



The CARE *Quarterly*

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WELCOME.



Trauma-informed care is a compassionate and holistic approach to providing support and services that acknowledges the widespread impact of trauma on individuals' lives. It centers around understanding that many people have experienced traumatic events and seeks to create space for folks that is safe, empowering, and responsive to their unique needs. This edition of the CARE TA Center magazine explores the fundamental principles and practices of trauma-informed care, highlighting the importance of empathy, respect, and collaboration in fostering healing and resilience among trauma survivors.

Recognizing the prevalence of trauma is a crucial step in providing support and understanding to those who have experienced it. Research has shown that a significant portion of the population has experienced at least one traumatic event in their lifetime. Trauma-informed care and trauma-sensitive approaches have become increasingly important in various fields, including healthcare, mental health, education, and social services, to address the needs of trauma survivors and create more compassionate and supportive environments.

Whether you are a provider, professional, caretaker, educator, or simply someone interacting with trauma survivors, here are some key steps to understanding trauma and trauma-informed care.

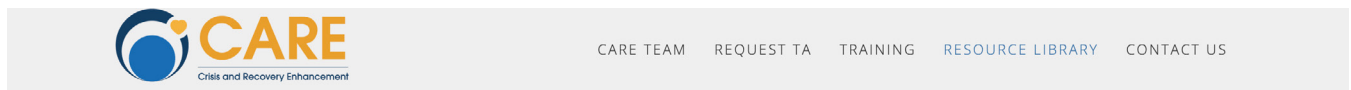
- Trauma can be categorized into different types, including:
 - **Physical Trauma:** Such as injuries from accidents or assaults.
 - **Emotional Trauma:** Resulting from distressing events, such as the loss of a loved one or witnessing violence.
 - **Psychological Trauma:** Including experiences like childhood abuse, neglect, or the impact of war and combat.
 - **Sexual Trauma:** Such as sexual assault or abuse.
 - **Developmental Trauma:** Adverse childhood experiences that can affect a person's long-term well-being.
- Research has shown that a significant portion of the population has experienced at least one traumatic event in their lifetime. The Adverse Childhood Experiences (ACE) study, for example, highlights the prevalence of childhood trauma.
- Trauma can affect individuals differently, and people's responses to trauma are shaped by various factors, including their resilience, support systems, and coping strategies.
- It is also important to recognize that trauma can affect not only the direct survivors of traumatic events, but also those who provide care or support to survivors. This is known as secondary trauma or vicarious trauma.
- Traumatic experiences can have a cumulative effect on an individual's physical and mental health. Multiple traumatic events over time can increase the risk of long-term consequences.
- Trauma can be more prevalent among marginalized and vulnerable populations, where systemic issues such as poverty, discrimination, and inequality may compound the impact of trauma.
- Trauma-informed care has been associated with better treatment outcomes. By addressing the underlying trauma, individuals are more likely to engage in and benefit from therapeutic interventions, ultimately leading to improved well-being.

In this issue you will find articles written by members of the CARE team, highlighting the need for trauma-informed approaches to ensure equitable and effective systems of care. As trauma-informed care is not a one-size-fits-all approach and the needs of trauma survivors can vary significantly, we are proud to uplift the voices of our partners who bring considerable experience and expertise in working with their communities in this space.

With gratitude,
The CARE TA Center

CARE Resource Library

The [CARE TA Center library](#) contains a comprehensive selection of resources and tools for advancing your behavioral health care coordination efforts, including trauma informed care within the crisis care continuum. These resources include products developed by the CARE TA Center, its affiliates, and other state and national organizations, as well as tools and samples from local and county agencies. Resources include guidance from the Substance Abuse and Mental Health Services Administration (SAMHSA) on Trauma-Informed Care in Behavioral Health Services, and focused supports for those working with justice involved populations or individuals experiencing homelessness.



Resource Library

Find resources and tools for advancing your behavioral health care coordination, criminal justice diversion, and crisis care continuum efforts here.

HELP EXPAND THE RESOURCE LIBRARY!
CLICK HERE TO SUBMIT A RESOURCE.

These resources include products developed by the CARE TA Center, its affiliates, and other state and national organizations, as well as tools and samples from local and county agencies.

Search by Keyword:

Focus Populations:

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SEARCH RESOURCES NOW

Archived Webinars

The CARE TA Center also has an extensive library of archived trainings and CARE Conference sessions. To view any of our previous events, including those focused on Trauma Informed Care, please visit our website: <https://care-mhsa.org/training/archived-webinars/>

Techincal Assistance

If you or your organization would like to receive individual technical assistance or training on Trauma Informed Care, we invite you to submit a TA request here: <https://care-mhsa.org/contact-us/tta-request-form/>

Need Help Right Now?

