Funder Resource Guide for Supporting Trauma-Informed Practices for Children and Youth

Created by the

YOUTH VIOLENCE PREVENTION
— FUNDER LEARNING COLLABORATIVE —

ACKNOWLEDGMENTS

The *Funder Resource Guide for Supporting Trauma-Informed Practices for Children and Youth* is the product of more than 18 months of collaboration by Boston public and private funders, experts and practitioners whose work is focused on creating positive youth outcomes. The Resource Guide is meant to be a living document and will likely evolve on an ongoing basis by way of the cross-sector debates it continues to spark.

The Resource Guide emerged out of a series of discussions in the Family Supports and Mental Health (FSMH) Working Group of the Youth Violence Prevention Funder Collaborative (the Collaborative) about how to improve and increase the allocation of public and private dollars to best support the behavioral health needs of young people affected by violence and the organizations that work with them.

This document would not exist without the guidance and time contributed by the leadership of the Family Supports and Mental Health Working Group:

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About the Youth Violence Prevention Funder Learning Collaborative

The Youth Violence Prevention Funder Learning Collaborative (the Collaborative) brings together more than 100 private and public sector funders, experts, and stakeholders to learn, share, and act in order to align funding to address gaps and barriers that prevent youth violence in South End/Lower Roxbury, Dudley Square, Grove Hall, Bowdoin/Geneva, and Morton & Norfolk Streets, five Boston neighborhoods that experience 80 percent of violent crimes in the city.

The Collaborative uses a Career Pathways Framework to support the resourcing and capacity building of programming that will put the 40,000 young people in its five target neighborhoods on a path to employability and positive youth development. In order to do this, the Framework incorporates six key levers that have been identified as vital in producing positive youth outcomes:[1]

1. Career Development Components And Workplace Experience (Career Preparation and Meaningful Employment)
2. Long-Lasting Relationships (Formal and Informal Mentoring)
3. Trauma Informed Practices and Access to Behavioral/Mental Health Services
4. Family Supports
5. Academic Supports
6. Positive Youth Development

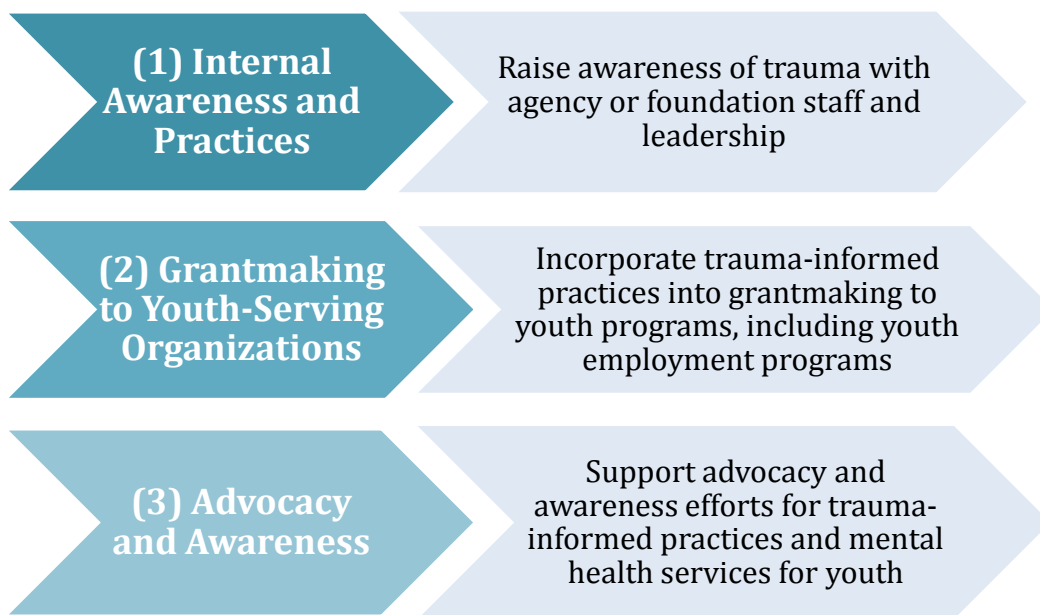This Resource Guide focuses on the Trauma-Informed Practices lever, highlighted in orange below.
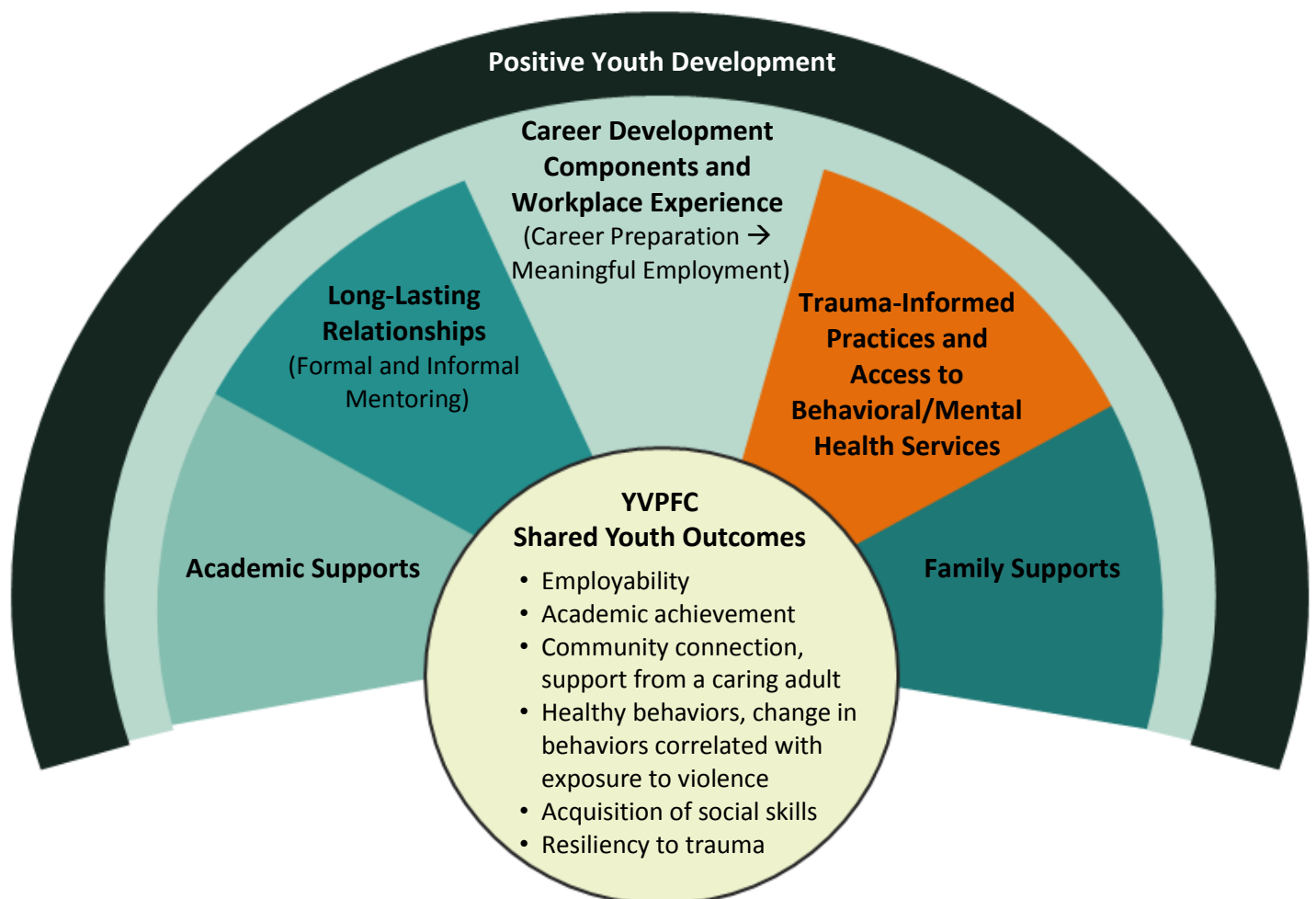
About This Resource Guide

The majority of Collaborative members are actively involved in three working groups based on the three funding strategy areas identified as vital for youth violence prevention: **Youth Workforce Development & Education, Youth Development & Mentoring,** and **Family Supports & Mental Health.**

The Funder Resource Guide for Supporting Trauma-Informed Practices for Children and Youth (the Resource Guide) is a product of the Collaborative's Family Supports and Mental Health Working Group, who identified trauma-informed practices as a key lever for youth violence prevention. This Resource Guide aims to raise awareness about the evidence-based case for trauma-informed practices in youth programming, and the leadership role public and private funders can play in broadening support through individual and collective action.

