Trauma-Informed Philanthropy

A Funder's Resource Guide for Supporting Trauma-Informed Practice in the Delaware Valley

ABOUT THE AUTHORS

This guide was developed as a partnership of Philanthropy Network Greater Philadelphia, Thomas Scattergood Behavioral Health Foundation, and United Way of Greater Philadelphia and Southern New Jersey with the goal of raising awareness about ACEs, trauma, and resilience among funders across all sectors.

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- Ashley Feuer-Edwards, Philanthropy Network Greater Philadelphia
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- Suzanne O'Connor, United Way of Greater Philadelphia and Southern New Jersey

"Understanding the widespread effects of trauma on all areas of life is the first step in ensuring we're equipped to recognize and address the aftermath of trauma and guide people to healing. Being trauma-informed means we can help others thrive academically, graduate from high school, find and keep jobs and live healthy, fulfilling lives."

— Jim Cawley, President and CEO, United Way of Greater Philadelphia and Southern New Jersey

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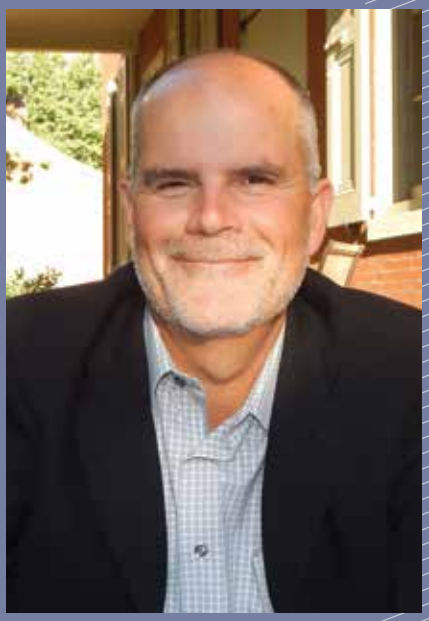


"Whether they know it or not, all funders are doing work that impacts individuals who have experienced trauma. Our goal with this guide is to make sure that funders can be more effective in how they address this issue."

— Joe Pyle, President, Thomas Scattergood Behavioral Health Foundation

"Being trauma-informed is not easy—it's an ongoing, rigorous process that does not necessarily come naturally. Every organization is going to need help from their funding partners to understand how to incorporate this approach into their work, and it's going to look different in every program. Even though it's difficult, it's worth it—using these practices and principles will help to transform our region to one that better supports our children, families, and communities."

— Sandra Bloom, MD,
Co-founder, The Sanctuary Model®,
Associate Professor, Drexel University

FUNDERS HAVE A RESPONSIBILITY TO UNDERSTAND HOW **TRAUMA AND ACEs** IMPACT OUR COMMUNITY, AND TO SUPPORT PROGRAMS IN ALL SECTORS TO **PROMOTE HEALING AND RESILIENCE**

contents

A Vision for a Trauma-Informed Region 4

Purpose of this Guide 5

Part One: Understanding Trauma-Informed Practice **6**

What is Trauma? 6

What are Adverse Childhood Experiences? 7

ACEs and Trauma: Their Remarkable Prevalence 8

ACEs and Trauma: Their Significant Impact 9

Varying Responses to Trauma 10

How Resilience Buffers Against ACEs and Trauma 11

What is Trauma-Informed Practice? 12

Part Two: Philanthropy's Role in Building a Trauma-Informed Region **13**

What Can Funders Do? 13

Raise Awareness Within your Organization 14

Become a Trauma-Informed Funder 14

Advocate for and Apply a Public Health Approach Across Sectors 18

Part Three: Trauma-Informed Practice in the Delaware Valley **22**

How Has Our Region Embraced Trauma-Informed Practice? 22

A Guide to Trauma-Informed Community Initiatives 23

Using Trauma-Informed Practice to Empower and Support: Witnesses to Hunger Advocates for Policy and Systems Change 24

Funders as Thought Leaders: Developing the Pottstown Trauma Informed Community Connection 26

Taking a Holistic Approach to Trauma-Informed Care: Your Way Home Promotes Broad Systems Change 28

A Trauma-Informed Transformation: How Hopeworks Became More Human 30

Resources 32

References 33

Acknowledgements ..... Back cover

A VISION FOR A TRAUMA-INFORMED REGION

Communities in the Delaware Valley will be safe, stable, healthy, and prosperous. Knowledge and awareness of trauma-informed practice will permeate the culture and residents will have access to supports and resources to achieve optimal social and emotional health, wellness, and success. Well-established networks will be established to connect cross-sector public and private, for-profit and non-profit partnerships which will benefit the entire region.

The Delaware Valley funding community will work in partnership across all sectors to set a national example for investing in and advancing trauma-informed practice. In doing so, the Delaware Valley will become renowned for its success in working with the region's most vulnerable citizens to improve health, wellbeing, and prosperity.

"It's not 'What's wrong with you?' but 'What happened to you?'"

—Joseph Foderaro, Co-Founder, The Sanctuary Model®

PURPOSE OF THIS GUIDE

Research tells us that while adverse childhood experiences and trauma are remarkably common and can have a significant impact on one's life, they can also be treated and prevented. Through public education, resilience building, and healing, we can achieve our goal of building a stronger, safer, healthier, and more prosperous region.

As part of these efforts, funders have a responsibility to understand how trauma and ACEs impact our community, and to support programs in all sectors to promote healing and resilience.

The Delaware Valley is home to hundreds of philanthropies which provide vital resources to nonprofit organizations throughout the region. Each funder plays an integral role in shaping the programs that serve our region through financial support, thought leadership, and strategic partner building. Funders may have varying approaches to their work, but share a common goal – that residents have the resources to lead happier, healthier, more productive lives.

Regardless of approach, the resources and thought leadership provided by funders will impact someone who has experienced trauma.

The goal of this guide is to invite grantmakers to better understand the ways in which trauma is a root cause of poor health and social outcomes.

By applying a trauma-informed lens to their work, funders can enhance their grantmaking to improve the lives of individuals, families, and communities in need. Specifically, this guide will help funders to:

1. Understand the science behind trauma, adverse childhood experiences, and resilience;
2. Apply trauma-informed principles and practices to their grantmaking; and
3. Learn about existing local efforts to implement trauma-informed practice.

The information and resources provided represent the current best practices in the trauma-informed practice movement. As new research and strategies rapidly arise to address trauma, funders are encouraged to seek out further information in order to enhance their grantmaking strategies.

HISTORY OF THE ADVERSE CHILDHOOD EXPERIENCES STUDY

In the mid-1980s Dr. Vincent Felitti ran an obesity clinic as a part of Kaiser Permanente's innovative Department of Preventative Medicine in San Diego, CA. The program was mostly successful, with patients regularly losing over 100 pounds. However, despite experiencing significant weight loss, patients would mysteriously leave the program prior to achieving their goals. Year after year, approximately 50 percent of the clinic's patients dropped out of the program.

Baffled by this phenomenon, Dr. Felitti reached out to these patients to learn about the barriers they faced in maintaining a healthy weight. What he heard from patients was astonishing – one of the most common characteristics among those who had left the program had experienced some form of abuse or trauma during their childhood. These stories led to a decades-long venture to discover how adversities in childhood impact adult health and wellbeing.

In 1998, after conducting surveys and reviewing the medical histories of over 17,000 individuals, Drs. Robert Anda and Vincent Felitti published the landmark *Adverse Childhood Experiences Study*. This study, the largest of its kind to date, showed that 10 different types of adverse childhood experiences, or ACEs, can have a significant impact on one's health, social, and economic outcomes throughout their lifetime.

This study has since inspired extensive subsequent research about trauma and its impact, resilience, and brain science in order to develop best practices for preventing and treating ACEs.

1

PART ONE

Understanding Trauma-Informed Practice

WHAT IS TRAUMA?

