-in. Themes for improvement in this area include strengthening organizational capacities; adopting and implementing high-

In 2018, the Office of the Assistant Secretary for Planning and Evaluation (ASPE) within the U.S. Department of Health and Human Services (HHS) awarded James Bell Associates (JBA) and partner Education Development Center (EDC) a contract for the project, “Trauma-Informed Approaches: Connecting Research, Policy, and Practice to Build Resilience in Children and Families.”

The contract seeks to advance understanding of TI approaches—in particular, those conducted across sectors and at the systems level.

### Key issues of focus include:

- Definition and operationalization of TI approaches
- Core components and implementation supports
- Measurement/assessment of impacts
- Identification of promising approaches

### This issue brief presents key findings drawn from four primary project activities:

- A [research summary](#) of TI systems-level initiatives
- A program scan featuring [profiles of programs](#) from diverse sectors, locations, and funding sources
- A **convening of experts**, including researchers, policy makers, community stakeholders, practitioners, and federal leaders, held in May 2019
- A series of **key informant interviews** with leaders in the field, federal leaders, and federal grantees conducted in August 2019

<sup>a</sup> For more information about traumatic experiences, see Family-Informed Trauma Treatment Center (2010). *Understanding the impact of trauma and urban poverty on family systems: Risks, resilience, and interventions*. Retrieved from <https://www.nctsn.org/resources/understanding-impact-trauma-and-urban-poverty-family-systems-risks-resilience-and>

<sup>b</sup> For a list of individual, family, and community risk factors, see Anderson Moore, K., Murphey, D., Beltz, M., Carver Martin, M., Dym Bartlett, J., & Caal, S. (2016). *Child well-being: Constructs to measure child well-being and risk and protective factors that affect the development of young children* (Report No. 2016-61). Bethesda, MD: Child Trends.

<sup>c</sup> For a discussion of influences that promote resilience among children experiencing trauma, see Center on the Developing Child (2015). *The science of resilience* (InBrief). Retrieved from <https://developingchild.harvard.edu/resources/inbrief-the-science-of-resilience/>

quality, formal professional development and ongoing practice-based coaching and supervision; and providing supports to help staff prevent and cope with secondary traumatic stress.

## Build Evidence

While many systems-level TI efforts track implementation outcomes (e.g., how many trainings were conducted, how many trauma screens were completed), they are less likely to track child and family outcomes (e.g., reduction in trauma symptoms, reduction in behavior problems). More work is needed to align TI objectives, underlying theories, program components, and evaluation to help build the evidence base. Strengthened collaboration among partner organizations can help pave the way.

This issue brief further highlights notable gaps, strategies, and promising programs in the TI field. We also present considerations for future federal and state efforts to build infrastructure and facilitate opportunities for dynamic, cross-sector learning and evaluation capacity building.

# Introduction

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Society is increasingly recognizing the long-term impacts of trauma. This awareness has spurred interest and investment in trauma-informed (TI) approaches by diverse stakeholders, including policy makers, researchers, and practitioners. TI approaches apply the concept that an agency or system should provide a safe, supportive environment to staff, individuals, and families that reflects the evidence base about the experience of trauma and the most effective ways of supporting those who are exposed to trauma.<sup>4</sup> Many federal, state, and local agencies have funded efforts to design and implement TI initiatives within and across an array of child- and family-serving sectors, such as child welfare, education, early care and education, and juvenile justice. Increasingly, community-based initiatives are incorporating concepts drawn from the science of resilience and are implementing strategies to enhance protective factors to mitigate impacts of adverse childhood experiences (ACEs) and address trauma. Despite these developments, few efforts have been undertaken to synthesize and share existing knowledge, research, and resources, and the evidence base for TI approaches remains limited.

The “Trauma-Informed Approaches: Connecting Research, Policy, and Practice to Build Resilience in Children and Families” project seeks to advance the collective understanding of TI approaches, particularly those conducted across sectors and at the systems level. Project activities include a [research summary](#); a [program scan](#); an expert convening composed of stakeholders working in TI and ACEs science and practice;<sup>d</sup> and a series of key informant interviews with leaders in the field, federal leaders, and federal grantees.

This brief distills information and perspectives gathered through project activities to address three questions:

1. How can stakeholders achieve a common understanding of what it means to be “trauma informed”?
2. How can stakeholders support a TI workforce?
3. How can stakeholders strengthen measurement and build evidence of impacts?

We organize our findings into common themes—including gaps and needs, strategies, and promising programs (presented in boxes throughout the document)—before highlighting future opportunities to shape cross-sector approaches and initiatives.

