Implementing Trauma-Informed Approaches in Access to Recovery Programs

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SAMHSA's Public Health Approach to Trauma

- Increase awareness of the harmful short- and long-term effects of trauma experiences in children and adults
- Develop and implement effective preventive, treatment and recovery and resiliency support services that reflect the needs of diverse populations
- Build strong partnerships and networks to facilitate knowledge exchange and systems development
- Provide training and tools to help systems staff identify trauma and intervene early
- Inform public policy that supports and guides these efforts

—Leading Change: A Plan for SAMHSA's Roles and Actions 2011–2014

Introduction

Treatment providers know that trauma is the norm, not the exception, in people with addictions. Experience and evidence show that an understanding of the prevalence and impact of trauma built in at all points of the treatment system helps strengthen clients' recovery, decrease retraumatization, and build clients' trust in and use of services and supports.

Treatment and recovery support service providers are moving toward making more trauma-informed care available, and entire service systems are changing to respond to consumers' lived experiences of trauma. The Substance Abuse and Mental Health Services Administration (SAMHSA) is leading the field with a strategic initiative in trauma and justice, and providing information to assist Access to Recovery (ATR) grantees and providers in integrating trauma-informed approaches within clinical and recovery support services and at administrative and policy levels.

"[Trauma] is an almost universal experience of people receiving treatment for mental and substance use disorders. The need to address trauma is increasingly viewed as an important component of effective behavioral health service delivery."

— SAMHSA Trauma and Justice Initiative, 2011

How To Use This Information

Because ATR 3 grantees serve many justice-involved clients and are seeing an increased number of returned military veterans with diverse trauma histories, implementing trauma-informed approaches has become even more urgent. This TA package gives ATR staff and recovery support services (RSS) and treatment providers:

- **Background on trauma-informed approaches.**
- **Resources and tools for trauma-informed assessment and planning.**
- **Examples of trauma-informed work from ATR 3 grantees.**

Part 1. The Need for Trauma-Informed Approaches

Overwhelming evidence indicates that the majority of men and women in substance abuse treatment have histories of trauma and abuse (SAMHSA/CSAT cited in Jennings, 2008). A majority of women in substance abuse treatment have a history of physical or sexual abuse; this history of violence interacts closely with substance use (Markoff & Finkelstein, 2007; Finkelstein et al., 2004). Client stories of trauma are numerous, and trauma's effects can be life altering, yet client responses to trauma reveal individual and community resilience, strength, and coping mechanisms that can aid in recovery (Woll, 2009). **When services and systems recognize the central role of trauma for clients with addictions, those services can strengthen recovery.**

At its best, **trauma-informed care (TIC)** is resilience-informed care. It is an overall approach, at the *individual, organizational, and systemic levels,* that uses respect and consideration of trauma histories to create safety and hope for clients. Truly effective TIC recognizes human vulnerability, but still insists on finding and mobilizing survivors' strengths, resources, and capacity for healing and recovery.

"Trauma-informed services are not specifically designed to treat symptoms or syndromes related to sexual or physical abuse or other trauma, but they are informed about, and sensitive to, trauma-related issues present in survivors."

—Jennings, 2008

Becoming trauma-informed is a shift in culture, practice, and theoretical framework. Clinical and nonclinical staff understand and approach clients in different ways; administrators respond, communicate, and plan in different ways. Services are assessed to determine how they can take client trauma into account in order to meet them where they are and avoid any inadvertent retraumatization.

Many treatment and recovery support staff are themselves overburdened. However, taking a trauma-informed approach can go to the root of a client's vulnerabilities, thus helping staff and clients strengthen and sustain recovery.

- Unlike trauma-specific services, **TIC is not an additional practice.** TIC is an approach, a philosophy, and a cultural change in the way current practices are delivered.
- By addressing the vulnerabilities that so often lead clients to relapse and return to use, TIC can **improve engagement, retention, and successful outcomes,** thus making services more effective.
- By providing alternatives to traditional attempts to break through clients' defenses and directing attention and care to providers' own risk of secondary trauma, TIC **minimizes staff fatigue and capacity for compassion fatigue and burnout.**

The Relationship Between Recovery and Trauma-Informed Principles

Recovery principles and the principles of TIC have a lot in common, with some differences in emphasis. Safety and trustworthiness are top priorities for trauma-informed approaches because they are trauma survivors' most basic needs. RSS place a greater primary emphasis on hope and hopefulness, an emphasis implicit in TIC. Additionally, principles of TIC emphasize both staff experiences and those of the consumers they serve. Both approaches emphasize the following concepts:

Client choice—The RSS person-centered approach gives individuals a menu of choices. TIC also emphasizes the need to give consumers dignified choices in care.