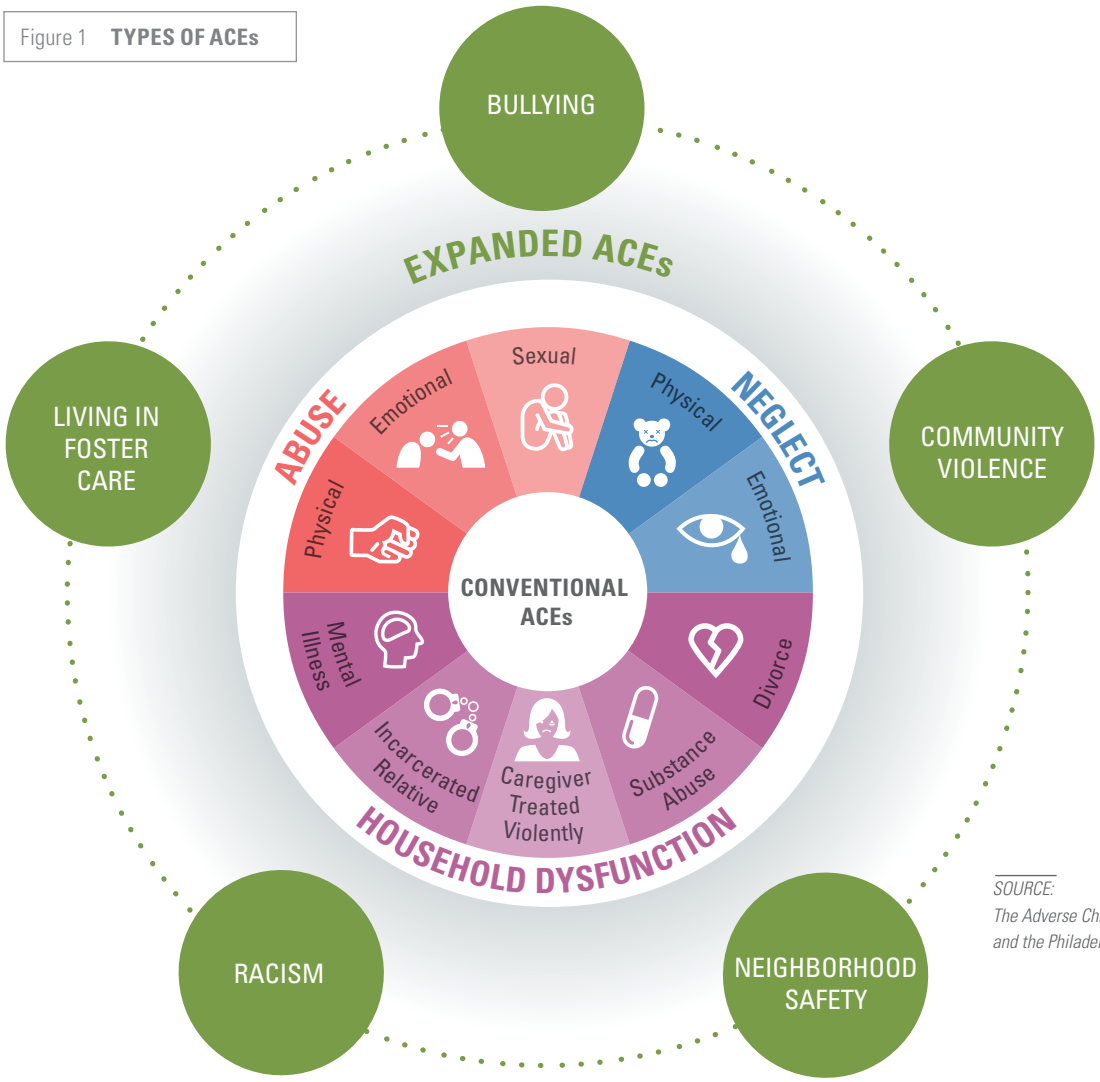
The term *trauma* is derived from the Greek word for wound. Trauma is an emotional and physical response that occurs when a person's internal and external resources are inadequate to cope with an external threat.[1] This response can be activated by acute traumatic events (e.g. natural disaster or physical assault) and chronic traumatic situations (e.g. housing insecurity or ongoing domestic violence).[2] One may experience trauma at any point in their lives. However, research shows that when disruptive events are experienced in childhood, they can cause significant impairments to social, emotional, and cognitive development.[3]

WHAT ARE ADVERSE CHILDHOOD EXPERIENCES?

Adverse Childhood Experiences (ACEs) are examples of traumatic or disruptive events that occur before an individual reaches adulthood. Researchers originally identified 10 ACEs, which are now referred to as "Conventional ACEs": physical abuse and neglect, emotional abuse and neglect, sexual abuse, parental incarceration, parental separation or divorce, parental mental health or substance use disorder, and witnessing domestic violence.[4]

Since the original ACE study, the definition has grown to include a number of other adversities. Such adversities include the Philadelphia Expanded ACEs: racism, bullying, community violence, neighborhood safety, and living in foster care.[5] Some studies include experiences such as economic hardship and parental death as well.[6] As researchers gain a deeper understanding of how these events impact children, the definition of ACEs continues to evolve.

Figure 1 **TYPES OF ACEs**



SOURCE:
The Adverse Childhood Experiences Study and the Philadelphia Expanded ACE Study

ACEs AND TRAUMA:

THEIR REMARKABLE PREVALANCE

ACEs and trauma touch every socioeconomic class, race, ethnicity, gender, sexuality, and age group. What the data tells us is that virtually everyone has either been directly impacted or knows someone who has been directly impacted by significant adverse experiences.

THE ORIGINAL STUDY...

Researchers analyzed data from over 17,000 individuals in San Diego, CA. The sample was largely white, middle-class, and college educated.

63.9% had experienced at least one ACE

12.5% had four or more ACEs[7]

IN PHILADELPHIA...

Researchers examined 14 ACEs (nine of the 10 Conventional ACEs and the five Expanded ACEs) among a racially and socioeconomically diverse sample of more than 1,700 Philadelphians.

21.5% experienced four or more Conventional ACEs

37.3% experienced four or more ACEs when all 14 indicators were included[8]

NATIONALLY...

In 2010, 10 states and the District of Columbia surveyed their residents and found that

59.3% had at least one ACE

14.3% experienced four or more ACEs[9]

Parents of children aged 0-17 identified economic hardship as their child's most common adversity.

26% of all children experiencing economic hardship "somewhat often" or "very often"[10]

"It's not just 'them'. It's us."

—Robert Anda, MD

WHAT IS THE COST?

The estimated average lifetime cost per victim of nonfatal child maltreatment includes:[11]

$6,747	$7,728	$7,999	$10,530	$32,648	$144,360
in criminal justice costs	in child welfare costs	in special education costs	in adult medical costs	in childhood health care costs	in productivity losses

ACEs AND TRAUMA:

THEIR SIGNIFICANT IMPACT

THE FACTS:

Individuals who report having four or more of the original ACEs demonstrate a higher rate of health-related disorders or behaviors. [12]

- **4.6x** depression
- **7.4x** alcoholism
- **10.3x** injection drug use
- **2.2x** ischemic heart disease
- **2.4x** stroke
- **2.5x** sexually transmitted disease

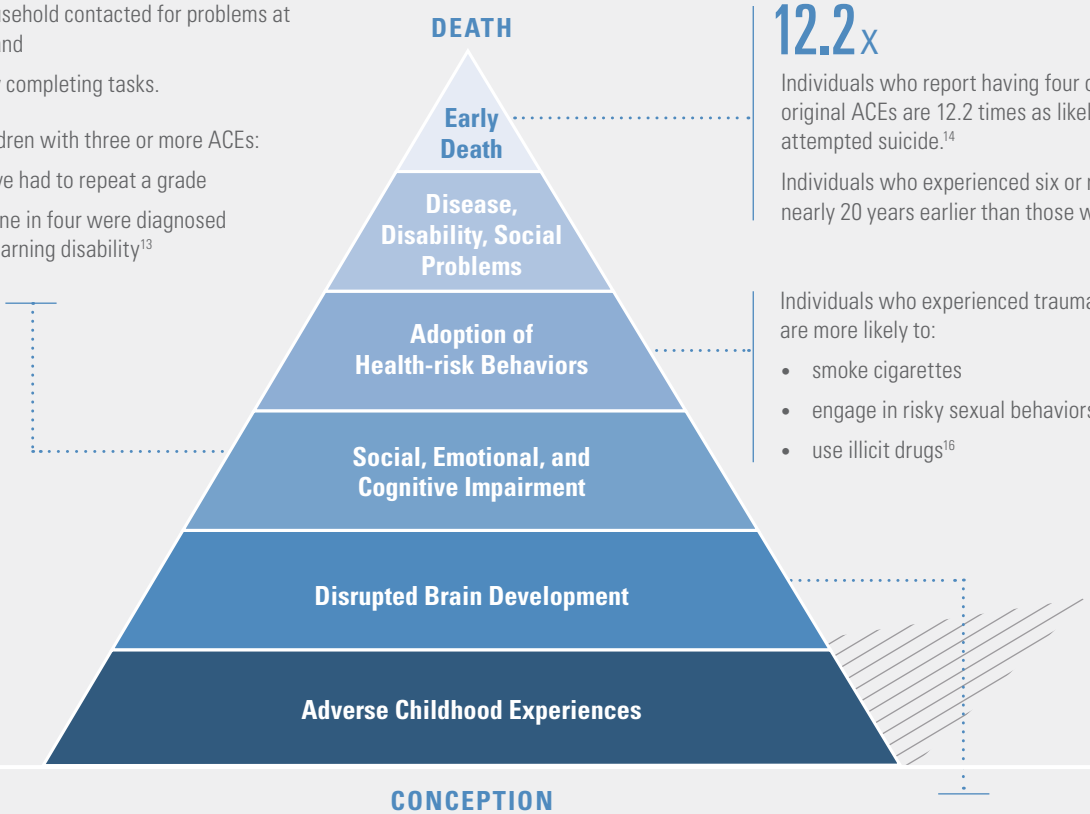
According to ChildTrends, the more ACEs a child has, the more likely they are to have:

- low engagement in school;
- their household contacted for problems at school; and
- difficulty completing tasks.