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<sup>d</sup> See the Acknowledgments section for a list of experts who attended the convening. We present program scan examples throughout the brief, highlighting specific practices as relevant.

# Question 1. How Can Stakeholders Achieve a Common Understanding of What It Means to Be Trauma Informed?

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Our research summary and convening revealed no broad consensus on what defines a TI approach, similar to other recent reviews in specific sectors.<sup>5,6</sup> However, many studies cited a well-known framework developed by the Substance Abuse and Mental Health Services Administration (SAMHSA). In 2014, a SAMHSA workgroup developed standard definitions, key principles, and guidance for TI approaches. SAMHSA's (2014) framework<sup>7</sup> emphasizes the need to create climates of empathy and respect when serving individuals and families that have experienced trauma. It presents a definition with four guiding assumptions, referred to as the "4 R's":

A program, organization, or system that is trauma-informed **realizes** the widespread impact of trauma and understands potential paths for recovery; **recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and **responds** by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively **resist re-traumatization**. (p. 19)

SAMHSA further defined 6 key principles that TI organizations should uphold and 10 implementation domains (i.e., domains of organizational change) into which the TI principles should be integrated (see exhibit 1).

## Exhibit 1. Principles and Implementation Domains in the SAMHSA Framework

SAMHSA's framework outlines 6 key principles and 10 implementation domains that reflect a TI approach.

### *Principles*

1. Safety
2. Trustworthiness and transparency
3. Peer support
4. Collaboration and mutuality
5. Empowerment, voice, and choice
6. Cultural, historical, and gender issues

### *Implementation Domains*

1. Governance and leadership
2. Policy
3. Physical environment
4. Engagement and involvement
5. Cross-sector collaboration
6. Screening, assessment, and treatment services
7. Training and workforce development
8. Progress monitoring and quality assurance
9. Financing
10. Evaluation

Convening attendees noted that to achieve a common and comprehensive definition of TI approaches, more work could be meaningfully accomplished in three critical areas:

- Shared language and understanding of terminology, with the objective of moving toward a more clear and rigorous definition of a TI approach
- Expanded exploration and integration of strengths-based, resiliency-oriented, and culturally responsive components
- Common standards for implementation and quality

For the purposes of this paper, we present a revised definition of trauma that synthesizes information across sources and reflects new insights from this project.

**Trauma results from an event experienced as physically or emotionally harmful or life threatening that can have lasting adverse effects on functioning and well-being.<sup>8</sup> Traumatic experiences may originate outside the family (e.g., community violence) or within the family (e.g., physical, sexual, or psychological abuse and neglect).<sup>9</sup> Although childhood trauma can**

impact individuals of all socioeconomic levels, economically vulnerable children often face caregiving situations and adverse environments that compound traumatic experiences.<sup>e</sup> Depending on individual, family, and environmental risk and protective factors,<sup>f</sup> individuals may demonstrate resilience or adaptive responses to trauma and can be buffered from the experience of lasting harm.<sup>g</sup>

## Shared Language and Understanding of Terminology

TI approaches are proliferating within and across child- and/or family-serving sectors—including sectors relatively new to addressing trauma-related issues, such as pediatrics and education. As different sectors fund, design, and implement TI initiatives, they draw from an assortment of terminology related to trauma and childhood adversity (see exhibit 2).

### Exhibit 2. Terminology Related to Trauma and Childhood Adversity

**Childhood adversity**—A broad term referring to many circumstances or events that can confer risk to a child’s physical or psychological well-being, including child abuse and neglect, extreme poverty, and community violence

**Adverse childhood experiences (ACEs)**—A subset of childhood adversities, including physical and emotional abuse, neglect, caregiver mental illness, and household violence

**Toxic stress**—Excessive activation of the stress response system that can occur when a child experiences adversity that is extreme, long lasting, and severe (e.g., chronic neglect, domestic violence, severe economic hardship) without adequate support from a caregiving adult

**Trauma**—The emotional or psychological response to an event or set of circumstances that is experienced as physically or emotionally harmful or life threatening and that has lasting adverse effects on functioning and well-being

**Resilience**—The capacity to recover and adapt following significant adversity

<sup>e</sup> See Family-Informed Trauma Treatment Center (2010).

<sup>f</sup> See Anderson Moore et al. (2016).

<sup>g</sup> See Center on the Developing Child (2015).