Collaboration—Another element of both recovery-oriented systems of care (ROSC) and RSS is the partner-consultant relationship between the provider and the client, a relationship focused more on collaboration and less on hierarchy. This approach to service mirrors the trauma-informed principle of collaboration. A provider is in no way superior to any client; instead, the service provider must earn a client's trust so they can work together on a recovery plan.

Empowerment—Two guiding principles of recovery support and trauma-informed approaches are self-direction and empowerment. Recognizing that trauma survivors might have lost their ability to speak out due to years of abuse, providers can help them learn skills so they can exercise their own voices and advocate for themselves to get their needs met.

System-wide education and training—ATR networks recognize the need for system-wide education and training. Trauma-informed services require all administrators, managers, and staff to be informed and knowledgeable

about the dynamics of trauma and abuse. Equally important, all staff need to understand how social services sometimes inadvertently retraumatize clients.

Peer involvement—RSS are characterized not only by the types of services provided, but also by the providers' qualifications. RSS providers are often in recovery themselves and are familiar with how their communities can support people seeking to live free of alcohol and other drugs. This in and of itself is a trauma-informed strategy because it is peer-driven and values the unique contributions peers can make in decisions about service provision and agency practice. Finally, both recovery and trauma-informed perspectives place value on building skills with peer support using tools such as the Wellness Recovery Action Plan (WRAP).

Key Client Subgroups and Their Trauma Histories

Although recovery and trauma-informed services must be driven by each client's choices and lived experience, ATR staff and providers need to recognize larger trends among some client groups to partner meaningfully with clients in their recovery.

Gender Awareness and Responsiveness

Clients' gender and gender presentation are intimately linked to trauma history, substance abuse, and recovery. Trauma-informed substance use services need to be responsive to client gender as part of understanding trauma history and strengthening recovery. For example, men and women in addiction treatment both have high trauma rates, but women have higher rates of sexual and physical abuse (Markoff & Finkelstein, 2007; Ouimette et al., 2000). A large percentage of transgender individuals experience violence and discrimination; these experiences can be seen as points of resilience for transgender clients in treatment and RSS (Lombardi, 2001).

Military Members

Military members from all the armed forces are susceptible to war- and combat-related trauma, regardless of their roles. Posttraumatic stress disorder and depression are the most common mental health problems of returning members and may lead to use of alcohol or other drugs (United States Department of Veterans Affairs, n.d.). A trauma-informed approach to addictions treatment and recovery is essential with members seeking services. ATR staff should also have a basic understanding of military culture. In addition, the Veterans Administration is raising awareness of Military Sexual Trauma, which is "sexual assault or repeated, threatening acts of sexual harassment that occurred while a veteran was serving on active duty or active duty for training" (United States Department of Veterans Affairs, 2010).

Criminal Justice–Involved

Clients who have been in prison or jail usually have both substance use and mental health problems. Justice-involved clients are also more likely to have family members with a history of incarceration and/or co-occurring disorders, making a holistic, trauma-informed approach to recovery planning a key aspect of avoiding client retraumatization or relapse (James & Glaze, 2006).

American Indians/Alaska Natives

The cumulative effects of historical injustices against American Indians and Alaska Natives are called the community's "soul wound," the mark of historical trauma. Historic, community-level trauma coexists with individual trauma such as physical or sexual abuse among American Indians (Walters, Simoni, & Evans-Campbell, 2002). Trauma-informed substance use services for American Indians must take into account not only individual histories of victimization and violence, but also the historical trauma suffered by American Indians and the interaction of different levels of trauma.

"The truth tribes encounter again and again … is that history impacts health. The mechanisms of historical trauma intrude on present-day American Indian communities as mediators of poverty, interpersonal violence, poor mental health, impaired physical health, and epidemics of chronic diseases."