> This Resource Guide aims to raise awareness about the evidence-based case for trauma-informed practices in youth programming, and the leadership role public and private funders can play in broadening support through individual and collective action.

The group worked with a team of leaders and experts in the mental health youth services field to understand the wide-reaching and devastating effects of trauma. Simultaneously, the group identified opportunities for public and private funders to proactively address these effects through trauma-informed practices and contribute to positive youth outcomes and youth violence prevention. The Resource Guide provides practical steps funders can take to improve the state of trauma-informed practices in three key areas. These areas and their corresponding actions are summarized below:

(1) Internal Awareness and Practices	Raise awareness of trauma with agency or foundation staff and leadership
(2) Grantmaking to Youth-Serving Organizations	Incorporate trauma-informed practices into grantmaking to youth programs, including youth employment programs
(3) Advocacy and Awareness	Support advocacy and awareness efforts for trauma-informed practices and mental health services for youth

For more information regarding the actions listed above, see the "How Can Private and Public Funders Support Trauma-Informed Practices?" section on page 15.

Part 1: Trauma-Informed Practices and Youth Violence Prevention

Part 1 provides background and context around trauma and trauma-informed practices through the following sections:

What Is Trauma?

While a common association with the word *trauma* is a single harmful event, the trauma that concerns those focused on positive youth outcomes and youth violence prevention is often a combination of a set of circumstances (such as living in an unsafe environment or chronic discrimination) and events (such as abuse or gun violence).

The young people living in the high-crime neighborhoods where the Collaborative is focused are almost certainly coming to any youth programming site with previous exposure to traumatic circumstances or events. This means that trauma-informed practices should be a requisite, foundational element of youth services, especially in these neighborhoods.

> Trauma is often a combination of a set of circumstances (such as living in an unsafe environment or chronic discrimination) and events (such as abuse or gun violence).

As defined by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA), individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual wellbeing.[1]

Traumatic events include sexual abuse, physical abuse or neglect, emotional abuse or neglect, domestic violence, community and school violence, medical trauma, motor vehicle accidents, acts of terrorism, war experiences, natural and human-made disasters, suicides, loss of a parent, and other traumatic losses.

How Are Social Stressors and Trauma Related?

Everyday occurrences and social stressors such as racism, discrimination, sexism, oppression, poverty, humiliation, and cultural dislocation can also result in trauma when experienced chronically. These traumas are directly related to chronic fear and anxiety, with serious long-term effects on health and other life outcomes.[2,3,4,5]

Traumatized Communities and Systems

Secondary Traumatic Stress or Vicarious Traumatization

Social Stressors (Racism, Poverty, etc.)

Direct Exposure to Trauma

Trauma created by chronic or persistent social stress often disproportionately affects communities of color. Racism, prejudice, and discrimination can serve as sources of trauma and have a detrimental effect on academic achievement, self-efficacy, and social–emotional growth.[6] Racism-based trauma, in particular, alters an individual's self-perception and self-esteem, and disturbs the structures of safety. This can lead to profound alienation, loss, and relational disconnection, particularly for youth living in already under-resourced communities coping with high rates of violence and crime.[7]

Secondary traumatic stress (STS), or vicarious traumatization, is an additional layer of trauma. Defined as "the natural consequent behaviors resulting from knowledge about a traumatizing event experienced by a significant other," STS affects youth living in neighborhoods where violence and crime impact friends, family, or neighbors.[8] STS also has significant effects on service providers whose role it is to support youth in these neighborhoods, and is often associated with "burnout," further distressing overburdened service delivery systems and diminishing the chance that youth will gain access to the care they need. While direct exposure to violence accounts for a severe and significant impact on youth, social stressors combined with the effects of vicarious traumatization result in communities and service delivery systems with pervasive trauma.

> While direct exposure to violence accounts for a severe and significant impact on youth, social stressors combined with the effects of vicarious traumatization result in communities and service delivery systems with pervasive trauma.

How Prevalent Is Trauma?

Millions of young people experience some form of trauma every year in the United States. The Adverse Childhood Experiences (ACE) Study, a longitudinal study that explores the long-lasting impact of childhood trauma into adulthood, found that 63 percent of participants experienced at least one type of childhood trauma. In examining a broad cross section of 1,700 members of Kaiser Permanente, the ACE study found that these experiences are often not isolated; 20 percent of participants experienced three or more categories of childhood trauma.

> In 2011 alone, there were 135 youth victims of assault and battery with a deadly weapon [in Boston] …70 percent of these assaults occurred in the Collaborative's target neighborhoods.

The statistics for Boston paint an equally stark picture. In 2011 alone, there were 135 youth victims of assault and battery with a deadly weapon. An additional 25 youth were victims of homicide. Approximately 70 percent of these incidents occurred within the Collaborative's target neighborhoods, spanning the Blue Hill Avenue Corridor. The prevalence of violence in these neighborhoods has deep impacts on the mental health and sense of security of those directly involved as well as surrounding community members. Studies show that African American males, in particular, experience violence more often than other racial or gender groups.[9]

Analysis of population demographics for Massachusetts and the Collaborative's target neighborhoods further underline the prevalence poverty and race, key social stressors related to trauma. In Massachusetts, nearly 200,000, or 14 percent, of children live in poverty according to the federal poverty threshold. Of these children, black or African American youth constitute 27 percent, and Hispanic or Latino youth constitute another 38 percent.[10]

Within the Collaborative's target neighborhoods, 25 percent of families have an annual income of $15,000 or less, and an additional 11 percent of families receive an annual income less than $24,000. This means that 36 percent of families live below the poverty line, which is more than twice the national poverty rate of 15 percent and over three times Massachusetts's poverty rate of 11.6 percent.[2] Further, 56 percent of residents identify as black or African American and 19 percent identify as Hispanic.[11,12]

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[2] In 2012, the federal poverty line for a family of four was $23,050.

What Are the Effects of Trauma?

When examined on a societal level, the cost of untreated, unresolved trauma is immense. Childhood exposure to trauma has enduring, pervasive effects not only on youth behavior but also on the mental and physical wellbeing of young people into adulthood.

