Table of Contents: A Toolkit for Using Data to Build Healing Systems

Welcome to the Building Healing Systems Data-to-Action Toolkit!

This toolkit provides resources to help health and human service professionals learn how to create public service systems that are trauma-informed and healing-centered.

Please join us as we work to create public service systems that help the people working within them and served by them to thrive and be well.

Topics include:

1. Systems and Policies
2. Trauma 101
3. Adverse and Positive Childhood Experiences
4. Data Resources
5. Healing-Centered Engagement
6. Social Determinants of Health
7. Trauma Prevention
8. Intervention for Trauma
9. Anti-racism
10. Secondary Traumatic Stress

SYSTEMS AND POLICIES

Systems including health care, education, and criminal justice have a big influence on peoples' lives. Systems affect both communities and individuals. They can be helpful, harmful, or somewhere in the middle. Systems that are healing support positive health and well-being. Systems that are not healing can (and often, do) cause harm to individuals and communities.

What is a system?

A system is a group of parts connected for a bigger purpose.

Example: A school- teachers and students working together on learning.

Connections between the parts of the system will affect the whole.

How a teacher treats a student affects the whole class.
The whole class affects each student.

Since it is all connected, we must consider how small changes can affect everyone.

https://thinkingtoolsstudio.waterscenterst.org/resources/lessons

Systems change is...

A lens for thinking

Shifting your mindset to a new way to see complicated problems.

https://youtu.be/3DAZBYwLQno

An Organizing Tactic

A process of bringing together everyone involved with a problem to address it.

A Strategic Approach from Leadership

Large-scale or transformational change that occurs as a result of changing the conditions that cause a problem or allow it to persist.

-Conditions are practicies, policies, mindsets, etc.

Systems do not develop or exist in a vacuum. They are influenced by history and are created and maintained by people. One way that people influence systems is through developing and implementing policies.

A policy is **a law, regulation, or procedure of governments and other institutions**. Policy decisions are often influenced by what resources are available to support them.

Please see the table below to learn about policies that are harmful and helpful and the systems they operate within.

 **System**	 **Harmful Policies**	 **Healing Policies**
Justice	Money Bail: The cash bail system allows wealthier people to be released from jail while awaiting trial, but forces people who cannot afford bail to await their trial in jail.	Supervised Release: Provides pretrial supervision and voluntary social services to people charged with a crime.
	3 Strikes Law: Committing a serious or violent felony and additional crimes results in the person receiving harsh incarceration sentences.	Alternatives to Incarceration: People can receive punishments other than incarceration, including restorative justice, when they commit a crime.
School/ Education	Exclusionary Discipline in Schools: A form of punishment that includes suspension or expulsion from school, which is associated with more negative life outcomes for youth.	Restorative Justice: Emphasizes correction and counseling over punishment and focuses on using collaboration and open dialogue to resolve conflicts.
Health Care	Family and Medical Leave Act: Requires eligible employers to provide their employees with *unpaid* leave, a policy which favors wealthier people.	National Paid Family Parental Leave: A federal law mandating paid parental and family leave for new parents or caregivers is more equitable.
Housing	Exclusionary Zoning Laws: Zoning laws that restrict the types of houses that can be built in	Inclusionary Zoning Policies: Regulations or incentives for developers to include low- or moderate-income housing in new

	neighborhoods contribute to the racial wealth gap.	developments improves equity. For an example, see Minneapolis' comprehensive plan, Minneapolis 2040.
Transportation	Access to Public Transit: In Baltimore, MD, there are racial disparities in access to public transit.	Central Maryland Regional Transit Plan: This plan enhances transit services through faster and more reliable service that increases access to jobs and opportunities.
Climate/ Environment	Air Pollution: In the UK, it is estimated that 5% of deaths are due to air pollution. There are racial disparities in the number of deaths related to air pollution.	Clean Air Human Rights Bill (also known as Ella's Law): establishes the right to clean air as a basic human right. The bill limits the number of pollutants present in the air.

TRAUMA 101

What is trauma?
Trauma is defined using the **3 Es: Events**, **Experience** of events**,** and **Effects**.

1. An individual experiences a painful or distressing **Event**.
2. The individual **Experiences** an intense and prolonged stress response because of the event**.** The person may feel terrified during the event and the stress response continues long after the event has ended. Different individuals have different responses to the same events. Thus, all individuals will not consider the same events as being traumatic.
3. The event and the individual's experience of the event produce **Effects** that last beyond the immediate aftermath. Long-lasting adverse **effects** of an event are a critical piece of understanding trauma. These adverse effects might occur immediately following an event or later.

