National Center on Substance Abuse and Child Welfare

COLLABORATIVE TEAMS TOOLKIT FOR TRAUMA-INFORMED CARE

Part 1: Trauma-Informed Care Tip Sheet for Collaborative Teams Serving Children, Parents, and Family Members Affected by Substance Use and Co-occurring Mental Health Challenges

The National Center on Substance Abuse and Child Welfare (NCSACW) developed the *Collaborative Teams Toolkit for Trauma-Informed Care* to help collaborative teams develop and implement trauma-responsive policies and practices throughout their service systems. This work is on behalf of children, parents, and family members affected by substance use, co-occurring mental health challenges, and involved with child welfare services. The toolkit includes three components:

- ***Part 1: Trauma-Informed Care Tip Sheet for Collaborative Teams Serving Children, Parents, and Family Members Affected by Substance Use and Co-occurring Mental Health Challenges*** offers collaborative teams an overview of trauma-informed care; the levels and types of trauma (and their connection to substance use); mental health; and strategies teams can use to respond to trauma, including secondary traumatic stress affecting professionals in the workforce.
- ***Part 2: Trauma-Informed Care Tutorial Video*** provides an overview of the toolkit and instructions for collaborative teams to implement the *Collaborative Trauma-Informed Care Tool*.
- ***Part 3: Collaborative Trauma-Informed Care Tool*** helps state- and local-level collaborative teams identify and measure the degree to which their current service array is trauma-informed and responsive to the needs of children, parents, and family members affected by substance use and co-occurring mental health challenges.

This toolkit is for program leaders, managers, supervisors, and frontline workers in state, county, and local family-serving agencies. It provides an overview of the connection between trauma, substance use, and co-occurring mental health, while identifying opportunities for collaborative teams to improve policy and practice in response to children, parents, and family members affected by substance use and trauma. The toolkit assists teams as they develop meaningful action plans to implement policy and practice improvements.

Introduction

It is important for professionals within child welfare, substance use and mental health treatment, court, and health care systems to recognize and understand the effects of trauma on children, parents, and family members affected by substance use and child welfare involvement, and to craft their service approach through this lens. The success of trauma-informed practice hinges on recognition of the extent, reach, and effect of trauma along with an understanding that attending to it requires a coordinated, cross-system approach. By understanding the effects of trauma and the connection with substance use and mental health challenges, professionals in collaborative teams can improve outcomes for children, parents, and family members. Trauma-informed collaborative approaches require an ability to: 1) understand the effect of trauma; 2) recognize its signs and symptoms in family members and family functioning; 3) integrate knowledge about trauma into policies, procedures, and practice; and 4) avoid re-traumatization. These approaches strengthen families by keeping everyone engaged in services to help them heal; develop resilience; and improve individual health, family communication and functioning, and overall well-being.[1]

Collaborative Teams

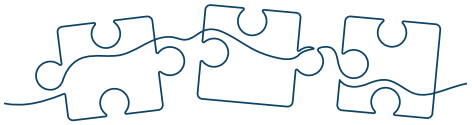
A collaborative team is a cross-system group of individuals from agencies working together to improve policies and practices that enhance outcomes for the children, parents, and family members they serve. Collaborative teams serving families affected by substance use benefit from having individuals who represent child welfare, dependency courts, substance use and mental health disorder treatment, health care, and a variety of other organizations that serve families. Collaborative teams use the collective capacities and skills of a cross-system team of professionals, including individuals with expertise, to reach their mutual goals.

This tip sheet offers professionals an overview of trauma-informed care and describes the types and levels of trauma. It offers policy and practice strategies collaborative teams can implement to provide trauma-informed care for the parents, children, and family members they serve, while also suggesting steps they can take to identify and respond to secondary traumatic stress (STS) experienced by professionals in the workforce.

What is Trauma?