**Trauma-informed (TI) approaches**—A broad term referring to efforts and practices that are driven by what is known about the causes, prevention, and impact of trauma, and what has been shown to produce successful positive outcomes in those facing or who have faced trauma

**TI initiatives**—Targeted projects often organized and funded with the goal of preventing trauma and addressing the needs of those affected by traumatic events, such as ACES and toxic stress

**Sources:** Adapted from Center on the Developing Child, 2019.;<sup>10</sup> Dym Bartlett & Sacks, 2019.;<sup>11</sup> National Child Traumatic Stress Network (NCTSN), 2016.<sup>12</sup>

The application of terms depends upon the sector, the setting, the goals of the specific TI approach, and the nature of the interventions implemented in the approach. The working definitions of terms listed in exhibit 2 provide a starting place to understand the nuances between common TI terms. Understanding the terms can help different systems speak a shared language as they collaborate and develop cross-sector approaches. It can also help practitioners provide children with appropriate levels of support and help TI initiatives achieve long-term outcomes specific to the needs of their populations.<sup>13</sup>

While key informants working in the TI technical assistance field spoke about the need for a strong foundational definition and clear terms, they also noted a need for flexibility to allow local communities and organizations to apply terms and define implementation domains in ways that are meaningful to their context. Therefore, technical assistance to cross-sector collaborative groups involves education on the definitions of multiple terms while balancing the desire for local flexibility with the need for greater precision for the field.

## Strategies for Improvement

To move toward a shared language and understanding of terminology, and to support the field's movement toward a more rigorous and comprehensive definition, TI initiatives should consider the differences between terms and intentionally and explicitly articulate their approach in terms that best align with:

- The definition, principles, and domains of the SAMHSA TI approach
- The initiative's stated goals (e.g., prevent exposure to ACEs, mitigate impact of toxic stress, promote resiliency)
- Awareness of the potentially harmful exposures children and families in their community may be experiencing
- The core components of an initiative, drawing links between practices, activities, and interventions and matching them with the TI approach, theory, and intended outcomes

# Expanded Exploration and Integration of Strengths-Based, Resiliency-Oriented, and Culturally Responsive Components

Convening attendees noted that a common TI definition and framework could be strengthened by more explicitly incorporating evidence emerging on the impact of resiliency. The omission of resilience and protective factors from TI frameworks creates an unbalanced understanding of children, families, and communities that can shape service delivery and research.<sup>14</sup> Strengths-based approaches transition the focus from problems and pathology to positive partnerships with families.<sup>15</sup> While a common theme in TI frameworks is shifting the conversation from, “What’s wrong with you?” to, “What happened to you?”,<sup>16</sup> a strengths-based approach may ask, “What’s right with you?”

Convening attendees also noted existing frameworks could better acknowledge the impact of racism

## Promising Program: ReCAST Minneapolis

ReCAST Minneapolis, a grantee of SAMHSA’s Resilience in Communities After Stress and Trauma (ReCAST) initiative, addresses the root causes of stress and trauma by lifting up community-based solutions anchored in undoing racism and promoting a commitment to healing.

Using a community-based participatory approach and led by a coalition that includes diverse and critical perspectives from city departments, community organizations, and community and youth members, ReCAST Minneapolis implements activities that (1) promote trust and understanding between the community and city and (2) expand mental and behavioral health services capacity.

### Innovative activities include:

- Hosting *Safe/Brave Space Conversations* with city employees to understand trauma in community interactions
- Providing TI trainings from a local, culturally appropriate mental and behavioral health organization to city and community institution staff serving as first points of contact to individuals who experience trauma; trainings include *Understanding Trauma in Immigrant and Refugee Communities*, *The Power of Healing Relationships*, and *Secondary/Vicarious Trauma*

and historical trauma<sup>h</sup> when defining and developing TI approaches. Finally, a TI approach should promote culturally appropriate and community-driven efforts that systematically involve individuals who have been affected by trauma in the response to and prevention of trauma.

## Strategies for Improvement

Strategies to strengthen TI frameworks include encouraging TI initiatives to:

- Involve families and communities in developing TI approaches through avenues such as community-based participatory research<sup>i</sup>
- Train staff (clinical and nonclinical) in strengths-based approaches
- When appropriate, screen children and families for risk and protective factors and identify program components to strengthen protective factors<sup>17</sup>
- Update organizational policies and principles to be more equitable in addressing the social determinants of health<sup>j</sup> and improving access to services
- Incorporate the evidence accumulating in community resiliency-based initiatives into the existing SAMHSA TI definition and framework