Download a summary of the 3 Es.

What is a traumatic event?

Traumatic events can take different forms for different people. For example, a traumatic event can be:

- A single event, like a serious accident or injury.
- A chronic experience, such as ongoing physical abuse or neglect.
- An event that a person sees or is exposed to by seeing graphic images or being told about it.

Some examples of traumatic events are:

- Natural disasters such as floods, hurricanes, and earthquakes.
- Human-made disasters such as war, school shootings, and bombing attacks.
- Community violence.
- A family- or intimate relationship-related traumatic event, such as experiencing domestic violence.
- Present-day or historical events such as the legacy of genocide, slavery, and other forms of historical oppression. View Different Types Of Trauma: Collective, Historical, Generational for more information.

Fortunately, with support, most people impacted by trauma can (and do) show resilience**,** or the ability to withstand and bounce back from trauma and adversity.

Professionals who support people impacted by trauma often build upon their clients' protective factors, or helpful skills and abilities, that can promote resilience. However, supporting people with coping alone is not helpful, and it can be harmful if we do not address racism and other forms of oppression that harm communities and require people to be resilient in the first place.

ADVERSE AND POSITIVE CHILDHOOD EXPERIENCES

As we work to build healing systems, we must acknowledge that trauma and adversity have harmed people and communities.

Public service professionals should understand the impact of trauma and adverse childhood experiences (ACEs) on people and communities.

This understanding will help professionals create systems that support wellness for the people working within and served by their organizations.

What are Adverse Childhood Experiences (ACEs)?
ACEs are potentially traumatic events that occur in childhood (0 -17 years).

The original ACEs were established by the 1997 study by Kaiser Permanente and the CDC and include:

- **Abuse:** physical, emotional, and sexual
- **Neglect:** physical and emotional
- **Household challenges:** divorce, loss of a parent, incarceration, substance use, domestic violence, and mental illness

Since the original study, the list has been expanded to include the following ACEs:

- Discrimination
- Racism
- Poverty
- Other violence
- Intergenerational cultural trauma
- Separation
- Adjustments or other major life changes
- Bereavement and survivorship
- Adult responsibilities as a child

What are Positive Childhood Experiences (PCEs)?
The opposite of ACEs are PCEs. Positive Childhood Experiences (PCEs) are experiences that can help promote healthy development and resilience and mitigate the negative effects associated with ACEs.

Positive childhood experiences:

- Develop from safe, stable, and nurturing relationships and environments
- Help children form strong relationships, develop self-worth, and feel a sense of belonging

A 2019 study published in *JAMA Pediatrics* established seven PCEs that were shown to improve resilience and protect against some of the negative outcomes associated with ACEs.

Participants in this study reported that, as a child, they:

1. Felt like they were able to talk to family about their feelings
2. Felt that their family stood by them during difficult times
3. Enjoyed participating in community traditions
4. Felt a sense of belonging in high school
5. Felt supported by friends
6. Had at least two non-parent adults who took genuine interest in them
7. Felt safe and protected by an adult in their home

What do we know about Adverse and Positive Childhood Experiences in Maryland?
Survey data collected in Maryland shows that rates of trauma and adverse childhood experiences for people in Maryland are comparable to rates across the United States.

Check out these infographics to learn more:

Positive Childhood Experiences help children thrive despite trauma and adversity

Why trauma-informed, healing-centered care is essential

For more information on the rates of ACEs in Maryland, and to learn the data sources for these statistics, please view this presentation:

ACEs Focused Data Study 1 Presentation

DATA RESOURCES

Find data and data resources to support trauma-informed organizational change

In our efforts to improve communications and knowledge to build healing systems that treat and prevent ACEs and trauma, we have compiled a set of national, state-level, and jurisdictional-level resources that will be helpful for organizations in their journey to becoming trauma-informed.

These resources include data (fact sheets, infographics, reports, needs assessments), gap analyses, action plans, improvement protocols, articles, bulletins, briefs, and educational resources.

Check out this online table where you can sort resources by type or location:

National, State, and Jurisdictional Resources (Google Sheet)

You can use these data resources and others to:

- Help inform decisions
- Conduct a needs assessment
- Engage in resource mapping
- Develop action plans
- Gain workforce buy-in
- Educate communities
- Develop priority areas
- Develop policies and practices
- Evaluate programs
- Assist with grant writing
- Advocate for funding, resources, or new programs
- And more!