—Edgerly et al., 2009

African Americans

In addition to individual trauma histories, African Americans may be affected by historical trauma stemming from slavery and ongoing racism and discrimination. In the *Handbook of African American Health,* the authors suggest that the severe trauma of slavery still affects African Americans hundreds of years later (Williams-Washington in Hampton et al., 2000). This intergenerational history of severe trauma is intertwined with individual traumatic experiences of racism and discrimination. In sum, trauma histories of African-American clients may be very complex; acknowledgement of that complexity by providers and clients is a key to client recovery.

Part 2. Creating Trauma-Informed ATR Networks

If trauma is the norm for clients, and TIC can strengthen clients' recovery, how can ATR programs assess existing services and institute trauma-informed approaches where there are gaps?

This section provides a sample framework and tools to help ATR staff and providers assess existing services to make them more informed about trauma and to determine what new services or policies need to be implemented.

Founding Principles of Trauma-Informed Services

Grounded in **safety, trustworthiness, choice, collaboration, and empowerment,** trauma-informed services are designed to be welcoming and hospitable for all individuals while avoiding client retraumatization (Harris & Fallot, 2001).

Safety: Ensuring physical and emotional safety

Trustworthiness: Maximizing trustworthiness, making tasks clear, and maintaining appropriate boundaries

Choice: Prioritizing consumer choice and control

Collaboration: Maximizing the sharing of power and decision-making with clients

Empowerment: Prioritizing consumer empowerment and building skills

From Principles to Action

The Institute for Health and Recovery outlines the following steps to making trauma-informed changes in treatment and recovery services (Finkelstein & Markoff, 2010):

1. Establish a safe environment.
   - ▶ Physical safety: From abuse/stalking by partners, family, other consumers, visitors, staff
   - ▶ Emotional safety: Address and validate clients' lived experiences
   - ▶ Minimize re-victimization. Avoid strategies such as:
     - Shaming
     - Moral inventories in isolation
     - Hard-core confrontation
     - Intrusive monitoring
     - Trigger situations

Organizational Self Assessment

What common trauma triggers might a participant encounter in your program?

- Interacting with authority figures, in general
- Lack of privacy
- Removal of clothing (e.g., strip searches, medical exams)
- Being touched (e.g., pat downs)
- Being watched (e.g., suicide watch)
- Loud noises
- Fear based on lack of information
- Darkness
- Intrusive or personal questions
- Lack of control and/or powerlessness
- Threat or use of physical force
- Observing threats, assaults, others engaged in self harm
- Isolation
- Being in a locked room or space
- Physical restraints (e.g., handcuffs, shackles)

2. Use an empowerment model.
   - ▶ Always respect a client's right to choose
   - ▶ Focus on client strengths
   - ▶ Build client skills

3. Support the development of healthy relationships—healing occurs by changing relationship context from abusive to nurturing, unresponsive to empathic, lies and denial to authenticity, and controlling to empowering.

4. Build healthy coping skills.
   - ▶ Emotional self-awareness
   - ▶ Grounding
   - ▶ Self-soothing
   - ▶ Making safe choices

5. Provide access to trauma-specific services. ATR providers need to either give trauma-specific treatment to clients who need it or make treatment available through referrals to trauma-specific services.

In New Mexico, the ATR network includes providers trained in trauma treatment modalities. In crisis situations with providers who cannot treat trauma, the New Mexico program is instituting a program-wide policy of a "warm handoff" of any traumatized client to appropriate services.

6. Design holistic services. Trauma histories affect all aspects of clients' lives. Addictions services will be more successful in supporting client recovery if they address:

- Impact of trauma on parenting.
- Impact of trauma on children.
- Working with a client's significant others when possible.
- Health problems.
- Education and job challenges.
- Housing issues.

Becoming Trauma-Informed at the Systems Level

To make culture, policies, and procedures more trauma-informed at a systems level, the following domains need to be addressed (Harris & Fallot, 2001).

- Administrative commitment
- Training
- Hiring and human resource practices
- Policies and service delivery practices

Administrative Commitment

- Leadership supports long-term commitment to trauma-informed services and approaches.
- Policy statement and/or amendment to organization's mission statement on trauma.
- Form a "change team" of staff and participants to develop a plan to move toward being trauma-informed.

Training

- Identify or develop basic training around trauma and trauma-informed services.
- Train all staff.
- Include clients willing to talk about their trauma histories in the training.
- Incorporate training into new staff orientation.

