



STRENGTHENING
At Risk and Homeless
Young Mothers and Children

Developing a Trauma-Informed Approach to Serving Young Homeless Families

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An initiative of the Conrad N. Hilton Foundation, in partnership with The National Center on Family Homelessness, National Alliance to End Homelessness and ZERO TO THREE: National Center for Infants, Toddlers and Families.

Young Mothers who are Homeless

- Exposed to homelessness 10 years earlier than their older counterparts.
- Pregnant and parenting approximately 3 years earlier than older homeless mothers.
- Nearly 3 times more likely to have spent time in foster care.
- Limited support networks.

(Medeiros and Vaulton, 2010)

The prevalence of traumatic stress in the lives of families experiencing homelessness is extraordinarily high. Often these families have experienced on-going trauma in the form of childhood abuse and neglect, family disruption, domestic violence, community violence, involvement with the foster care system, and the trauma associated with the loss of home, safety and sense of security (Bassuk et al., 1996; Browne & Bassuk, 1997; Bassuk, Buckner et al., 1997). Young homeless mothers (ages 18-25) face similar challenges to those experienced by all homeless families; however, they tend to be exposed to these traumas at an earlier stage of life (Medeiros and Vaulton, 2010). They experience particularly high rates of homelessness in childhood, family disruptions and involvement in foster care, and often have fewer social supports (Medeiros and Vaulton, 2010). Ongoing exposure to traumatic stress, particularly exposure from a younger age, can impact all aspects of people's lives, including physiological, emotional, and cognitive functioning; social interactions/relationships; and identity formation (Cook et al. 2005).

In response to the high rates of traumatic stress among families who are experiencing homelessness, the homelessness service system is working on providing "trauma-informed" care. Becoming "trauma-informed" involves using knowledge of trauma and recovery to design and deliver services. Without understanding trauma and its impact on the brain and body, service providers may inadvertently re-traumatize families by responding in ways that mimic previous traumas, leaving people feeling helpless, vulnerable and out of control. Becoming trauma-informed requires a commitment to changing the practices, policies, and culture of an entire organization. In this brief, we will identify the core principles of trauma-informed care and outline steps that an organization can take to adopt a trauma-informed approach.

Strengthening At Risk and Homeless Young Mothers and Children, funded by the Conrad N. Hilton Foundation from 2007-2012, aimed to improve housing, health, and developmental outcomes of homeless and at-risk young mothers ages 18-25, and their children. The Coordinating Center, a partnership between The National Center on Family Homelessness, The National Alliance to End Homelessness, and ZERO TO THREE: The National Center for Infants, Toddlers, and Families, worked with four programs in Chicago; Antelope Valley and Pomona, California; and Minneapolis. Each site used slightly different service delivery approaches, locally designed with respect to their geographic region and client needs. All sites received training on traumatic stress and trauma-informed care and completed an assessment process to evaluate their programming and incorporate trauma-informed practices. Sites identified trauma-informed care as a core component and best practice for working with young families experiencing homelessness.

Core Principles of Trauma-Informed Care

Trauma-informed care is defined as a “*strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment*” (Hopper et al., 2010). A trauma-informed approach to designing and delivering services is driven by a set of core beliefs that inform all aspects of the work. Regardless of the services an agency provides (e.g., housing, mental health, employment), organizations can adopt a trauma-informed philosophy of care that is informed by these core principles.

Principles of Trauma-Informed Care

Understanding Trauma and its Impact	Understanding traumatic stress and recognizing that many current behaviors and responses are ways of adapting to and coping with past traumatic experiences.
Promoting Safety	Establishing a safe physical and emotional environment where basic needs are met; safety measures are in place; and provider responses are consistent, predictable, and respectful.
Supporting Consumer Control, Choice, and Autonomy	Helping people regain a sense of control over their daily lives. Keeping people informed about all aspects of the system and allowing them to drive goal planning and decision-making.
Sharing Power and Governance	Sharing power and decision-making across all levels of an organization, whether related to daily decisions or when reviewing and establishing policies and procedures.
Ensuring Cultural Competence	Respecting diversity within the program, providing opportunities for consumers to engage in cultural rituals, and using interventions specific to cultural backgrounds.
Integrating Care	Maintaining a holistic view of consumers that understands the interrelated nature of emotional, physical, relational, and spiritual health and facilitating communication within and among service providers and systems.
Healing Happens in Relationships	Believing that establishing safe, authentic, and positive relationships can be corrective and restorative to trauma survivors.
Recovery is Possible	Understanding that recovery is possible for everyone regardless of how vulnerable they may appear; instilling hope by providing opportunities for consumer involvement at all levels of the system; and establishing future oriented goals.