To further educate yourself or your workforce on trauma-informed care, please see this list of free Maryland Trauma-informed Care Trainings.

HEALING-CENTERED ENGAGEMENT

While using a trauma-informed lens is important, this approach has limitations. Focusing solely on trauma highlights deficits and limits peoples' agency in creating their own future.

Alternatively**, healing-centered engagement** addresses harm and restores well-being. It helps systems move from a culture of harm, discipline, punishment, and confinement to restoration and hope.

Healing-centered engagement offers a more holistic approach by:

- Emphasizing that the causes of trauma are in the environment, not the individual
- Focusing on restoration to build on peoples' strengths, rather than reduce symptoms
- Emphasizing that service providers must be supported in their own healing

Healing-centered engagement must be implemented at an individual, interpersonal, and institutional level. Individually, it involves reflecting on personal trauma and healing stories. Interpersonally, we must heal relationships that have experienced trauma and work to create meaningful bonds with others. At an institutional level, we need to create policies, practices, and values that foster well-being.

Although Dr. Shawn Ginwright coined the term "healing-centered engagement," many activists and thought leaders have pushed for similar work.

Learn more about:

Healing-centered engagement and its principles

People who influenced the development of healing-centered engagement

Find organizations that offer healing-centered practices

There are many organizations that support healing-centered engagement and related practices. Use this directory to find organizations in Maryland and across the United States.

What is Maryland doing to build healing systems?

The Maryland Commission on Trauma-Informed Care was created in 2021 to coordinate a statewide effort to prioritize the trauma-responsive and trauma-informed delivery of state services that affect youth, families, and older adults.

The commission and state leadership are working toward making state service systems trauma-informed, resilience-oriented, and equitable (TIROE).

Check out this overview of the TIROE framework to learn more.

The framework used by the Trauma-Informed Care Commission is guided by nine principles:

1. Safety (Cultural, Physical, Psychological, Social, Moral)
2. Trustworthiness and Transparency
3. Inclusion of the Voice of Lived Experience

4. Collaboration and Mutuality
5. Empowerment, Voice, and Choice
6. Cultural, Historical, and Gender Concerns
7. Anti-Racism
8. Anti-Bias
9. Social Justice

Learn more about the principles that guide the Maryland Way.

Where can your organization apply this framework? This PDF describes areas, or implementation domains, where an organization can use a trauma-informed approach. Examples of implementation domains include leadership, physical environment, financing, evaluation, and more.

SOCIAL DETERMINANTS OF HEALTH

Social Determinants of Health & Health Inequities
Social Determinants of Health (SDOH) are environmental factors that influence health, functioning, and quality of life. SDOH can be grouped into five domains:

- Economic stability
- Access to and quality of education
- Access to and quality of health care
- Neighborhood/built environment
- Social and community context

Different experiences of social determinants of health have led to health inequities or differences in burdens of disease, violence, injury, and opportunities for optimal health that are experienced by groups who have been socially marginalized.

For example, redlining was a discriminatory classification of neighborhoods and distribution of home loans in the 1930s that intentionally segregated neighborhoods by race.

Although redlining is no longer a legal practice, its effects are still noticeable among historically disadvantaged communities and even in some current mortgage and lending practices. These practices continue to have lasting impacts on people's economic, environmental, and health outcomes.

- The lower ratings of predominantly Black neighborhoods caused by redlining lead to the disinvestment of those neighborhoods. That disinvestment in turn impacted economic opportunity in a way that can still be seen today.

- People born into neighborhoods poorly graded by redlining make an average of $15,000 less a year than those born into higher-rated neighborhoods.

Addressing and working to improve SDOH through systems change can help decrease existing health inequities and protect people from experiencing ACEs and trauma.

- We can address the negative effects of redlining by supporting policy changes such as increasing opportunities for homeownership through down payment assistance, affordable credit, and more.

See more policy solutions to advancing racial equity in housing.

TRAUMA PREVENTION

Prevention of ACEs and Trauma

Experiencing ACEs can cause trauma and long-term health impacts. Although ACEs are common, there are things that individuals, families, organizations, and communities can do to help prevent them.