If you are experiencing mental health-related distress or are worried about a loved one who may need crisis support, contact the free 988 Suicide and Crisis Lifeline available 24/7:

- Call or text 988
- Chat at 988lifeline.org



The Intersection of — TRAUMA & PHYSICAL HEALTH

By: Sue Ann O'Brien, RI International

Several years ago, I attended a training by Stephanie Covington, Ph.D. that would forever change the way I viewed the treatment of trauma. A pioneer in trauma-informed care, Dr. Covington's focus was on the high rates of trauma in women, often leading to substance abuse and even incarceration.¹ The training focused on the long-term impacts of trauma on the brain and how those changes manifest in a person's mental, physical, and behavioral development. These long-term impacts have important implications for behavioral health services. She gave the example that sleep disturbances are a common result of trauma. For some, this might manifest as struggling to wake in the morning and having a burst of energy and motivation in the afternoon. Therefore, scheduling an 8 a.m. therapy appointment is likely to be counterproductive. My takeaway that day was that the experience of trauma can leave lasting changes in the brain that can impact one's functioning well into adulthood, and that behavioral health providers must recognize these impacts and adjust how we deliver services.

At least 70% of adults in the U.S. have experienced some sort of traumatic event at least once in their lives. For those seeking behavioral health services, that number jumps to 90%. According to the National Council for Behavioral Health, "Trauma occurs when a person is overwhelmed by events or circumstances and responds with intense fear, horror, and helplessness. Extreme stress overwhelms the person's capacity to cope. There is a direct correlation between trauma and physical health conditions such as diabetes, chronic obstructive pulmonary disease (COPD), heart disease, cancer, and high blood pressure".² The Adverse Childhood Experiences study (ACE) is a measure of the number and types of trauma a person may have experienced in childhood. The higher the score, the higher the risk for future health problems.³ People with an ACE score of four or more are:

- 2 times more likely to smoke;
- 2.5 times more likely to have sexually-transmitted infections;
- 4 times more likely to have chronic obstructive pulmonary disease;
- 7 times more likely to consider themselves a person with an alcohol use disorder;
- 10 times as likely to have injected street drugs, and
- 12 times as likely to have attempted suicide.⁴



Today we know a lot more about trauma and its effects on the brain. When an individual experiences a traumatic event, the brain's response is immediate and focused on survival. This reaction is known as the “fight-or-flight” response, triggered by the release of stress hormones like cortisol and adrenaline. This response prepares the body to react quickly in the face of danger. It results in heightened alertness, increased heart rate, and redirected blood flow to the muscles, all of which are necessary for survival. However, the chronic stress that results from these experiences can have an enduring impact over time, resulting in structural and functional changes in the brain. Some of the common long-term effects include:

- **Hyperarousal:** Trauma survivors may remain in a state of heightened alertness, leading to chronic anxiety and hypervigilance.
- **Re-experiencing:** Intrusive thoughts, flashbacks, and nightmares are common symptoms of post-traumatic stress disorder (PTSD), which is often associated with traumatic experiences.
- **Emotional dysregulation:** Trauma can disrupt the brain's ability to regulate emotions, resulting in mood swings and difficulty coping with stress.
- **Impaired memory:** Trauma can impact memory processing, making it difficult to form coherent narratives about the traumatic experience.
- **Physical health issues:** Chronic stress from trauma can lead to physical health problems, such as cardiovascular issues and a weakened immune system.
- **Altered social and cognitive functioning:** Trauma can affect an individual's relationships and cognitive abilities, impacting their ability to trust and connect with others.⁵

I spoke to Monika Weldon, Doctor of Behavioral Health (DBH), about her perspective on the intersection of trauma and brain health. Dr. Weldon, whose degree is centered on the integration of physical and behavioral health, reported that even as traumatic experiences change the brain, healing experiences can do the same. She cited the brain's neuroplasticity—the ability to change as a result of new experiences—as the key to creating new neural pathways and healing the brain from trauma. In particular, she talked about Post-Traumatic Growth (PTG) as being a core component to developing greater healing and resiliency after trauma. PTG is defined as “positive psychological changes experienced as a result of the struggle with trauma or highly challenging situations”.⁶ This approach emphasizes positive changes in self-perception, self-awareness, interpersonal relationships, and overall philosophy of life. To increase the brain's neuroplasticity and promote Post-Traumatic Growth, Dr. Weldon suggests engaging in new experiences and activities, such as learning a language, meeting new people, or travelling, to support positive changes to the brain's structure and function.⁷

For all we currently know about the effects of trauma on the brain, there is still much to learn. While trauma can leave a lasting imprint on the brain, it's important to remember that the brain's plasticity also offers hope for healing and recovery. With the right interventions and support, individuals can work toward restoring their emotional and psychological well-being, even in the face of trauma's enduring impact.