Among children with three or more ACEs:

- one in five had to repeat a grade
- almost one in four were diagnosed with a learning disability[13]

Figure 2 **THE ACE PYRAMID: LIFE COURSE IMPLICATIONS**



12.2x

Individuals who report having four or more of the original ACEs are 12.2 times as likely to have ever attempted suicide.[14]

Individuals who experienced six or more ACEs died nearly 20 years earlier than those with no ACEs.[15]

Individuals who experienced trauma are more likely to:

- smoke cigarettes
- engage in risky sexual behaviors
- use illicit drugs[16]

SOURCE:
The Adverse Childhood Experiences Study

ACEs and trauma can lead to disrupted brain development caused by toxic stress. Toxic stress can cause an overproduction of stress hormones like cortisol and adrenaline in a child's brain and body. Too much of these stress hormones can cause significant damage to the brain, thereby impairing social, emotional, and cognitive development in children.[17]

Unaddressed traumatic experiences may trigger an episode of Post-Traumatic Stress Disorder

COMMON SIGNS AND SYMPTOMS OF PTSD:

Re-experiencing symptoms such as flashbacks or nightmares

Avoidance symptoms such as avoiding particular places that remind the person of the traumatic event

Arousal and reactivity symptoms such as angry outbursts or difficulty sleeping

Cognition and mood symptoms such as issues with self-esteem or memory loss related to the event[18]

VARYING RESPONSES TO TRAUMA

Not everyone will have the same response to adverse events. Depending on their history of trauma, level of social support, degrees of resilience, and temperament, the consequences of a traumatic experience can range in the extent of its impact.[19]

For many, trauma can resolve on its own. For others, the traumatic response may lie dormant until the individual is triggered.[20] Still others may experience Post Traumatic Stress, or PTS, which is characterized by a high degree of stress for several days or weeks after a significant event.[21] Unaddressed, PTS can lead to Post-Traumatic Stress Disorder, or PTSD, in which symptoms are present for at least three months following the event.[22]

Without proper treatment, PTSD can lead to problem behaviors such as interpersonal violence and self-medicating with drugs or alcohol.[23]

The National Institute of Mental Health estimates that 6.8 percent of adults will experience PTSD in their lifetime and a significant portion of that population will not receive adequate treatment.[24]

While this research can be startling, there is substantial evidence to show that trauma can be both treated and prevented. For youth in particular, research has shown that even just one compassionate, committed adult can significantly improve the likelihood that a child will grow to have a successful, productive adulthood.[25] By promoting approaches that include resilience building and trauma-informed practice, we can foster healing for individuals, families, and communities.

HOW RESILIENCE BUFFERS AGAINST ACES AND TRAUMA

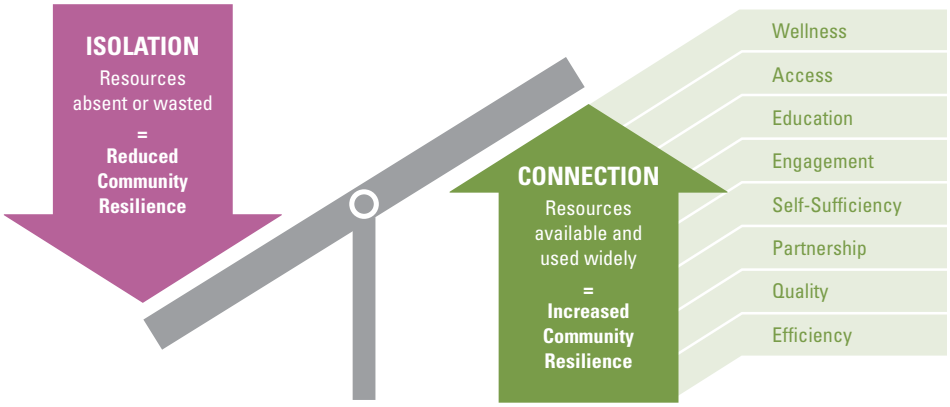
Resilience, which is a person's capacity to overcome adversity and move forward with courage and optimism, is influenced by a confluence of factors.[26] Experts have identified human connection and access to resources as two significant elements in building individual resilience.[27]

These elements can be viewed as protective factors – resources, both internal and external, which reduce the impact of trauma, adversity, and toxic stress.[28] Examples include a social connectedness,[29] access to health care, quality education, and living in a safe neighborhood.[30] These factors are integral in helping one cope with trauma and can be used to explain the disparate reactions to traumatic experiences.[31] For instance, two individuals with histories of physical abuse may have varying social, behavioral, economic, and health outcomes depending on the number of protective factors they possess.

Though building resilience among children and youth is a key element of the trauma-informed approach, resilience can be best supported if fostered on multiple levels. The RAND Corporation has identified eight "levers" for developing community resilience: wellness, access, education, engagement, self-sufficiency, partnership, quality, and efficiency.[32] Each of these levers enable communities and their residents to bounce back in the face of traumatic events and situations.

Many communities across the country are taking multi-level, multi-sector, multi-generational approaches to building resilience for their residents. These efforts have focused on increasing access to quality resources and improving connection and civic engagement. Rather than focusing on how ACEs and trauma can disrupt a person's life, these communities are choosing to develop a **strengths-based approach**, which focuses on how communities can come together to become safer, healthier, and more resilient.[33]

Figure 3 **COMMUNITY RESILIENCE FACTORS**



SOURCE:
Philadelphia Department of Behavioral Health and Intellectual disAbility Services and RAND Corporation

7 ELEMENTS

Dr. Kenneth Ginsburg has identified seven elements that contribute to individual resilience for children and youth. These factors are integral in a child's development toward productive, successful adulthood:

COMPETENCE
When we notice what young people are doing right and give them opportunities to develop important skills, they feel competent. We undermine competence when we don't allow young people to recover themselves after a fall.

CONFIDENCE
Young people need confidence to be able to navigate the world, think outside the box, and recover from challenges.

CONNECTION
Connections with other people, schools, and communities offer young people the security that allows them to stand on their own and develop creative solutions.

CHARACTER
Young people need a clear sense of right and wrong and a commitment to integrity.

CONTRIBUTION
Young people who contribute to the well-being of others will receive gratitude rather than condemnation. They will learn that contributing feels good and may therefore more easily turn to others, and do so without shame.

COPING
Young people who possess a variety of healthy coping strategies will be less likely to turn to dangerous quick fixes when stressed.

CONTROL
Young people who understand privileges and respect are earned through demonstrated responsibility will learn to make wise choices and feel a sense of control.[34]

WHAT IS TRAUMA-INFORMED PRACTICE?

Trauma-informed practice involves a number of key elements that focus on connection, communication, and healing. At its core, trauma-informed practice asks, "what happened to you?" rather than "what is wrong with you?". It connects a person's behavior to their trauma response rather than isolating their actions to the current circumstances and assuming a personality flaw.

According to the Substance Abuse and Mental Health Administration (SAMHSA), "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;
- Responds by fully integrating knowledge about trauma into policies, procedures, and practices; and
- Seeks to actively resist re-traumatization."[35]

By utilizing trauma-informed principles in the delivery of all services and focusing on healing and resilience, programming can better address the needs of constituents who have experienced trauma.

SAMHSA'S SIX PRINCIPLES OF TRAUMA-INFORMED ORGANIZATIONS.[36]

Safety
Throughout the organization, staff and the people they serve feel physically and psychologically safe.

Trustworthiness and transparency
Organizational operations and decisions are conducted with transparency and the goal of building and maintaining trust among staff, clients, and family members of those receiving services.

Peer support and mutual self-help
These are integral to the organizational and service delivery approach and are understood as a key vehicle for building trust, establishing safety, and empowerment.

Collaboration and mutuality
There is true partnering and leveling of power differences between staff and clients and among organizational staff from direct care staff to administrators. There is recognition that healing happens in relationships and in the meaningful sharing of power and decision-making. The organization recognizes that everyone has a role to play in a trauma-informed approach. One does not have to be a therapist to be therapeutic.

Empowerment, voice and choice
Throughout the organization and among the clients served, individuals' strengths are recognized, built on, and validated and new skills developed as necessary. The organization aims to strengthen the staff's, clients', and family members' experience of choice and recognizes that every person's experience is unique and requires an individualized approach. This includes a belief in resilience and in the ability of individuals, organizations, and communities to heal and promote recovery from trauma. This builds on what clients, staff, and communities have to offer, rather than responding to perceived deficits.