There are different levels of prevention:

- **Tertiary Prevention**: Some prevention efforts aim to support individuals and promote healing for those who have already experienced ACEs in their life and are experiencing impacts from that harm. Providing victim services, support groups, counseling, substance use treatment, and trauma-informed clinical services are examples of these activities.
- **Secondary Prevention**: Other prevention efforts aim to identify early warning signs of ACEs among youth and work with families and communities to stop the current harm and prevent additional harm. Strengthening trauma-informed screening, response, and referral protocols among schools, health care, social services, and other youth-serving systems to support youth experiencing ACEs and families are examples of this approach.
- **Primary Prevention**: Primary prevention aims to create community conditions so ACEs do not occur in the first place. This can be done through policy and systems change, teaching new caregivers positive and effective parenting skills, making physical changes to neighborhoods and schools, and enhancing economic supports to families.

Evidence-based prevention programs consider who is at risk for ACEs, what risk and protective factors they experience, and what methods are best to reduce risk and/or increase prevention. Everyone can play a role in preventing ACEs.

Based on the CDC's publication, Preventing Adverse Childhood Experiences (ACEs): Leveraging the Best Evidence Available, we've created a document that explains each prevention strategy and provides links to relevant programs and resources in Maryland.

Download "Evidence-based Approaches to Preventing ACES."

There are things programs can do to help protect youth from experiencing trauma. Examples of these prevention strategies are available in this CDC publication:

Preventing Child Abuse and Neglect: A Technical Package for Policy, Norm, and Programmatic Activities

Risk and Protective Factors

Many factors can help protect youth from experiencing ACEs or help mitigate the negative effects ACEs and trauma can lead to.

A couple of examples of individual/family **protective factors** are:

- Families where the caregivers help children through their problems
- Families where the caregivers/adults work through conflicts peacefully

A couple of examples of individual/family **risk factors** are:

- Families that have high levels of parenting stress or economic stress
- Families with caregivers who use spanking or other types of physical punishment

To learn about more protective factors on both individual/family and community levels, view the CDC's list of examples.

Healing-centered programs and policies can decrease risk and increase protection for people in communities that are more likely to experience ACEs. Families and adults can also play an important role in supporting youth that are at risk for or have experienced ACEs or trauma. Adults and systems in the community are responsible for protecting and supporting youth. Youth should not be responsible for protecting themselves from harm.

The following video by the CDC provides a helpful example of risk and protective factors.

INTERVENTIONS FOR TRAUMA

Intervention to support healing for people who have experienced trauma
In the first few months after exposure to a traumatic event, most people will experience a stress response, such as the ones listed below. These symptoms often go away with support and time.

If these negative effects last longer than a few months, then that could be a sign the person is experiencing something more serious. They might be experiencing a trauma-related mental health condition, such as Post-Traumatic Stress Disorder (PTSD).

If this is the case, then they may need mental health services and support to heal. Fortunately, there are many effective treatments to help people who are facing these symptoms.

Here is a list of common reactions to trauma from the National Center for PTSD.

Common responses to traumatic events:

- Feeling hopeless about the future
- Feeling distant or detached from others
- Inability to concentrate
- Being jumpy or easily startled
- Always feeling on guard and alert
- Having upsetting dreams or memories
- Experiencing problems at school or work
- Avoiding things related to the event (people, places, etc.)

Common physical reactions:

- Upset stomach, trouble eating, or overeating
- Difficulty sleeping, generally feeling fatigued
- Pounding heart, rapid breathing, feeling shaky
- Sweating
- Headaches
- Difficulty keeping up routine health care, exercise, diet
- Increased use of alcohol, drugs, or smoking
- Current/ongoing medical problems getting worse

Common emotional reactions:

- Feeling nervous, helpless, scared, or sad
- Feeling shocked, numb, or unable to feel love or joy
- Being irritable or having angry outbursts
- Feeling easily upset or agitated
- Experiencing self-blame or negative thoughts about yourself or the world
- Feeling unable to trust others, getting into fights, or trying to control everything
- Feeling withdrawn, rejected, or abandoned
- Feeling detached, not wanting intimacy

For more information on common reactions to trauma, visit the National Center for PTSD.

If a reaction to a traumatic event causes problems that get in the way of everyday life, relationships, or other important things, then it may be helpful to get support. If this is a concern for you or someone you care about, talk to a doctor or mental health professional to learn about what support might help.

View a list of evidence-informed treatments for trauma.

Resources for support in your area:

- Find therapists in Maryland who help people cope with the impact of trauma. Use the filters to find specific therapy types in your area.
- In Maryland, dial 211 to be connected to services, or visit the 211 website to find the right services.