Steps to Becoming Trauma-Informed

“ . . . Trauma-informed care was really important – if you cannot connect with them then it is difficult to work with clients who have experienced trauma.”

Kay Tellinghuisen, Project Director, STRong program, Minneapolis.

Step One: Building Knowledge and Gaining Buy-In

Becoming trauma-informed is an ongoing process that begins by providing agency staff with education on the following: 1) trauma and its impact; 2) the relationship between homelessness and trauma; and 3) the principles of trauma-informed care. Training should include all staff members who interact with the people being served, from the executive director to administrative assistants and maintenance employees. This type of agency-wide education ensures that everyone is using the same language and working from a similar level of understanding. Introductory training is also helpful for ensuring buy-in among staff about making additional changes. With professional development opportunities, staff often begins to feel excited about the idea of making changes and shifting the ways that they interact with consumers/peers. Additional tips for increasing buy-in may include:

- Having more than one program “leader” who is championing the change process.
- Choosing leaders who represent different roles in the organization, assuring many different voices are heard.
- Including all staff in conversations so that everyone feels that they have a voice in the decision to make changes in the program.
- Identifying some of the advantages to trauma-informed care (e.g. improved safety, fewer crises, and greater emphasis on provider self-care).

Impact of Training: Strengthening Young Families

Strengthening Young Families, located in Antelope Valley, California served young mothers and children who are homeless or at risk of homelessness. Part of the Conrad N. Hilton Foundation’s Strengthening At-Risk and Homeless Young Mothers and Children Initiative, this collaborative endeavor included Healthy Homes at Antelope Valley Hospital, the region’s leading child development program. This program represented the first time that the agency specifically targeted the homeless population and identified the professional training that they received on trauma as critical in understanding how best to meet the needs of this vulnerable population. Lisa Jo Melville, Child Development Specialist states, “It was a new population for me and the families had incredible challenges and, also, high levels of stress and differing levels of capacity to accept help. The trauma training helped me understand the trauma of homelessness itself and provided strategies to addressing the needs of young homeless families.”

Step Two: Assessing Your Organization

Organizations serving families experiencing homelessness need to assess current practice, resources, and capacity to implement trauma-informed practices. A thorough ‘readiness’ and environmental assessment should be conducted by the organization. The following questions can be helpful in guiding the preliminary stages of this assessment:

- Is our treatment approach compatible with a “trauma-informed” approach? If not, what changes are needed to provide “trauma-informed care”?
- Which trauma-informed principles do we currently espouse? Which are more difficult to adopt?

When considering these questions, an organization may have their staff review each principle of trauma-informed care and ask the following questions: 1) *How does your agency integrate this principle in its work?* and 2) *How might your agency do this better?* Methods for gathering this information may include surveys, focus groups with staff and consumers, and discussions in staff meetings.

For organizations that are interested in engaging in a more formal assessment process, tools are accessible via the web and can be used for this purpose. The National Center on Family Homelessness has developed the *Trauma-Informed Organizational Self-Assessment* as a guide for organizations to evaluate the extent to which their agency incorporates trauma-informed practices in the following five domains: 1) Supporting Staff Development; 2) Creating a Safe and Supportive Environment; 3) Assessing and Planning Services; 4) Involving Consumers; and 5) Adapting Policies. Each of the four sites participating in the Hilton Initiative completed the *Self-Assessment* as part of a focus on adopting a trauma-informed approach to serving young families in the Initiative.

Trauma-Informed Organizational Toolkit

The National Center on Family Homelessness developed the *Trauma-Informed Organizational Toolkit* to provide programs with a roadmap for becoming trauma-informed. The *Toolkit* offers shelters and housing programs with concrete guidelines for how to modify their practices and policies to ensure that they are responding appropriately to the needs of families who have experienced traumatic stress. The *Trauma-Informed Organizational Toolkit* includes:

- 1) The *Trauma-Informed Organizational Self-Assessment*. The *Self-Assessment* consists of trauma-informed practices that can be integrated into daily programming within homeless service settings.
- 2) A *User’s Guide*. The *User’s Guide* is designed to assist programs in implementing the *Self-Assessment* and contains additional information about the *Self-Assessment* and what it means to provide trauma-informed care.
- 3) A *How-To Manual for Creating Organizational Change*. The *Manual* identifies concrete steps that organizations can take if they are interested in becoming trauma-informed. Based on lessons learned from local and national piloting, steps outline how programs can use the *Trauma-Informed Organizational Self-Assessment* to begin the organizational change process. Included in the *Manual* is a consumer version of the *Trauma-Informed Organizational Self-Assessment* that can be used as a starting point for integrating consumer perspectives on daily programming.