Hiring and Human Resources Practice

- Identify or hire new staff with knowledge of trauma.
- Hire peers with trauma histories for peer-support positions.
- Recognize and address the impact of secondary trauma on staff.

Secondary Trauma

"Changes in the inner experience of service providers that come about as a result of empathic engagement with the participant's experience of trauma."

—Institute for Health and Recovery

Policies and Service Delivery Practices

- Review policies and practices for their potential to replicate traumatic situations.
- Develop a way to review future policies for their sensitivity to trauma.
- Review service delivery practices and start the process of making them trauma-informed.
- Work with your network of service providers to widely implement trauma-informed policies and procedures.

Key Question: "To what extent do program or agency administrators support the integration of knowledge about violence and abuse into all program practices?"

—CCTIC Trauma-Informed Services Self-Assessment and Planning Protocol (see Community Connections Web site: http://www.communityconnectionsdc.org)

Sample Policy Statement: Connecticut Department of Mental Health and Addiction Services

Position Paper on Trauma-Sensitive Services

Definition and Effects of Trauma:

Psychological trauma involves events or experiences that confront the person directly or as a witness with the actuality or the immediate threat of death, extreme human suffering, severe bodily harm or injury, coercive exploitation or harassment, sexual violation, violence motivated by ethnocultural prejudice, or politically based violence.

Meaning of Recovery:

Recovery is the core goal for trauma survivors, their families, and their treatment providers. Recovery does not necessarily mean complete freedom from posttraumatic impairment, as many survivors live healthy and rewarding lives while still having to manage posttraumatic symptoms.

Value Statement:

The following are guidelines for the current and future development of trauma-sensitive services within the DMHAS service system.

- Service providers must be cognizant of the origins of trauma, the effects of trauma on survivors and their loved ones, and the possibility that retraumatization may occur if safe, effective, sensitive services are not available.
- Survivors of trauma cope courageously and resourcefully with the enormous burden that posttraumatic symptoms place on the body, mind, and emotions. Their fears, anxieties, anger, and grief are real.
- Posttraumatic reactions must be understood as the persistence of real biological and psychological imbalances that require specialized care from behavioral health care and substance abuse providers.
- Behavioral health assessment, care planning, and treatment and rehabilitation services must be informed by a sound scientific, clinical, culturally relevant, and humanistic understanding of the impact and impairment caused by psychological trauma.

Value Base:

The widespread prevalence of trauma survivors in treatment for behavioral health issues brings trauma to the forefront of our priorities as a human service agency. The minimum definition of trauma-sensitive services are those that:

- provide environments that protect privacy and confidentiality, ensure a consistent and predictable helping relationship, and create a place of freedom from revictimization;
- are provided by agencies and staff that are specially trained in specific behaviors, attitudes, and policies that recognize, respect and value the uniqueness of individuals and diverse cultural groups;
- minimize restraint/seclusion/isolation or other methods that retraumatize survivors;
- enable survivors to exercise personal choice in seeking and engaging in services;
- elicit active participation and employ the regular input of trauma survivors to improve services; and
- address a range of social and relational issues such as health care, housing, parenting, educational and vocational deficits, and family stability.

The full statement can be found at http://www.ct.gov/dmhas/LIB/dmhas/Trauma/positionpaper.pdf.

Part 3. Trauma-Informed Work in ATR 3

This section showcases trauma-informed service and systems work—from provider training, to peer support, to State-level policy—happening in the Wisconsin, the Intertribal Council of Michigan, and New Mexico ATR 3 programs. Each grantee's efforts to make their ATR program more trauma-informed are responsive to their clients' needs, and often shaped by trauma-informed work happening in other parts of the State and tribal system.

Themes in ATR 3 Trauma-Informed Work

- Many ATR 3 grantees acknowledge the need for more trauma-informed services and are offering some kind of trauma-informed training to providers.
- Some States are implementing trauma-informed policies at the State-level, causing a "trickle-down" effect that can support ATR trauma-informed work.
- ATR programs can institute smaller trauma-informed service changes and training even if there is not a larger State-level initiative to support them.
- There is a need for more work on and documentation of trauma-informed RSS.

Milwaukee WIser Choice
Milwaukee County Behavioral Health Division

Milwaukee WIser Choice's trauma-informed activities, and the policy and training work happening at the State level, illustrate how a State-driven effort can influence ATR policies and procedures.

