

Findings from the 2018 Environmental Scan: Learnings from Organizations that are Addressing Trauma

The Illinois ACEs Response Collaborative

Health & Medicine
POLICY RESEARCH GROUP

Introduction

In 2016, the Illinois ACEs Response Collaborative (the Collaborative) conducted an environmental scan of programs addressing adverse childhood experiences (ACEs) and trauma in multiple sectors. The scan yielded information from 339 local, state, national, and international programs through research and an online survey. The survey was enhanced through 21 in-depth interviews. This report, based on an additional round of 27 interviews conducted in 2018, augments the 2016 scan findings.

Brenda Bannor, of Millennia Consulting, a firm with extensive experience conducting assessments and a deep history of working with local, state, and national not-for-profit organizations, was engaged to complete the 2018 interviews. The Collaborative leadership worked closely with Millennia to identify five organizations that were part of the original scan and 22 that had not been previously interviewed (see Appendix for list of organizations included in the scan). As with the 2016 scan, efforts were made to include organizations representing a wide variety of sectors (including criminal justice, public safety, law, education, health care, behavioral health, domestic violence, youth services, and faith-based organizations; community development; and refugee and immigrant services); those that were at different points along the implementation journey; large and small organizations; those who provide direct service; and those that are facilitators of trauma training.

Millennia used a standard interview protocol developed with input from the Collaborative to conduct half hour phone interviews. Interviewees were asked to describe their organization's journey

towards trauma awareness and share how their organization is currently incorporating this awareness into the following three domains: 1) their practice (with clients and stakeholders); 2) their staff (training, self-care, etc.); and 3) in their organizational structure (integrating knowledge of the impact of trauma into policies, procedures, environment, etc.). They were also asked to discuss promising approaches, ingredients for success, as well as challenges and barriers. Finally, they were asked to share advice for others who were either starting out or in the midst of introducing trauma awareness and trauma-informed approaches and services into their organizations.

Despite the diversity of organizations interviewed relative to discipline, size, geography, and depth of implementation, many common themes emerged. There was a collective sense of commitment and optimism about the importance and impact of trauma-informed work tempered by an acknowledgement of the challenges and barriers. As one interviewee shared, "This is the best of times and

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the worst of times. We have incredible support and knowledge about trauma-informed practices that we have never had before, but there is such extraordinary need that there may never be enough resources to address it all.”

The experiences, practices, and perspectives highlighted in this report are intended to resonate with a wide audience including providers and practitioners, administrators, policymakers, and other stakeholders interested in addressing trauma. The findings will hopefully affirm existing efforts, engender dialogue, encourage questions, and elucidate opportunities to advance this important work.

The Journey Towards Being Trauma-Informed

The Collaborative’s 2016 National Environmental Scan Report noted an explosion of awareness and the use of “trauma-informed” language across a wide range of organizations, some of whom had been incorporating trauma-informed care for well over a decade and others who were just starting to understand the impact of trauma.

The 2018 interviews underscored these findings. Some organizations, particularly those providing social service and behavioral health services, have long been incorporating trauma awareness and trauma-informed care as part of their guiding tenets. According to one interviewee, “We have been working on trauma before it was a buzzword.” As another interviewee put it, “In our work, we had figured out about trauma. We assumed our clients were traumatized, but we called it other things.” The majority of these organizations did, however, reflect that the growing public recognition of the need and impact of trauma-informed care has not only affirmed what they were already doing but helped them become more intentional about the work, provided a common language, and drove them to formally institutionalize policies and procedures.

Other organizations interviewed were either just starting out or were in the beginning stages of this journey. Some of these organizations recognized that they were already engaging in this work but had been doing it “by their gut” and were now moving from informal to formal conversations and practices,

as illustrated by the following comment, “We are putting values into operation. Before it was considered nice if our front desk people greeted everyone who came to the office with a hello and an offer of water. Now everyone does this with intentionality, understanding why.”

Ingredients for Success

Interviewees were asked to share what they felt were critical elements for successfully introducing trauma-informed approaches and services into practice and into their overall organizational structure. The following common themes emerged:

Move slowly, intentionally, and incrementally - this work takes time

Many interviewees shared that it was important to recognize and remember that this type of culture change takes time; that you cannot expect everything at once; and that process slows things down, but is critically important. It was noted that you have to be “OK with it being long and tedious because if you don’t see change as a slow process you will get overwhelmed.” As one interviewee shared “This work is a marathon not a sprint.” Several organizations explained how they “took baby steps,” starting small and getting small wins. One organization started the work foundationally with a basic intervention that they had the internal capacity to address before bringing in experts. Another piloted a curriculum in one department before moving it out to others, acknowledging that it was better to prove and test something before going to scale.

