

Implementing Trauma-Informed Care:

Resources and Case Studies for Local Health Departments

The Illinois
ACEs Response
Collaborative

Health & Medicine
POLICY RESEARCH GROUP

What is Trauma?

The Substance Abuse and Mental Health Service Administration (SAMHSA) defines trauma as “an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.”ⁱ In childhood, trauma is common, affecting more than 35 million children in the United States alone.ⁱⁱ Experiences of trauma—including abuse, neglect, and household dysfunction—before the age of 18 are called Adverse Childhood Experiences and have been found to have a profound neurological and psychological impact on children’s development and a lifetime effect on their health.

What is Trauma-Informed Care?

Acknowledging that by addressing trauma and preventing its onset future healthcare issues can be avoided; trauma-informed care recognizes the presence of trauma symptoms and sees the role trauma may play in an individual’s life.

SAMHSA posits that there are four key components in creating a trauma-informed system of care:

- 1) **Realization** - The organization, system, or individual practitioners must realize that trauma is a widespread condition, affecting people from all walks of life. They must also see that there are many paths to recovery from trauma.
- 2) **Recognize** - Trauma-informed programs and practitioners recognize the signs and symptoms of trauma not only in those they are serving, but in friends and family members, and even communities as a whole, as well as among the staff serving them.
- 3) **Respond** - The system, program, or practitioner then responds to these signs and symptoms as best needed for the client and integrates knowledge of trauma and its effects into practices, procedures, and policies throughout the organization.
- 4) **Resist Re-Traumatizing** - Organizations can often be sources of stress and trauma themselves. A trauma-informed organization, system, or practitioner will actively work against the processes and practices that might trigger re-traumatization and set back a client’s recovery. Additionally, a trauma-informed organization knows that staff might be survivors of trauma themselves and works to make the work environment as safe for them as possible.

Within these four components, there are six key principles that are vital to a trauma-informed approach:

- 1) **Safety** - Throughout the organization, both staff and those they serve must feel a sense of safety. This encompasses both physical safety as well as safety from potential psychologically triggering dangers.
- 2) **Trustworthiness and Transparency** - Leadership must conduct operations and decisions with transparency towards both staff and those being served. The goal must be to establish trusting relationships between staff and clients as well as between staff members.
- 3) **Peer Support** - Mutual self-help must be the basis for a path to recovery and healing. Building upon trust born out of this mutual aid is key to addressing trauma.
- 4) **Collaboration and Mutuality** - The leveling of power differentials, between staff and clients

as well as between staff members in different positions, must be addressed. The organization must recognize that everyone has a role to play in the journey towards trauma recovery and must support and respect individuals' roles.

- 5) **Empowerment, Voice, and Change** - Recognizing that clients have often found their voices diminished in a recovery setting, trauma-informed organizations work to lift the presence of every member of their community, regardless of role. Trauma-informed organizations believe in the ability of people to heal from trauma and promote recovery. Shared decision-making and self-advocacy are encouraged and celebrated.
- 6) **Cultural, Historical, and Gender Issues** - Trauma-informed organizations and practitioners know that different populations are exposed to trauma in different ways and work to move past biases, such as racism and sexism, that are roadblocks on the path to recovery. Trauma-informed care also acknowledges macro-level and inter-generational struggles that can lead to trauma and works to address these on both an individual and community level.

Building a trauma-informed workforce and organization can seem like a daunting task and requires thoughtfulness and creativity from all levels of leadership and staff. Taking steps like an internal staff assessment, connecting with other organizations and leaders in the field, emphasizing staff wellness and self-care, and advocating leadership and staff buy-in are ways that organizations can get started on becoming trauma-informed. Recognize that this is a journey, and speed is not the objective, rather you are undertaking the hard and slow work of real and lasting change.

Health Departments

Because health departments serve a wide variety of communities and individuals, and because trauma requires a multi-framed approach, they are an ideal ground for trauma-informed care and services. Health departments can implement trauma-informed care throughout numerous settings and program areas--violence reduction programs, health education, maternal and child health, adolescent

health, and more. Even initiatives that might not be obviously connected to trauma such as nutrition and exercise programs can still benefit from a trauma-informed lens. Health departments can also become a focal point for trauma-informed care in their community, providing trainings and resources for other organizations and practitioners.

Examples from the field:

Chicago Department of Public Health

One health department that has emerged as a leader in trauma-informed care is the Chicago Department of Public Health (CDPH). In 2003, CDPH began to integrate ACEs knowledge into their violence prevention initiatives and training, and in 2006 the Department began regular meetings with city partners and leaders to address childhood exposure to violence.ⁱⁱⁱ In 2016, the city released the Healthy Chicago 2.0 plan which is “focused on ensuring a city with strong communities and collaborative stakeholders, where all residents enjoy equitable access to resources, opportunities and environments that maximize their health and well-being.”^{iv} The plan outlines objectives and strategies, supported by framings such as health equity and social determinants of health, to address 30 goals determined by community assessment.