Trauma results from an **event**, series of events, or a set of circumstances an individual **experiences** as physically or emotionally harmful or threatening.[2] These events or experiences may have lasting adverse **effects** on the individual's functioning as well as their mental, physical, social, emotional, or spiritual well-being. An individual, a family, a generation, or an entire community can experience traumatic events. Individuals experiencing trauma may have an increased likelihood and severity of effects when they are also exposed to stigma based on other characteristics such as substance use or mental health disorders.. This in turn can increase the likelihood and severity of the effects of trauma, which may cause severe, long-lasting, intergenerational effects for individuals and communities, such as severe depression and anxiety, low self-esteem, and mistrust of service systems—all leading to poor family functioning.[3,4]

Connection Between Trauma, Substance Use, and Mental Health



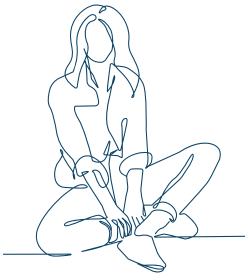
Research indicates a clear linkage between trauma, substance use disorders (SUDs), and mental health disorders. Many parents with SUDs experienced trauma that precipitated their substance use.[5,6] The Adverse Childhood Experiences (ACE) study found that exposure to childhood emotional, physical, or sexual abuse—as well as household dysfunction—has a strong relationship with increased health risks and presence of adult diseases. Compared to persons with limited or no exposure to ACEs, adults with five or more ACEs were seven to 10 times more likely to use illicit drugs, and twice as likely to have an alcohol use disorder.[7]

Prolonged exposure to traumatic events may interrupt normal brain development; individuals who have experienced trauma may adopt maladaptive coping mechanisms, such as unhealthy eating, self-harm, or substance use.[8] Trauma can manifest as mental health challenges. The coexistence of both a mental health challenge and substance use is also common among people affected by trauma. Trauma and co-occurring substance use and mental health challenges can damage relationships and disrupt social support systems, making individuals feel isolated. This stress and isolation can make other members of a family system more susceptible to substance use disorders.[9] Understanding trauma as a common root cause of an individual's SUD is essential to provide effective treatment.

It is also important to recognize that children with a parent either with—or at risk of developing—a SUD can also experience trauma. The ACE study indicated that living in a home with someone who abused alcohol or drugs qualifies as an adverse childhood experience that, when combined with other ACEs, significantly increases a child's risk of experiencing traumatic events.[10] Exposure to a parent's SUD as well as involvement with child welfare services may heighten the risk of traumatic experiences for children. An estimated 90% of children entering the child welfare system have experienced at least one traumatic event.[11] Trauma is associated with social and emotional disorders in children. Mental health, disruptive behavior, or emotional disorders in children and youth can be exacerbated by traumatic events associated with involvement with child welfare, such as removal from birth parents and repeat foster care placements.[12] It is critical for collaborative teams to: 1) recognize trauma as a potential effect of parental substance use and child welfare involvement on children and family members; and 2) implement screening, assessment, and referral to appropriate services as needed.

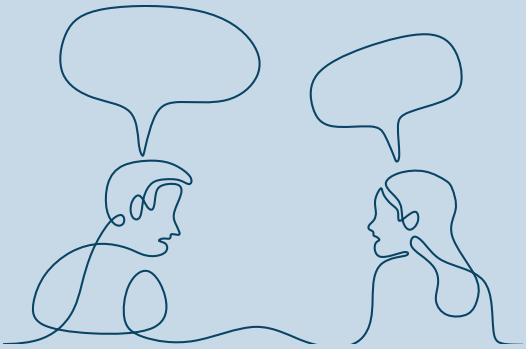
As collaborative teams develop trauma-informed approaches, it's important to note that some specific types of trauma are important to understanding the intersection between trauma and stigma—especially when serving children, parents, and family members affected by substance use and involvement with child welfare services.