Cultural, historical and gender issues
The organization actively moves past cultural stereotypes and biases (e.g., based on race, ethnicity, sexual orientation, age, geography), offers gender responsive services, leverages the healing value of traditional cultural connections, and recognizes and addresses historical trauma.

PART TWO

Philanthropy's Role in Building a Trauma-Informed Region

WHAT CAN FUNDERS DO?

With your help, we can use the science of ACEs, trauma, and resilience to better understand and address the root causes of poor social, economic, behavioral, and health outcomes. Over the course of the last decade, the Delaware Valley has been home to national leaders in the field of trauma-informed practice. Funders have an opportunity to build on their achievements and harness the momentum toward creating a trauma-informed region.

This section contains information about how to use Part One of this guide to inform your work as a funder. While there is no one-size-fits-all model for becoming trauma-informed, utilizing the following strategies will help funders to:

1. Raise awareness about the impact of ACEs and trauma with the staff and board of your organization;
2. Become a trauma-informed funder by integrating trauma-informed principles into your daily work and applying trauma-informed principles to your grantmaking; and
3. Advocate for new programs and policies that support the prevention and treatment of trauma by using a public health approach.

ACEs CONNECTION GROUPS THAT MAY BE OF INTEREST:

Philadelphia ACEs Connection

ACEs in Foster Care

ACEs in the Faith Based Community

ACEs in the Criminal Justice System

ACEs in Child Care

ACEs in Juvenile Justice

ACEs in Maternal Mental Heath

Taking an ACEs History–Who's Doing it and How

ACEs in Youth Services

Pottstown, PA ACEs Connection

1. RAISE AWARENESS WITHIN YOUR ORGANIZATION

One of the first steps toward becoming a trauma-informed funder is to learn more about the trauma-informed approach. Below are several ways funders can increase their knowledge and expertise of the field.

1. Attend a training with your staff to learn more. The Philadelphia ACE Task Force has developed an online database of the trainings that are available in the region. They range from hour-long introductory courses to graduate-level training. It is important to have a general background in the science behind ACEs, trauma, and resilience and to stay up-to-date about current strategies which exist to address the problem.

2. To remain current in your knowledge, join ACEs Connection, an online community-of-practice which aims to accelerate the global movement toward recognizing the impact of ACEs and discovering strategies which promote healing. Set aside time to read their Daily Digest, which includes current information about exciting developments in trauma-informed practice throughout the country. There are also several geographic-and sector-based affinity groups. Consider starting your own ACEs Connection affinity group to share information about a specific sector or geographic location.

3. Share this guide with your Board Members to promote knowledge and understanding among leadership. Ensuring their buy-in is an integral step toward becoming trauma-informed both in your relationships with grantees and through your grantmaking.

2. BECOME A TRAUMA-INFORMED FUNDER

In order to become a trauma-informed funder, your organization should strive to both integrate trauma-informed principles into daily work and apply these principles to grantmaking practice.

Integrate Trauma-Informed Principles Into Your Daily Work

Developing strong partner relationships with grantees can be a vital step toward becoming a trauma-informed funder. By working together with your grantees through open, honest, and clear communication, your organization can begin to shift toward a culture of deeper awareness and understanding of organizational and community needs.

The following tips can help funders to be true stewards for trauma-informed practice throughout the region:

- Be clear and open in your grantmaking process. Help applicants to best understand your organization's standards for grantmaking.
- Allow grantees to provide feedback about your grantmaking process. The Center for Effective Philanthropy has developed a *Grantee Perception Report* which can help you to gather and assess grantee feedback.
- Ask grantees about how they would like to structure their relationship with your organization. For those who would like it, establish strong partner relationships and encourage them to utilize your knowledge, expertise, and connections to their advantage. Be sure that all grantees understand they can use your organization as a resource if they are in need of guidance.

- Act as a convener for your grantees, bringing them together with other programs to encourage learning and collaboration. Building a trauma-informed region will require working across sectors to break down existing silos. Funders are well-positioned to convene non-traditional partners to develop new and innovative strategies to serve communities.
- Learn more about diversity, equity, and inclusion to better address issues concerning race, ethnicity, gender, and sexuality.
- Promote the tools and commitments of the Sanctuary Model® both within your organization and in your community-facing programming.

APPLY TRAUMA-INFORMED PRINCIPLES TO YOUR GRANTMAKING

Beyond integrating trauma-informed practice in their own work, funders should encourage current and future grantees to build trauma-informed principles into their programs. Given the prevalence of ACEs and trauma, it is imperative that programs across all sectors apply a trauma-informed lens.

Strategies included on this page can help funders apply a trauma-informed principles to their grantmaking, thereby impacting the policies and practices of the programs that serve our region.

Safety

- Encourage the use of safety planning in programs that work directly with vulnerable populations. Safety plans can be developed in conjunction with consumers by listing safe activities that help to calm stress and anxiety.
- Ensure that grantees have physically safe spaces for them to provide programming. Work with grantees to raise funds to upgrade facilities if needed.
- Encourage grantees to use restorative approaches rather than punitive disciplinary strategies.

Trustworthiness and transparency

- Encourage grantees to engage with their constituents in their planning processes. Help them find the most effective ways to gather feedback from the individuals they work with.
- When your grantees collect data from their constituents regarding the efficacy of the program, encourage them to always share their results and conclusions in an open and accessible manner.

Peer support and mutual self-help

- Work with grantees to find areas in their programming that can be enhanced by storytelling by individuals with lived experience. Keep in mind that some individuals may not want to share their stories. Be sure to promote safety throughout this process.
- Encourage grantees to have conversations about and develop solutions to vicarious trauma and compassion fatigue among organizational staff. Promote the use of reflective supervision.

Collaboration and mutuality

- Help grantees to engage with their community to better understand the needs that must be addressed. Fund programs that involve community engagement strategies.
- Work with grantees to develop a plan to train staff at all levels of their organization in trauma-informed practice. It is possible that not all individuals need intensive training but help grantees make informed decisions about how each staff member should be trained.

Empowerment, voice and choice

- Encourage grantees to utilize a person-centered, strengths-based approach in their work.
- Provide funding for grantees to be trained in trauma-informed care. There are dozens of organizations that provide training to a myriad of organizations. Allow grantees to decide for themselves which trainings may be best suited to meet their needs.
- Help grantees find safe ways to share information about ACEs and trauma with the individuals they serve.

Cultural, historical and gender issues

- Ask your grantees about the constituencies they plan to serve. Help guide them through the process of thinking about how to provide services which are culturally sensitive and connect them to appropriate resources when necessary.

Continuum of Change

Funders must also be aware that operationalizing and implementing these principles takes a tremendous amount of effort by grantees. One key role you can have as a funder can be to help grantees understand where they lie on the *Continuum of Change* and how they can move toward becoming trauma-informed. Be mindful that incorporating these principles takes time – the process will be continuous and will require ongoing thought and consideration.

As grantees move along the *Continuum*, encourage them to evaluate their work and use data to make decisions regarding next steps. Help them to understand how both process and outcome evaluation can be used to improve their programming and consider using psychometrically validated tools like the TICOMETER and the Attitudes Related to Trauma-Informed Care (ARTIC) Scale in their evaluations. Further, by building evaluation into programming and reporting findings to the public, grantees will be helping to advance the field by acting as examples to other organizations and initiatives.

The *Continuum of Change* can be defined by four stages:

1. **Trauma-Aware:** Organizations have become aware of how prevalent trauma is and have begun to consider that it might impact their clientele and staff.
2. **Trauma-Sensitive:** Organizations have begun to 1) explore *SAMHSA's Six Principles of Trauma-Informed Organizations* within their environment and daily work; 2) build consensus around the principles; 3) consider the implications of adopting the principles within the organization; and 4) prepare for change.
3. **Trauma-Responsive:** Organizations have begun to change their organizational culture to highlight the role of trauma and resilience. At all levels of the organization, staff begins re-thinking the routines and infrastructure of the organization.
4. **Trauma-Informed:** Organizations have made trauma-responsive practices the organizational norm. The trauma model has become so accepted and so thoroughly embedded that it no longer depends on a few leaders. The organization works with other partners to strengthen trauma-informed practice in their communities.

Organizations that focus on serving individuals, families, and communities can be more effective in their work by incorporating principles which are aligned with a trauma-informed approach.

Figure 4 **THE CONTINUUM OF CHANGE**

Trauma-informed practice is not simply a program model that can be implemented and monitored by a fidelity checklist. Rather, it is a profound paradigm shift in knowledge, perspective, attitudes, and skills that continues to unfold and deepen over time. The *Continuum of Change* includes questions that may be used to better understand partner strengths and needs. Funders can also use the *Continuum* to assess their own integration of trauma-informed principles into daily work and grantmaking practice.