References:

¹ <https://www.stephaniecovington.com/>

² <https://www.thenationalcouncil.org/wp-content/uploads/2022/08/Trauma-infographic.pdf>

³ <https://www.cdc.gov/violenceprevention/aces/index.html>

⁴ <https://www.traumainformedcare.chcs.org/what-is-trauma/>

⁵ <https://www.psychiatryfortworth.com/blog/5-long-term-effects-of-emotional-trauma>

⁶ [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9807114/#:~:text=\(2018\)%20defined%20PTG%20as%20a,et%20al.%2C%202022](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9807114/#:~:text=(2018)%20defined%20PTG%20as%20a,et%20al.%2C%202022)

⁷ <https://accelerate.uofuhealth.utah.edu/resilience/neuroplasticity-how-to-use-your-brain-s-malleability-to-improve-your-well-being>



Trauma-Informed Housing Solutions

By: *Kiya Kennebrew, Youth-Wellbeing Manager, C4 Innovations*

Trauma-informed housing is rooted in the idea that housing should provide a feeling of security and self-empowerment.¹ The unique and complex needs and life experiences of individuals who have endured traumatic events are intended to provide insight and guide our ways of dealing with harm. In trauma-informed housing, lived and living experience are honored and valued. The goal is to provide a safe environment promoting rehabilitation and healing.²

As we examine the current state of housing and collectively seek trauma-informed and equity-focused housing strategies, we must recognize and address the unjust history to be better equipped to develop equitable solutions. As someone who was born and raised in Trenton, NJ, I have been exposed to poor housing conditions that have impacted many individuals and families. When housing is unsafe and not affordable, it exacerbates complex mental health concerns. We must address the pain that our housing system has caused Black and Brown communities over the years to create trauma-informed housing.

The historical impact of discriminatory policies and practices, such as redlining, Black Codes, Jim Crow laws, restrictive covenants, and exclusionary zoning laws, has resulted in significant racialized outcomes, with racism playing a pivotal role in the issue of housing instability and homelessness.³ It is crucial for organizations whose mission is to end homelessness to ensure that harm is not unintentionally perpetuated. We must actively engage in anti-racist measures that seek to address the underlying causes of inequality, not just the symptoms.⁴



References:

¹ Enterprise & Preservation of Affordable Housing. (n.d.). Trauma-Informed Housing: A Deeper Dive into the Intersection of Trauma & Housing. https://traumainformedhousing.poah.org/sites/default/files/assets/A_Deepier_Dive_into_the_Intersection_of_Trauma_and_Housing.pdf

² Ibid.

³ Corporation for Supportive Housing. (2021). Bending the Arc Toward Equity: The CSH Race Equity Framework and Journey Toward Transformative Organizational Change. <https://www.csh.org/wp-content/uploads/2021/11/CSH-Race-Equity-Framework-Report-2021-FINAL.pdf>

⁴ Ibid.



We also need to acknowledge that increased contact with the police, Child Welfare involvement, and mental health concerns are a direct result of vulnerable communities being exposed to unsafe housing conditions or literal homelessness. Communities impacted by homelessness are subject to unnecessary challenges and distress that can impact generations of Black, Indigenous, and people of color (BIPOC) families. It is traumatic to lack shelter, and it is immoral to be denied opportunities to improve your family's status and living situation.

So, what does trauma-informed housing look like today? Choice. Resources. Thriving. It should offer various services and amenities, such as counseling and therapy, support groups, access to medical care, supported employment, and educational resources. Our country's housing system has mismanaged resources and intentionally prevented BIPOC families from building wealth.

What can your organization do?

1. Train your staff in trauma-informed and person-centered practices.
2. Ground your policies and principles in equity.
3. Invest in restorative measures, to work to repair harm done to disenfranchised communities.
4. Be intentional. Create assessments. Develop accountability measures and work with staff members towards a collective effort to be trauma-informed and responsive.
5. Center the voices of people with lived or living expertise/experience.

Although it is challenging to fully implement trauma-informed practices, we greatly benefit from a housing and homelessness system that demonstrates responsiveness. There is an inherent expectation for ongoing discourse and development of trauma-informed housing solutions. Moreover, any proposed resolutions must be firmly rooted in these principles to progress and advance the housing system.