The ACE study, for example, demonstrated a connection between childhood trauma exposure, high-risk behaviors (e.g., smoking or unprotected sex), chronic illness such as heart disease and cancer, and early death. Trauma has also been associated with increased risks of learning disabilities, school failure, drug abuse and addictions, teen pregnancy, asthma, deviant or aggressive behavior, polarization of belief systems, racial, ethnic, and religious intolerance, and violence.[13,14]

Mental Health America argues that the effect of trauma on productive life years lost exceeds that of any other disease. Conservative estimates place the cost of treating child abuse or neglect at $284.3 million per day, or $103.8 billion per year. This figure accounts for the direct costs—$70.7 billion—of addressing children's immediate needs well as the indirect costs—$33.1 billion—of the secondary or long-term effects, which include special education, behavioral health and health care, juvenile delinquency, adult criminal justice system, and lost productivity to society. Other studies place the cost of addressing child trauma even higher, estimating the cost to be $406 billion in the year 2000 alone. This figure accounts for direct medical costs—$80 billion—and productivity losses—$326 billion.[15,16]

How Are Youth Violence and Trauma Related?

In addition to the economic and emotional burden it places on society, trauma plays a significant role in the perpetuation of violence.

Violence victimization, including abuse, neglect, and witnessing violence, has long-term effects on cognitive, emotional, and behavioral development,[17] and increases the likelihood of violent behavior later in life.[18] The earlier abuse or neglect is initiated in a child's life and the longer it persists, the stronger its effect on that child's development will be.[19] Furthermore, violent discipline teaches youth that violence is an appropriate way to solve problems or change behavior.[20]

The following family characteristics are well-documented risk factors for youth violence: high levels of family or marital conflict, exposure to intimate partner violence or domestic violence, poor family management (unclear expectations, inadequate supervision, and inconsistent and/or severe punishment), and lack of familial bonding.[21] These family traits can lead to externalizing of aggression and adverse behavioral and mental health issues, and are linked to delinquency and violence.[22]

A growing compendium of research links abuse, neglect, and other traumatic childhood experiences with an increased risk of engaging in violent activity, a pattern dubbed the "cycle of violence." A study commissioned by the National Institute of Justice Research found that abuse or neglect as a child increased the likelihood of arrest as a juvenile by 59 percent, as an adult by 28 percent; and engagement in a violent crime by 30 percent. Studies comparing maltreated youth with their non-abused counterparts revealed that maltreated youth "committed twice as many offenses, were arrested more frequently, and were typically younger than their non-abused counterparts at the time of their first arrest."[23]

What Is the Importance of Trauma-Informed Practices for Youth-Serving Programs?

Victims of trauma often exhibit anti-social behavior, have difficulty forming relationships, and struggle to express and manage emotions and behaviors. If staff in youth-serving organizations are not trained to identify these behaviors as symptoms of trauma and are not knowledgeable about how to respond accordingly, they may re-traumatize youth by reacting in a punitive manner, strengthening youth's expectations of confrontation and danger and reinforcing a negative self-image.[24, 25,26] The cycle of trauma created by this process inhibits youth's ability to achieve positive youth outcomes. Accordingly, efforts that focus on education, poverty, or any other issue must address trauma to reach their full potential.

> The impacts of trauma are treatable. Its long-term consequences on a young person can be addressed and prevented through proper treatment.

However, this cycle of trauma is not inevitable. The impacts of trauma are treatable. Its long-term consequences on a young person can be addressed and prevented through proper treatment. The proper identification of indicators related to trauma, followed by proper treatment, can help youth manage stress in a healthy way and avoid forming destructive coping mechanisms.[27]

What Are Trauma-Informed Practices?

Trauma-informed programs and services operate with an understanding and sensitivity to the vulnerabilities of trauma victims in order to avoid aggravating those vulnerabilities, ultimately increasing the chances of producing positive outcomes for children's wellbeing.[28] Accordingly, the need to employ trauma-informed practices is not limited to organizations that address behavioral health needs, and should be used by all youth-serving organizations.

The following passage details the key components of trauma-informed practices as set forth by the Substance Abuse and Mental Health Services Administration.

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10 Essentials of Trauma-Informed Practices[29]

1. **Safety:** throughout the organization, staff and the people they serve feel physically and psychologically safe; the physical setting is safe and interpersonal interactions promote a sense of safety.
2. **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 people being served by the organization.
3. **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.
4. **Empowerment:** throughout the organization and among the clients served, individuals' strengths are recognized, built on, and validated, and new skills are developed as necessary.

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5. **Voice and choice:** the organization aims to strengthen the staff's, clients', and family members' experience of choice and recognize that every person's experience is unique and requires an individualized approach.
6. **Peer support and mutual self-help:** are integral to the organizational and service delivery approach and are understood as key vehicles for building trust, establishing safety, and empowerment.
7. **Resilience and strengths based:** a belief in resilience and in the ability of individuals, organizations, and communities to heal and promote recovery from trauma; builds on what clients, staff, and communities have to offer rather than responding to their perceived deficits.
8. **Inclusiveness and shared purpose:** 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.
9. **Cultural, historical, and gender issues:** the organization addresses cultural, historical, and gender issues; the organization actively moves past cultural stereotypes and biases (e.g., based on race, ethnicity, sexual orientation, age, geography, etc.), offers gender-responsive services, leverages the healing value of traditional cultural connections, and recognizes and addresses historical trauma.
10. **Change process:** is conscious, intentional, and ongoing; the organization strives to become a learning community, constantly responding to new knowledge and developments.

Trauma-Informed Practices in Action: Healing Individual and Community Trauma

Tara was 15 years old when she lost her brother in a drive-by shooting. In the wake of this tragedy, Tara and her community benefitted from the trauma-informed training of the Youth Aims program staff.

Tara and her brother David, age 17, were active members of Youth Aims, a small leadership development program that engages teens to conduct research on social issues and lead public awareness campaigns.

When David was shot and killed in front of his home, Debbie used her organization's trauma-response plan and existing relationship with Tara to immediately begin the healing process with the family. First, she was able to access needed services for Tara and her mother without the burden of organizational red tape. Youth Aims also partnered with the family's church to help collect funds to support the family and arrange for a funeral.

In the weeks and months following David's death, Youth Aims was deliberate in focusing on the whole community's healing process. They partnered with the city's Public Health Commission to lead supportive sessions not only for Youth Aims' staff and youth participants, but also for other youth from the community.

Next, Youth Aims partnered with a local college program to create a mural depicting youth homicide victims, which allowed Tara and her peers to shape their own narrative in the wake of tragic events that were out of their control. Youth Aims used community connections to arrange for the mural to tour Boston, empowering youth to advocate for themselves and speak out against violence in their neighborhoods.

Tara and her fellow program participants were able to successfully engage in constructive activities largely because Youth Aims' program staff had established trusting relationships with the students and broader community, and had a holistic view of working with youth that included a trauma-response plan.

Due to Youth Aims' preparedness and trauma-informed approach, Tara didn't lose hope. She was empowered to use her voice to create a vision for her future despite losing her brother.

Part 2: Funder Guidance

Part 2 provides a synopsis of how private and public funders can contribute to ending the cycle of trauma and violence through the following sections:

Why Invest in Trauma-Informed Practices?

