Find today’s music on Spotify!

Playlist

Trauma-Informed Soundtrack
#TransformTrauma

Some of the Campaign for Trauma-Informed Policy & Practice’s favorite songs to help inspire and propel the trauma-informed movement so we can build resilience and healing nationwide. Learn more at CTIPP.org. Have a suggestion? Email laura@traumacampaign.org.

Laura Braden • 13 likes • 43 songs, about 2 hr 30 min

<table>
<thead>
<tr>
<th>#</th>
<th>Title</th>
<th>Album</th>
<th>Date added</th>
<th>Time</th>
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<tbody>
<tr>
<td>1</td>
<td>This Joy</td>
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<td>Jun 1, 2023</td>
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<td>2</td>
<td>A Change Is Gonna Come</td>
<td>Ain’t That Good News</td>
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<td>The Greatest Showman: Reima...</td>
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<td>I Am Enough</td>
<td>Awake Now</td>
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bit.ly/ctipp-playlist
What you can expect

1. U.S. INTERAGENCY TASK FORCE ON TRAUMA-INFORMED CARE
2. WHY COMMUNICATING NEAR SCIENCE IS IMPORTANT
3. NEAR SCIENCE: UTILITY OF FRAMEWORK
4. PUTTING FRAMEWORK INTO ACTION
5. STORY OF SELF, US & NOW: WORKSHEET & BREAKOUTS
Interagency Task Force on Trauma-Informed Care
History

In 2018, SUPPORT for Patients Substance Use-Disorder Prevention that Promotes Opioid Recovery and Communities (SUPPORT for Patients and Communities) Act (P.L. 115-271) became law.

The Task Force is charged with:

1. Soliciting input from stakeholders to inform the following activities:
2. Develop a National Strategy for Trauma-informed Care – and submit an Operating Plan detailing its implementation.
3. Identifying, evaluating, and making recommendations regarding:
   a. Best practices with respect to children and families who have experienced trauma or are at risk of experiencing trauma.
   b. Ways federal agencies can better coordinate responses to families affected by substance use disorders and trauma.
Problem Statement

Childhood trauma, including exposure to substance misuse, is a serious public health problem in the United States. It has potentially long-lasting negative impacts on physical and mental health. Communities need support to build infrastructure and capacity to prevent trauma, respond to those impacted by trauma, and enhance resilience. A robust evidence base for a continuum of interventions (e.g., prevention of traumatic exposures, early intervention to address acute reactions and responses, treatments for identified health, education and other adverse conditions) at the individual, system, and community levels are needed to promote the provision of best practices.
Outcome Statement

A national, trauma-informed, and coordinated federal strategy to build community capacity to identify, disseminate, foster, and refine evidence-based, evidence-informed, and best practices regarding childhood trauma to reduce the incidence of trauma, improve the response to families with exposure to substance misuse, enhance recognition of and response to trauma, strengthen resilience, and improve outcomes for children, youth, and families.
## Development of the Operating Plan

### FEDERAL PARTNERS

<table>
<thead>
<tr>
<th>Administration on Children and Families</th>
<th>Department of Housing and Urban Development</th>
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<tr>
<td>Agency for Healthcare Research and Quality</td>
<td>Indian Health Service</td>
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<tr>
<td>Office of the Assistant Secretary for Planning and Evaluation</td>
<td>National Institutes of Health</td>
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<td>Centers for Disease Control and Prevention</td>
<td>Office of the Assistant Secretary for Health</td>
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<td>Office for Civil Rights</td>
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Development of the Operating Plan

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<td>Office of Justice Programs</td>
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<td>Department of Education</td>
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<td>Office of Minority Health</td>
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<tr>
<td>Department of Justice</td>
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<tr>
<td>Substance Abuse and Mental Health Services Administration</td>
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<td>Food and Drug Administration</td>
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<tr>
<td>U.S. Digital Services</td>
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<td>Health Resources and Services Administration</td>
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<td>Department of Veterans Affairs</td>
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<td>Uniform Services University</td>
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Development of the National Strategy and Operating Plan

TASK FORCE OVERVIEW

- First meeting on May 31, 2019
- Monthly full Task Force meetings
- Multiple subcommittee meetings
- Engaged 20 federal agencies
- SAMHSA’s continuous commitment
- Stakeholder engagement
BEST PRACTICES
To identify and make recommendations on evidence-based and evidence-informed practices with respect to prevention of exposure to potentially traumatic events, identification of trauma-related behavioral health and other health needs, referral, and implementation of trauma-focused interventions and practices.