Levels and Types of Trauma



Individual trauma may come in the form of toxic stress, ACEs, or specific traumatic events or experiences. Toxic stress refers to "an extended or excessive stress response to frequent and intense situations or events, such as prolonged abuse or witnessing domestic violence."[13] ACEs might include 1) physical, emotional or sexual abuse; 2) household dysfunction, such as living in a home with parental mental illness or substance use, witnessing domestic violence, divorce, or parental incarceration; and 3) community and environmental experiences, such as poverty or homelessness, living in foster care, community violence or issues with neighborhood safety, and bullying.[14,15,16] Individuals who experience toxic stress, ACEs, and trauma are at greater risk of developing mental health conditions and prolonged exposure to traumatic events may interrupt normal brain development.[17]

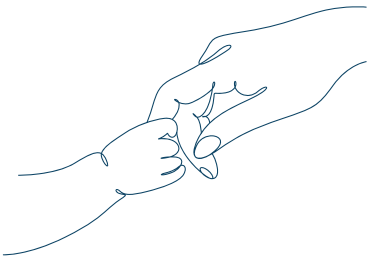
Adverse effects of individual trauma may include: 1) an inability to cope with the normal stresses and strains of daily living; 2) difficulty developing trust in relationships; 3) challenges with cognitive processes, such as memory, attention, and thinking; and, 4) an inability to regulate behavior or control emotional expression.[18] Trauma can affect all aspects of a person—from their own behavior and responses to the relationships they have with others.[19] Individuals process traumatic events differently, which can be influenced by individual characteristics such as personal coping skills, past events, relational experiences (e.g., early relationships with caregivers), and community responses to events.[20]



Secondary Traumatic Stress

Secondary traumatic stress (STS)—also called vicarious trauma—can occur when an individual knows or learns about traumatizing events experienced by other people. This type of stress is often experienced by individuals in caretaker roles, as well as health and human services workers as they develop relationships with clients to understand and support the individual experiencing trauma. Symptoms of STS can mimic those of post-traumatic stress disorder (PTSD). Implementing a trauma-informed care approach throughout the service systems can help to mitigate the effects of STS on staff. The Vicarious Trauma Toolkit includes tools and resources to provide the knowledge and skills necessary for organizations to address the vicarious trauma needs of their staff.

Family trauma can affect multiple people within a family, disrupting how family members relate to each other and function as a unit.[21] Family violence and family separation can both cause trauma within a family unit and exacerbate individual trauma. Trauma can damage relationships and disrupt social support systems, hindering a family member's ability to develop healthy attachments that are necessary for optimal family functioning.[22]



Intergenerational trauma is a form of trauma transmitted within families and communities that occurs when traumatic effects are passed across generations without exposure to the original event.[23] This form of trauma can be transmitted through relationships when a parent has experienced trauma, and its effects interfere with a child's early development and across their lifespan. Prevention is the most effective intervention approach for intergenerational transmission of trauma. This type of approach requires: 1) trauma-specific interventions with adults, focused on resolving parental trauma, and

2) attachment-based interventions within families focused on actively supporting the parent-child attachment. Preventive strategies ideally target individual, relationship, familial, community and societal levels since treating and preventing trauma requires a multipronged, multisystemic approach.[24]

Group and Community Trauma affect a group with particular characteristics or affiliations (e.g., military service members). These individuals may have experiences that have structurally or socially traumatic consequences.[25] Specific types of community trauma remain particularly important for collaborative teams to understand when considering their cross-systems work since these structurally and socially traumatic consequences intersect with other types of trauma. People who work in these systems—and do not consider these consequences—may inadvertently cause further trauma to clients trying to access and engage in services.

To effectively respond to unique group and community trauma, collaborative teams can: 1) use trauma-informed methods that recognize the prevalence of trauma in a given group, 2) target approaches to promote healing and avoid retraumatization, 3) include persons from the unique group in program planning and implementation, and 4) show respect and value for unique identities by deliberately encouraging an understanding of historical contexts.[26]

Trauma-Informed Care

Parents with or at risk of developing SUDs—along with their children and family members—benefit from a system of care that recognizes the effect of trauma on their recovery and well-being. Trauma-informed care is an approach to serving children, parents, and family members in which each collaborative team member (from management to service delivery): 1) understands how trauma can affect individuals, families, groups, organizations, and communities as well as their connection to SUDs; 2) recognizes and identifies the signs of trauma; 3) responds by including persons from the group in decision-making about adaptations to policies, practices, language, and behaviors to account for the experiences of trauma among family members as well as staff; and 4) resists retraumatization or triggering painful memories of individuals and staff with trauma histories.[27]

All family members benefit when trauma-informed care exists through each service system, including child welfare services, SUD treatment, courts, health care, and other community-based agencies.