State Level Trauma-Informed Systems Change

At the State level, Wisconsin's Department of Mental Health and Substance Abuse Services (DMHSAS) has started a Trauma-Informed Care Initiative. This Initiative hired a trauma services coordinator, who travels across Wisconsin training providers, tribes, schools, corrections, and domestic violence organizations in trauma-informed approaches to their work. The coordinator's work is accompanied by Initiative marketing materials and a Trauma-Informed Care Advisory Board of 40 stakeholders.

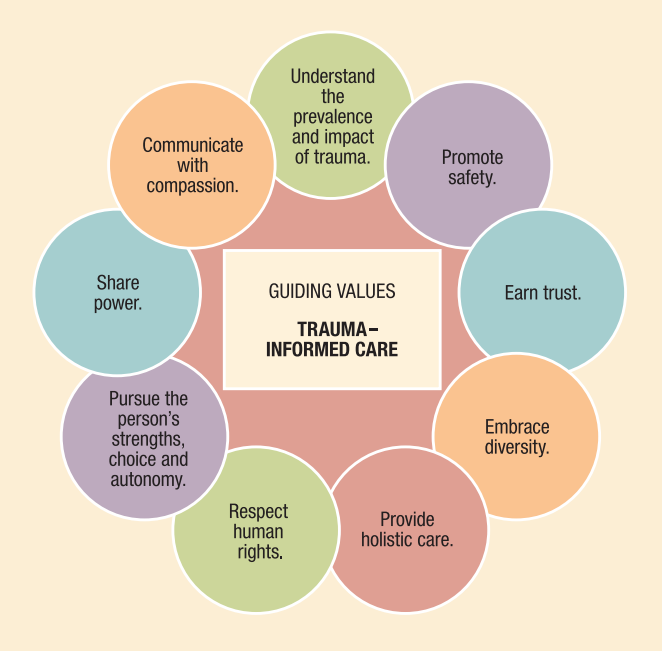
ATR Trauma-Informed Services

In Wisconsin, ATR is called Milwaukee WIser Choice and is run by the Milwaukee County Behavioral Health Division. Like the State-level department, the Milwaukee ATR program runs trauma-informed training for all its network providers. Providers and other stakeholders are trained annually on *Risking Connection*, which is a trauma-informed framework. Many ATR providers have also adopted the *Seeking Safety* curriculum to integrate into their treatment and RSS programs.

The Milwaukee County ATR program displays this poster in all areas of the Behavioral Health Department to remind providers of trauma-informed

"Annually, we train providers and other stakeholders on the Risking Connection framework, which is a trauma-informed framework/curriculum. Many of our providers have adopted the Seeking Safety curriculum as well for implementation/integration in their treatment programs. We are in the process of developing a comprehensive approach to trauma-informed care … training will focus on raising awareness and the connection between AODA and trauma. [W]e are also partnering with the State as well."

—Janet Fleege, Project Director, Milwaukee WIser Choice, Milwaukee County Behavioral Health Division



Wisconsin Trauma-Informed Care Initiative symbol

Program Overview: Creating Cultures of Trauma-Informed Care

Creating Cultures of Trauma-Informed Care (CCTIC), a program developed by Community Connections in Washington, D.C., provides guidelines for evaluating and modifying *all system and service components* in light of the role that sexual and physical abuse and other violence plays in the lives of people seeking mental health and addictions services.

The program focuses on the organizational culture because it expresses an organization's basic values, and extends to all aspects of an agency's functioning. **Implementing cultural shifts requires the full participation of administrators; supervisory, direct service, and support staff; and clients.** CCTIC begins with consultation to ensure adequate systemwide support, and to tailor the change process to a specific organization. Agencies then designate a work group with staff and consumer representatives to coordinate the change process. The work group, along with others from the organization, attends a formal training in TIC.