One of the most frequent words heard across all interviews was “perseverance.” A key ingredient for success shared across all interviews is illustrated by the following comment: “You have to keep pushing this over time. People don’t get it the first time or second time and need to hear it many times.” One interviewee discussed how their board of directors did not have a deep understanding of social service so they had to continually come back, doing multiple presentations, “little bits at a time.” They admitted that they have only reached the “tip of the iceberg” but board members are beginning to learn. Another interviewee shared, “If you can’t change your agency, don’t stop, and start to show success in your own

small world and share, share, share. Success can breed success even if you can't shift the agency. Try to use your data and show the impact of what you do."

An interviewee from a large organization discussed how they have done practice mapping across clinical flow from the beginning of case findings to termination of service to understand where there are opportunities to impact trauma. They are intentionally not rolling this work out quickly because they want to embed trauma strategies and interventions strategically across services, tracking better, training efficiently, and figuring out how to address economies of scale. Some people cautioned that you cannot try to make things perfect at once—you need to give yourself and others permission to test things and to make sure you have political cover to make mistakes.

Identify champions across the organization and tap into the power of clients

Interviewees shared that another critical ingredient for moving this work forward is developing a core group of people to spearhead and maintain the process. Some people talked about the importance of having a champion, someone with a title, trust, and credibility among leadership. This was seen as especially important in large systems. In two instances great strides have been made in health care systems because the champions have the ear of senior leadership. As one interviewee suggested, "It never hurts to have a leader who has a bully pulpit and internal authority" because their support will make it easier to encourage people to come to meetings and also make it harder to step away. It was also suggested that having a boss as a champion could be motivating for some staff.

Other interviewees explained the importance of having a mix of leaders and direct service staff leading the effort, explaining that executives tend to "not always stick around" and a cultural shift necessitates commitment and input up and down the organization.

Characteristics of successful champions were also shared, including people who are not afraid to push the envelope, who are vision-forward, innovative, and willing to think outside of the box. One

interviewee reflected, "Effective champions can recognize and appreciate risk and know how far and when they can push the agenda." People also talked about the importance of developing champions, finding allies across the organization who have been waiting for people to organize and support this work. As one interviewee mused, "Try to find like-minded [people] and begin collecting them. These allies can become champions." Another interviewee likened it to finding Johnny Appleseeds: "Find a core group of Johnny Appleseeds who own it and are ignited by it. I have been working with other Johnny Appleseeds, watching them implement this work in ways that I never would have thought of."

Several interviewees spoke of the importance of including clients in the process. One interviewee from an education organization shared that they "...flipped the script and put power with the kids. We have trained youth leaders who are now extensions of the work." Another interviewee shared how she

Ingredients for Success at a Glance:

While interviewees shared different approaches to trauma-informed organizational change, the following common themes emerged:

- Recognize and remember that this type of culture change takes time; that you cannot expect everything at once; and that process slows things down, but is critically important.
- Another critical ingredient for moving this work forward is finding champions and developing a core group of people to spearhead and maintain the process.
- Buy-in from every level of the organization is critical to culture change and staff voice should inform the process.
- Figure out how to persuasively sell the program. Know your audience. Ask yourself what they would respond to and tailor what you present.
- Intentionally and strategically keep this work on the front burner. Having a smattering of trainings is not enough for this work to take root.
- Be open to new ideas and learn from others — this work is a shift for everyone and requires an openness to learning.

attended a focus group of parents in Austin and realized that they had a lot of their own answers to many of the questions that the organization had tried to answer for them. According to her, “We just need to listen.”

Assess readiness and gain buy-in

Interviewees all stressed the importance of buy-in if you hope to achieve any culture shift. According to one interviewee, “If you don’t have buy-in from every level of the organization, even the finance director, culture change will be a difficult lift.” One organization that conducts trainings shared that they have seen staff get very excited only to become frustrated at their inability to implement or bring the work to the next level because leadership was not completely on board.