A young person affected by trauma carries that burden with them as they navigate challenges associated with education, employment, and family. The ACE study's findings, illustrated below, demonstrate the magnitude of trauma's impact on youth's job success as compared to their non-traumatized counterparts. The relationship is clear: the more types of trauma (sexual abuse or neglect, physical abuse or neglect, emotional abuse or neglect, etc.) to which youth are exposed, the greater the effect on their future employment and financial prospects. The estimated loss of productivity due to trauma amounted to $326 billion in 2000 alone.[30,31]

Figure 1: Impact of Trauma on Job Performance
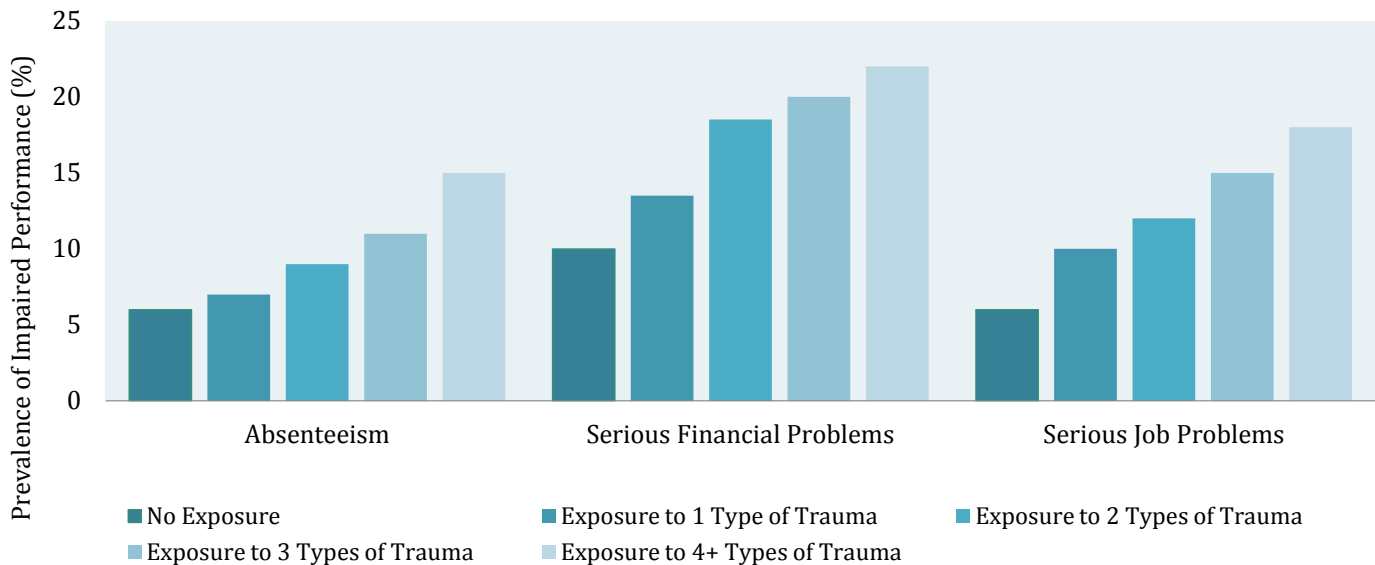
By addressing childhood trauma early and investing in programs that work, the cost of trauma could be lowered significantly. A study conducted by the Rand Corporation found that the benefits of investing in early childhood interventions far outweigh the costs, especially when targeting the population most at risk. Child abuse prevention programs saved an estimated $3 for every $1 spent. According to the National Center for Mental Health and Juvenile Justice, trauma-informed practices are comparable to other prevention and education programs, providing similar benefits for the same initial expenditure.[32,33]

What Is the Current State of Trauma-Informed Practices for Children and Youth?

The Collaborative recently completed an environmental scan of the major funding streams in Boston related to youth violence prevention. This scan revealed a scarcity of behavioral health services for youth and, in particular, a lack of sensitivity and support for establishing trauma-informed practices in youth-serving organizations. In almost all cases, existing trauma-informed efforts were severely underfunded.

Field experts indicate that this severe shortfall in services is due to three key barriers: **lack of awareness and diagnosis, barriers to accessing services, and youth worker stress and turnover**. These are described in detail below.

Barrier to Behavioral Health 1: Lack of awareness and diagnosis
- The majority of young people who have experienced trauma are not identified and, consequently, are not diagnosed and do not receive the proper services.[34] There is a lack of awareness surrounding the indicators of trauma. Common effects of trauma (e.g., anti-social behavior, difficulty forming relationships, difficulty expressing and managing emotions) can easily cause a child to be labeled as "difficult" or "troublesome," overlooking the source of the behavior.[35]
- Studies have demonstrated that the communities who are most likely to experience trauma are also the most likely to forego seeking support; African American, Asian American, Latino, and other minority families are less likely to seek behavioral health services than their Caucasian counterparts. In an examination of unmet needs amongst youth, the Patterns of Care study found that the percent of unmet needs for African American, Asian American, and Latino children were 47.7 percent, 71.8 percent, 47.2 percent, respectively. These rates are over 17 percent higher than the level of unmet needs in white youths (30.7 percent).

Figure 2: Percent of Unmet Behavioral/Mental Health Need in Youth by Race
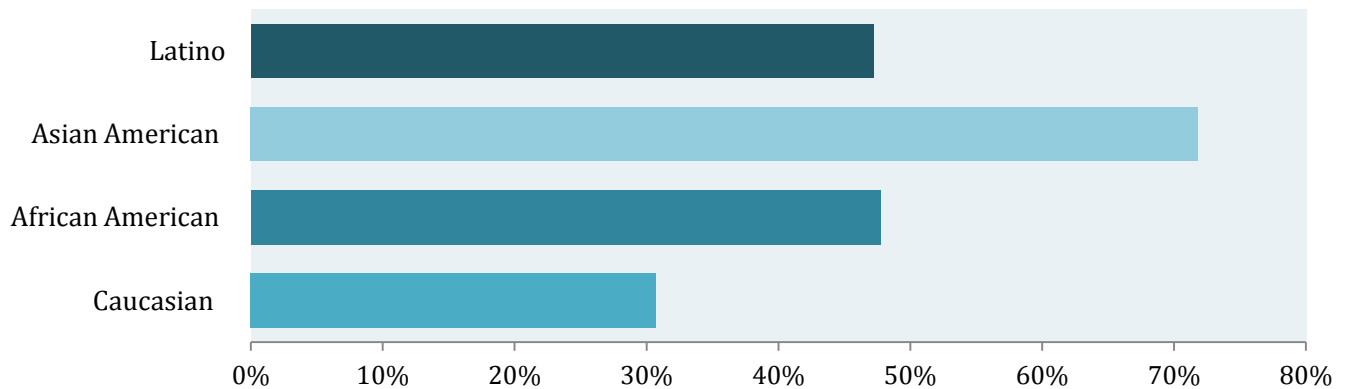
There are a host of reasons for the underutilization of behavioral health services by minority children and families, including a lack of knowledge of the behavioral health system, concern about a child being hospitalized or taken against the parents' will, and youth being unsure about where to go for help. Studies suggest that the perceived inconvenience of behavioral health services and the high levels of stigma surrounding mental health in communities of color are also major factors.[36]

Barrier to Behavioral Health 2: Youth worker stress and turnover
- Experts report a low retention rate amongst youth workers, commonly attributed to the high levels of stress youth workers manage on a regular basis. Youth workers must not only be trained and supported to meet the needs of trauma-affected youth, but to handle the stressors assisting youth in

such difficult circumstances themselves. Unfortunately, while the need for trauma-informed care burgeons, the support structure necessary for youth workers to succeed is faltering. [37]

Barrier to Behavioral Health 3: Barriers to accessing services

- Shortage of qualified professionals:
    - Youth who are identified as in need of trauma-informed services are often unable to access those services.[38] Surveys reveal that there are not enough behavioral health providers dedicated and available to serve the number of youth in need of services. It is expected that this shortage will soon be amplified, as a significant portion of providers are over 55 years old and will reach retirement age in 15 to 20 years.[39]
    - The shortage of children's behavioral health providers is particularly severe in low-income or impoverished communities, the communities in which there is a greater risk of childhood traumatization.[14]
- Insurance denials for non-biologically based mental health needs:
    - Although Massachusetts Mental Health Parity Law requires that insurance providers offer a minimum level of coverage for non-biologically based conditions, patients and health care providers report that denials of coverage for behavioral health treatments are commonplace. These improper denials of coverage often discourage patients from pursuing treatment.[40]

Trauma-Informed Practices in Action: Supporting Youth Worker Success

Martin, a case manager for at-risk youth, has worked for the same multiple-service agency for 12 years. His longevity in the field can be attributed to the supportive culture his organization has built to support direct line staff.