RESERCH
To evaluate and expand the knowledge base in the areas of preventing exposure to potentially traumatic events, identifying trauma-related health, behavioral, academic, employment, and social needs, and interventions (individual and systems).

DATA
To coordinate data gathering, measurement, and tools used by programs and systems serving children and families impacted by trauma to better assess children, youth and family needs, and streamline services for, and enhance the care of children and families impacted by trauma.

FEDERAL COORDINATION
To promote communication, coordination, and collaboration in the areas of trauma, trauma risk and resilience, and trauma-informed care across the federal government.
Importance of Language

**Trauma:** SAMHSA defines trauma as the three E’s: events, the experience of those events, and the long-lasting adverse effects of the event. Individual trauma results from an event, series of events, or a set of circumstances that is experienced by an individual as physically, emotionally harmful, or life threatening, and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.

**Trauma-Informed Care:** Refers to either evidence-based trauma interventions or to a broader systems-level approach that integrates trauma-informed practices throughout a service delivery system.

**Best Practices:** Interventions or models of care that are accepted based on the highest likelihood to be effective relative to other approaches and meet either the definition of evidence-based, evidence-informed, or promising practices, depending on evidence available and are delivering the service and assessing outcomes in ways that accommodate individual and community needs.

**Equity:** The consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment.

*Note:* More extensive list and descriptions of key terms is in the “Definitions of Key Terms” section and “Appendix C” of the Operating Plan.
USDS Trauma-Informed Care: Gathering Stakeholder Input
Stakeholder Engagement

Advocacy Organization Professional
Expert: Infant, Child, and Youth Trauma
Individual Impacted by Trauma
Child Welfare Professional
Educator
Healthcare Professional
Juvenile Justice Professional
Mental Health Professional
Researcher
State/Local Government Staff

41 INTERVIEWS CONDUCTED
20 FRONTLINE PROVIDERS
### Stakeholder Engagement Themes

1. **The Importance of Language**
   - Deficit-based language and thinking
   - Plain language and common terminology

2. **Trauma-Informed Care Spectrum**
   - Trauma-informed care spectrum

3. **Trauma-Informed Outcomes Assessment**
   - Trauma-informed systems
   - Standardized outcomes
   - Restructure grants

4. **Workforce Challenges**
   - Training and retention
   - Mental health providers
   - Healthcare providers

5. **Whole Person Approach to Care**
   - Complexity of trauma
   - Individualized care
   - Importance of community partners

6. **Stakeholder Resource Needs**
   - Resource use
   - Tailored and adaptable resources

7. **Information Collection and Sharing**
   - No consistent data collection methodology
   - Incomplete information shared between frontline providers

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“It can be dehumanizing to feel like your experiences can be reduced to a case or a diagnosis.”

- Individual with Lived Experience of Trauma
Interagency Task Force for Trauma-Informed Care

USDS RECOMMENDATIONS

PHASE 1 - LAY THE GROUNDWORK
- Align on an operating plan for this work and secure agency buy-in.
- Form dedicated cross-agency team of federal staff.
- Develop a strategy for federal coordination and to build evidence base.
- Assemble interagency boards
- Engage stakeholders.
- Develop a common language and outcome measures.

PHASE 2 - DELIVER VALUE TO STAKEHOLDERS
- Build a portal to consolidate federal information on trauma-informed care.
- Cultivate strategic partnerships with national organizations and associations.
- Tailor material for dissemination.
- Develop new resources for federal staff and external stakeholders.
- Implement common language across federal resources and funding opportunities.
- Implement strategy to fill gaps, including restructuring grants.

PHASE 3 - SUSTAIN CHANGE
- Continue to cultivate strategic partnerships.
- Update and develop resources on continuous stakeholder feedback.
- Continue to promote changes to language, funding announcements, and grant programs to improve federal coordination and fill research gaps.
- Continue to disseminate materials to external stakeholders.
Activities

• Implementing the Operating Plan
• Learning phases within each Pillar

Appropriations

• $1M in FY22
• $2M in FY23
To **identify** and make recommendations on evidence-based and evidence-informed practices with respect to prevention of exposure to potentially traumatic events, identification of trauma-related behavioral health and other health needs, referral, and implementation of trauma-focused interventions and practices.