Several interviewees shared how important it is to involve staff voice in the beginning and at all levels of the change process, ensuring that everyone feels a stake in the work and speaks the same language. One interviewee counseled that being as transparent as possible when implementing change was critical, letting the staff know you do not have all the answers and letting them weigh in. Upon reflection, this interviewee shared, “If we had done this when we crafted some of our new policies, the transition and buy-in would have been smoother. It may have taken us longer to implement, but it would have been worth it.” Respondents also noted how important it is to make the “covert overt,” recognizing and addressing when people are not comfortable or accepting of change: “It can be very infectious when people are not on board and you ignore or dance around it. That never works.”

Another interviewee spoke about the importance of everyone in the organization seeing trauma awareness as part of their job: “We are building resilient teams across disciplines. Each team is cheered on to keep moving forward. Before, staff members didn’t all see their roles as trauma work, and now they realize it is.”

Interviewees discussed the fact that not all organizations are ready for change. According to one education agency, they learned over time that they need to accept schools “where they are at.” They now have a three-tiered approach with schools: Tier One

is a trauma-informed school; Tier Two is comprehensive training; and Tier Three is episodic training. Which tier a school is in depends on interest, commitment, and readiness. This approach was also informed by availability of funding and organizational capacity issues. Another organization that is a facilitator of change shared that they strategically select schools and districts they work with, screening out those that were too dysfunctional. According to another interviewee, “This work can’t rise if an organization is on life support.”

Figure out how to sell the program and leverage all opportunities

Many people spoke of the importance of knowing your audience and being creative when promoting trauma work. As one interviewee shared, “Know your audience and provide material in a way that they can hear it. Ask yourself what they would respond to and tailor what you present. Frame it and sell it.” For example, an interviewee from a hospital system said, “When I spoke to leadership about the value of our centering pregnancy program, I didn’t talk about the powerful relationships and connections these mothers made and the community they built but rather I focused on the money the system saved by the healthy deliveries. The leadership understands risk value.” Another interviewee shared that when she works with educators, who are often overwhelmed, she presents the work in a way that illustrates how this will assist them in the classroom and ultimately save them time. She always shares easy and helpful tips like starting class with a yoga pose. Yet another interviewee spoke about how Human Resources ended up being one of her biggest allies when she illustrated to them how many issues that were impeding their staff, such as anger management and substance abuse, could be addressed through the lens of trauma. Understanding an organization’s needs, tapping into them, and making a business case for paying attention to trauma can be quite impactful in moving this work forward.

As one interviewee advised, “It was important to include trauma in everything you do, however insignificant. I always throw an element in every talk I do or meeting I have.” Several other people shared

that grounding presentations in science was important for audiences such as physicians, while others shared the importance of tapping into life experiences, remembering that everyone has experienced or knows someone close to them that has experienced trauma. In one example, a system leader became a huge supporter of the work because the presentations resonated with her and helped explain her own child's personal struggles.

Many interviewees counseled the importance of leveraging existing opportunities, both for promoting the value of trauma work but also in finding funding. As one interviewee shared, "You have to be entrepreneurial and opportunistic. Move slow and steady but be a hare that can take advantage and leverage all opportunities." One interviewee talked about how you have to "spin things where people are at." He garnered the buy-in from a group of nurses for centering parents by asking them if they would throw the young women, all of whom had experienced extreme trauma and had no social network, a baby shower. In this way, the nurses engaged with the women on a personal level in a celebratory setting, creating an immediate bond. Another interviewee discussed how she finds ways to link the trauma work to strategic priorities that are already in place and also to think outside the box about how to integrate this work into funding opportunities. Many interviewees did caution that it is crucial to realize that despite continuous effort, there are some people who will just never be convinced.

This work has to be ongoing

Many of the interviewees talked about how critical it is to intentionally and strategically keep this work on the front burner and advised that having a smattering of trainings was not enough for this work to take seed. As one respondent said, "Trainings can't be one and done." Some people discussed how they regularly bring up trauma at their staff meetings and at all their organizational trainings, even if others do not see that trauma is relevant to their practice. "People need to keep hearing about it over and over. You have to deliver it in all spaces. It has to be heard like a racquet ball—in an echo chamber and rebounding."