Martin received the training and tools he needed from the start. As an incoming youth worker, Martin was provided with intensive training before he began handling cases on his own. After on-boarding, he continued regular trainings and workshops related to compassion fatigue and trauma-informed practices.

Martin is also provided with crucial elements to support his personal wellbeing, including health benefits, paid leave, and flex time. His weekly supervisor check-in helps to manage Martin's caseload and debrief challenging situations.

An additional circle of support for Martin comes from his fellow youth workers. These teams, which include junior and senior level employees, meet weekly.

Several years ago, Martin's team was faced with a tragic situation: the suicide of a teenage client.

Martin's organization immediately reached out to the youth worker who had been directly in contact with the client to help her deal with the sense of guilt and loss. They connected her to counseling services and offered paid time off to recover and heal. Martin and his team were also informed about the situation, allowing them to provide additional support for each other and for the youth worker involved. Martin's organization did not hide or ignore the incident, but debriefed it as a group at their staff meetings so the entire organization could grieve, recover, and move forward together.
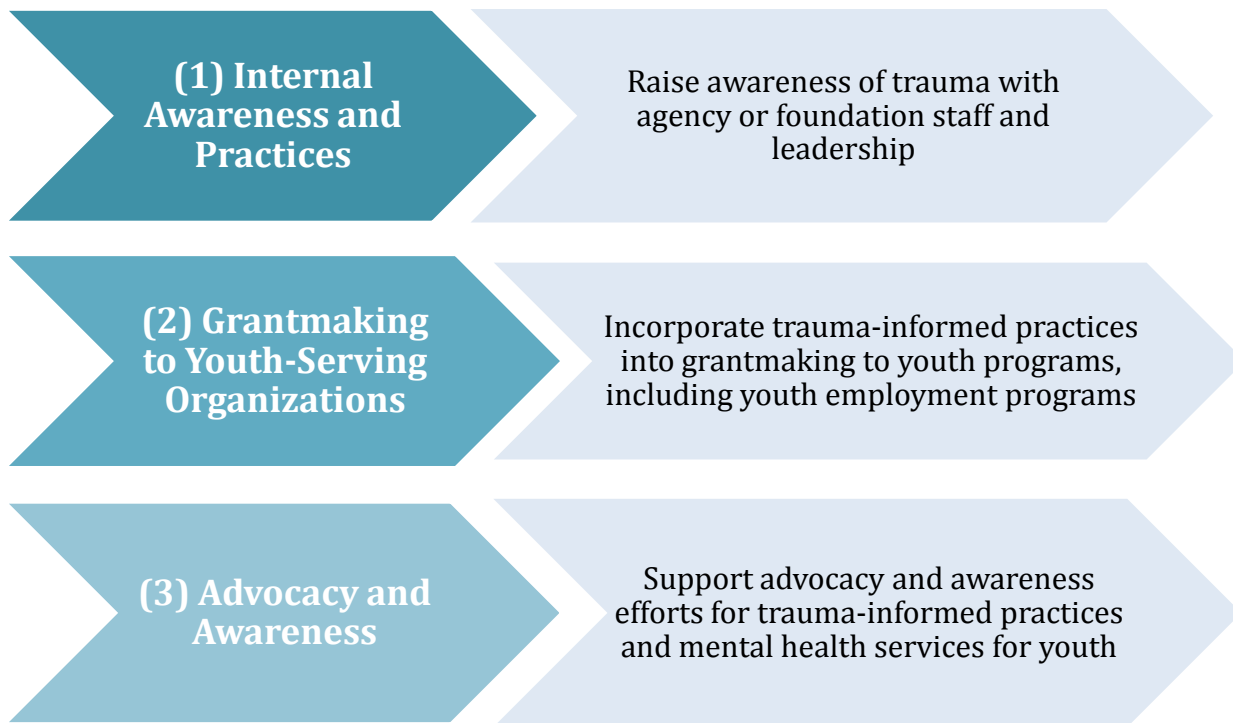
In addition to helping staff deal with challenging situations, Martin's organization takes measures to create a positive, open, and balanced culture for staff to help them stay positive and energized. The organization coordinates regular meetings, during which achievement and success stories are shared and celebrated, and challenges debriefed.

Martin serves as part of the first-line support vital to young people dealing with trauma. He would not have been able to maintain and excel in his job as a youth worker for 12 years without the positive culture, training, benefits, and network of support established by his organization.

How Can Private and Public Funders Support Trauma-Informed Practices?

Despite the overwhelming evidence that trauma-informed practices are crucial for positive youth outcomes, not enough funders are making this a priority in their grantmaking.

The following recommendations, derived from the Collaborative's three years of collective work and pooled learning, provide a range of options that could be initiated by a variety of funder types ranging from large to small and public to private. These recommendations, separated into three key areas, provide steps funders can take to begin addressing the gaps and barriers in trauma-informed practices and behavioral health services identified above. Although many funders may not be able to integrate all three components, they can take steps to integrate trauma supports into their grantmaking and/or operations by implementing one or more of the actions below.

(1) Internal Awareness and Practices	Raise awareness of trauma with agency or foundation staff and leadership
(2) Grantmaking to Youth-Serving Organizations	Incorporate trauma-informed practices into grantmaking to youth programs, including youth employment programs
(3) Advocacy and Awareness	Support advocacy and awareness efforts for trauma-informed practices and mental health services for youth

(1) Internal Awareness and Practices

By increasing the awareness of trauma and its effects within a grantmaking organization's leadership and staff, funders will be better able to assess and modify their funding priorities and evaluate potential grantees, leading to investments with a more comprehensive approach to supporting positive youth outcomes.

> ***ACTION:*** *Raise awareness of foundation or agency staff of the value of trauma-informed practices*
> - Provide the definition and list of resources to agency or foundation staff and leadership.
> - Conduct staff and leadership training on trauma-informed practices.

VALUE
- Staff can integrate content regarding trauma-informed practices into all the interactions with grantees; board members can evaluate and influence funding priorities.
- Staff and leadership can be advocates in the community.

CHALLENGES
- Foundations or agencies must find the time to dedicate to trainings for staff or leadership.
- Identifying the trainer best suited to inform foundation practices can require an upfront use of staff time.

(2) Grantmaking to Youth-Serving Organizations

The young people living in the high-crime neighborhoods where the Collaborative is focused are almost certainly coming to any youth services site with previous exposure to traumatic circumstances or events. This means that trauma-informed practices should be a requisite, foundational element of successful youth programming. By requiring and funding trauma-informed practices in grantees, funders can ensure that their investments in youth-serving organizations follow evidence-based best practices and lead to more successful youth outcomes overall. The following actions provide opportunities for foundations/agencies to invest in the development and application of trauma-informed practices in several ways.

ACTION 1: **Integrate questions about trauma-informed practices into application process**
- Provide the definition and list of resources included in this guide to applicants and in requests for proposals.
- Ask an overall question of how programs are planning to incorporate trauma sensitivity into their organizational culture.
- Ask potential grantees to elaborate on how they will incorporate trauma-informed practices into each of the program elements referenced in the proposal.
- Clarify how and require that supervisors and direct service staff are trained to support trauma-informed services.
- Clarify how staff will be personally supported to avoid compassion fatigue.
- Define and implement a method to measure the progress of youth-serving organizations in applying trauma-informed practices in their day-to-day operations.