## Common Standards for Implementation and Quality

With a stronger and consensus-driven definition of TI, implementation and quality standards would be easier to establish. Currently, there are no agreed-upon standards for measuring a system's progress toward becoming TI. By describing key domains of a TI approach, SAMHSA's framework serves as a starting point. Translating the TI framework into practice allows initiatives and programs to be creative and flexible in how they define, adapt, and refine their TI strategies while also

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<sup>h</sup> SAMHSA defines historical trauma as a form of trauma that affects entire communities. It refers to cumulative emotional and psychological wounding transmitted across generations within a community via group traumatic experiences. For more information, see SAMHSA-HRSA Center for Integrated Health Solutions (n.d.). *Trauma*. Retrieved from <https://www.integration.samhsa.gov/clinical-practice/trauma-informed>

<sup>i</sup> Community-based participatory research (CBPR) is "a collaborative process that equitably involves all partners in the research process and recognizes the unique strengths that each brings. CBPR begins with a research topic of importance to the community with the aim of combining knowledge and action for social change to improve community health and eliminate health disparities." For more information, see W. K. Kellogg Foundation. (2002). *Community health scholars program: Stories of impact*. Battle Creek, MI: W.K. Kellogg Foundation.

<sup>j</sup> Social determinants of health are "conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks." For more information, see HealthyPeople 2020. (2019). *Social determinants of health*. Retrieved from <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>

providing guidance to ensure consistency and quality. Yet many initiatives need guidance to establish well-operationalized TI activities.

Our research summary showed that while many initiatives successfully operationalize the first two assumptions of the SAMHSA framework (i.e., realizing and recognizing trauma), far fewer operationalize the last two (i.e., responding by applying the principles of a TI approach to all areas of the system or program’s functioning, and resisting retraumatizing clients and staff). Systems that operationalize only some of the assumptions may face unintended consequences. For example, screening for trauma by interviewers without appropriate training or without responding with appropriate supports has the potential for retraumatizing children, families, and staff.<sup>18</sup>

Even among TI assumptions that are commonly understood and applied, the research revealed great variation in how strategies are implemented. Trauma training emerged as one of the most common program activities among TI initiatives, for instance, but varied widely in content, duration, and audience. Some systems may consider themselves TI if all frontline staff have attended a 1-hour training on the prevalence of trauma; others may consider themselves TI if all staff—from frontline to leadership—have participated in a months-long training on reducing risks of retraumatization when delivering services.

## Strategies for Improvement

The field can benefit from reducing discrepancies in the operationalization of TI approaches to promote consistency in the quality and effectiveness of implementation. Strategies to help the TI field evaluate which components are effective, for whom, and under what conditions include:

- Clearly operationalizing program components
- Adopting measures for gathering data that specifically align with the operationalization and definitional framework

### Promising Programs: Missouri Model and Trauma Informed Oregon

Two state-led efforts developed resources to help organizations operationalize and implement a comprehensive TI approach:

- The Missouri State Trauma Roundtable created the *Missouri Model: A Developmental Framework for Trauma-Informed*, which presents four developmental phases of implementation: trauma aware, trauma sensitive, trauma responsive, and TI. The resource helps organizations assess their current stage against concrete indicators and identify strategies for reaching the next stage.
- Trauma Informed Oregon created a *Road Map* that visually presents the four developmental stages of implementation and benchmarks of progress at each stage, including activities for leadership and staff and measurement indicators.

# Question 2. How Can Stakeholders Support a TI Workforce?

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Convening attendees noted that child- and family-serving professionals need more concrete supports to implement and sustain the complex components of a TI approach. Comments focused on three areas:

- Organizational capacities that support effective implementation
- Ongoing coaching, supervision, and professional development
- Support for preventing and coping with secondary stress

## Organizational Capacities That Support Effective Implementation

Our research summary found that many barriers undermine effective implementation of TI approaches. Inadequate resources to support changes in systems and issues such as competing demands, high caseloads, and staff turnover rates prevent staff from effectively implementing and sustaining TI practice change. Convening attendees noted that organizational capacity must be strengthened to support staff and help incorporate evidence-based practices into clinical practice.