Many organizations shared the importance of institutionalizing training, seeing it as an integral part of doing business. According to one interviewee, "We have to keep coming back and reminding our staff why we are doing this work. When challenged or frustrated, people are likely to revert to old practices." Other interviewees found that the significant amount of staff turnover, particularly in the social service sector, necessitated ongoing training. Some organizations have embedded trauma training as a mandatory part of onboarding.

Be open to new ideas and learn from others

Interviewees saw this as important both organizationally and individually, in large part due to the fact that this is a shift for everyone and requires an openness to learning. As one interviewee stated "We are all in the same soup. We can't go off by ourselves. Part of our power is when we are moving together. Impact will come from us working collaboratively." Words like "learning community," "collaboratives," and "networks" peppered the interview responses. Not only was this seen as important for sharing and learning but also for support. As one interviewee said, "This is powerful work and impacts anyone who is involved. I worry that if you don't find yourself a hub of others that continues to fuel you—if you try to move it forward by yourself—it is not sustainable." There was a real sense that people in this arena were collaborative and open to working together. As one participant reflected, "Someone is always there who can pull you along."

Self-Care

Trauma-focused work can be emotionally difficult and taxing for employees, leading to vicarious or secondary trauma. Interviewees were asked to share what their organizations were doing to mitigate and address stressors. All of the interviewees recognized the importance of self-care for themselves and for employees. As one interviewee reflected, "The more I am supported, the more it trickles down to my patients." Some of the interviewees spoke of how their organizations have already embedded language about self-care into their policies and procedures. Even these organizations, however, still feel they

could be doing more and are continually trying to find new and creative ways to address self-care.

Several organizations, even if they recognized the importance of providing self-care, felt that they did not have the capacity or the resources to provide assistance. A few organizations were still struggling with convincing leadership of the need and value of self-care. As one interviewee shared, “Few people are against the work, but many are just not clear on how far to integrate it into our organization. One of the most significant ways we are impacted is the lack of understanding by many in our organization of the extent of secondary trauma. We don’t have mental health parity and there is not a whole lot of conversations around taking a mental health day. We have to find ways to take care of ourselves.”

Employee self-care

The following were strategies agencies are using to promote self-care for their staff:

- We have moved to a 37.5 hour week.
- We have team meetings once a week where we focus on clients but also on how we are taking care of ourselves. Some teams even go off campus.
- Our case managers have monthly case consultation with an outside therapist. They can talk about specific cases but also how trauma is impacting them. It helps that this is led by a person who has some distance.
- One of the other areas we are growing is our multidisciplinary case conferences. It is a structured process where all staff can get a range of support and see how all our work is connected.
- We have a debriefing consultant whom we do not have funding for, but we see it as a vital part of caring for our staff. People have to have some place to talk about their experiences.
- We see reflective supervision as an important part of self-care. We talk about where the staff member is at and how vicarious trauma has impacted them.
- Our safety manual and our trainings have lots of references to self-care and related strategies.
- We have recently begun to do more intentional interviewing with prospective staff regarding trauma. Helping them understand our expectations, more clearly explaining what they might encounter when working with our youth,

and asking them to reflect on the possible impact it might have on them.

- We provide ongoing trainings and send staff to outside trainings, which we see as a form of self-care.
- We do a lot of team building. We try to have all of our staff cross-trained. We can appreciate each other’s work. This has built bridges between us, and we are less prone to blame.
- Everyone has Thursday off and can do whatever they need to do together until 5:00.
- We are very mindful of staff benefits. We encourage staff to use Employee Assistance Program (EAP) resources and provide training in the use of support systems.
- We have clear protocols for staff when they are dealing with crises. We have mandatory EAP on site.
- We have just introduced a full wellness program with membership to a local gym.
- We ask direct care staff to set goals for self-care.
- We have a wellness initiative sponsored around weight loss and have also provided yoga and transcendental meditation.
- We conduct quarterly Professional Quality of Life (Pro-QOL) self-assessments.

Self-care for champions and leadership

Some interviewees counseled that self-care is also important to intentionally consider for those who are leading culture change efforts around trauma. They discussed the importance of finding ways to stay connected, both internally and externally, to keep encouraged. As one interviewee shared, “It is important to have a kitchen cabinet, a group of people who get it and who you can talk with off-line when you are frustrated.”