VALUE
- This encourages grantees as well as applicants who don't receive grants to think in terms of trauma-informed practices and raises awareness that trauma-informed practices are an expected program component.
- This incentivizes programs to build and emphasize trauma-informed practices throughout their organizations.
- Trauma-informed practices are relatively undefined—using the definitions in this guide, funders have an opportunity to bring a common language and standards to this work that will ultimately improve the quality of services provided.

CHALLENGES
- Requiring organizations to incorporate trauma-informed practices into their programming may increase the total budget for the services needed to implement the program—if grantees are going to provide higher-quality, trauma-informed services, then it will cost more, and funders should be prepared to partner with grantees accordingly.
- Trauma-informed practices require additional consultations from professionals to develop proper implementation.
- Diverse program models combined with the complex elements of creating a trauma-informed environment make it difficult to create uniform practices among grantees and evaluate success.

(2) Grantmaking to Youth-Serving Organizations

ACTION 2: *Support current grantees to incorporate trauma-informed practices into their programming*
- Provide the definition and list of resources included in this guide to grantees.
- Survey and have individual conversations with grantees about their training and coaching needs.
- Engage grantees in discussions about how they are dealing with youth who are dealing with the stress of violence.
- Convene grantee staff in workshops for how to integrate trauma-informed practices into their work.
- Provide additional resources for grantees to train their staff and receive ongoing coaching on how to create a supportive environment.
- Provide additional resources for youth-serving staff to access mental health services to support their own stress and burnout of working with youth experiencing trauma.

VALUE
- In supporting trauma-informed practices for individual grantees, funders are helping to improve the overall effectiveness of that program, and thereby leveraging all other investments that they have made in other programming elements.
- Trauma-informed practices are relatively undefined—using the definitions in this guide, funders have an opportunity to bring a common language and standards to this work that will ultimately improve the quality of services provided community-wide.

CHALLENGES
- In order to have open dialogues about training and coaching needs with grantees, funders must establish a relationship of trust with grantees to speak openly about possible weaknesses.
- Grantees may present a number of training needs in order to implement trauma-informed practices— funders may need to help grantees to identify the priorities for their organization as well as to help identify the coaches and trainers best suited for the youth in their program.
- Requiring organizations to incorporate trauma-informed practices into their programming will increase the total budget for the services needed to implement the program—if grantees are going to provide higher-quality, trauma-informed services, then it will cost more, and funders should be prepared to partner with grantees accordingly.
- Diverse program models combined with the complex elements of creating a trauma-informed environment make it difficult for funders to create uniform practices among grantees and evaluation standards for success.

(2) Grantmaking to Youth-Serving Organizations

ACTION 3: _Invest in nonprofits that provide trainings and ongoing support to address trauma in youth development and employment programs._
- Develop an RFP or application directed towards organizations to support training about childhood trauma, trauma-informed practices, and behavioral health.
- Connect with the trainers listed in this document as potential grantees to partner with youth-serving organizations/employers.

VALUE
- Training youth workers and supervisors in trauma awareness results in early interventions that have been identified as "best buys." "Best buys" are strategies that are not only highly cost effective but also are feasible, affordable, and appropriate.[41]
- Promotes collaboration between content experts and service providers.
- Deepens the impact of experts' work and evidence-based research to provide practical applications in youth-serving organizations.

CHALLENGES
- Funders may need to evaluate training providers based on their familiarity and expertise working with the funder's target populations.
- Universal standards for the delivery of trauma-informed care do not yet exist, which may complicate the process of evaluating behavioral health providers and trainers.

(3) Advocacy and Awareness

The following recommendations are meant to serve as foundational steps towards creating public awareness and understanding needed to address trauma on a societal level.

> ### _ACTION 1: Support formal advocacy and public awareness efforts for trauma-informed practices and mental health services for youth_
> - Sign on to an existing campaign that seeks to reform insurance payment practices for mental health support for youth.
> - Develop collaboration with other funders to influence policy or public opinion.

> ### _ACTION 2: Support informal advocacy and public awareness efforts for trauma-informed practices and mental health services for youth_
> - Use your influence: Provide the definition and list of resources included in this guide to other grantmakers and your network of community leaders and elected officials.
> - Support organizations that are dedicated to mental health system reform.

VALUE
- Trauma-informed care is relatively undefined—using the definitions in this guide, funders have an opportunity to bring a common language and standards to this work that will ultimately improve the quality of services provided.
- Due to a lack of awareness of trauma and its effects, adult responses to youth exhibiting the effects of trauma are often improperly directed, ill-timed, and ultimately detrimental. Initiatives directed at increasing the awareness of trauma could help avoid these issues.
- Offers the opportunity to affect systems-level change.
- Offers the opportunity to generate new funding streams to support vital needs.
- Offers the opportunity to be a leader in the field and engage other funders and community members.

CHALLENGES
- Your foundation or agency might be restricted in its ability to participate in formal advocacy initiatives.

Additional Resources

This section includes supplementary information about trauma-informed practices, training, and the Collaborative:

Contacts for Training Opportunities

Many organizations, in the Boston area and nationally, offer in-person and online training in the area of trauma and children, organizational change, youth development and the impact of trauma, and alternative methods of intervention. Below is a list of trainers known to the Collaborative at this point in time.

Training Provider	Contact	Trainings Offered
Boston Children's Foundation	Dr. Robert Macy, Executive Director 850 Summer St. South Boston, MA 02127 857.496.0374	• Training & Consultation • Community, Classroom, Culture-Based Intervention (CBI) • Psychological First Aid (PFA) • Post-Traumatic Stress Management (PTSM)
Boston Public Health Commission, Defending Childhood Initiative	Victor Jose Santana Boston Defending Childhood Initiative Division of Violence Prevention Boston Public Health Commission (office) 725 Massachusetts Avenue, Mezzanine (mailing) 1010 Massachusetts Avenue, 2nd floor Boston, MA 02118 617.534.2412 VJSantana@bphc.org	• Trauma and resiliency training for youth workers
The Children's Room	1210 Massachusetts Avenue Arlington, MA 02476 781.641.4741 info@childrensroom.org	• Offers on-site training sessions ▪ Topics include, but are not limited to, strategies for supporting grieving children & teens, helping your school community respond to loss, creating a crisis plan, and coping with death & other stressful life events.

Training Provider	Contact	Trainings Offered
Child Witness to Violence Project	Child Witness to Violence Project Dept. of Pediatrics, Boston Medical Center 88 East Newton Street, Vose Hall Boston, MA 02118 617.414.4244	• Offers trainings for social workers, mental health clinicians, school counselors, and other social service providers, focusing on clinical interventions for young children affected by domestic violence or trauma.
Health Resources in Action	95 Berkeley Street Boston, MA 02116 622 Washington Street Dorchester, MA 02124 617.451.0049	• Offers trainings, technical assistance, coaching, and mentoring in assessment and evaluation, coalition building, collaborative leadership, engaging diverse populations, policy and environmental change strategies, strategic planning, and youth development, as well as topical areas like substance abuse, violence, and teen pregnancy.
The Institute for Health and Recovery	349 Broadway Cambridge, MA 02139 617.661.3991 ihr@healthrecovery.org	• Creating Trauma-Informed, Integrated Organizations and Systems of Care • Systems Development/Systems Change
JUSTCircles	PO Box 240908 Dorchester Center, MA 02124 justcircles@gmail.com	• Offers training and workshops on peace circles, life skills facilitation, and on-site organization/school-wide capacity-building training and coaching.
Louis D. Brown Peace Institute	1452 Dorchester Avenue Dorchester, MA 02122 617.825.1917 info@ldbpeaceinstitute.org	• Offers training and technical assistance in utilizing survivor based tools. • Workshops, seminars and trainings are specially designed for the participants and organizations being trained.
National Center for Trauma-Informed Care (SAMHSA)	1 Choke Cherry Road Rockville, MD 20857 866.254.4819 nctic@nasmhpd.org	• Implementation of Trauma-Informed Care
National Technical Assistance Center for Children's Mental Health (TA Center), Georgetown University	PO Box 571485 Washington, DC 20057 202.687.5000 childrensmh@georgetown.edu	• Building Effective Systems of Care • Early Childhood Mental Health • Collaboration Across Agencies & Sectors • Cultural & Linguistic Competence • Workforce & Leadership
Partners in Restorative Initiatives	111 Hillside Avenue Rochester, NY 14610 585.473.0970	• Training on leading and facilitating peace circles (3-day or 1-day)