SAMHSA principles of a trauma-informed approach include:[28]

1. ***Safety*:** Ensure the physical and emotional safety of clients and staff
2. ***Trustworthiness and Transparency:*** Provide clear information about what the client may expect in the program, ensure consistency in practice, and maintain boundaries
3. ***Peer Support:*** Provide support from persons with experience of trauma to establish safety and hope and build trust
4. ***Collaboration and Mutuality:*** Maximize collaboration and the sharing of power with consumers to level the differences between staff and clients and maximize collaboration with other providers
5. ***Empowerment, Voice, and Control:*** Empower clients and staff to voice their perspectives while sharing in decision-making and goal setting to cultivate self-advocacy

The 2023 SAMHSA publication, *Practical Guide for Implementing a Trauma-Informed Approach*, provides tools and strategies.

Strategies Collaborative Teams Can Use to Respond to Trauma

Collaborative teams can use several practice and policy strategies in partnership with persons from the community they serve as they develop a trauma-informed approach.[29,30,31]

PRACTICE STRATEGIES

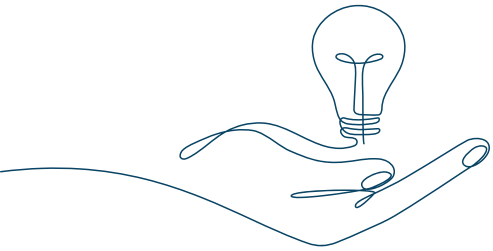
- **Screening and Assessment:** Implement universal trauma screening as a part of the intake process for all children, parents, and their family members to identify the presence of trauma and need for further assessment and treatment. Examples of validated trauma screening tools include the *ACE Questionnaire* to screen for trauma among adults, and the *Pediatric ACEs and Related Life-events Screener (PEARLS) tool* to screen for ACEs and trauma among children and adolescents. Adaptations to currently available validated tools or additional assessments may be necessary to ensure that screening is effective for unique populations.
- **Engagement in Trauma-Specific Services:** Provide assessment and engagement in trauma-specific services for children, parents, and family members who screen positive for trauma; or partner with a trusted community-based organization that provides such services. There are a number of evidence-based trauma-specific services for adults, children, and adolescents, such as Trauma-Focused Cognitive Behavioral Therapy, Seeking Safety, and Child-Parent Psychotherapy. Service matching is critical to ensure that interventions are relevant and proven effective for the unique service population of focus (e.g., age).
- **Trauma-Informed Safety Planning:** Develop trauma-informed safety and recovery plans for individuals in families that may experience domestic violence, interpersonal violence, or be unsafe in their current family.
- **Family-Centered Services:** Consider how trauma and substance use may be affecting relationships within the family and provide trauma-informed, family-centered services for children and all members of a family unit. Ensure that childcare is provided when adults in a family are participating in individual services necessary to strengthen their roles as parents and partners. Provide trauma-informed attachment-focused interventions aimed at teaching caregivers to develop healthy, supportive relationships within their family.
- **Promote Positive Childhood Experiences:** Guide families and communities on how to create positive childhood experiences that promote safe, stable, and nurturing relationships and environments while helping children develop a sense of belonging and connectedness that can build resilience to offset ACEs that may lead to trauma.

Positive Childhood Experiences

Positive childhood experiences (PCEs) refer to aspects of a child's environment and relationships that can buffer the negative effects of child trauma. The HOPE National Resource Center (Healthy Outcomes from Positive Experiences) organizes PCEs into four broad categories called "*Four Building Blocks of HOPE*": 1) Relationships, 2) Environment, 3) Engagement, and, 4) Emotional growth. This resource provides information to learn more about PCEs and the strategies to promote each of the building blocks.