Challenges

Funding and resources

Funding challenges and tight resources were seen as an ongoing challenge given the extraordinary need. Funding challenges have hit particularly hard given the political climate in Illinois and the budget impasse, which led to instability in the human service sector. “Instability” was a common word heard across interviews. In addition to the issues in Illinois, interviewees talked about the constantly

shifting funds and focus of the federal government and even foundations. One interviewee shared, “Funders don’t always get it. For example, right now many are trying to squeeze what we do into a medical model, but it really isn’t aligned.” Others spoke about trying to find ways to creatively fund critical parts of their work that do not fit into funding guidelines. For example, one interviewee spoke about how training for direct service staff was not included in guidelines for a grant they received so they had to find ways to fund it themselves.

Time versus productivity was another concern raised. Interviewed organizations are all not-for-profits but as one interviewee opined, “We still have to break even and discuss utilization. We need to get to a place where we can talk about how valuable our staff are, not just our caseloads. We have to find a balance.” As stated earlier, some organizations had to make hard choices and did not have the resources

to adequately address self-care or for ongoing training. Other organizations expressed concern about being able to continue doing this trauma work long-term without stable funding.

Focused staff positions and time

Many of the interviewees were leading this work as part of another job, convincing leadership to let them “take it on.” As one interviewee shared, “I kept [nudging] my administration until they let me do this but of course as part of my full-time job.” According to another, “We have a small budget internally for this work. But it is not real money, it is staff time.” This makes it challenging to move efforts to the next level and can lead to burn-out. One hospital system has recently hired a Director of Trauma-Informed Initiatives in response to the growing number of requests both internally and externally for assistance with trauma-related efforts. This staff person will be able to strategically manage the growth of this work through an inside strategy that deepens the work across the organization and an outside strategy that will deepen community partnership work. Another interviewee is strategizing how to structure a team that is paid to focus on this work because, “It is hard to do this work if you don’t have a team or at least a person whose sole focus is moving this forward. You have to have someone looking at this every day. It really can’t be an add-on if you want to change outcomes.” Unfortunately, most organizations do not have the resources—or have not prioritized the use of resources—to make this a reality.

Staffing shortage and turn over

These two issues challenge organizations and are a systemic issue in the human service sector. Staff turnover requires ongoing training and also leads to added stress on supervisors and peers. The issue is that many new staff come in without training and as one interviewee shared, “We train them. We start from scratch and get them up to speed in our practices and culture and then they often will leave.” One of the biggest challenges shared was with the turnover of new Master’s graduates just starting their careers. Because the pay is generally low, they stay until they feel comfortable, or have cut their teeth, and then they often leave for private practice.

Challenges at a Glance:

Interviewees shared the following challenges and barriers in their journey towards trauma awareness:

- Limited funding and tight resources are an ongoing challenge given the extraordinary need.
- Many of the interviewees were leading trauma awareness work as part of another job and few had the resources to have a staff person or team whose sole focus is moving this forward.
- Frequent staff turnover requires ongoing training on trauma-informed practices and also leads to added stress on supervisors and peers.
- Time allocation and competing priorities were also seen as a barrier.
- Not all staff will buy into the changes needed to shift a culture. This may lead to staff and leadership loss.
- Interviewees recognized that evaluation was important but often lacked funding for evaluation and documentation activities.
- Growing interest in the impact of trauma is both a challenge and an opportunity. Some organizations may call themselves “trauma-informed” without the depth and long-term commitment this actually requires.

Ongoing training can be taxing in terms of resources and human capital.

Day-to-day needs and competing priorities

Some interviewees talked about how the day-to-day “storms you have to deal with” can often take your attention away from the immediacy of this work, especially if this is an add-on to your full-time job. Time allocation and competing priorities were also seen as a barrier to moving this work forward. One interviewee shared that she cannot propose agency-wide trauma training because the agency has already committed to focusing on diversity and inclusion as a strategic priority and has allocated training time to these important initiatives. This is also true in educational settings. Administrators and teachers receive federal, state, and local mandates that are not always obviously aligned with trauma work. How do you juggle all of these mandates and maintain fidelity?

Unintended consequences of culture change

Interviewees warned that not all staff will buy-in to the changes needed to shift a culture. This may lead to staff and leadership loss. As one interviewee observed, “Be prepared for people leaving. Not all our leaders were on the same page. Some opted to leave and others were asked to leave.” The same is true for direct service staff.