SOURCE
This framework was adapted by the Philadelphia ACE Task Force from the Missouri Model: A Development Framework for Trauma-Informed

3. ADVOCATE FOR AND APPLY A PUBLIC HEALTH APPROACH ACROSS SECTORS

ACEs and trauma and have been called one of the worst public health crises of our time, thereby necessitating a public health perspective when advocating for broader systems change. As a field, public health aims to take an upstream approach to promoting health and wellness and decreasing the incidence and prevalence of disease.

Utilizing a public health framework will allow us to have wider-ranging impact than the traditional disease-centric model, which aims to address health only as the absence of illness. This approach also require a wider range of partners who focus on issues such as poverty, education, community infrastructure, and even transportation – all of which have a significant impact on population health.

Using a public health approach to help bring about broader systems change will help funders to bring multiple sectors to the table. Ultimately, breaking down silos to encourage cross-sector, multi-level program and policy change will be the most effective way to prevent adverse childhood experiences and promote healing.

Grantmakers have the ability to leverage funds to advocate for innovative, trauma-informed public policies and practices. Promoting the innovative work of their grantees and providing opportunities for grantees to partner with local, state, and federal governments can help to foster broader systems change. Funders may also work with public agencies to develop pilot programs which test new models, which could then be scaled up with public funds. Private capital is key to bringing about new strategies for change and can ultimately help to transform our current systems.

"Children's exposure to Adverse Childhood Experiences is the greatest unaddressed public health threat facing our nation today."

—Robert Block, MD, former president of the American Academy of Pediatrics

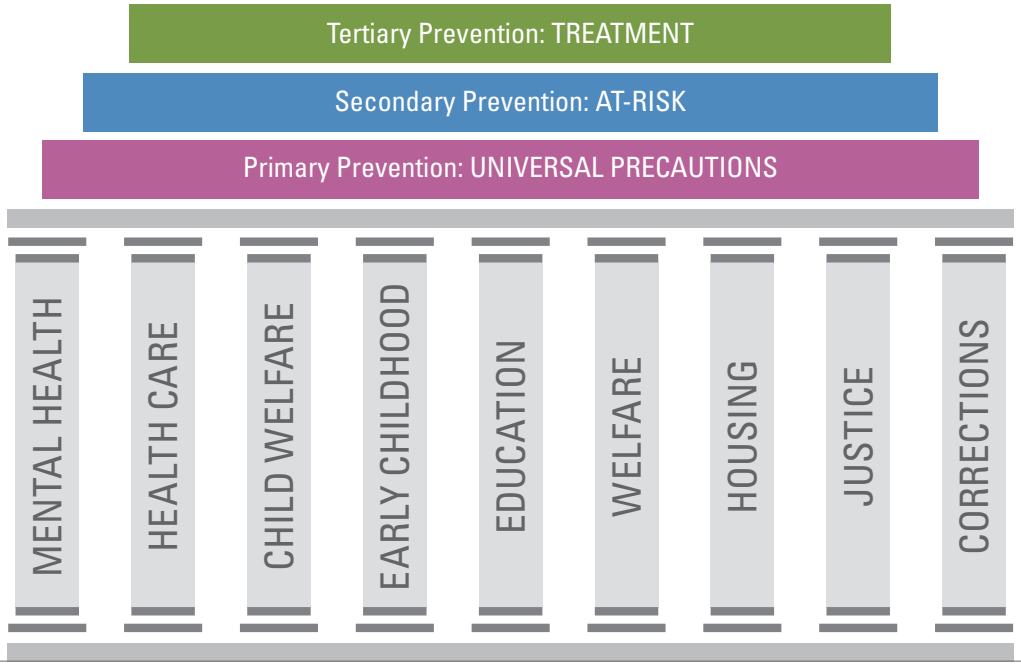
When advocating for public policies that are informed by the science behind ACEs and trauma, consider this model:[37]

Trauma-Preventive Policies:
Polices that are not necessarily designed with the explicit intent of addressing traumatic stress, but have great potential to do so by reducing exposure and promoting resilience.

Trauma-Informed Policies:
Policies that reflect knowledge about the prevalence of trauma exposure in a population and how the effects of trauma could have secondary consequences.

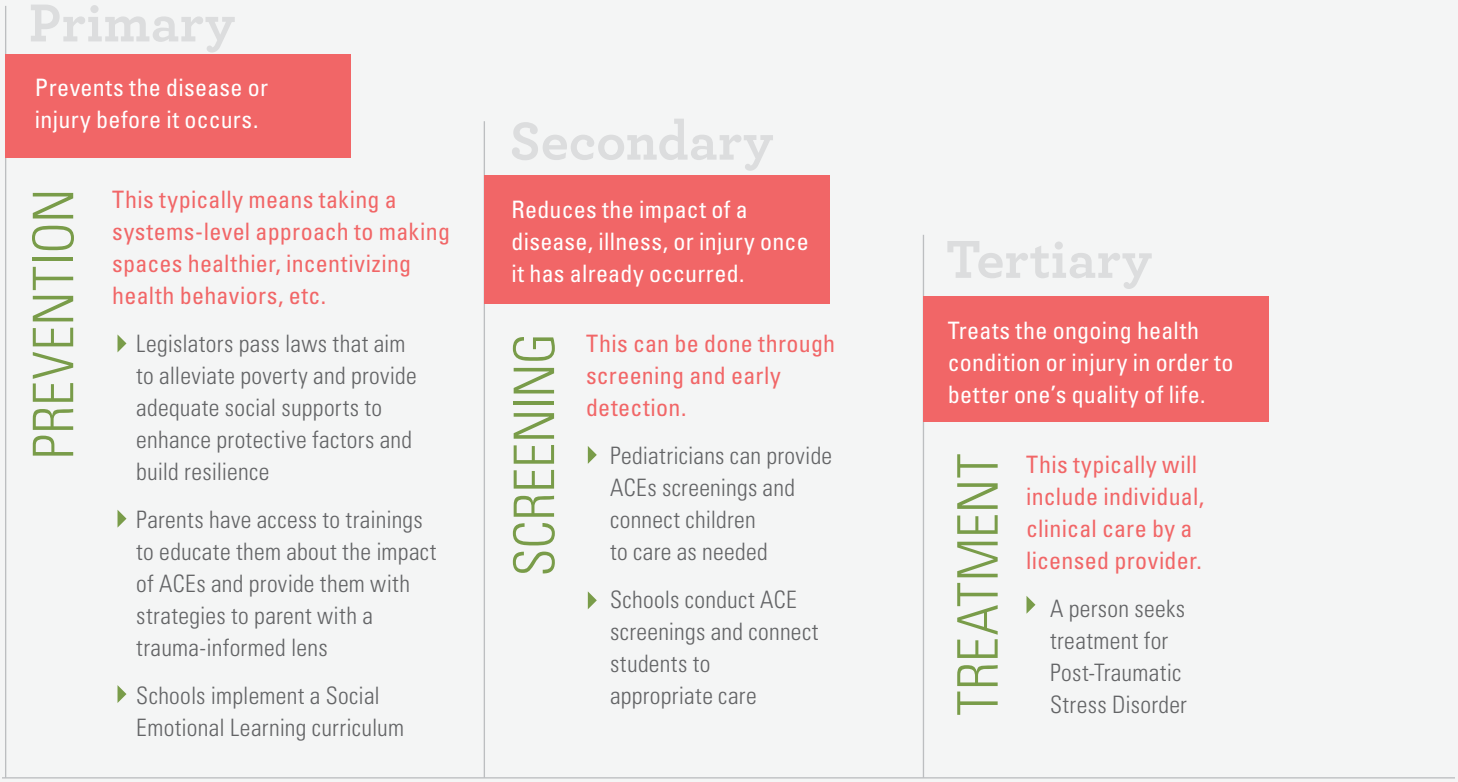
Trauma-Specific Policies:
Policies that promote access to interventions that mitigate the effects of trauma exposure and promote recovery.

Figure 5
A CROSS-SECTOR PUBLIC HEALTH APPROACH FOR ADDRESSING ACEs AND TRAUMA



SOURCE:
Sandra Bloom, MD

Figure 6 STAGES OF PREVENTION



The Stages of Prevention

The prevention of ACEs and trauma can be promoted through addressing the social determinants of health. These consist of the "conditions 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."[38] Addressing social issues like poverty, violence, unemployment, and education can help to reduce the incidence of trauma.

Addressing the impact of ACEs and trauma will also require a "universal precautions"[39] approach to screening. When working with children, youth and families, professionals must assume the likelihood of a trauma history and treat every individual with appropriate caution and care. This approach will necessitate all sectors to incorporate trauma-informed practice into their work – allowing for more compassionate interactions throughout all systems.