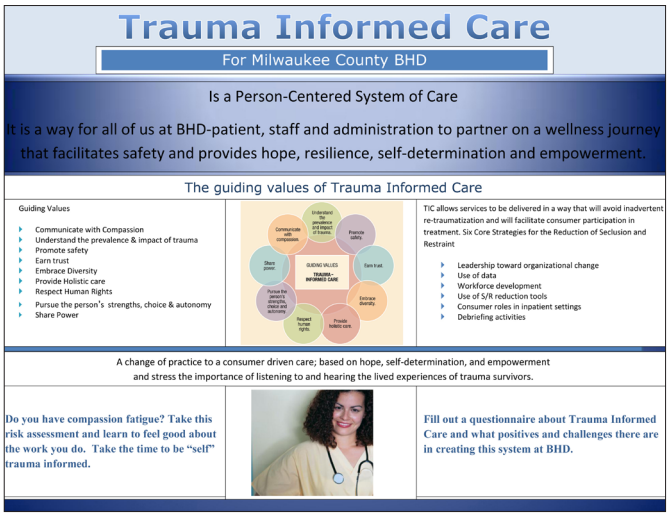
CCTIC includes the following tools to help an organization assess its services and policies, and make trauma-informed changes (full copies can be found at http://www.communityconnectionsdc.org):

- The **Trauma-Informed Services Self-Assessment and Planning Protocol** provides a structured model for programs to review and set priorities for change in three service domains (informal and formal service procedures, formal service policies, and trauma screening, assessment, and service planning) and in three administrative domains (administrative support for trauma-informed change, trauma training and education, and human resources practices).
- The **Trauma-Informed Self-Assessment Scale** may be used by programs as part of their initial review, and then as a tool for monitoring their progress toward more trauma-informed service settings.
- The **Trauma-Informed Services Implementation Plan** is a map for all the changes a program decides to make a priority. Throughout the review and planning process, the guiding principles of trauma-informed services and systems—safety, trustworthiness, choice, collaboration, and empowerment—are highlighted.

Additionally, getting client feedback about satisfaction with services can support an agency's culture shift to becoming trauma-informed.

care values and procedures. Another marketing and training piece is a pocket card for treatment and RSS providers (pictured on page 10).

Milwaukee WIser Choice is in the process of developing a comprehensive approach to trauma-informed care. The ATR team is partnering with the State for training and ongoing technical assistance to raise awareness among staff and providers about the connection between alcohol and other drug addictions and trauma. In addition, the Milwaukee County Behavioral Health Department has established a Trauma-Informed Committee to coordinate the work.



Milwaukee WIser Choice trauma-informed care poster

Intertribal Council of Michigan Anishnaabek Healing Circle

For generations, American Indians were the target of genocide, forced migration, and family separation. As a result, Native communities suffer from historic trauma, which interacts with individual trauma histories in the overall burden of traumatic stress (Walters et al., 2002).

Through the Intertribal Council of Michigan's ATR program, all providers get basic education about historic trauma to raise awareness of how it affects clients' recovery. Council staff members also stress the importance of client education about historic trauma and the impact it may have on them, their families, and their recovery.

A large gap exists between need and the availability of culturally competent addiction services in the Intertribal Council's area, so it's important for the ATR network to be diverse and to include culture-specific healing practices.

Included among the network's 700 providers are traditional healers who incorporate Native ceremonies as RSS, in keeping with the Native Wellbriety Movement of culturally specific recovery (Coyhis & Simonelli, 2008).

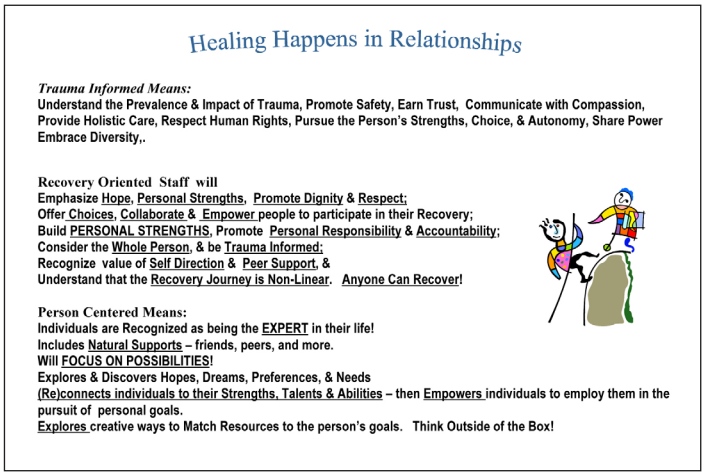
Access to Recovery New Mexico

In the New Mexico ATR 3 program, training on trauma-informed care, posttraumatic stress disorder, and the trauma-specific histories and needs of client groups like women, military members, and American Indians has been a part of annual State conferences.

The New Mexico team is also training all clinical and RSS providers in a new, trauma-informed crisis protocol to improve networkwide crisis management.