### Strategies for Improvement

Strategies to strengthen organizational capacity drawn from implementation science<sup>k</sup> include:

- Assessing readiness before TI program implementation to identify organizational strengths and obstacles and to better position the agency for implementation success
- Developing a data system to help staff make data-based decisions that can affect service delivery and client progress
- Providing a supportive work climate and culture, including managerial supports, that promote teamwork and collaboration, create a culture of safety, help staff better manage workloads, and acknowledge and address secondary trauma

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<sup>k</sup> For further discussion and resources for TI initiatives based in implementation science, see Trauma-Informed Care Implementation Resource Center. (2019). *Becoming trauma-informed*. Retrieved from <https://www.traumainformedcare.chcs.org/resources-for-becoming-trauma-informed/>

- Establishing regular communication between partner agencies, such as joint team meetings
- Securing adequate resources, including time, staff, space, and financing

## Ongoing Coaching, Supervision, and Professional Development

More research is needed to understand how TI efforts can achieve and sustain practice change over time. Our research summary showed that, in most cases, training helped improve staff and/or caregiver knowledge and attitudes toward TI approaches. Training alone, however, may not facilitate long-term practice change. Convening attendees suggested that training should be coupled with additional implementation supports, such as practice-based coaching or reflective practice, to ensure deep and sustained change.

### Strategies for Improvement

Strategies to achieve and sustain TI practice include:

- Intentionally incorporating sustainable practice change into ongoing training and professional development activities
- Integrating TI concepts, approaches, and topics into regular coaching and reflective supervision
- Providing opportunities for peer-to-peer learning
- Engaging in consultation and coaching with experts to promote consistency and compliance with TI standards

#### Promising Program: NEAR@Home Toolkit

The *NEAR@Home Toolkit* is a strengths-based guide grounded in the principles of TI care and infant mental health that supports home visit conversations about ACEs and resilience. Implementation is supported through a facilitated learning process, combining experiential learning with reflective support and supervision to help home visiting teams build safety, skills, and confidence addressing sensitive topics. Users learn to recognize the impact of their own experiences with adversity, individual responses that may be triggered during casework, and strategies to help address the potential impacts of secondary trauma and toxic stress. The *NEAR@Home Toolkit* and facilitation approach was pilot tested across four states with funding support from a Maternal, Infant, and Early Childhood Home Visiting Program Innovation Grant from the Health Resources and Services Administration.

# Support for Preventing and Coping With Secondary Stress

Working with survivors of trauma can be rewarding and challenging. Multiple terms describe the negative outcomes from indirect trauma exposure (see exhibit 3). Frontline staff face increased risk of these outcomes, particularly when organizations do not directly address staff needs.

## Exhibit 3. Terminology and Definitions Related to Secondary Stress

**Burnout**—The physical and emotional exhaustion workers can experience when they have low job satisfaction and feel powerless and overwhelmed at work

**Vicarious trauma**—The cumulative effect of working with survivors of trauma, including cognitive changes resulting from empathic engagement and changes in worldview

**Secondary traumatic stress or compassion fatigue**—Observable reactions to working with people who have been traumatized, mirroring the symptoms of posttraumatic stress disorder

**Compassion stress**—The stress of helping or wanting to help a trauma survivor

**Sources:** Adapted from Trauma Informed Oregon, 2019;<sup>19</sup> SAMHSA, 2014b.<sup>20</sup>

Addressing trauma in the workforce is an essential element of a TI approach. Yet our research summary found that few initiatives measure or address secondary traumatic stress and/or vicarious trauma among frontline staff. Preventing secondary traumatic stress can help staff function optimally, increase staff morale, and reduce expenses associated with staff turnover.<sup>21</sup> Trainings related to trauma can also heighten participants' knowledge of their own traumatic stress, according to research summary findings.

## Strategies for Improvement

Strategies to prevent secondary stress include:

- Offering comprehensive trainings that create awareness of secondary traumatic injuries and address the importance of self-care<sup>1</sup>

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<sup>1</sup> See resources provided by NCTSN at <https://www.nctsn.org/trauma-informed-care/secondary-traumatic-stress/nctsn-resources> and additional information at <https://www.acf.hhs.gov/trauma-toolkit/secondary-traumatic-stress>.

- Providing management strategies, such as reflective supervision,<sup>m</sup> that allow staff and supervisors to meet regularly and address feelings related to stressful interactions with families
- Creating an organizational culture that promotes staff wellness activities, encourages staff to seek support from leadership, keeps caseloads manageable, and provides concrete resources, such as adequate wages and other benefits (e.g., paid leave flex time)
- Conducting research to determine which approaches are most effective in preventing secondary stress and retaining the workforce

### Promising Program: Connecticut Collaborative on Effective Practices for Trauma

With funding from the Children’s Bureau, the Connecticut Collaborative on Effective Practices for Trauma (CONCEPT) developed and implemented the following resources and interventions, transforming the state’s child welfare system into a TI system:

- A validated, brief screening tool (*Child Trauma Screen*) used on all children aged 3 or older entering the child welfare system
- Train-the-trainer sessions using NCTSN’s *Child Welfare Trauma Training Toolkit* to institutionalize trauma training for all child welfare staff, administrators, managers, and resource parents with cross-training of child welfare and mental health providers
- Learning collaboratives of cross-system behavioral health and child welfare teams to increase family access to evidence-based, trauma-specific interventions
- Staff wellness activities, including some explicitly addressing secondary traumatic stress
- Revisions to ensure all child welfare system policy and practice guides are TI

<sup>m</sup> Reflective supervision is examining—with someone else—the thoughts, feelings, actions, and reactions evoked while working closely with children and their families. The goal of reflective supervision is to support staff to better support families. The essential features of this supervisory relationship are reflection, collaboration, and regularity of occurrence. For more information, see Zero to Three. (2016). *Three building blocks of reflective supervision*. Retrieved from <https://www.zerotothree.org/resources/412-three-building-blocks-of-reflective-supervision>

# Question 3. How Can Stakeholders Strengthen Measurement and Build Evidence of Impacts?

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Our research summary uncovered a need for more research examining if and how TI efforts at the systems level influence child and family health and well-being. While many efforts track implementation outcomes (e.g., how many trainings were conducted, how many trauma screens were completed), evidence of TI approaches resulting in changes in child and family outcomes (e.g., reduction in symptoms) is more limited in complex, systems-level initiatives. Convening attendees agreed that more work is needed to align TI objectives, underlying theories, program components, and evaluation. Noted gaps fall into four key areas:

- Use of theories of change and logic models to ground measurement
- Building of chains of evidence
- Collaborations with systems partners
- Collaborations with target populations

## Use of Theories of Change and Logic Models to Ground Measurement

TI initiatives are complex. With changes in multiple program components at multiple levels within and across organizations, they are also difficult to evaluate. Programs often propose aspirational long-term outcomes (e.g., to reduce ACEs) without specifying or understanding how their program inputs and activities will get them there. A clearly specified road map, in the form of a logic model based on theory, can help stakeholders involved with TI efforts define their approach, guide implementation, and enhance their ability to measure outcomes.

A theory of change describes how a course of action will achieve its goals by articulating the pathways between activities/services and expected outcomes. A logic model translates the theory of change into the “language” of data collection and evaluation.<sup>22</sup> ASPE’s resource, [Using Logic Models Grounded in Theory of Change to Support Trauma-Informed Initiatives](#), provides examples of TI logic models.

## Strategies for Improvement

Developing a theory of change and logic model can help TI efforts:

- Clarify the expected effects of program activities on outcomes
- Identify logical gaps or inconsistencies in the direction and strength of these effects
- Formulate research questions
- Specify outputs, outcomes, and performance measures
- Provide more precise information to the field as it works through definitional issues

## Building of Chains of Evidence

It is critical for child- and family-serving sectors to establish an evidence base linking program activities with short-, intermediate-, and long-term outcomes (i.e., chains of evidence). Data on implementation can ensure the quality of TI programming and the achievement of long-term outcomes. Data on successive outcomes can demonstrate the value of TI approaches to stakeholders and funders.<sup>n</sup>

To build a foundation of outcome-related, evidence-based initiatives, stakeholders must invest time and resources into grassroots attempts to curb exposure to trauma and measure small successes. A “test of one” (i.e., collecting data on the impact of one practice on one family over time) can be the first step toward lasting improvement. Convening attendees

### Promising Program: Mobilizing Action for Resilient Communities

Cross-sector networks participating in a multisite evaluation for Mobilizing Action for Resilient Communities (MARC) worked with evaluators to conduct outcome harvesting. This innovative method helps dynamic, complex initiatives identify observed outcomes of systems changes and work backward to understand if and how the initiatives contributed to the outcomes. Information on outcomes is initially “harvested” from network members, then compared to information from knowledgeable, independent sources to see if it can be validated and substantiated.<sup>n</sup> Outcome harvesting helps MARC participants articulate links among resources, network activities, and outcomes; it can also help suggest outcome measures to be prospectively assessed in complex TI initiatives.

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<sup>n</sup> For more information on outcome harvesting methodology, see Wilson-Grau, R., & Britt, H. (2012). *Outcome harvesting*. Cairo: Ford Foundation. Retrieved from <https://usaidlearninglab.org/sites/default/files/resource/files/Outome%20Harvesting%20Brief%20FINAL%202012-05-2-1.pdf>

highlighted the importance of future innovations in the evidence base related to trauma. They also emphasized how multisite evaluations of community-based TI initiatives, such as Mobilizing Action for Resilient Communities (MARC) and Building Community Resilience (BCR), apply innovative strategies to link implementation to outcomes. By sharing their achievements, these TI initiatives can help the TI field increase capacity to collect community data and build the evidence base.