(Guarino et al., 2009)

Step Three: Establishing Structures to Support Change

Once an agency evaluates their current programming, they can begin to develop concrete goals, objectives, and action steps for incorporating trauma-informed practices. To ensure that these goals are achieved, it is helpful to put structures in place to monitor progress and keep the commitment to becoming trauma-informed at the forefront. One way that an organization can do this is by creating a multi-disciplinary “trauma workgroup” consisting of a core group of staff representing all roles in the agency. This group makes a commitment to: 1) making sure objectives are being met for identified short-term and long-term goals related to becoming trauma-informed and providing trauma-informed care; 2) generating new ideas about further changes that may be necessary as the process continues; and 3) looking for additional education and training opportunities for the program at large.

If a community-based organization is small enough (e.g., a staff of 12-15), the trauma workgroup can include all staff. In this case, trauma workgroup topics may be included in regular staff meetings or discussed at scheduled meetings for this specific purpose. In larger programs, it may be unrealistic for all staff to convene on a regular basis to discuss trauma and trauma-informed care in addition to general topics covered in staff meetings. Creating a smaller multidisciplinary group of staff may make things more manageable. This trauma workgroup can report back to all staff in order to give updates on progress towards goals and get staff feedback on the change process. This includes discussions about challenges and barriers to change that inevitably arise.

It is essential to involve consumers in both the initial evaluation of programming and any strategic action planning based on assessment results. The trauma workgroup should maintain ongoing contact with program consumers as one key method of assessing whether they are making progress on meeting identified goals. This can be done via surveys, one-on-one interviews, or focus groups. There should be a feedback loop between consumers and those in the trauma workgroup.

Step Four: Implementing Trauma-Informed Practices

Becoming trauma-informed is a process that involves a gradual integration of trauma concepts and trauma sensitive responses into daily practice. Hopper et al. (2010) identified the following key components to providing trauma-informed care in homeless settings: 1) staff training on trauma and its impact; 2) ongoing supervision to reinforce trauma-based concepts; 3) assessment and screening that includes information about history of trauma; and 4) trauma informed services for children that include specialized programming, assessments, and resource coordination.

Staff Training

Basic education for all service providers working with homeless families should include:

- Information about the homeless service system, resources, families' experiences living in shelters, and the medical and mental health needs of this population.
- Education about the impact of traumatic stress on the brain and body, and more specifically, the impact of trauma at various stages of development.
- An understanding of attachment, including types of attachment and impact of trauma on the attachment relationship.
- The relationship between culture and trauma.

“A lot of times [the women] don’t seem ready for a lot of the things they should be . . . and I think the trauma training was extremely effective to help us understand where they are at. It was so helpful to me. I go back to the trauma training and refer back to that so much . . . it always keeps me one step ahead remembering when I’m sitting with these families.”

Service team, Antelope Valley

Supervision and Support

Staff support is crucial for providing quality care to trauma survivors. Challenges such as minimal professional development opportunities, confusion about roles and responsibilities, lack of attention to self-care, inconsistent supervision, and minimal input into programming contributes to high rates of burnout and staff turnover. Elements of staff support include regular supervision and team meetings, opportunities for in-house and outside trainings, an organizational commitment to promoting staff self-care, addressing topics related to self-care, burnout and vicarious trauma in staff meetings and supervision, and providing opportunities for staff members to have a voice in organizational decision-making.

Assessment and Screening

Gathering information about traumatic experiences and the impact of these experiences on adults and children should be a routine part of the assessment and service planning process. Conducting assessments in a trauma-informed manner may include conducting the intake in a private space; offering consumers/peers options about where to sit, who is in the room with them, and what to expect; asking consumers how they are doing throughout the assessment; offering water and breaks; and being aware of body language that may indicate that a consumer is feeling overwhelmed. Using a strengths-based approach also sets a tone of respect for the consumer/peer and enhances the process of relationship-building between consumer and provider. Encouraging and helping consumers to create their own goals allows them to take control of their lives and futures. Trauma-informed goal planning is individualized and addresses the needs of both parents and children. Goals and plans are reviewed on a regular basis, and updated as needed.

Child Specific Services

Most programming in shelter settings is focused on adults. Obtaining and maintaining housing and employment is the first step towards stability and success for the family as a whole; however, this focus on adults means that children's needs are often overlooked. The impact of trauma on child development and the parent/child relationship is profound. It is essential that children receive services as soon as possible to lessen the negative impact of these experiences on their emotional, physical, cognitive, and social development. Trauma-specific services for children may include individual and family therapy services that focus on helping children to manage traumatic stress and are conducted by professionals who have expertise in trauma and children. Included as part of these therapeutic interventions are creative, non-verbal services such as play therapy, art, dance, and yoga for children. All of these outlets allow children to build coping skills to identify, express and manage feelings associated with the stressors they face.