*A Core Components Framework for Trauma-Informed Care*
• Develop a shared language for trauma-informed care
• Standardized outcomes and core components
• Developing a taxonomy creates a standardized language for describing the elements of programs by conceptually grouping concrete outcomes and program components
• Granular level, these are idiosyncratic and hyper-specific
• When condensed, they form a more universal framework that can be applied to a range of programs.
• Child/youth mental and behavioral health outcomes
  o Mental health and relational well-being
  o Social-emotional skills
  o Knowledge and attitudes to support well-being
  o Traumatic experiences after participating in the program
• Other child/youth mental and behavioral health outcomes
  o Child placement stability
  o Physical health
  o Academic functioning
• Caregiver and family outcomes
  o Caregiver and family functioning
  o Caregiver knowledge and attitudes
  o Security and stability
• Organization and program outcomes
  o Program quality
  o Behavior management practices
TIC approaches and models used in various service sectors to understand the extent to which organizational-level TIC components were incorporated.

**RQ1:** What principles, approaches, or activities have been studied or evaluated in systematic reviews under the term TIC when caring for children, youth, and families exposed to trauma?

**RQ2:** For children, youth, and families exposed to trauma, what knowledge is gained from an analysis of these systematic reviews about the effectiveness of TIC in preventing or reducing trauma symptoms and promoting well-being?
The need to address trauma is increasingly recognized as an important component of effective social service delivery, yet an evidence-based understanding of how to do so is still being developed.

- TIC still needs to be better defined.
- There is too little high-quality research on TIC.
- Studies are needed that clearly define, measure, and test TIC intervention mechanisms to understand the aspects of TIC that lead (or fail to lead) to positive outcomes.
• The scan identified 23 reporting systems that track block (formula) and/or discretionary grants funding director services for children & families. Dept of Education, Dept of Justice, HHS, & HUD

• Regarding populations, most federal reporting systems provide limited or no opportunity to identify children, youth, and families who have experienced trauma.

• Although some grants require services to be trauma informed, data reporting systems provide limited opportunities to understand how grantees meet these requirements.

• Performance measures (both process and outcome) align with the focus of the program and federal agency goals and therefore vary across reporting systems.
Most federal departments and/or agencies do not coordinate services for people risk for or affected by trauma, despite servicing many of the same families.

All federal staff need to be educated on trauma and trauma-informed approaches, including its relevance to their daily work.

Most of the federal activities that incorporate trauma-informed approaches are not trauma-specific programs.

Most of the federal activities that incorporate trauma-informed approaches do not report systematic and operationalized data related to the provision of trauma-informed services. Most programs that incorporate trauma-informed approaches aim to advance racial equity and to provide support for underserved communities, yet this is a more recent focus. The scope of this work needs to expand to capture and understand trauma-informed efforts happening across and within federal departments not reflected in this scan.
Importance of Stakeholder Engagement

- May 10 and July 25-26, 2023
- SAMHSA Central Office
- Engaged 25 experts and persons with lived experience in a dialogue about the work of the Task Force
SAMHSA’s mission is to reduce the impact of substance abuse and mental illness on America’s communities.

Melinda J Baldwin, Ph.D, LCSW
Melinda.Baldwin@samhsa.hhs.gov

www.samhsa.gov

1-877-SAMHSA-7 (1-877-726-4727) ● 1-800-487-4889 (TDD)
NEAR Science

Integrating Neuroscience, Epigenetics, Adverse Childhood Experiences (ACEs), and Resilience into your trauma-informed

RESOURCES: bit.ly/ctipp-near-science
Why Communicating NEAR Science is Important
• PROVIDES CREDIBILITY TO THE TRAUMA-INFORMED MOVEMENT

• HELPS PEOPLE CONNECT WITH CONCEPTS TO DRAW PARALLELS TO THEIR LIVES AND EXPERIENCES -- ONCE YOU SEE IT, YOU CAN’T UNSEE IT

• HELPS SHAPE OUR UNDERSTANDING OF MICRO-MEZZO-MACRO-PRIMORDIAL

• SUPPORTS UNDERSTANDING OF CONTEXT AND COMMUNITIES & FAMILIES

• TOOL FOR SELF-UNDERSTANDING & COMPASSION
NEAR Science: Utility of Framework
(N)euroscience

- Brain States
- Regulation
- Inter- & Intrapersonal Skills & Supports
First: We must help the child to regulate and calm their fight/flight/freeze responses.

Second: We must relate and connect with the child through an attuned and sensitive relationship.