## Strategies for Improvement

- Collecting implementation and outcome data grounded in the theory of change and logic model
- Using innovative methodology to assess and evaluate TI initiatives
- Disseminating findings that highlight what conditions and contexts are needed to promote effective change

## Collaborations With Systems Partners

To build evidence of impacts, it is important to strengthen collaboration among partner organizations within systems-level TI initiatives (e.g., child welfare organizations and behavioral health organizations that serve child welfare-involved families). Measurement efforts are more likely to be effective if systems are involved in defining the outcomes and indicators of success. Collaboration can ensure that findings are actionable and relevant for the systems and communities in which they are grounded.<sup>23</sup>

By creating networks of shared data and common datasets that

### Promising Program: Building Community Resilience

Building Community Resilience (BCR) sites develop cross-sector partnerships and engage families and residents in a collaborative response to prevent and address ACEs within communities. Five BCR sites collectively identified meaningful indicators of community resilience that could be measured in common despite the sites' disparate geographic locations and diverse characteristics. Examples include social determinants of health (e.g., indicators of children in poverty, livable wages, and housing and homelessness; rates of school dropout and violent crime) and decreases in ACEs scores.

Participants developed standard community and systems assessment tools, which they administer annually. They track longitudinal progress in online data dashboards depicting multiple indicators of networks, programs, extent and quality of implementation of TI activities, and community outcomes. Dashboards also capture qualitative data to summarize challenges and learnings and identify TI innovations.

can be aggregated across systems or communities, initiatives can contribute to a broader understanding of how TI policies and practices can shape community outcomes. Interest is growing among leaders in the field in building capacity to link data across systems and to use linked datasets within and outside of TI initiatives. Such efforts introduce new challenges (e.g., ensuring that systems set up processes to share data while maintaining compliance with state and federal privacy laws).<sup>9</sup>

## Strategies for Improvement

Strategies for collaborating with systems partners include:

- Establishing a shared research agenda
- Creating a shared measurement system
- Developing mechanisms by which systems and organizations can share data
- Establishing metrics to measure community resilience and cross-sector collaboration

## Collaborations With Target Populations

Child- and family-serving sectors can promote healing in communities through community-based participatory research, participatory action research, and other research approaches that engage diverse groups in listening and examining issues of importance. Potential participants include community residents, trauma survivors, and people in recovery, along with practitioners and researchers.<sup>24</sup>

“Nothing about us without us” started as a mantra in the disability rights movement in the 1990s. Many movements have since adopted this principle to put people affected by shared concerns at the center of planning, practice, and research. Participatory research, which is often led by skilled facilitators and coaches from advocacy organizations, invites individuals to share their experiences and what they have found successful (or not successful) to inform improvements in TI approaches.<sup>25</sup> For example, the ReCAST Minneapolis program highlighted earlier in the document hosted

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<sup>9</sup> For more information on efforts related to early childhood integrated data systems, see King, C., Epstein, D., Maxwell, K. L., Lin, V. K., Abrams, J., Hutchison, L., & Burgess, K. (2016). *Strength in numbers: Supporting quality improvement in early care and education programs using linked administrative data* (Report No. 2016-36). Bethesda, MD: Child Trends. For more information on efforts related to TI initiatives, see U.S. Government Accountability Office. (2019, April). *Children affected by trauma: Selected states report various approaches and challenges to supporting children* (Publication No. GAO-19-388). Retrieved from <https://www.gao.gov/assets/700/698684.pdf>

structured conversations facilitated by mental health specialists for city employees to safely and openly discuss experiences with trauma in their community interactions.

## Strategies for Improvement

Strategies for engaging target populations include:

- Creating a shared understanding of what is being offered by developing and sharing a logic model that is realistic and transparent about program objectives and components
- Establishing a process for ongoing reflection and iterative feedback from community residents to allow for continual improvement and reactions to evolving community needs
- Providing incentives that address participation barriers, such as food, financial resources, child care, or transportation
- Disseminating findings to demonstrate community growth and accomplishments and to reinforce that change is occurring.<sup>26</sup>

# Considerations for Future Federal and State Efforts

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We gleaned several innovative strategies to help the TI field and TI initiatives at the state and federal levels build infrastructure and strengthen opportunities. Strategies can be organized into three key areas:

- Continued refinement of a common TI framework to integrate evidence from resiliency-focused efforts
- Dynamic learning across sectors
- Evaluation capacity building