Understanding and Supporting Returned Veterans and Their Families

The traumatic experiences and incidence levels of posttraumatic stress disorder among returning military members in New Mexico have been challenging for the ATR 3 staff and provider network. The program is responding to members' needs by implementing trauma-informed peer-to-peer support groups solely for veterans with posttraumatic stress disorder.



Healing Happens in Relationships

Trauma Informed Means:
Understand the Prevalence & Impact of Trauma, Promote Safety, Earn Trust, Communicate with Compassion, Provide Holistic Care, Respect Human Rights, Pursue the Person's Strengths, Choice, & Autonomy, Share Power Embrace Diversity,.

Recovery Oriented Staff will
Emphasize Hope, Personal Strengths, Promote Dignity & Respect;
Offer Choices, Collaborate & Empower people to participate in their Recovery;
Build PERSONAL STRENGTHS, Promote Personal Responsibility & Accountability;
Consider the Whole Person, & be Trauma Informed;
Recognize value of Self Direction & Peer Support, &
Understand that the Recovery Journey is Non-Linear. Anyone Can Recover!

Person Centered Means:
Individuals are Recognized as being the EXPERT in their life!
Includes Natural Supports – friends, peers, and more.
Will FOCUS ON POSSIBILITIES!
Explores & Discovers Hopes, Dreams, Preferences, & Needs
(Re)connects individuals to their Strengths, Talents & Abilities – then Empowers individuals to employ them in the pursuit of personal goals.
Explores creative ways to Match Resources to the person's goals. Think Outside of the Box!

Milwaukee WIser Choice provider pocket card

Sample flyer, Intertribal Council of Michigan event on community healing and Indian boarding schools

2009 New Mexico Behavioral Health Collaborative Conference (Agenda Excerpt)

Building a Trauma-Informed System of Care in New Mexico

Presenters:

- Brian Isakson, Ph.D., UNM Center for Rural and Community Behavioral Health
- Douglas Fraser, Consortium for Behavioral Health Training and Research

This workshop on Trauma-Informed Systems of Care will address how State agencies and behavioral health providers can incorporate trauma assessment and treatment into all behavioral health services. Although many people who seek behavioral health services have experienced trauma, they often do not seek treatment for trauma specifically. This presentation will provide a brief overview of trauma-informed systems of care with a specific focus on how agencies and providers can help establish a safe environment in the clinical setting and in the client's life. A clinician/researcher and a consumer will present the information and lead the discussion.

Conclusion

ATR 3 programs are leading the addictions treatment field by adopting recovery principles and providing client-driven treatment and RSS. Trauma usually plays a central role in a client's addiction and recovery; staff and provider acknowledgement of the impact of violence on clients must be part of ATR's work. A trauma-informed approach that recognizes clients' resilience can fuel their recovery and improve the overall efficacy of ATR programs.

ATR staff and providers can assess whether existing services are grounded in principles of safety, trustworthiness, choice, collaboration, and empowerment by using the tools and resources provided. Recovery support and trauma-informed principles have much in common and can be applied together in treatment and recovery settings to help clients, support staff, and providers. Many opportunities are available to include trauma-informed education within ATR staff and provider training. At a systems level, find out if your State is already doing trauma-informed work in other areas and make connections with key staff and resources. Above all, involve clients at all stages of trauma-informed work at both the service and system level to build a truly collaborative and empowering ATR program.

Part 4. Resources

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Organizations (in alphabetical order)

Community Connections
801 Pennsylvania Avenue, S.E., Suite 201
Washington, DC 20003
Telephone: (202) 546-1512
www.communityconnectionsdc.org

Grace After Fire
www.graceafterfire.org

Institute for Health and Recovery
349 Broadway
Cambridge, MA 02139
Telephone: (617) 661-3991
www.healthrecovery.org

SAMHSA National Center for Trauma-Informed Care
66 Canal Center Plaza, Suite 302
Alexandria, VA 22314
Telephone: (866) 254-4819
www.samhsa.gov/nctic

SAMHSA National Child Traumatic Stress Network
University of California, Los Angeles
11150 W. Olympic Boulevard, Suite 650
Los Angeles, CA 90064
Telephone: (310) 235-2633

Duke University
411 Chapel Hill Street, Suite 200
Durham, NC 27701
Telephone: (919) 682-1552
www.nctsn.org

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