Youth in Juvenile Facilities & Trauma-Informed Care

By: *Impact Justice*

Understanding Trauma for Youth Entering the Juvenile Justice System & Facilities

Extensive research on youth and justice involvement shows that historical trauma and adverse childhood experiences (ACEs) like abuse, neglect, violence, discrimination, and family incarceration disproportionately impact youth who enter the juvenile justice system.^{1,2} The Administration for Children and Families describes historical trauma as, "...intergenerational trauma experienced by a specific cultural group that has a history of being systematically oppressed."³ Understanding and addressing historical trauma can support healing for youth, families, communities, and cultures. This can be a vital step, as there continue to be racial

disparities among youth who are incarcerated.⁴ Additionally, understanding ACEs, and how traumatic events in childhood and adolescence impact youth and their behavior, is an important step in providing support and services. Various studies on the link between ACEs and youth who are confined support a trauma-informed approach in the rehabilitation process.^{5,6}

Trauma Perpetrated in Juvenile Facilities

Most youth entering juvenile facilities have trauma that has gone unaddressed, and counties, systems, and facilities must work together to prevent further traumatization in facilities with deep, painful histories of utilizing punitive measures. Youth in juvenile facilities are in vulnerable and unprotected spaces. Across the United States, youth who are confined experience sexual and physical abuse, isolation, and negligence at the hands of facility staff.⁷ One recommendation is for states to completely reform and/or replace punitive measures and facilities.⁸ Even though the juvenile justice system has taken steps towards reform, states cannot attempt to provide trauma-informed care to youth in facilities that are unsafe, further traumatizing, and operating with outdated punitive procedures and policies.



References:

- ¹ Desai, S.R. (2019). "Hurt people, hurt people": The trauma of juvenile incarceration. *Urban Rev* 51, 638–658 <https://doi.org/10.1007/s11256-019-00535-0>
- ² The Research and Evaluation Group at Public Health Management Corporation. (2013). Findings from the Philadelphia urban ACE survey. [URL](#).
- ³ Administration for Children & Families. What is historical trauma? [URL](#).
- ⁴ The Sentencing Project. (2022). Racial disparities in youth incarceration persist. [URL](#).
- ⁵ Baglivio, M. T., Wolff, K. T., Piquero, A. R., & Epps, N. (2015). The Relationship between adverse childhood experiences (ACE) and juvenile offending trajectories in a juvenile offender sample. *Journal of Criminal Justice*, 43(3), 229–241. doi:10.1016/j.jcrimjus.2015.04.012
- ⁶ Davis, A., Soto, D., & Miller, B. (2023). The things they carry: Understanding trauma, men, and cycles of violence. [URL](#).
- ⁷ Mendel, R. A. (2015). Maltreatment of youth in U.S. juvenile corrections facilities: An update. The Annie E. Casey Foundation, Baltimore, Maryland. [URL](#).
- ⁸ Ibid



Trauma-informed Care in Juvenile Facilities

Organizations like the Substance Abuse and Mental Health Services Administration (SAMHSA) and the National Child Traumatic Stress Network have outlined guidelines for trauma-informed care.

SAMHSA provides the following “guiding principles for trauma-informed care:

1. Safety;
2. Transparency and trustworthiness;
3. Peer support;
4. Collaboration and mutuality;
5. Empowerment, voice, and choice; and
6. Cultural, historical, and gender issues.”⁹

The National Child Traumatic Stress Network outlines the following list of “essential elements of a trauma-informed juvenile justice system:

1. Trauma-informed policies and procedures
2. Identification and screening of youth who have been traumatized
3. Clinical assessment and intervention for trauma-impaired youth
4. Trauma-informed programming and staff education
5. Prevention and management of secondary traumatic stress (STS)
6. Trauma-informed partnering with youth and families
7. Trauma-informed cross system collaboration
8. Trauma-informed approaches to address disparities and diversity”¹⁰

Multiple entities within our country and state systems must work together to implement trauma-informed care effectively. Research on youth, incarceration, and trauma should be used to inform change and support youth in their healing and rehabilitation journey; we know punitive tactics are not the answer.



References:

⁹ Mckenna, N. (2021). Trauma-informed care in youth detention: A national portrait. [URL](#).

¹⁰ The National Child Traumatic Stress Network. Essential elements. [URL](#).





ABOUT US.

The Crisis and Recovery Enhancement (CARE) Technical Assistance (TA) Center provides training and technical assistance to Mental Health Services Act (MHSA) funded counties and city-jurisdictions to strengthen crisis care continuum and criminal justice diversion efforts to improve behavioral health care coordination for a flexible and seamless care delivery system for youth and adults at greater risk of mental health crisis, including people experiencing homelessness.

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