With the growing sophistication of the conversations and deepening of intentional work on trauma, some interviewees felt that non-clinical staff may initially feel intimidated or less inclined to take on some work that they had formerly done. According to one interviewee, “When we embedded a multi-disciplinary team across sites, some of our non-clinicians felt intimidated. It is still a struggle to get non-clinical staff to speak about their challenges because they feel that they are not competent in their job.” As another interviewee shared, “Trauma work is becoming more specialized. Not having letters behind your name could discourage non-clinical staff from taking on situations they had handled before.” These two situations were shared as a caution and also an opportunity for staff growth. “Hopefully we can get to a place where people can ask for support and be able to say something is over their head and that they don’t always have the right answers—even

clinicians. This is where we grow,” on interviewee said.

Another interviewee talked about how she was struggling a bit with where to draw the line in the work they were doing, seeing the challenge a bit like “opening a can of worms.” She spoke about how they were becoming more sophisticated in their work, asking more questions which lead to answers that go beyond their wheelhouse. She was questioning how far the organization should go, knowing when they are over their heads, when do they need to refer out, particularly when clients want to stay with them because they feel safe and “don’t want to go into other doors.”

Documentation and evaluation

Interviewees agreed that evaluation was important but many discussed the lack of funding specifically for evaluation activities. Some interviewees were struggling with identifying appropriate outcome measures and expressed the need for external expertise. They had large amounts of anecdotal information but were challenged by identifying and tracking quantitative data. The need for documenting what is happening, “what we did and why we did it” was also identified as important. Systems change often takes a long time, and it was seen as important to codify this important work and to have a repository for institutional memory. This was also seen as challenging, with time presenting the biggest barrier. People are already wearing so many hats that there is little capacity to engage in documentation.

“Flavor of the month” and diluting what it means to be trauma-informed

Most interviewees were enthusiastic about the growing interest in and the increasing spotlight focused on the impact of trauma. As one interviewee reflected however, “It is a blessing and a curse that this is all moving so fast.” Some interviewees were concerned that people would not have the patience to stick with this work and that there was a danger of it becoming the “next flavor of the month.” There was general excitement that foundations were increasingly asking questions about trauma and government RFPs were including questions related to trauma. There was also caution that

organizations, in an effort to take advantage of funding opportunities, would call themselves “trauma-informed” without the depth and long-term commitment this actually requires. This implies that foundations and granting agencies may want to find a way to “take the temperature” of applicants and ensure accountability. The potential long-term impact of doing this work with fidelity is illustrated by the following comment, “Know your science, get everyone to buy into the paradigm shift. This can’t just be the latest passing fad. It is the future. We know too much to go back.”

Sustainability

Interviewees were asked to share if they felt that the trauma work they were doing was sustainable.

Responses were mixed. Some interviewees were not sure that this work would continue if they left their organization. Others shared that they functioned grant to grant and that if they lost funding then the work was not really sustainable. These were organizations that were fairly new to the work and who had made limited, if any, headway into embedding the work into their organizational structure.

The interviewees who were confident that the work would continue were those that have either shifted their culture and their organizational structure or had made significant strides in that direction. According to one interviewee, “Some of our key leaders left, and we are still on the same track. This is in part because they had built bench strength. You can’t rely on one or two people across an organization.” Other interviewees shared examples of how they either have, or intend to embed and mandate, trauma-informed language and approaches so deeply into so many different aspects of the organization that it would be hard to undo. Examples of strategies include: mandating trauma training for physicians in small groups, webinars, short video clips, etc.; integrating trauma language and questions into the hospital health portal; making a trauma module a mandatory component of professional development across the system; adding questions to intake forms and integrating that information into electronic records; embedding trauma theory into mission and vision statements;

and making it an integral part of Board of Director on-boarding and training. As one interviewee reflected, “If it is institutionalized, it will be sustainable.” A word of caution was to avoid mandating anything unless it has been pilot tested.

Conclusion

This project, designed to augment the larger 2016 Environmental Scan, is a snapshot of organizations addressing trauma. As stated earlier, efforts were made to make the sample as representative as possible given the scope of the project while recognizing that there are many more organizations, even locally, that are involved in this important work.

