



TRAUMA-INFORMED CARE HANDOUTS

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1. Understanding trauma and its impact

Understanding traumatic stress and how it impacts people and recognizing that many behaviors and responses that may seem ineffective and unhealthy in the present represent adaptive responses to past traumatic experiences.

2. Promoting safety

Establishing a safe physical and emotional environment where:

- Basic needs are met
- Safety measures are in place
- Provider responses are consistent, predictable, and respectful

3. Establishing supportive, trusting relationships

Believing that establishing supportive, trusting relationships can be corrective and restorative to survivors of trauma

4. Ensuring cultural competence

- Understanding how cultural context influences one's perceptions of and response to traumatic events and the recovery process
- Respecting diversity within the program
- Providing opportunities for clients to engage in cultural rituals
- Using interventions respectful of and specific to cultural backgrounds

5. Supporting client control, choice, and autonomy

- Helping clients regain a sense of control over their daily lives and build competencies that will strengthen their sense of autonomy

- Keeping clients well-informed about all aspects of the system
- Outlining clear expectations
- Providing opportunities for clients to make daily decisions and participate in the creation of personal goals
- Maintaining awareness of and respect for basic human rights and freedoms

6. Sharing power and governance

- Promoting democracy and equalization of the power differentials across the program
- Sharing power and decision-making across all levels of an organization, whether related to daily decisions or in the review and creation of policies and procedures

7. Integrating care

- Maintaining a holistic view of clients and their process of healing
- Facilitating communication within and among service providers and systems

8. Promoting recovery

Understanding that recovery is possible for everyone, regardless of how vulnerable they may appear

- Instilling hope by providing opportunities for client and former client involvement at all levels of the system
- Facilitating peer support
- Focusing on strength and resiliency
- Establishing future-oriented goals

2. Hector's Story

When Hector was little, he knew that his family was poor. To his parents, though, the family was living in paradise. They struggled to put food on the table, but always talked about how much better life was in Arizona than in their hometown in central Mexico. When his older brother joined the Marines, Hector knew that's what he wanted to do too. He could make good money to help his family, and he could serve the country that they all loved. When he was 18 years old and enlisted, his brother was already a Corporal.

After basic training at Camp Pendleton, he deployed to Afghanistan, just outside of Panjwayi. He heard stories from his brother and thought he was prepared for armed conflict, but he felt really scared and really homesick. Luckily, his unit became a tight knit support group. They had each other's backs.

During a routine patrol, the Humvee in front of Hector's hit an IED. The vehicle in front was destroyed, and his crashed hard into it. In the chaos that followed, Hector saw images he will never forget. Blood was everywhere. His fellow soldiers were missing arms and legs. Some took shrapnel to the head. Despite a searing pain in his leg where he was hit, he was able to pull two of his buddies from the wreckage just before a second device was tripped.

His own injuries were pretty bad. He didn't lose his leg, but he could never fight again, and he was honorably discharged. When he got home, everyone called him a hero. His parents and siblings were proud and grateful that he was safe. All Hector could think about were his friends who died that day. Why should he live and be able to return home, while others in his unit didn't make it? For months, he couldn't get the image of his buddies' missing limbs out of his mind.

These days everything sets him off. He moved back in with his parents, but his younger siblings are so loud and irritating that he can't stop himself from snapping at them. After several surgeries, his leg began to heal and he got a job working construction, but his boss kept getting on him about showing up late, and finally he was let go. Now he spends most of his days at home in the basement watching TV. Sleeping and drinking are the only things that help him feel less angry and less alone. His friends don't want to be around him much these days – he's much quieter than he used to be...and angrier. Now everyone walks on eggshells when they are around him.

It's been getting harder and harder for Hector to sleep in the dark. Loud noises set his nerves on edge. The nightmares have been getting worse too. Everyone tells him he should just let it go and move on. His family thinks he should be getting better, but Hector feels like he's only getting worse. He has become increasingly afraid to go out, and now spends most of his time alone in bed.