POLICY STRATEGIES

- **Ongoing Cross-Systems Training:** Train all staff, including non-clinical staff (e.g., leadership, reception), in trauma theory, trauma-informed principles, how trauma may show up or manifest in clients, and ways to best respond to clients who have experienced trauma. Continually train clinical and non-clinical staff on common experiences of unique groups; individuals from those groups should provide the training and connect community-level experiences and their overlap with individual and family trauma. Consider using relevant training and educational techniques, such as listening sessions, storytelling, and peer groups, and remain open to learning about and implementing traditional approaches to healing.
- **Conduct a Collaborative Trauma Walkthrough:** Conduct an audit or walkthrough of the system with a focus on how individuals, families, and groups with histories of trauma may experience the system as triggering or retraumatizing. Consider how the physical space where clients receive services may trigger or retraumatize individuals based on past experiences, knowledge, or exposure. For example, assess whether spaces look "institutional" versus warm and inviting, and understand how the setup of spaces might reinforce power dynamics, such as how agency entries and courtrooms are set.
- **Implement Approaches to Counteract Secondary Traumatic Stress in the Workforce:** Create and adopt guidelines and practices for identifying and treating secondary trauma while supporting staff wellness and resilience. Offer all staff direct access to an Employee Assistance Program (EAP) where they access free and confidential 24/7 support, and provide staff ample paid time to fully utilize EAP services. Develop and implement cross-systems guidelines and strategies for promoting trauma-informed supervision.
- **Change Policies and Procedures:** Engage community members to consider how policies, including federal and state legislation, may contribute to continued group and community traumatization. Identify how the collaborative team can advocate for changes to systems, policies, and practices that perpetuate trauma.



Next Steps for Collaborative Teams: Use the Collaborative Trauma-Informed Care Tool to Develop a Trauma-Informed Approach

Trauma-informed practice involves an ongoing awareness of how traumatic experiences may affect children, parents, and family members, as well as the human services professionals who serve them. Trauma-informed systems engage clients to understand how they perceive practices and services, and are aware of how certain actions and physical spaces have the potential to retraumatize or trigger behaviors in the family members they aim to help. Collaborative teams benefit from engaging persons with expertise and working together to assess their policies and practices to determine ways they could be more trauma-informed. NCSACW developed the *Collaborative Trauma-Informed Care Tool* to support this process.

Teams can watch the *Trauma-Informed Care Tutorial Video* to learn how to implement the *Collaborative Trauma-Informed Care Tool*. Then, members can work together to implement the tool to identify and measure the degree to which their current service array is trauma-informed and responsive to the needs of children, parents, and family members affected by substance use. The information gained using this tool enables collaborative teams to develop a meaningful action-oriented plan to guide their practice and systems-level response to the effects of trauma, while improving outcomes for children, parents, and family members affected by substance use. Contact the NCSACW training and technical assistance team at ncsacw@cffutures.org for more information or assistance with implementing any of the tools, strategies, or resources mentioned here.

Learn More: Resources for Extended Learning on Trauma and Substance Use Disorders

The *Building a Multi-System Trauma-Informed Collaborative Guide* (2019) reviews the elements of a trauma-informed collaborative and provides insight on how to build bridges between agencies to facilitate trauma-informed system change. The guide shares insights on how trauma affects individuals, families, and communities. It's designed to educate collaborative partners and enable development of effective approaches to meeting the needs of those who have experienced trauma.

The National Child Traumatic Stress Network has resources on a variety of subjects, including families and trauma, STS, trauma-informed approaches, trauma-informed organizational assessments, and much more.

Dr. Maria Yellow Horse Braveheart conceptualized historical trauma to better understand the unresolved grief resulting from the massive group trauma of genocide and its continued effect on communities. This *Intergenerational and Historical Trauma* resource list provides links to learn more and develop an effective response to trauma in communities.

The Addiction Technology Transfer Center (ATTC) has a wide range of resources including podcasts, webinars, written materials and more about many aspects of trauma, including, trauma-specific services and trauma-informed approaches, as they relate to substance use and SUD treatment. You can find specific regional and content from ATTC partner organizations from around the country.