Treatment is also an important element of addressing trauma and ACEs. Funders can suggest evidence-based clinical models such as Trauma-Focused Cognitive Behavioral Therapy and Eye Movement Desensitization and Reprocessing (EMDR) for programs that provide behavioral health services. Funders may also encourage the use emerging therapies such as Somatosensory interventions. Within public systems like Medicare and Medicaid, funders can help to build awareness and advocate for trauma-informed treatment models in both physical and behavioral health.

Though we encourage utilizing a public health approach, it is important to note that outcomes related to health are only one piece of what we should encourage grantees to seek through their programming. Change in health outcomes may take several years, if not decades, to occur. Rather, we can look to social, behavioral, economic, and educational outcomes which, in turn, can have a significant impact on population health.

RESOURCES FOR IMPLEMENTING A TRAUMA-INFORMED APPROACH ACROSS SECTORS

The resources provided here are related to a wide variety of sectors and exemplify ways in which programs can apply a trauma-informed approach to address this public health crisis.

SECTOR	RESOURCE
Multi-Sector	*Responding to Childhood Trauma: The Promise and Practice of Trauma Informed Care*, Pennsylvania Office of Mental Health and Substance Abuse Services
	Creating Trauma-Informed Systems: Child Welfare, Education, First Responders, Health Care, Juvenile Justice, Published in Professional Psychology: Research and Practice
	Developing Trauma Informed Organizations, Institute for Health and Recovery
	Trauma-Informed Care and Trauma-Specific Services: A Comprehensive Approach to Trauma Intervention, American Institutes for Research
	Trauma-Informed Community Building, Bridge Housing Corporation and Health Equity Institute
Arts	*Calm Through Creativity: How Arts Can Aid Trauma Recovery*, National Clearinghouse on Families and Youth
Behavioral Health	*A Treatment Improvement Protocol: Trauma-Informed Care in Behavioral Health Services*, Substance Abuse and Mental Health Services Administration
	Models for Developing Trauma-Informed Behavioral Health Systems and Trauma-Specific Services, National Center for Trauma-Informed Care
	Implementing Trauma-Informed Approaches in Access to Recovery Programs, Access to Recovery
Child Welfare	*Implementing Trauma-Informed Practices in Child Welfare*, State Policy Advocacy and Reform Center; First Focus; and ABA Center on Children and the Law
	Child Welfare Trauma Training Toolkit: Comprehensive Guide – 2nd Edition, National Child Traumatic Stress Network
Criminal Justice	*Essential Components of Trauma-Informed Judicial Practice*, Substance Abuse and Mental Health Services Administration
	First, Do No Harm: Model Practices for Law Enforcement Agencies When Arresting Parents in the Presence of Children, OJP Diagnostic Center and Strategies for Youth
	Creating a Trauma-Informed Criminal Justice System for Women: Why and How, Substance Abuse and Mental Health Services Administration

SECTOR	RESOURCE
Developmental Disabilities	*Facts on Traumatic Stress and Children with Developmental Disabilities*, National Child Traumatic Stress Network
Domestic Violence	*Trauma-Informed Care: Best Practices and Protocols for Ohio's Domestic Violence Programs*, Ohio Department of Mental Health
Education	*Helping Traumatized Children Learn*, Massachusetts Advocates for Children
	Child Trauma Toolkit for Educators, National Child Traumatic Stress Network
	The Heart of Learning and Teaching: Compassion, Resiliency, and Academic Success, Washington State Office of Superintendent of Public Instruction
	An Informed Approach to Teaching Children Who are Living in Poverty, ChildCare Exchange
	How Schools Can Help Students Recover from Traumatic Experiences, Rand Corporation
Health Care	*Healing Together: Community-Level Trauma*, Johns Hopkins Urban Health Institute
Homelessness and Housing	*A Long Journey Home: A Guide for Creating Trauma-Informed Services for Mothers and Children Experiencing Homelessness*, Substance Abuse and Mental Health Services Administration
LGBTQ Issues	*Practice Guidelines for the Delivery of Trauma-Informed and GLBTQ Culturally Competent Care*, WestEd; American Institutes for Research; and Justice Resource Initiative
	A Trauma-Informed Curriculum for Lesbian, Gay, Bisexual, Transgendered, Questioning, Intersexed, and Two-Spirit (LGBTQI2-S) Youth, Substance Abuse and Mental Health Services Administration
Veterans	*Brief Series: Trauma-Informed Care for Veterans Experiencing Homelessness*, American Institutes for Research
	Instilling Hope in Veterans with PTSD: Integrating Trauma-Informed Care with Recovery Principles, North Start Behavioral Health System
Women and Girls	*Becoming Trauma-Informed: A Core Element in Women's Treatment*, Counselor Magazine
Youth Violence	*Healing the Hurt: Trauma-Informed Approaches to the Health of Boys and Young Men of Color*, Drexel University

3

PART THREE

Trauma-Informed Practice in the Delaware Valley

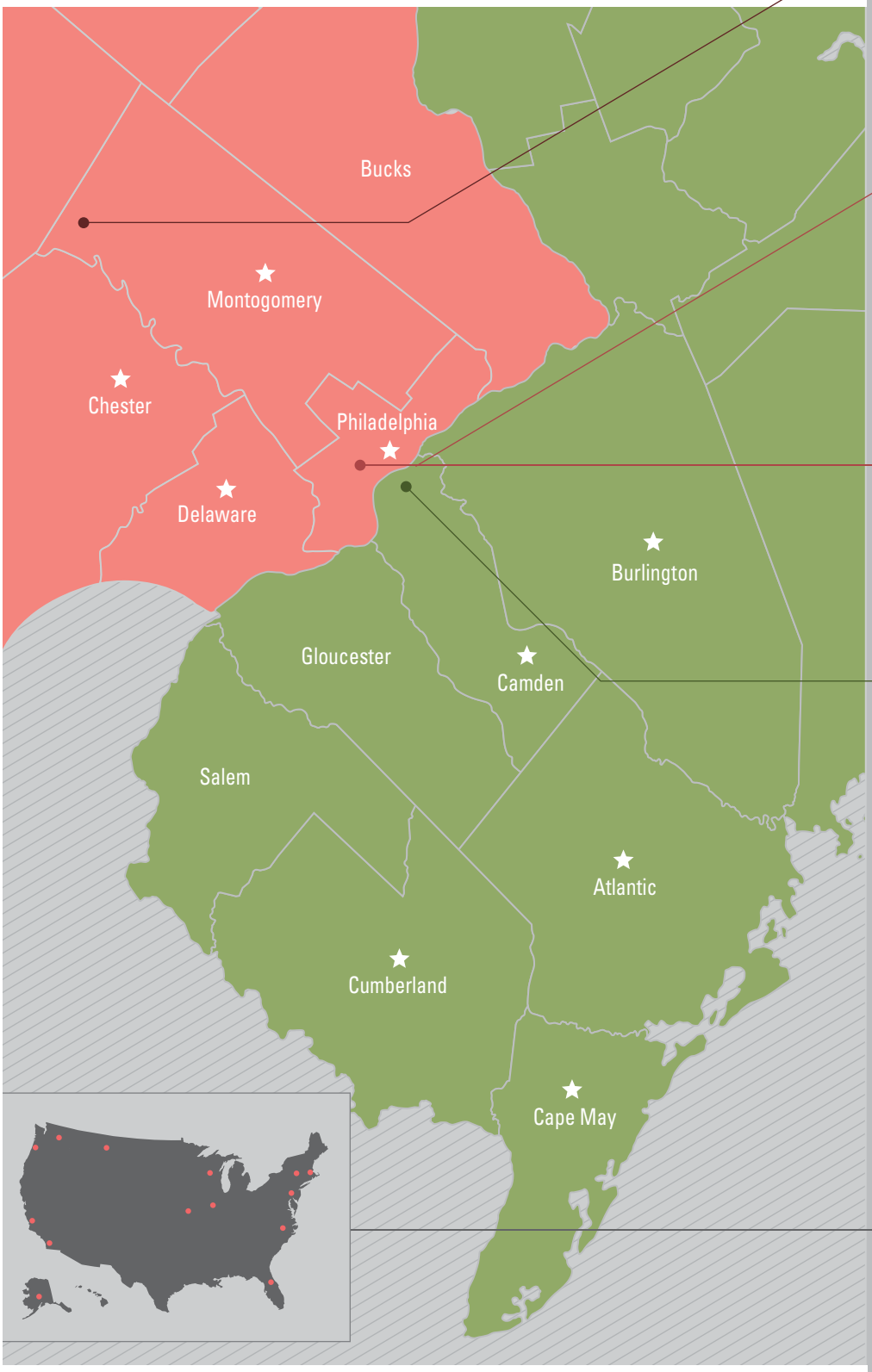
HOW HAS OUR REGION EMBRACED TRAUMA-INFORMED PRACTICE?