Despite the diversity of organizations in this scan, many common themes did emerge. Not everyone, however, was following the same path and interviewees did not agree on all aspects of the work. For example, there were some differing opinions and approaches on where the work should originate and whether it can flourish if it does not start from the top down with leadership. Some interviewees felt that this work had to be focused on change management while others saw the value in “baby steps.” Others felt training was good but only to a point and that “we have to look at the hard work of systems change.” Some questioned whether meaningful change could ever happen without a structural or “upstream” approach and that robust advocacy work was needed. One interviewee reflected, “Will this work really get traction in a child’s life? We may be only working on the margins, but maybe that is OK,” acknowledging that their organization’s work was valuable but wondering under what circumstances it could be transformative.

The most powerful theme that resonated across all interviews, however, was the overriding commitment, passion, and belief in the impact of addressing trauma and building resilience, notwithstanding the challenges. As one interviewee mused, “We know this works.” Another interviewee summed it up this way, “This work is crucial. When you think about it, it is simple—it makes such sense—but it is not easy.”

Appendix I - Organizations Interviewed¹

Adler University Institute for Public Safety & Social Justice, Chicago, IL
Advocate Health Care, Chicago, IL
Alternative Schools Network: Project Resilient Schools, Chicago, IL
Brighton Park Neighborhood Council, Chicago, IL
Center for Faith and Health Transformation, Chicago, IL
Chaddock: Trauma Attachment Residential Treatment, Quincy, IL
Chicago Children's Advocacy Center, Chicago, IL
Chicago Department of Public Health, Chicago, IL
Chicago Survivors, Chicago, IL
Deborah's Place, Chicago, IL
DuPage County Health Department, Wheaton, IL
Family Bridges, Chicago, IL
Family Rescue, Chicago, IL
Illinois Childhood Trauma Coalition, Chicago, IL
Illinois Collaboration on Youth, Chicago, IL
Illinois Criminal Justice Information Authority, Chicago, IL
Illinois Department of Children and Family Services, Chicago, IL
Lakeland Health, St. Joseph, MI
Legal Council for Health Justice, Chicago, IL
Metropolitan Family Services, Chicago, IL
Northwest Side Housing Center, Chicago, IL
One Hope United, Chicago, IL
Partnership for Resilience, Chicago, IL
Precious Blood Ministry of Reconciliation, Chicago, IL
Sarah's Inn, Oak Park, IL
The Night Ministry, Chicago, IL

¹ In addition to the organizations listed, a mother of a murdered son who is actively involved in a number of community-based organizations dealing with trauma was interviewed.

Appendix 2 – Interview Protocols

PROTOCOL FOR INTERVIEWEES WHO WERE PART OF 2016 SCAN

1. I am assuming that you are still doing this work? If you're not still involved in trauma work, why not?
2. Can you describe where your organization is today relative to addressing adverse childhood experiences and trauma?
 - a. Your practice - working with your clients and stakeholders
 - a. Staff - training, self-care, etc. - all staff or just those involved in direct work with clients
 - b. Organizational structure - fully integrating knowledge of trauma into policies, procedures
3. What impacts have you noticed since you have been addressing trauma? For your workers, administration, clients?
4. What do you know now since your interview in 2016 that you didn't know before—what have you learned in the last 18 months since we last talked with you?
5. How have you made this work sustainable?
6. What are your plans going forward?
7. What advice do you have for people who are starting out or stuck in the middle of this work?
8. Is there anything else you'd like to share?

PROTOCOL FOR INTERVIEWEES NOT PART OF 2016 SCAN

1. Can you describe the journey your organization has taken towards integrating trauma into your work - when did you start and how long have you been at it? What was the motivation?
2. I'd like to explore three domains with you - what you have been doing in each relative to trauma work?
 - a. Your practice - working with your clients and stakeholders
 - b. Staff - training, self-care, etc. - all staff or just those involved in direct work with clients
 - c. Organizational structure - fully integrating knowledge of trauma into policies, procedures, environment
3. What do you see as key ingredients for success in this work? What has helped you move forward?
4. What are the challenges or barriers?
5. What impacts have you noticed since you have been addressing trauma? For your workers, administration, clients?
6. What advice do you have for people who are starting out or stuck in the middle of this work?
7. Is there anything else you'd like to share?

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 by Dr. Quentin Young, 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](http://www.illinoisaces.org) (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.

This policy brief is made possible through the support of the Illinois Children’s Healthcare Foundation. For more information on this report or the Collaborative, contact us at 312.372.4292 or info@hmprg.org, or visit hmprg.org.