References

[1] Child Welfare Information Gateway. (2020). *The importance of a trauma-informed child welfare system*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. https://www.childwelfare.gov/resources/importance-trauma-informed-child-welfare-system/

[2] Substance Abuse and Mental Health Services Administration: *Practical Guide for Implementing a Trauma-Informed Approach*. SAMHSA Publication No. PEP23-06-05-005. Rockville, MD: National Mental Health and Substance Use Policy Laboratory. Substance Abuse and Mental Health Services Administration, 2023. https://store.samhsa.gov/sites/default/files/pep23-06-05-005.pdf

[3] Ibid

[4] Brennen, J., Guarino, K., Axelrod, J., & Gonsoulin, S. (2019). *Building a multi-system trauma-informed collaborative: A guide for adopting a cross-system, trauma-informed approach among child-serving agencies and their partners*. Chicago, IL: Chapin Hall at the University of Chicago & Washington, DC: American Institutes for Research. https://www.chapinhall.org/wp-content/uploads/PDF/Multi-System-Trauma-Informed-Care-MSTIC-Guide.pdf

[5] Sartor, C. E., McCutcheon, V. V., O'Leary, C. C., Van Buren, D. J., Allsworth, J. E., Jeffe, D. B., & Cottler, L. B. (2012). Lifetime trauma exposure and post-traumatic stress disorder in women sentenced to drug court. *Psychiatry Research, 200*(2-3), 602-608. https://doi.org/10.1016/j.psychres.2012.05.033

[6] El-Bassel, N., Gilbert, L., Witte, S., Wu, E., Chang, M. (2011). Violence and HIV among drug-involved women: Contexts linking these two epidemics—challenges and implications for prevention and treatment. *Substance Use and Misuse, 46*, 295–306. https://doi.org/10.3109/10826084.2011.523296

[7] Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventative Medicine, 14*(4), 245-258. https://doi.org/10.1016/s0749-3797(98)00017-8

[8] Michaels T. I., Stone, E., Singal, S., Novakovic, V., Barkin, R. L., & Barkin, S. (2021). Brain reward circuitry: The overlapping neurobiology of trauma and substance use disorders. *World Journal of Psychiatry, 11*(6), 222-231. https://doi.org/10.5498/wjp.v11.i6.222

[9] Brennen, J., Guarino, K., Axelrod, J., & Gonsoulin, S. (2019). *Building a multi-system trauma-informed collaborative: A guide for adopting a cross-system, trauma-informed approach among child-serving agencies and their partners*. Chicago, IL: Chapin Hall at the University of Chicago & Washington, DC: American Institutes for Research. https://www.chapinhall.org/wp-content/uploads/PDF/Multi-System-Trauma-Informed-Care-MSTIC-Guide.pdf

[10] Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventative Medicine, 14*(4), 245-258. https://doi.org/10.1016/s0749-3797(98)00017-8

[11] Chemtob, C. M., Griffing, S., Tullberg, E., Roberts, E., & Ellis, P. (2011). Screening for trauma exposure posttraumatic stress disorder and depression symptoms among mothers receiving child welfare protective services. *Child Welfare, 90*(6), 109-127.

[12] Newton, R. R., Litrownik, A. J., & Landsverk, J. A. (2000). Children and youth in foster care: Disentangling the relationship between problem behaviors and number of placements. *Child Abuse & Neglect, 24*(10), 1363–1374. https://doi.org/10.1016/S0145-2134(00)00189-7

[13] Shonkoff, J. P., & Garner, A. S. (2011). The lifelong effects of early childhood adversity and toxic stress. *Pediatrics, 129*(1), e232-e246. https://doi.org/10.1542/peds.2011-2663

[14] Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. American *Journal of Preventative Medicine, 14*(4), 245-258. https://doi.org/10.1016/s0749-3797(98)00017-8

[15] The Philadelphia Project. (2013). *Findings from the Philadelphia Urban ACE Survey*. https://www.philadelphiaaces.org/philadelphia-ace-survey