Child-Focused Services and the Hilton Initiative

The FACT program in Chicago, a member of the Hilton Initiative, used a family-based adaptation of the Assertive Community Treatment model to work with young families experiencing homelessness. As part of their menu of services, FACT incorporated trauma-related assessment tools for children, including the Trauma Symptom Checklist- Young Child (TSCYC). They also provided Child Parent Psychotherapy, a parent-child play therapy model. The STRong program in Minneapolis offered families access to a culturally sensitive play therapy program designed to address the needs of children with diagnosed emotional disorders.

Step Five: Integrating Care

A trauma-informed perspective understands that physical, emotional and behavioral health, parent-child attachment, educational success, and stability in housing and employment are inter-related and impacted by chronic exposure to trauma. As a result, homeless service providers must collaborate with mental health and child development services to adequately meet the needs of children and their families.

Each of the four sites that participated in the Hilton Foundation's *Strengthening At-Risk and Homeless Young Mothers and Children* Initiative developed interdisciplinary partnerships to meet the housing, education, health, and mental health needs of young families. This type of collaboration left a lasting impact on the participating agencies. Marilla Scott from the Hope & Home program in Pomona reflected, *"I think the multidisciplinary team is important . . . When you have the clinician, the housing person, the case manager working together and building upon the client's strengths in the environment that they need assistance most . . . and helping clients become self-sufficient and connect with community resources so that we're not in their lives for the next 20 years, I think those are really the best practices."*

Step Six: Documenting Impact

Preliminary outcomes of trauma-informed care include improved functioning and decreased psychiatric symptoms in adults, increased housing stability, decrease in crisis-based services, enhanced self-identity, skills and safety among children, and greater collaboration among service providers (Hopper et al., 2010). As programs begin to achieve their initial goals and modify their strategic plans to include new ideas for trauma-informed practices, it is helpful to discuss ways to document the impact that this type of trauma-informed change is having in the program.

Documentation may come from a variety of places and processes including staff and consumer focus groups, questionnaires, and tracking information such as number of terminations from the program, number of consumer crises, and rates of staff turnover. Documenting how becoming trauma-informed impacts consumer and staff experiences may be a helpful way for programs to advocate for additional resources as well as changes to broader systemic policies that may conflict with a trauma-informed approach.

Step Seven: Sustaining a Trauma-Informed Approach

Sustaining agency-wide changes can be challenging. Staff turnover, diminishing resources, and competing demands for an agency's time and attention can threaten any change process. To ensure an organizational commitment to incorporating trauma-informed practices and upholding trauma-informed principles, agencies may consider the following strategies for sustaining change:

- **Maintaining the trauma workgroup:** Use the trauma workgroup to begin the change process that will sustain the organizational commitment to providing trauma-informed care.
- **Participating in on-going self-assessment:** Conduct periodic reviews of short-term and long-term goals. Programs can do a yearly re-assessment of their program to identify changes. Other assessment tools include staff and consumer surveys, focus groups, and individual interviews.
- **Providing continuous trauma-training:** Provide trauma training as part of the new hire process and conduct refresher trainings on trauma-related topics.
- **Making connections:** Connect with experts in various areas and agencies that can provide on-going support and consultation. Networking with other programs that are incorporating trauma-informed models can help sustain the organization's commitment.
- **Bringing trauma-informed concepts to the broader system:** Educate other service systems and providers working with consumers on the impact of trauma and trauma-informed care. Share your lessons learned and best practices to support the growth of trauma-informed practices in the field.

Conclusion

Families who are homeless face multiple challenges as they attempt to stay together, obtain permanent housing, and access necessary supports and resources. For young families, these challenges are even more pronounced. Given the prevalence of trauma in the lives of these families, trauma-informed care should be adopted as a best practice in homeless service settings. A trauma-informed approach to serving young homeless families includes partnering across service systems, providing comprehensive training for staff, creating safe and supportive service environments, conducting thorough assessments, and providing trauma-specific services for all members of the family, including children.

Resource List

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Strengthening At Risk and Homeless Young Mothers and Children Developing a Trauma-Informed Approach to Serving Young Homeless Families

Strengthening At Risk and Homeless Young Mothers and Children is generating knowledge on improving the housing, health and development of young homeless and at-risk young mothers and their children.

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For more information on this *Initiative*, please contact The National Center on Family Homelessness, 200 Reservoir Street, Needham, MA; (617) 964-3834 or at www.familyhomelessness.org.



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