ANTI-RACISM

Anti-racism: What it is and how people and organizations can support it

What is anti-racism?
Anti-racism is "the active process of naming and confronting racism by changing systems, organizational structures, policies and practices, and attitudes, so that power is redistributed and shared equitably" (Advancing Health Equity: A Guide to Language, Narrative, and Concepts).

- Anti-racism is more than simply not being racist; it is an action-based commitment that requires constant work in calling out and addressing racism wherever it is seen.
- Watch this video for an overview of anti-racism: What Does it Mean to be Anti-Racist?

Individuals and organizations can work to become anti-racist.
Below we lay out some steps that people can take independently and that teams can do to transform their organizations.

Anti-racism for individuals
What can I do to be anti-racist?

- Learn about how racism affects the lived experience of Black, Indigenous, and people of color (BIPOC).
- Become aware of the systemic nature of racism.
- Understand how people often unknowingly participate in racism.
    - Example: White privilege

Here are some resources to learn more:

Articles and Resource Lists:

- What is Anti-racism? – Learn more about what anti-racism is and related topics.
- UW's Anti-racism Resources for White Individuals and Communities – The University of Washington's resource page for educating yourself, reflecting on, and taking action against racism.
- CARED's Anti-racism Learning Actions – A list of learning actions that can be used by individuals or within your community to expand your understanding of anti-racism.
- UNC Chapel Hill's Anti-racism Resources – Anti-racism resources including articles, videos, podcasts, books, webpages, films, organizations, and more.
- Creative Equity Toolkit, section on Anti-racism Education and Resources – Various resources compiled to help with self-education on anti-racism.

Videos and Podcasts:

- How Racism Makes Us Sick (TED Talk) – David R. Williams, a renowned sociologist and professor at Harvard University, created a scale to measure the impact of discrimination on well-being. He talks about the impact of racism on people of color and ways that we can work to dismantle it.

- The Urgency of Intersectionality (TED Talk video) – Kimberlé Crenshaw, a pioneer in critical race theory, talks about how when race and gender bias combine, they can create even more harm.
- Brené Brown with Ibram X. Kendi on How to Be an Antiracist (podcast) – Brené Brown talks to Dr. Kendi, an author and director of the Antiracist Research and Policy Center at American University, about racism in the United States.

Anti-racism for organizations
Being an anti-racist organization means:

- Centering and amplifying the voices of people with lived experience. Learning from people with lived experience. Honoring the intrinsic value of all people.
- Committing to equity-based leadership. Acknowledging the impacts of racism and systemic inequality. Working to dismantle racism and privilege in policies, procedures, and practices.
- Understanding how systems have harmed historically marginalized communities. Committing to structural reforms that repair the harm done and prevent further harm.
- Prioritize the hiring, development, promotion, and retention of Black, Indigenous, and people of color (BIPOC). Focus on providing support to BIPOC communities and uplifting interventions and innovations designed by BIPOC.

  For more information on these principles and strategies for implementation, see Principles of an Anti-Racist, Trauma-Informed Organization by National Child Traumatic Stress Network (NCTSN).

Use the resources below to learn about and practice anti-racism at an organizational level:

- Incorporating Racial Equity into Trauma-Informed Care (written by Danica Richards of the Center for Health Care Strategies)
- Creative Equity Toolkit Section on Organizational Culture
- How to Promote Diversity, Equity, Inclusion, & Belonging in the Workplace (written by Saheed Hassan)

Videos/Podcasts:

- Creating Psychological Safety in the Workplace (Podcast via Harvard Business Review) – Amy Edmondson
- How to get Serious About Diversity and Inclusion in the Workplace (TED Talk video) – Janet Stovall
- Combating Racism and Place-ism in Medicine (TED Talk video) – Dr. J. Nwando Olayiwola

SECONDARY TRAUMATIC STRESS

Secondary Traumatic Stress: Supporting People who Work to Build Healing Systems

A healing-centered organization promotes the well-being of both the people they serve and the people who work there. Professionals who work with people that have experienced trauma may experience secondary traumatic stress. **Secondary traumatic stress** is "the emotional duress that results when an individual hears about the firsthand trauma experiences of another" (NCTSN).

Anywhere from 6% to 26% of therapists working with traumatized populations, and up to 50% of child welfare workers, are at high risk of secondary traumatic stress or the related conditions of PTSD and vicarious trauma.