As part of Healthy Chicago 2.0, CDPH has pledged to make Chicago a trauma-informed city as a key part of their violence prevention initiative. Using the SAMHSA model for trauma-informed care, CDPH has developed their own curriculum--Trauma 101--to address the unique issues that Chicago's residents face. In 2017, the organization was awarded a \$5 million grant from SAMHSA to establish the Resiliency in Communities After Stress and Trauma (ReCAST) Institute to use trauma-informed care as a violence prevention method. ReCAST provides training to communities throughout the city of Chicago to help residents understand and respond to trauma. The Institute is also implementing a public awareness campaign to address mental health stigma and increase awareness of trauma and resources available.^v

CDPH has also collaborated with 16 area hospitals to implement trauma-informed programming. This

collaborative focuses on bringing trainings to hospital staff, as well as inventorying current trauma-informed policies and priorities. In addition, CDPH has led a district-wide collection of ACEs data from the Chicago Public Schools and provides training to school system staff as well as parents and youth. The Department also offers trauma-informed parenting classes and support at schools. ⁱⁱⁱ

The Chicago Department of Public Health is an excellent illustration of how a commitment to trauma-informed care can have a broad impact. Utilizing their own resources, as well as those of community partners and outside collaborators, CDPH is at the center of transforming the city as a whole.

Winnebago County

In Winnebago County, home to the city of Rockford, the Winnebago County Health Department (WCHD) is at the beginning of their journey towards trauma-informed care. The organization released a community health assessment and improvement plan – Wellness Focused Winnebago 2020 – that identified three key priorities for the county: maternal and child health, mental health, and violence prevention. In all of these priorities, the Department recognized a common theme of trauma as a key origin of health issues and disparities. In response, nearly 150 community leaders and health providers attended WCHD’s Violence Reduction Workgroup’s Trauma-informed Care Summit in March 2018. ^{vi}

At this summit, attendees identified ways they and their organizations were already implementing trauma-informed care. The summit was also the birthplace of several workgroups aimed at addressing specialized topics. These workgroups are dedicated to sectors such as education, healthcare, and justice as well as needs like public awareness and training. Some stated goals of these groups include community outreach through local media and trainings on trauma to educators as well as long-term plans like the adoption of a resolution by Winnebago County, City of Rockford, municipalities, and townships to implement trauma-informed care and develop an annual report on trauma-informed care in Winnebago County. ^{vi}

WCHD identified common implementation domains as a starting point for their new collaborative:

- Empowerment, Voice, and Choice
- Peer support
- Safety
- Collaboration and Mutuality
- Trustworthiness and Transparency^{vii}

Building off these, they are working on their next steps--from development and financing, to implementation and engagement, and evaluation. While early in their trauma-informed programming, the Winnebago County Health Department is already utilizing their resources and knowledge to transform their community.

Conclusion

As both Chicago and Winnebago County have demonstrated, collaboration and holistic practices are key in trauma-informed care, and acting as a resource across sectors can have a broad impact. Both communities show that health departments can be a major catalyst for change, and act as leaders in addressing trauma as a root cause of poor health outcomes. We hope that other health departments in Illinois, and beyond, feel inspired to join this movement and make an impact throughout their communities.

Sources

- i Substance Abuse and Mental Health Services Administration. (2012). SAMHSA’s concept of trauma and guidance for a trauma-informed approach. Rockville, MD: SAMHSA’s Trauma and Justice Strategic Initiative.*
- ii Data Resource Center for Child and Adolescent Health. (2012). National Survey of Children’s Health. Baltimore, MD: The Child and Adolescent Health Measurement Initiative.*
- iii White, M. (2018). ACEs and Trauma-Informed Care in Health Settings. (pp. Slides 1-10). Presented at Shared Learnings in ACEs, Trauma, and Trauma-Informed Approaches from Norway and Illinois. Chicago, IL.*
- iv City of Chicago. (2016). Public Health: Healthy Chicago 2.0. Retrieved from City of Chicago: <https://www.cityofchicago.org/city/en/depts/cdph/provdrs/healthychicago.html>*
- v Chicago Department of Public Health. (2017). Healthy Chicago 2.0 2017 Partner Update. Chicago, IL: City of Chicago.*
- vi Winnebago County Department of Public Health. (2018). “TIC Workgroups”. Notes from Trauma-informed Summit, March 8, 2018, Rockford, IL.*
- vii Winnebago County Department of Public Health. (2018). “Break Out Group Notes”. Notes from Trauma-informed Summit, March 8, 2018, Rockford, IL.*

About Health & Medicine Policy Research Group

Health & Medicine is a Chicago based non-profit working to improve the health of all people in Illinois by promoting health equity. Founded in 1981, it was formed as an action-oriented policy center—nimble, independent, and focused on regional health issues. Health & Medicine’s mission is to promote social justice and challenge inequities in health and health care. It conducts research, educates and collaborates with other groups to advocate policies and impact health systems to improve the health status of all people. Health & Medicine has successfully developed health policy recommendations and implementation strategies for different public and private entities, earning the trust of the legislature, advocates, the media, researchers and policymakers at all levels of government in Illinois to become the region’s “honest broker” on healthcare policy matters. Learn more at www.hmprg.org.

About the Illinois ACEs Response Collaborative

Established in 2011, the [Illinois ACEs Response Collaborative](#) (the Collaborative) represents a broad range of organizations and agencies committed to expanding and deepening the understanding of the impact of childhood trauma and ACEs on the health and well-being of Illinois families and communities. The Collaborative works to develop education, policies, and responses to assist those who have experienced a high level of adversity, while simultaneously developing strategies to reduce the frequency and impact of ACEs as well as preventing their transmission to the next generation.

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