Training Provider	Contact	Trainings Offered
PEAR	PEAR Mailstop 320 McLean Hospital 115 Mill Street Belmont, MA 02478 617.484.2730	• Impact training program focusing on trauma-informed care, self-care in stressful environments, multi-tiered systems of intervention, and strategies to identify and differentiate responses to students' social, emotional, and developmental struggles.
Trinity Boston Counseling Center	Nate Harris, Director 206 Clarendon Street Boston, MA 02116 617.536.0944 x346	• Self-Care & Resilience Training for Service Providers
Trauma Center at Justice Resource Institute	1269 Beacon Street Brookline, MA 02446 617.232.1303 Clinical intake 617.232.0687	• Specialty training and consultation workshops

Online Courses & Resources:

Training Provider	Contact	Trainings Offered

ChildTrauma Academy	ChildTrauma Academy
	5161 San Felipe, Suite 320
	Houston, TX 77056
	866.943.9779
	cta@childtrauma.org
		• Online courses:
		  o The Amazing Human Brain and Human Development
		  o Surviving Childhood: An Introduction to the Impact of Trauma
		  o The Cost of Caring: Secondary Traumatic Stress and the Impact of Working with High-Risk Children and Families
		  o Bonding and Attachment in Maltreated Children
		• On-site trainings offered nationally (schedule on website)

National Child Traumatic Stress Network	Program Office of the National Child Traumatic Stress Initiative Center for Mental Health Services Substance Abuse & Mental Health Services Administration Dept. of Health & Human Services 5600 Fishers Lane Parklawn Building, Room 17C-26 Rockville, MD 20857 Website: http://www.nctsnet.org/resources/training-and-education	• In-person and online trainings • Educational and training products • Child Trauma Toolkit for Educators • Child Welfare Trauma Training Toolkit • Caring for Children Who Have Experienced Trauma

Further Reading

Listed below are additional opportunities to learn more about social and emotional supports and the way that they impact young people.

Websites with compilations of information that offer a great baseline on mental and behavioral health, including research, training opportunities, and guides, include:

- The National Child Traumatic Stress Network (NCTSN) – The NCTSN was established by Congress to raise the standard of care and improve access to services for traumatized children, their families, and communities throughout the United States. Here, you can find information about:
  - What is child traumatic stress
  - Treatments that work
  - Creating trauma-informed systems
- The Substance Abuse and Mental Health Services Administration (SAMHSA) – Resources in SAMHSA's Trauma and Justice page are aimed to reduce the pervasive, harmful, and costly health impact of violence and trauma by integrating trauma-informed approaches throughout health, behavioral health, and related systems and addressing the behavioral health needs of people involved in or at risk of involvement in the criminal and juvenile justice system.
  - Read more about SAMHSA's working definition of trauma and principles and guidance for a trauma-informed approach
- The American Psychological Association's website includes many resources on children and trauma, including:
  - Presentation on responding to children who have experienced trauma
  - Tips sheet for mental health professionals

Toolkits, resources, and curriculum that focus on addressing trauma in childhood and strengthening service-delivery systems by incorporating a trauma-informed approach:

- Exposure to community and interpersonal violence is a public health crisis that adversely affects many children in American communities. After witnessing or experiencing trauma, many children experience symptoms of post-traumatic stress disorder and depression, behavioral problems, substance abuse, and poor school performance. The Support for Students Exposed to Trauma (SSET) program is a series of 10 lessons whose structured approach aims to reduce distress resulting from exposure to trauma. Designed to be implemented by teachers or school counselors in groups of 8–10 middle school students, the program includes a wide variety of skill-building techniques geared toward changing maladaptive thoughts and promoting positive behaviors. It is also intended to increase levels of peer and parent support for affected students.

- [Helping Children and Youth Who Have Experienced Traumatic Events](#), published by SAMHSA, provides information on how systems of care and trauma-informed services can improve the lives of children and youth who have experienced traumatic events.
- [Child Trauma Toolkit for Educators](#), published by NCTSN, was developed to provide school administrators, teachers, staff, and concerned parents with basic information about working with traumatized children in the school system.
- [Trauma-Informed Organizational Toolkit](#), published by the Department of Health and Human Services, Homelessness Resource Center, is targeted at homeless service providers and focuses on integrating trauma-informed care principles into their organizations, but it includes an organizational assessment and how-to manual that would be helpful to *all* organizations.
- [The Sanctuary Model of Trauma-Informed Organizational Change](#), by Sandra Bloom, presents a trauma-informed method for creating or changing an organizational culture. The Sanctuary Model® has proven effective with children and adults across a range of human service organizations, including residential treatment centers, public and private schools, domestic violence shelters, and drug and alcohol treatment centers.
- [Accessing Children's Mental Health Services in Massachusetts: Workforce Capacity Assessment](#), published by Blue Cross Blue Shield of Massachusetts Foundation, is based on a survey of 1,982 mental health providers, and estimates the need for children's mental health services, assesses child and family mental health service delivery capacity, identifies variation in capacity, and documents challenges to meeting current demand for services.

Behavioral health resources focused on children and education:

- [Helping Traumatized Children Learn](#), published by Massachusetts Advocates for Children, demonstrates how trauma from exposure to family and other forms of violence can help explain many educational difficulties teachers across the Commonwealth face every day. The report includes a framework and a public policy agenda for creating trauma-informed school environments where traumatized children and their classmates can focus, behave, and learn.
- Psychological and Behavioral Impact of Trauma: [High School Students](#), [Middle School Students](#), [Elementary School Students](#), [Preschool Children](#) from NCTSN – These short primers can give providers a basic awareness about trauma and its potential sources, symptoms, and possible treatments, at various age and maturity levels.
- The Justice Resource Institute's [Trauma Center](#) maintains a list of [resources](#) regarding the effects of trauma, mostly targeted at mental health professionals.
- The [Program in Education, Afterschool, and Resiliency (PEAR)](#), located at McLean Hospital and Harvard Medical School, is dedicated to the "whole child—the whole day." PEAR has published a number of reports in this topic area, including [Youth Facing Threat and Terror: Supporting Preparedness and Resilience](#) and the [Massachusetts After-School Research Study](#).

- The Child Witness to Violence Project maintains a website with resources for working with and understanding children who have witnessed domestic violence or experienced trauma. Resources include books, newsletters, and guides.
  - Products and publications
- The Chadwick Center for Children and Families of San Diego maintains a comprehensive list of trauma-related resources for children and youth, including presentations such as Understanding How Trauma Impacts Children in Child Welfare and What to Do About It by Charles Wilson, executive director.