[16] Cronholm, P. F., Forke, C. M., Wade, R., Bair-Merritt, M. H., Davis, M., Harkins-Schwarz, M., Pachter, L. M., & Fein, J. A. (2015). Adverse childhood experiences: Expanding the concept of adversity. *American Journal of Preventive Medicine, 49*(3), 354–361. https://doi.org/10.1016/j.amepre.2015.02.001

[17] Michaels T. I., Stone, E., Singal, S., Novakovic, V., Barkin, R. L., & Barkin, S. (2021). Brain reward circuitry: The overlapping neurobiology of trauma and substance use disorders. *World Journal of Psychiatry, 11*(6), 222-231. https://doi.org/10.5498/wjp.v11.i6.222

[18] Substance Abuse and Mental Health Services Administration. *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014. https://store.samhsa.gov/sites/default/files/sma14-4884.pdf

[19] National Child Traumatic Stress Network. (n.d.). Effects. Retrieved from https://www.nctsn.org/what-is-child-trauma/trauma-types/complex-trauma/effects

[20] Substance Abuse and Mental Health Services Administration. (2023). *Practical Guide for Implementing a Trauma-Informed Approach*. SAMHSA Publication No. PEP23-06-05-005. Rockville, MD: National Mental Health and Substance Use Policy Laboratory.

[21] Substance Abuse and Mental Health Services Administration. *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014. https://store.samhsa.gov/sites/default/files/sma14-4884.pdf

[22] Brennen, J., Guarino, K., Axelrod, J., & Gonsoulin, S. (2019). *Building a multi-system trauma-informed collaborative: A guide for adopting a cross-system, trauma-informed approach among child-serving agencies and their partners*. Chicago, IL: Chapin Hall at the University of Chicago & Washington, DC: American Institutes for Research. https://www.chapinhall.org/wp-content/uploads/PDF/Multi-System-Trauma-Informed-Care-MSTIC-Guide.pdf

[23] Isobel, S., Goodyear, M., Furness, T., & Foster, K. (2018). Preventing intergenerational trauma transmission: A critical interpretive synthesis. *Journal of Clinical Nursing, 28*(7-8), 1100-1113. https://doi.org/10.1111/jocn.14735

[24] Ibid

[25] Substance Abuse and Mental Health Services Administration: *Practical Guide for Implementing a Trauma-Informed Approach*. SAMHSA Publication No. PEP23-06-05-005. Rockville, MD: National Mental Health and Substance Use Policy Laboratory. Substance Abuse and Mental Health Services Administration, 2023. https://store.samhsa.gov/sites/default/files/pep23-06-05-005.pdf

[26] Substance Abuse and Mental Health Services Administration: *Practical Guide for Implementing a Trauma-Informed Approach*. SAMHSA Publication No. PEP23-06-05-005. Rockville, MD: National Mental Health and Substance Use Policy Laboratory. Substance Abuse and Mental Health Services Administration, 2023. https://store.samhsa.gov/sites/default/files/pep23-06-05-005.pdf

[27] Ibid

[28] Substance Abuse and Mental Health Services Administration. S*AMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014. https://store.samhsa.gov/sites/default/files/sma14-4884.pdf

[29] Brown, V. B., Harris, M., & Fallot, R. (2013). Moving toward trauma-informed practice in addiction treatment: A collaborative model of agency assessment. *Journal of Psychoactive Drugs, 45*(5), 386-393. https://doi.org/10.1080/02791072.2013.844381

[30] Brennen, J., Guarino, K., Axelrod, J., & Gonsoulin, S. (2019). *Building a multi-system trauma-informed collaborative: A guide for adopting a cross-system, trauma-informed approach among child-serving agencies and their partners*. Chicago, IL: Chapin Hall at the University of Chicago & Washington, DC: American Institutes for Research. https://www.chapinhall.org/wp-content/uploads/PDF/Multi-System-Trauma-Informed-Care-MSTIC-Guide.pdf

[31] National Center on Substance Abuse and Child Welfare. (2015). *Trauma-informed care walkthrough project: Data and findings*. https://ncsacw.acf.hhs.gov/files/Trauma_Walkthrough_Rprt_508.pdf

CONTACT US

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