Third: We can support the child to reflect, learn, remember, articulate and become self-assured.
(E)pigenetics

NATURE & NURTURE

STRENGTHS & CHALLENGES FROM OUR ANCESTORS

#HOPEISNEAR: FUTURE RIPPLE EFFECT
(A)dverse Childhood Experiences (ACEs)

- Utilize as a macrosocial tool to start valuable conversations
- Promote universal precautions from a public health & prevention lens
- Better define multiple levels of trauma
7 Positive Childhood Experiences (PCEs)

- Feeling able to talk to your family about feelings
- Feeling your family stood by you during difficult times
- Feeling safe and protected by an adult in your home
- Have at least two non-parent adults who took genuine interest in you
- Feeling supported by friends
- Enjoying participation in community traditions
- Feeling a sense of belonging in high school
(R)esilience

BRINGS HOPE

CAPACITY TO BUILD STRENGTH THROUGH ADVERSITY & STRESS

NOTE: THE TERM FACES LIMITATIONS --> TRANSFORMATIONAL RESILIENCE
THE SIX DOMAINS OF RESILIENCE

VISION
- Purpose, goals & congruence

COLLABORATION
- Support networks
- Social context
- Manage perceptions

COMPOSURE
- Regulate emotions
- Interpretation bias
- Calm and in control

TENACITY
- Persistence
- Realistic optimism
- Bounce back

REASONING
- Problem solving
- Resourcefulness
- Anticipate & plan

HEALTH
- Nutrition, sleep & exercise
Community resilience looks like...

- Safe and stable neighborhoods
- Community advocacy and agency
- Environments that promote social connectedness
- Healthy and supported individuals and families
- Social and economic mobility
- Access to capital

Equitable and trauma-informed systems and supports

- Health-promoting infrastructure
  - Restorative justice
- Affordable housing
- Fair policing practices
- Community-driven policy
- Integrated social services
- Fair lending practices
- Living wages
- Equitably-resourced public education

© Center for Community Resilience
Putting Framework into Action
DEVELOPING AN EFFECTIVE PUBLIC NARRATIVE

- story of self
  - call to leadership

- story of now
  - strategy & action

- story of us
  - shared experiences & shared values

Purpose
Community
Urgency

Ganz, 2009 & 2014
MY STORY
• Stress + Adversity = Predictable Negative Outcomes

• People are in survival mode & implications are massive

• Trauma is the root cause & subsequent outcome of some of our nation's biggest challenges

• We must support system transformation to promote well-being & slow down the transmission of trauma
AAP-AACAP-CHA Declaration of a National Emergency in Child and Adolescent Mental Health

THE OPIOID EPIDEMIC BY THE NUMBERS

- 70,630 people died from drug overdoses in 2020
- 1.6 million people had an opioid use disorder in the past year
- 745,000 people and families in the last year
- 1.6 million opioid-related emergency department hospital visits
- 48,006 deaths from drug overdoses in 2020

SOURCES:
1. Vital Signs 2020: Health of America’s Children
2. Health, United States, 2018

U.S. 2021 Billion Dollar Weather and Climate Disasters

Firearm Deaths: Homicides Rise; Suicides Stay High

Firearm Suicide Rate (Ages 10 and Older)

Firearm Homicide Rate (All Ages)

LEARN TO WATCH FOR EMPLOYEE BURNOUT

IN AND OUT

INDIVIDUAL
- A person’s beliefs and actions that make them vulnerable to burnout
- Interpersonal factors: stress, communication, and work-life balance

INTERPERSONAL
- The relationships between people within and across different levels
- Structural factors: policies, practices, and organizational norms

INSTITUTIONAL
- Policies and practices at the organization (or sector) level that perpetuate burnout

SYSTEMIC
- The interactions between people within and across different levels, and across history
● Often the onus for wellbeing is put on individuals and families, without greater context taken into consideration.
● Traumatized cultures and systems perpetuate stress and adversity, which generates predictable outcomes across a population and throughout generations.
● Policy creates conditions for communities.
The cascading problems our society faces cannot merely be solved in silos.

We need a comprehensive approach to address trauma as a root cause and its ripple effects.