-National Childhood Traumatic Stress Network

Signs and symptoms of secondary traumatic stress include:

- Anxiety
- Dissociation
- Over-identification with clients
- Feelings of isolation
- Minimizing
- Feelings of hopelessness
- Guilt
- Difficulty establishing/maintaining professional boundaries with clients
- Chronic exhaustion

Secondary traumatic stress can contribute to burnout. Burnout is a complex problem that involves feelings of extreme exhaustion, detachment and cynicism, and feeling ineffective. Burnout can cause professionals in fields such as public service and health care to leave the workforce.

To support these helping professionals, leadership must make systemic changes, such as changes in policies and practices that support their well-being. Organizational leaders can play a key role in this by creating systems that focus on the well-being of helpers.

The following list of resources provides tools to help organizations identify, prevent, and intervene when secondary traumatic stress occurs.

View "Tools for organizational change to decrease the impact of secondary traumatic stress."

If you or someone you love are experiencing a mental health crisis, please contact the 988 Suicide and Crisis Hotline.

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

APPENDIX A

People who Influenced the Development of Healing-Centered Engagement

Audre Lorde was a writer, feminist, and civil rights activist influential in the development of healing-centered approaches to addressing trauma and oppression. She emphasized the need for self-care and self-love in healing, community and collective action, and creative expression and storytelling as tools for transforming trauma into healing and resilience. Learn more about her work.

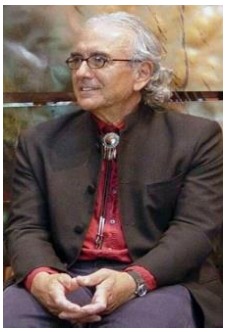
bell hooks was an author, feminist, and social activist whose work highlighted the intersectionality of race, gender, and class, and how they contribute to trauma. She advocated for self-reflection and critical consciousness in the healing process, as well as healing that is grounded in the cultural traditions and practices of the communities being served. Learn more about her work.

James Baldwin was a writer, poet, and social critic known for his writings on race, identity, and sexuality. His contribution to healing-centered engagement lies in his commitment to acknowledge and address the emotional and psychological impact of systemic oppression. He also stressed the importance of understanding the historical and cultural contexts that shape our experiences and identities. Learn more about his work.

Angela Davis is an author, professor, and political activist who has been influential in the civil rights movement and an advocate for other social issues. Her work emphasizes the role of political action and activism in healing, and she has worked to center the experiences and voices of marginalized communities in the healing process.
Learn more about her work.

Many examples of healing-centered engagement can be found in healing circles rooted in indigenous culture, where youth share their stories about healing and learn about their connection to their ancestors and traditions. Examples can also be found in drumming circles rooted in African cultural principles. Read about some of the people who work to address trauma through cultural practices in indigenous communities below.

Eduardo Duran, PhD, is a psychologist who has worked extensively with indigenous communities to develop culturally relevant approaches to addressing historical trauma, integrating traditional indigenous practices such as storytelling, ceremony, and connection to the natural word. Learn more about his work.



Maria Yellow Horse Brave Heart, PhD, is a clinical social worker recognized for her role in promoting awareness of historical trauma and its ongoing impact on indigenous peoples. She has developed several trauma-informed and culturally responsive approaches to healing in Native American communities. Learn more about her work.

Lewis Mehl-Madrona, MD, PhD, is an author, physician, and psychiatrist who has worked to integrate traditional indigenous healing practices with western medical and mental health interventions. He has written extensively about the power of storytelling in promoting healing and wellness for indigenous communities. Learn more about his work.

APPENDIX B

Evidence-Informed Treatments for Trauma

There are many different types of evidence-based therapies for people who are experiencing symptoms of PTSD.

Below is a list of different types of treatments for adults, families, and children who have faced stressful and/or traumatic events. This list is not exhaustive, and there are many other forms of treatment available, as well.