Further reading on social and emotional support models:

The Collaborative for Academic, Social, and Emotional Learning has resources about the social and emotional learning model, which is a process for helping children and adults develop the fundamental skills for life effectiveness, and how it has been incorporated into school-based settings.

- Social and Emotional Learning Programmes that Work
- School-family partnership strategies to enhance children's social, emotional, and academic growth
- Assessment and Advancement of SEL Practice (Anchorage)

READING LISTS

"What Works?" Reading List: Resources on the Assessment and Treatment of Child Traumatic Stress (http://www.nctsn.org/resources/online-research/reading-lists/what-works)

"What Is Child Traumatic Stress?" Reading List (http://www.nctsn.org/resources/online-research/reading-lists/what-is-cts)

# Background on the Collaborative and the Family Supports and Mental Health (FSMH) Working Group

What Is the Youth Violence Prevention Funder Learning Collaborative (the Collaborative)?

The Youth Violence Prevention Funder Learning Collaborative is a network of businesses, foundations, government agency funders, and key experts formed to share knowledge, identify funding gaps, and promote dialogue to help funders and businesses coordinate and strategically align their efforts to increase their impact on youth violence in Boston.

The Collaborative takes a public health approach to youth violence prevention and is focusing its initial efforts to ensure adequate funding support to five communities along the Blue Hill Avenue corridor: South End/Lower Roxbury, Dudley Square, Grove Hall, Bowdoin/Geneva, and Morton & Norfolk Streets. The Collaborative is a signature initiative of the State Street Foundation.

Where Does the Collaborative Focus Its Efforts?

The YVP Collaborative worked with Boston Police Department to identify areas with a high crime density, specifically fatal and non-fatal shootings. This data is used to determine the neighborhoods that the initiative will target. The target tracts for the Collaborative include neighborhoods within the Blue Hill Corridor, including South End/Lower Roxbury, Dudley Square, Grove Hall, Bowdoin/Geneva, and Morton & Norfolk Streets.
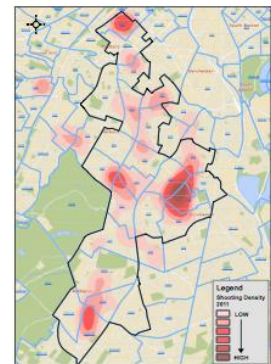
What Is the Family Supports and Mental Health Working Group?

The purpose of the Family Supports and Mental Health (FSMH) Working Group is to ensure that private funding is effectively deployed to complement public funding. To that end, the Working Group seeks to inform private funders about the importance of their role in this issue area. The FSMH Working Group is led by co-chairs Peg Sprague of United Way of Massachusetts and the Merrimack Valley, Deborah Allen of the Boston Public Health Commission, and Neil Maniar of Brigham and Women's Hospital.

How Does This Resource Guide Fit Into the FSMH Working Group's Initiatives?

This resource is part of a larger project that will test out models for augmenting the mental health infrastructure in a particular community. The overall project goal is to work towards alignment of private investment with existing public funding and to inform private funders about how and why to invest in the mental health system in Boston. The project is led by the Family Support and Mental Health Working Group of the Youth Violence Prevention Funder Learning Collaborative.

The Career Pathways Framework

These six levers were collectively identified as evidence-based indicators of success by funders, experts, and practitioners engaged in the Collaborative. Taken together, as shown in the figure below, the six levers embody the Collaborative's public health approach to youth violence prevention and are essential in supporting youth to achieve the following outcomes: employability, academic achievement, community connections, resiliency to trauma, social skills, and healthy behaviors (change in behaviors correlated with exposure to violence). The Collaborative holds that the development of these positive youth outcomes will lead to a sustained reduction in youth violence.

As defined in the Career Pathways Framework Summary, a public health approach to youth violence prevention is an interdisciplinary, systematic, and scientific approach consisting of four key steps: 1) Use a data-informed approach to identify the problem; 2) Understand the risk and protective factors associated with the problem; 3) Evaluate interventions; 4) Implement evidence-based strategies.
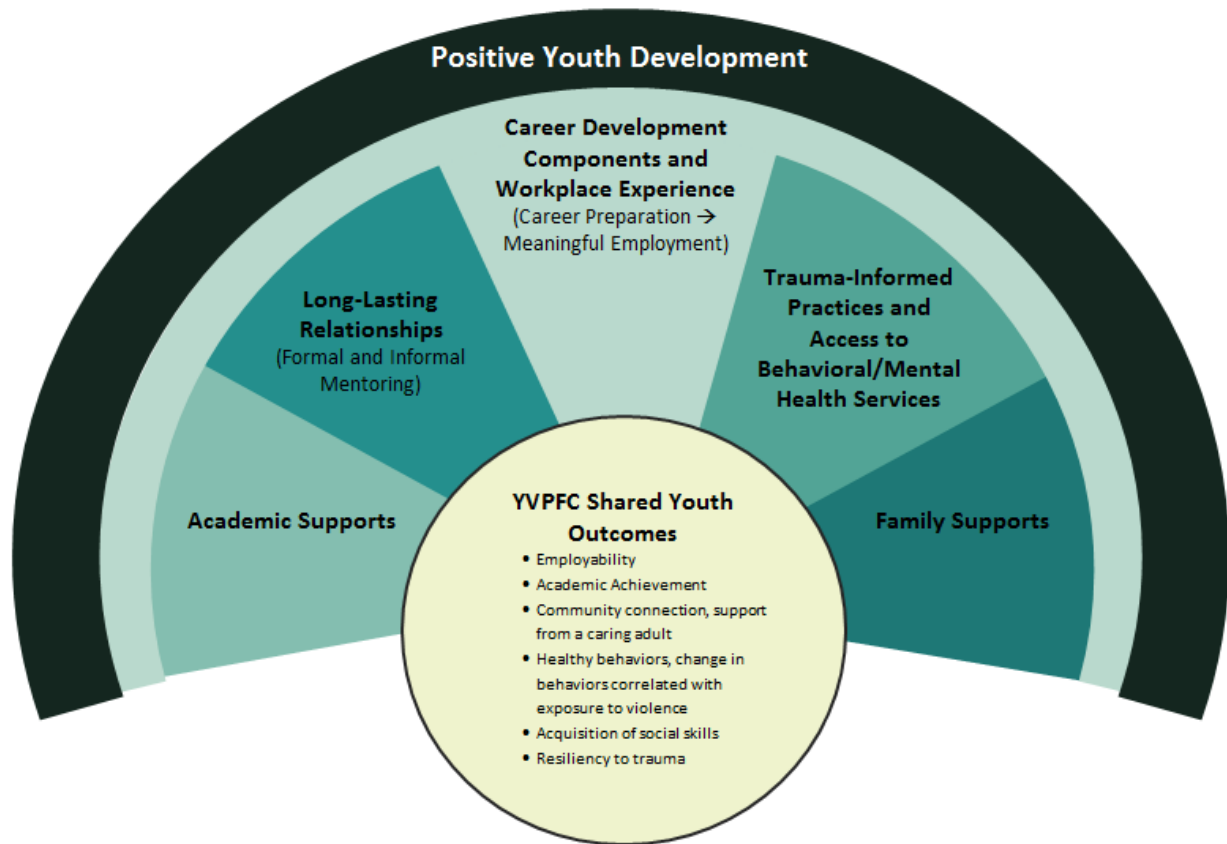
In the Career Pathways Framework diagram, positive youth development is positioned as the unifying approach for delivering services to youth and for training staff. In combination, these levers form a comprehensive approach that help youth develop career pathways and reduce youth violence.

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