## Continued Refinement of a Common TI Framework

SAMHSA's 2014 *Concept of Trauma and Guidance for a Trauma-Informed Approach* paper presented a foundational working definition and base operational framework for TI approaches that have been commonly adopted. The work has driven critical systems change in child- and family-serving sectors and built the evidence base for systems-level and cross-sector TI approaches. The 2014 working group of experts concluded that the next phase of the definitional work should incorporate understanding of the impacts and methods to address trauma and adversity experienced in broader communities. In the resulting SAMHSA (2014) framework,<sup>27</sup> they stated that:

The manner in which individuals and families can mobilize the resources and support of their communities and the degree to which the community has the capacity, knowledge, and skills to understand and respond to the adverse effects of trauma has significant implications for the well-being of the people in their community. (p. 17)

With the proliferation of community TI initiatives drawing from ACEs and resilience science and the growing evidence base regarding their impacts on individuals, families, and communities, there is a timely opportunity to revisit and expand the TI definition and operational framework.

This project's program scan and 1-day expert convening served as a beginning step to identify initiatives, experts, and evidence that could be brought together in a process to expand upon SAMHSA's work through a new lens of resilience. Federal leadership could convene an expert

workgroup in a focused and ongoing process to revisit and update SAMSHA's concept paper. Ideas include:

- Involve a diverse set of stakeholders who reflect both the original focus of experts in trauma and trauma-specific interventions and an expanded focus on experts working in the fields of community resilience and ACEs
- Draw from sources that collectively engage networks to promote TI and resiliency-building practices and policies across local communities and state systems, including ACEs Connection, and initiatives such as BCR and MARC

## Dynamic Learning Across Sectors

Many TI advancements are occurring within and across child- and family-serving sectors. Learning from and building on these efforts can create momentum in the field. However, few opportunities exist for TI efforts to connect and learn from one another. Our program scan identified 17 U.S. Department of Health and Human Services-funded technical assistance centers and providers creating TI resources, trainings, curricula, and practice supports. However, valuable information remains siloed within federal agencies without widespread dissemination of these products, enhanced coordination between the programs and offices, and cross-collaboration of technical assistance providers.

Federal leadership can create in-person and online venues allowing stakeholders to share programs and research across sectors, break down silos, inspire new collaborations, and bring key infrastructure components to the surface. Ideas include:

- Creating a federal repository of information (e.g., *trauma.gov*) and disseminating information on its value, intention, audience, and use
- Hosting and supporting meetings and conferences that unite multiple sectors and multiple levels (e.g., states, communities) around a shared goal
- Establishing and sharing opportunities for researchers and programs to publish and disseminate knowledge and research (e.g., peer-reviewed and high-quality gray literature that draws on promising work at the state and local levels)
- Furthering the scope, reach, impact, and cross-collaboration of technical assistance centers and efforts

In particular, compiling the current efforts of technical assistance centers and national organizations could (1) help establish consistent guidance regarding operationalization of what it means to be TI and (2) increase training and professional development efforts. A gap analysis among existing centers could determine what work is underexplored and undersupported. Learning where the largest gaps lie could inform action to address the greatest needs.

# Evaluation Capacity Building

Federal, state, and community leaders can further efforts related to joint research, evaluation capacity building, and continuous quality improvement to strengthen measurement and help TI efforts build evidence of impacts. Ideas include:

- Establishing cross-sector databases, common data platforms, and/or systems to show the impact of trauma and preventative efforts in larger-scale systems (e.g., education, social services, child welfare, juvenile justice, public health, behavioral health)
- Developing a robust database of effective pre- and posttest measures, observational methods, and self-evaluation related to assessing functioning and well-being for families affected by trauma
- Educating, supporting, and coaching stakeholders on how to “tell their stories” using quantitative and qualitative data to promote interest for future funding and sustainability

## Conclusion

TI approaches often center on the difficult and heartbreaking experiences of children and families. This important work can feel insurmountable when taken on by one social worker, one program, one organization, or even one professional field. Our conversations with experts, research findings, and compilation of promising programs point to the critical core components of collaboration and integration of new knowledge and insights from community-based TI initiatives. Collaboration and information sharing across sectors and among policy makers, researchers, practitioners, and community members can support TI efforts to move toward a common understanding of what it means to be TI; to implement strategies to support a TI workforce; and to demonstrate positive outcomes for children, families, and communities.

The brief, along with the previously released [research summary](#) and [program profiles](#), provides evidence and insight to guide future efforts to be more organized, manageable, and supportive of long-term policy and practice change.

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