Trauma-informed practice can be implemented on many different levels. Throughout the Delaware Valley, organizations and communities have been working to integrate trauma-informed practice into their programs, thereby more effectively serving vulnerable populations.

In this section, you will find examples of initiatives and programs that demonstrate the use of trauma-informed practice. First, you will find a map with cross-sector coalitions and networks which aim to prevent and treat ACEs and trauma on the community level and use trauma-informed practice as a basis for their work. Second, you will find four case studies which represent why trauma-informed care is important and how trauma-informed practice can be used to enhance programming and promote healing.

A Guide to Trauma-Informed Community Initiatives

The following examples represent just a small number of organizations, projects, and initiatives that have embraced trauma-informed practice. Throughout the Delaware Valley, dozens of communities, organizations, and service providers are striving toward the prevention and treatment of ACEs and trauma while also promoting healing and resilience.



INITIATIVES & KEY FUNDERS

Pottstown Trauma Informed Community Connection
Pottstown, PA

- W.K. Kellogg Foundation
- United Way of Greater Philadelphia and Southern New Jersey
- Pottstown Area Health and Wellness Foundation

Philadelphia ACE Task Force
Philadelphia, PA

- Robert Wood Johnson Foundation
- First Hospital Foundation
- Annie E. Casey Foundation
- Stoneleigh Foundation
- Thomas Scattergood Behavioral Health Foundation

22nd Police District
Philadelphia, PA

- Stoneleigh Foundation
- William Penn Foundation
- Genuardi Family Foundation
- Department of Justice

Healing 10
Camden, NJ

- Thomas Scattergood Behavioral Health Foundation
- The Claneil Foundation

Building a Trauma-Informed Region

★ *PA Counties: Delaware, Montgomery, Philadelphia, Chester*

★ *NJ Counties: Atlantic, Burlington, Camden, Cape May, Cumberland*

- United Way of Greater Philadelphia and Southern New Jersey's Impact Fund
- CHG Charitable Trust

Mobilizing Action for Resilient Communities
Nationwide

- Robert Wood Johnson Foundation
- The California Endowment

Using Trauma-Informed Practice to Empower and Support

Witnesses to Hunger Advocates for Policy and Systems Change

Myra Young is frustrated. She has two children, one nine-year-old and one five-year-old. Her husband, who was working when they got married, injured his back at work several years ago and now receives Social Security as his income. When this happened, the government adjusted her TANF benefits to just $32 per month. She works, but still struggles to make ends meet. "I'm trying to find programs help me take care of my family," she says. "I have to be a mother before I can be a friend."

"Living in poverty can be quite traumatic," says Michelle Taylor, program manager for Witnesses to Hunger, a program of the Center for Hunger Free Communities at the Drexel University Dornsife School of Public Health. "Many of the members have experienced undeniable hardships in their lives."

Young became involved in Witnesses to Hunger back in 2008 when her older son had an asthma attack. While at the hospital, she was asked to complete a survey and to take a camera to document her experience living in poverty. Since then, Young has been committed to Witnesses to Hunger, using her camera and voice to tell her story to people in power – people who could help change her situation. Through this program, she says, she's found family. "I call all of [the witnesses] my sisters," she says, "If I'm depressed, I can talk to them and it feels good to have someone in my corner." Taylor echoes the importance of these bonds, stating how powerful it can be to see this community rally together to support one another.

The goal of Witnesses to Hunger is to actively engage individuals who have lived experience raising a child on a limited income to themselves become advocates for new policy solutions. Taylor says that while the program is remarkably effective in challenging notions of poverty and the people it impacts, it does not come without its challenges. "It is important that as we work to change how people perceive them, that we also work to support them," she says. She stresses the importance of approaching people with the understanding that they may have had exposure to trauma and that, as staff, you must have the appropriate training to work with individuals as well as the support necessary to deal with vicarious trauma.

"[Trauma-informed care] is a crucial part of our work and what makes this kind of advocacy most effective and sustainable."

"I call all of [the witnesses] my sisters."

Thus, Witnesses to Hunger has become committed to a holistic approach to trauma-informed care and practice, checking in at every meeting – no matter who is in attendance – to see where everyone is. "We encourage staff and members to participate in trauma-informed training and education to improve our skills in dealing with trauma. It's a crucial part of our work and what makes this kind of advocacy most effective and sustainable," says Taylor.

She explains, though, that training can be expensive and time intensive. She states that when funders begin to understand how their money can directly improve the community, they can have huge impact over time and across a broad range of issues.

Funders as Thought Leaders

Developing the Pottstown Trauma Informed Community Connection

For over a decade, Pottstown, PA has been home to the Pottstown Early Action for Kindergarten Readiness (PEAK) initiative, a partnership between Pottstown School District and community agencies. Developed to ensure quality early childhood education and connections to services, PEAK has paved the way for enhanced family engagement, higher teacher quality, and strong community partnerships. In 2014, PEAK was the recipient of a Community Innovation Zone grant from the state, leading PEAK coordinator, Mary Rieck, to think, "how else could we serve the community?"

The PEAK initiative was already seeking ways to better connect with caregivers and families and through a grant with the W. K. Kellogg Foundation, they were able to develop a Family Advisory Committee (FAC). The approach of the W. K. Kellogg Foundation is to identify major issues through this kind of direct community engagement, according to Jon-Paul Bianchi, who is a program officer there.

Engagement with the FAC confirmed what PEAK staff had been experiencing in their classrooms – children in Pottstown were facing extensive social and behavioral issues both at school and at home. At around the same time, Rieck was introduced to the concept of ACEs, trauma, and resilience from one of PEAK's Managing Partners at the United Way of Greater Philadelphia and Southern New Jersey. Inspired by what they were learning from the community and her partners in philanthropy, the PEAK Managing Partners decided that working toward a trauma-informed community would be the most effective way to achieve desired outcomes of local families.

So, they began to do the work of pulling together a steering committee with representatives from the school district, police department, behavioral health providers, social service agencies, and philanthropic partners. With roughly 26 individuals from 11 different organizations, the Pottstown Trauma Informed Community Connection (PTICC) began to take form. The Pottstown Area Health & Wellness Foundation connected Rieck with consultants who would help them develop a theory of change and logic model, which have helped the steering committee to be strategic in their programming and think about how to best evaluate their outcomes.

Through their partnership with the W. K. Kellogg Foundation, the PEAK team, along with other employees of the Pottstown School District, had the opportunity to learn about Second Step, a social emotional learning (SEL) curriculum. They visited Austin, TX, where this curriculum had been implemented as a part of a comprehensive SEL approach.

"The best intervention for student achievement are to strengthen kids' emotional faculties."

Impressed by the increased attendance and decreases in school violence that came as a result of the new curricula, the Pottstown team acted quickly to implement this into their own curriculum. Starting in the 2016-2017 school year, Second Step will be implemented in 60 classrooms, including all early childhood education centers and in many classrooms grades K-8. The SEL strategy will include explicit instruction, climate and culture, integration and family and community. There will be a full implementation at all grade levels Pre-K-9 in the following school year. "The best interventions for student achievement are to strengthen kids' emotional faculties," says Bianchi, "I think it's smart to undergird the work with a trauma-informed approach."

In just a couple of years, PTICC has garnered significant attention in the Pottstown community. They hosted their first Community Partners Meeting in July of 2016, inviting individuals from local agencies, organizations, and businesses to learn more about the initiative. Their goal was to have 50 people attend – 125 came.

Much of the inspiration for PTICC came from their philanthropic partners sharing information about trauma and stories about what successful strategies exist to address it. Built on strong relationships with community organizations and private funders, PTICC has been able to leverage funds to empower the community to get involved.

Taking a Holistic Approach to Trauma-Informed Care

Your Way Home Promotes Broad Systems Change

"Is your environment trauma-informed or just you?" asks Russell Johnson, president and CEO of the HealthSpark Foundation. It is critical that programs take a careful and holistic approach to implementing trauma-informed care – a point that Johnson is stressing as trauma-informed practice is introduced into the programming of Your Way Home, a public-private partnership which aims to address homelessness in Montgomery County, PA.

Established in 2014, Your Way Home was developed in response to a Community Needs Assessment. Conducted by Temple University, the assessment found that housing and homelessness services were difficult to access for both consumers and providers. "People were doing a lot of work and provision of services but not in a cohesive manner," says Johnson.

"Trauma-informed care is essential to do the work well."

Inspired by EveryOne Home, a similar program in Alameda County, CA, Your Way Home developed both a call center and Housing Resource Centers which can be utilized by individuals experiencing housing insecurity. Staffed by both case workers who work directly with clients and with housing locators who work with landlords to identify housing solutions, the Housing Resource Centers have ensured that there is a continuum of care for individuals facing homelessness.