- **TREATMENT**: Diagnose and treat trauma symptoms and related issues using evidence-informed/promising practices shown to treat and heal trauma.
- **EARLY INTERVENTION**: Halt the progression and mitigate the impact of trauma that has already occurred to thwart adverse long-term outcomes.
- **SECONDARY PREVENTION**: Bolster and mobilize strengths and protective factors at the individual, family, group, community, and system level to build resilience among trauma survivors while resisting re-traumatization.
- **PRIMARY PREVENTION**: Facilitate conditions that reduce the likelihood of chronic stress, violence, adversity, and trauma before they occur.
Self-Healing Communities
A Transformational Process Model for Improving Intergenerational Health

Emergence: Culture of Health

Leadership Expansion

Results Community Focus

Learning

Appreciative Action: Finds Strengths; Acts Upon Them

Child Injury Hospitalizations

Suicides & Suicide Attempts

Difference in slopes p=0.000

Hospitalizations

Alcohol Arrests

Difference in slopes p=0.003

Difference in slopes p=0.008

Infant Mortality

Filings for Juvenile Offenses

Difference in slopes p=0.043

Difference in slopes sig p=0.000
HISTORY OF TAXPAYER SAVINGS FROM COMMUNITY NETWORK-GENERATED RATE REDUCTIONS

Rate reductions generate short- and long-term savings for taxpayers through: reduced demand for direct services, including incarceration, publicly-funded health care and mental health care, and increased tax revenues resulting from higher earning power.

<table>
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<tr>
<th>PREVENTED CASES</th>
<th>IMMEDIATE SAVINGS</th>
<th>LONG-TERM SAVINGS</th>
<th>TOTAL SAVINGS</th>
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<tr>
<td>2002-06</td>
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<tr>
<td>610 Out of Home Placements</td>
<td>$27,887*</td>
<td>$580,110 (610 x $951)*</td>
<td>17,591,180</td>
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<td>1044 Birth to Mothers 10 - 17</td>
<td>$4080*</td>
<td>$72,411,840 (1044 x 17 yr x $4080)*</td>
<td>76,671,360</td>
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<td>2287 Dropping Out of School</td>
<td>$0</td>
<td>$505,427,000 (2287 x $221,000)</td>
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<tr>
<td>3869 Juvenile Felonies</td>
<td>$30,600*</td>
<td>$22,734,244 (26% of 3869 x $22,600)</td>
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<td><strong>601,153,194</strong></td>
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PROJECTED CASELOAD SAVINGS 2009-11

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<th>PROJECTED LONG-TERM SAVINGS</th>
<th>PROJECTED TOTAL SAVINGS</th>
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<td>202,215,000</td>
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<td>9,096,048</td>
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<td><strong>240,535,572</strong></td>
<td><strong>296,414,240</strong></td>
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The Social Infrastructure Needed: A “Sample” Resilience Coordinating Network (RCN)
“Well-Coordinated Decentralization” using a “Ring Team” or “Hub and Spoke” Approach
Advocacy opportunities

**Resilience Investment, Support, & Expansion (RISE) from Trauma Act (S.1426 & H.R. 4541)**

- The RISE from Trauma Act would expand the trauma-informed workforce in schools, healthcare settings, social services, first responders, and the justice system and increase community resources to address the impact of trauma.

**Community Mental Wellness and Resilience Act (#CMWRA) (S. 1452 and H.R. 3073)**

- The CMWRA would help communities proactively develop local strategies to build population-level resilience by planning for and responding to the mental health challenges caused by disasters and toxic stress.

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[ctipp.org/action](http://ctipp.org/action)

Story of Self, Us & Now: Worksheet & Breakouts
Community Agreements
"We will commit to..."

• INVITING EVERYONE TO PARTICIPATE WHILE HONORING EVERYONE’S RIGHT TO PASS

• DEMONSTRATING MUTUAL RESPECT
  1) Give attention to person who has the floor
  2) Create space for perspectives, experiences, & ideas
  3) Prioritize impact over intention
  4) Preserve confidentiality & privacy
  5) Choose words with intention

• ENGAGING WITH CURIOSITY & COMPASSION RATHER THAN SHAMING OTHERS OR MAKING ASSUMPTIONS

• USING INCLUSIVE LANGUAGE THAT IS ACCESSIBLE TO VARYING LEVELS OF KNOWLEDGE AND FAMILIARITY

• TAKING SPACE & MAKING SPACE BY PAYING ATTENTION TO HOW FREQUENTLY, HOW LONG & HOW QUICKLY WE SPEAK

• SPEAKING FROM OUR OWN EXPERIENCE

• ENGAGING IN ONGOING SELF-REFLECTION & SELF-CARE

• MODELING THE MODEL, WITH RECOGNITION THAT MANY OF US HAVE OUR OWN TRAUMA HISTORIES
CTIPP NEAR Science guide & graphics

bit.ly/ctipp-near-science
Nov. 15: Advocate for Trauma-Informed Federal Legislation (CTIPP CAN call)

bit.ly/ctipp-can-calls
Questions & Discussion
jesse@ctipp.org

bit.ly/ctipp-feedback