Individual Assessment and Therapy:

- **Cognitive Processing Therapy (CPT)** is a specific type of cognitive behavioral therapy that helps patients learn how to modify and challenge unhelpful beliefs related to the trauma they have experienced.
    - Target age: 14–adulthood
- **Culturally Modified Trauma-Focused Treatment (CM-TFT)** is a culturally adapted intervention based on Trauma-Focused Cognitive Behavioral Therapy.
    - Target age: 4–18 years old
- **Eye Movement Desensitization and Reprocessing (EMDR)** is a type of individual therapy that helps people access and process traumatic memories and other adverse life experiences to bring these to an adaptive resolution.
    - Target age: Youth–adulthood
- **Prolonged Exposure Therapy** teaches individuals to gradually approach their trauma-related memories, feelings, and situations. They presumably learn that trauma-related memories and cues are not dangerous and do not need to be avoided.
    - Target age: Adults
- **Safety, Mentoring, Advocacy, Recovery, and Treatment (SMART)** is a structured, phase-based approach to treatment for children who have been sexually abused and are exhibiting sexual behavior problems.
    - Target age: 3–11 years old
- **Trauma Assessment Pathway (TAP)** is an assessment process that lets clinicians gain an in-depth understanding of a child, their developmental level, their traumatic experience, and the family, community, and cultural system in which the child lives.
    - Target age: 0–18 years old
- **Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)** is a structured, short-term treatment model that effectively improves a range of trauma-related outcomes in 8-25 sessions with the child/adolescent and caregiver.
    - Target age: Adults, adolescents, or children
- **Trauma and Grief Component Therapy for Adolescents (TGCT-A)** is a manualized group or individual treatment program for trauma-exposed or traumatically bereaved older children and adolescents that may be implemented in school, community mental health, clinic, or other service settings.
    - Target age: Older children–adolescents (age 12–20s)

School-based Supports for Youth:

- **Bounce Back (BB)** is a cognitive-behavioral, skills-based, group intervention for elementary-aged students.
    - Target age: Kindergarten–5th grade
- **Cognitive Behavioral Intervention for Trauma in Schools (CBITS)** is a school-based group and individual intervention that uses cognitive-behavioral techniques. It is designed to reduce symptoms of post-traumatic stress disorder (PTSD), depression, and behavioral problems, as well as improve functioning, grades and attendance, peer and parent support, and coping skills.
    - Target age: Grades 5–12
- **Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)** is a manually guided and empirically supported group treatment designed to improve the emotional, social, academic, and behavioral functioning of adolescents exposed to chronic interpersonal trauma and/or other types of trauma.
    - Target age: 12–21 years old
- **Support for Students Exposed to Trauma: School Support for Childhood Trauma (SSET)** is an evidence-based intervention focused on managing the distress that results from exposure to trauma.
    - Target age: 10–16 years old (late elementary school–early high school)
- **Trauma-Focused Coping in Schools (TFC)** is a skills-oriented, cognitive-behavioral treatment approach for children exposed to single-incident trauma and targets PTSD and collateral symptoms of depression, anxiety, anger, and external locus of control.
    - Target age: 6–18 years old

Parent-Focused Interventions:

- **Attachment and Biobehavioral Catch-up (ABC)** is a home-visiting parenting program developed to help parents nurture and respond sensitively to their infants and toddlers to foster their development and form strong and healthy relationships.
    - Target age: Infants and toddlers
- **Let's Connect (LC)** is a parenting intervention that teaches caregivers to identify and respond to children's emotional needs and behaviors in a way that builds connection and warmth and promotes children's emotional competence, sense of emotional security, and well-being.
    - Target age: 3–15 years old
- **Parent-Child Care (PC-CARE)** is a dyadic intervention designed to expose the caregiver to strategies for enhancing the caregiver-child relationship and improving behavior management effectiveness.
    - Target age: 1–10 years old

Family-focused Interventions/Treatments

- **Alternatives for Families–A Cognitive Behavioral Therapy (AF-CBT)** is a trauma-informed, evidence-based treatment designed to improve the relationships between children and caregivers in families involved in arguments, frequent conflict, physical force/discipline, child physical abuse, or child behavior problems.
    - Target age: 5–17 years old