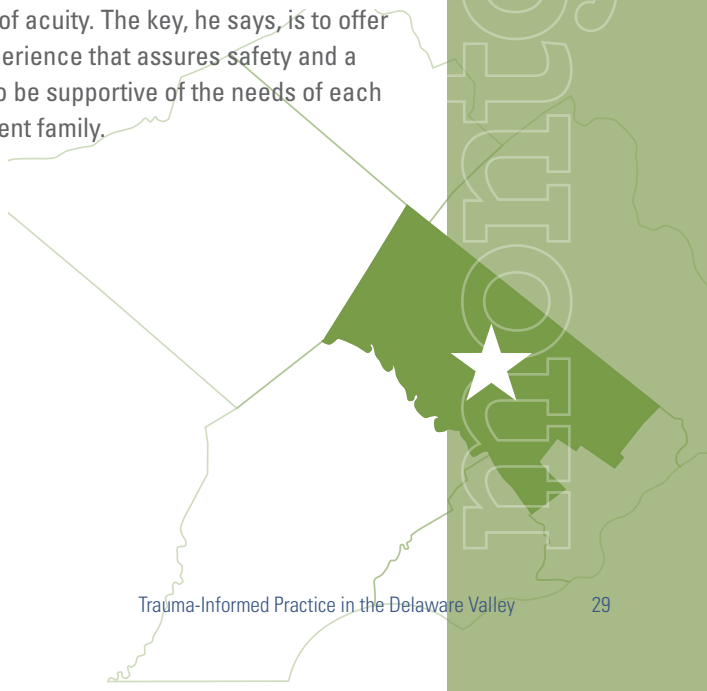
In addition to developing a coordinated entry system, Your Way Home moved from a first come, first serve model to one based on the level of acuity. "In the shift from first come, first serve to serving the most vulnerable citizens first we had a dramatic shift in the individuals we were serving," says Emma Hertz, program office administrator for the Montgomery County Department of Housing and Community Development, which oversees the Your Way Home initiative. She added that this shift resulted in staff serving populations which required much more significant supports.

As the direct service staff gained experience with this higher-acuity population, they also began asking for training in trauma-informed care. "We can't achieve the results we want if staff don't have good training and emphasis on self-care," says Hertz, "trauma-informed care is essential to do the work well." Through the United Way of Greater Philadelphia and Southern New Jersey, Your Way Home will be offering comprehensive training to direct service staff.

"The experience of homelessness is such an unusual experience of trauma," says Johnson, "we're already engaging them at such a compromised point." He argues that trauma training may not be enough, "the investment you make may not pay off if you don't think holistically about what you're trying achieve."

In addition to the trainings for direct service providers, Your Way Home will be conducting supplemental training for supervisors and executive directors so that they are able develop and nurture trauma-informed environments for their staff and consumers. Further, they will be encouraged to revise their operations manuals to ensure that all policies and procedures reflect a trauma-informed approach.

Still, some necessary procedures could potentially trigger traumatizing experiences for clients. For instance, Johnson explains that Your Way Home conducts a vulnerability assessment with everyone who visits their Housing Resource Centers. Though some questions may call attention to a client's trauma history, it is necessary for staff to glean this information in order to assess the client's level of acuity. The key, he says, is to offer a holistic experience that assures safety and a willingness to be supportive of the needs of each client and client family.



A Trauma-Informed Transformation

How Hopeworks Became More Human

Dan Rhoton, executive director of Hopeworks 'N Camden, may be best described as a trauma-informed practice evangelist. "Trauma-Informed care *is* what makes Hopeworks effective," he says. Hopeworks 'N Camden, more commonly known as Hopeworks, is a community-based non-profit providing trauma-informed workforce development and training to adolescents and young adults in Camden, New Jersey – just across the river from Philadelphia.

Camden is like a classic rust belt town – a once thriving center for industrial jobs, its economy has been decimated by the shipping of jobs overseas. It is consistently rated among the most dangerous cities in the country, and is plagued by high rates of unemployment, poverty, and crime. Such deeply entrenched social issues have made it difficult for many of Camden's youth to grow and develop in healthy ways. Experiences of food insecurity, community violence, and neighborhood blight interfere with resilience building. Hopeworks aims to change all that.

Established in 2000, Hopeworks 'N Camden has been working with adolescents and young adults to train them in web development, Geographic Informational Systems (GIS), Salesforce, and entrepreneurship. And through this skills-based training, Hopeworks staff is able to develop strong, reliable relationships with youth. They use concepts from the Sanctuary Model® like community meeting (which they call "huddle") and encourage youth to create and utilize their own safety plans. "Trauma-informed care is amazing. It changed my life," says Yamalia Marin, a young woman who has been involved with programs at Hopeworks for years.

But Hopeworks has not always been committed to trauma-informed practice. In its initial decade, Hopeworks took a more traditional approach. Rhoton tells the story of a former Hopeworks donor who had provided funding for a student to complete web development training. When the participant eventually dropped out of the program, the donor called Hopeworks, looking for a way to re-engage the student. He recalled that Hopeworks staff encouraged him not to "bail the student out" – that the student had to learn what real life was like.

In 2012, the Hopeworks philosophy changed when staff attended the Sanctuary Institute for intensive training in trauma-informed practice. The change has been absolutely astonishing. Rhoton reports tremendous decreases in staff turnover (having only one staff member leave last year) and a quadrupling in the number of youth who have completed training. And, upon explaining the new and improved Hopeworks to the aforementioned donor, Rhoton notes that the donor was impressed, stating that "[Hopeworks] sounds much more human."

Now in its fourth year of implementing trauma-informed practice, Hopeworks youth have become deeply involved in spreading the message of this powerful approach. Marin is one of the founding members of the Youth Healing Team – a group of young people who have developed a training for local teachers, service providers, business leaders, and their peers about the science of adverse childhood experiences, trauma, and resilience. "I believe everyone should use it, especially with youth," says Marin.

"Trauma-Informed care is amazing. It changed my life."

Marin is one of a handful of youth who experienced Hopeworks both before and after trauma-informed care. Prior to implementation, Marin did not receive the support she needed to succeed and was released from the program. Then, years later, she heard about how Hopeworks had changed from some of her friends and returned. Rhoton explains that there are a number of youth who have come back to Hopeworks after their trauma-informed transformation. "They were all ready, but Hopeworks wasn't," he says. Once deemed unable to complete the training, Marin is now thriving at Hopeworks and will be starting a degree in computer graphics this coming fall semester.

Hopeworks 'N Camden is a prime example of how trauma-informed practice can improve existing programming. Another perk – the return on investment. Rhoton says, "our cost per youth is so much lower. Trauma-informed care has made our program so much more cost effective."

"Trauma-Informed care is what makes Hopeworks effective."

RESOURCES

There is always more to learn about ACEs, trauma, and resilience. Included throughout this guide are dozens of resources which you can use to gather further information. Listed here are several other resources for your reference.

ACEs Connection

ACEs Connection is an online learning community that accelerates the global movement toward recognizing the impact of adverse childhood experiences. Communities can start their own groups, connect to people across the country involved in this work, and share daily updates.

ACEs Too High

A news site that reports on research about adverse childhood experiences, including developments in epidemiology, neurobiology, and the biomedical and epigenetic consequences of toxic stress. In addition, the site covers how people, organizations, agencies, and communities are implementing practices based on the research.

Campaign for Trauma-Informed Policy and Practice

A new initiative of national leaders in the trauma-informed movement that aims to create cross-sector "practice-informed policy" and "policy-informed practice."

Center on the Developing Child

The Center on the Development Child aims to drive science-based innovation that achieves breakthrough outcomes for children facing adversity.

Centers for Disease Control and Prevention

The CDC is a government agency focused on improving health and safety in the US and abroad. They have a myriad of resources related to ACE and trauma research.

Community Resilience Cookbook

The Community Resilience Cookbook includes stories from communities all over the country about their commitment to treating and preventing ACEs. They also provide definitions and other basic information related to the science behind trauma, ACEs, and resilience.

National Child Traumatic Stress Network

The National Child Traumatic Stress Network is a collaboration of frontline providers, researchers, and families that was established by Congress in 2000 to improve access to care, treatment, and services for traumatized children and adolescents.

National Council on Behavioral Health

The National Council on Behavioral Health is a unifying body of over 2,500 member organizations. Their website has a myriad of resources related to trauma-informed practice in behavioral health.

National Technical Assistance Center for Children's Mental Health

The National Technical Assistance Center for Children's Mental Health is dedicated to increasing the capacity of Communities, States, Tribes, and Territories to improve, sustain, and expand Systems of Care and the services and supports provided within them to improve the lives of children, youth, and young adults with or at risk for mental health challenges and their families.

Substance Abuse and Mental Health Services Administration

A government agency committed to improving substance abuse and mental health services. They have several resources related to the implementation of trauma-informed practice in behavioral health as well as tips on how to integrate the practice into other sectors.

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