- **Attachment, Self-Regulation, and Competence (ARC)** is a framework for intervention with youth and families who have experienced multiple and/or prolonged traumatic stress. ARC identifies three core domains that are frequently impacted among traumatized youth, and which are relevant to future resiliency.
    - Target age: 2–21 years old
- **Child and Family Traumatic Stress Intervention (CFTSI)** is a brief (5–8 sessions) evidence-based early intervention for youth that reduces traumatic stress reactions and the onset of PTSD.
    - Target age: 7–18 years old
- **Child Parent Psychotherapy (CPP)** is an intervention model for children who have experienced at least one traumatic event and/or are experiencing mental health, attachment, and/or behavioral problems, including post-traumatic stress disorder.
    - Target age: 0–6 years old
- **Family-Centered Treatment (FCT)** provides a holistic approach with families in their homes. It emphasizes all areas of family functioning relevant to treatment needs, based on families' identification of their needs and barriers to their functioning well as a family system.
    - Target age: All ages
- **Problematic Sexual Behavior–CBT for School-Age Children (PSB-CBT-S)** is a family-oriented, cognitive-behavioral, psychoeducational, and supportive treatment group designed to reduce or eliminate incidents of problematic sexual behavior.
    - Target age: 7–12 years old
- **Risk Reduction through Family Therapy (RRFT)** targets a broad range of trauma-related psychopathology (e.g., PTSD, depression) and risk behaviors (substance use/abuse, risky sexual behavior, non-suicidal self-injury). RRFT is individualized to the needs, strengths, developmental factors, and cultural background of each adolescent and family.
    - Target age: 13–18 years old
- **Strengthening Family Coping Resources (SFCR)** is a manualized, trauma-focused, skill-building intervention. It is designed for families living in traumatic contexts with the goal of reducing the symptoms of post-traumatic stress disorder and other trauma-related disorders in children and adult caregivers. SFCR provides accepted, empirically supported trauma treatment within a family format.
    - Target age: All ages
- **Trauma-Adapted Family Connections (TA-FC)** is a manualized trauma-focused practice rooted in the principles of Family Connections (FC), specifically designed to reduce risk factors for child maltreatment, increase protective factors, improve child safety, and reduce internalizing and externalizing child behavior.
    - Target age: 0–18 years old

APPENDIX C

Tools for organizational change to decrease the impact of secondary traumatic stress

Organizational Strategies for Vicarious Trauma

Provides tools, resources, and research literature for a wide range of victim service organizations to build their capacity as a vicarious trauma-informed organization. Includes strategies in the areas of leadership and mission, management and supervision, employee empowerment and work environment, training and professional development, and staff health and wellness.

Organizational Support to Prevent Secondary Traumatic Stress

Includes tools, resources, and considerations for organizations working to address secondary trauma stress. A one-hour online course and downloadable slide set on secondary traumatic stress are available.

Models and Promising Practices for Addressing Secondary Traumatic Stress

A report on study findings regarding effective models and promising practices for supporting staff of community-based organizations who experience secondary traumatic stress.

Provider Well-Being

Behavioral health organizations can sign up to assess and improve their organizational well-being through training, assessment, and customized reports that offer an analysis of strengths and areas for improvement.

Strengthening Trauma-informed Staff Practices

A brief exploring how leaders and staff can strengthen their trauma-informed practices and how leaders and supervisors can support staff in a trauma-informed program.

A Toolkit for Helping Staff Cope with Trauma

A collection of resources that explore what trauma is, how it affects people, and what employers can do to help their staff cope with trauma.

A Sample Policy: Guidelines for Supporting Staff Who Have Experienced Trauma

Guidelines for supervisors on supporting staff who may or may not identify as survivors of trauma and may be experiencing both direct trauma and vicarious trauma.

NCTSN – Secondary Trauma and Child Welfare Staff: Guidance for Supervisors and Administrators

A report exploring trauma and its impact on support professionals. Provides best practices for reducing the risk of secondary trauma and limiting its impact for those already suffering from the condition.

Secondary Traumatic Stress: Supporting Educators So They Can Support Students

A brief on identifying signs of secondary traumatic stress in teachers and staff and ways educators and school communities can respond to mitigate its impact.

Provider Resources

Provider Self-Care Toolkit

Toolkit for providers who work with those exposed to traumatic events to help reduce the effects of job-related stress, burnout, and secondary traumatic stress. Includes assessment tools, strategies, and resources for self-care.

Provider Well-being

Behavioral health providers can sign up to engage in a course to improve your personal well-being. Sessions include skills and brief measures to help improve physical, organizational, intellectual, spiritual, and emotional well-being.

NCTSN Secondary Traumatic Stress Resources

A collection of resources on secondary traumatic stress developed by the National Child Traumatic Stress Network (NCTSN). Resources can be filtered by resource type, trauma type, and audience.

Secondary Trauma: Definition, Causes, & How to Cope

Discusses the causes and symptoms of secondary traumatic stress. Includes personal, professional, and organizational strategies for increasing resilience and various treatment options and resources.

Compassion Fatigue and Self-Care for Crisis Counselors (SAMHSA)

Explores compassion fatigue among individuals serving as crisis counselors. Discusses the signs and symptoms of compassion fatigue and provides self-care techniques to use as a crisis counselor before, during, and after a disaster.