3. Checklist for Supporting a Safe Physical Environment

Use this checklist to identify the areas in which your program excels and those which could use some work. When responding, answer based on your experience in the program over the past 6 months. For each item, consider the extent to which you agree that the program incorporates this practice. Remember that you are not evaluating your individual performance, but rather, the practices of the program as a whole.	Strongly Disagree	Disagree	Agree	Strongly Agree	Do Not Know	N/A
1. The program facility has a security system (i.e., alarm system).						
2. Program staff monitor who is coming in and out of the program.						
3. Staff members ask clients for their definitions of physical safety.						
4. The environment outside the program is well-lit.						
5. The common areas within the program are well-lit.						
6. Bathrooms are well-lit.						
7. Clients can lock bathroom doors.						
8. Clients have access to private, locked spaces for their belongings.						
9. The program provides clients with opportunities to make suggestions about ways to improve/change the physical space.						

Taken from: Guarino, K., Soares, P., Konnath, K., Clervil, R., & Bassuk, E. (2009). *Trauma-Informed Organizational Toolkit*. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, and the Daniels Fund, the National Child Traumatic Stress Network, and the W.K. Kellogg Foundation. Available at www.familyhomelessness.org.

4. Checklist for Establishing Safe, Supportive Relationships

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Use this checklist to identify the areas in which your program excels and those which could use some work. When responding, answer based on your experience in the program over the past 6 months. For each item, consider the extent to which you agree that the program incorporates this practice. Remember that you are not evaluating your individual performance, but rather, the practices of the program as a whole.	Strongly Disagree	Disagree	Agree	Strongly Agree	Do Not Know	N/A
1. The program reviews rules, rights, and grievance procedures with clients regularly.						
2. Clients are informed about how the program responds to personal crises (e.g., suicidal statements, violent behavior).						
3. Clients are informed about who will be checking on them and their spaces (e.g., how often and why it is important).						
4. Expectations about room/apartment checks are clearly written and verbalized to clients.						
5. Client rights are posted in places that are visible.						
6. Material is posted about traumatic stress (e.g., what it is, how it impacts people, and available trauma-specific resources).						
7. Program information is available in different languages.						
8. Clients are allowed to speak their native language within the program.						
9. Clients are allowed to prepare or have ethnic-specific foods.						
10. Staff shows acceptance for personal religious or spiritual practices.						
11. The program provides ongoing opportunities for clients to share their cultures with each other (e.g., potlucks, culture nights, incorporating different types of art and music, etc.).						
12. Outside agencies with expertise in cultural competence provide ongoing training and consultation.						

Use this checklist to identify the areas in which your program excels and those which could use some work. When responding, answer based on your experience in the program over the past 6 months. For each item, consider the extent to which you agree that the program incorporates this practice. Remember that you are not evaluating your individual performance, but rather, the practices of the program as a whole.	Strongly Disagree	Disagree	Agree	Strongly Agree	Do Not Know	N/A
13. The program informs clients about the extent and limits of privacy and confidentiality (e.g., the kinds of records that are kept, where they are kept, who has access to this information, and when the program is obligated to report information to child welfare or police).						
14. Clients are asked about the least intrusive ways for staff to check on them and their spaces.						
15. The program gives notice prior to doing room/apartment checks.						
16. The program gets permission from clients prior to giving a tour of their room/apartment.						
17. If permission is given, the client is notified of the date, time and who will see their room/apartment.						
18. Staff do not talk about clients in common spaces.						
19. Staff do not talk about clients outside of the program.						
20. Staff do not discuss the personal issues of one client with another client.						
21. Clients who have violated rules are approached in private.						
22. There are private spaces for staff and clients to discuss personal issues.						

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5. Kendria and Denise's Story

Denise is working the evening shift in the emergency room at Mercy Community Hospital, just as she does every Thursday. Kendria comes in at about 9:00 pm with bruises to her face and a deep laceration above her eye. She holds a dishtowel to the wound to try and stop the bleeding. As an ER nurse, Denise has seen domestic violence-related injuries before, and she can spot it right away.

Denise begins to clean the wound and recognizes Kendria from past visits. Denise asks what happened, and Kendria tells her that she tripped on the kids' toys when she was coming down the stairs. But this is the fourth time she's been to the ER this year. Last time, Kendria had to get six stitches in the back of her head.

Kendria seems agitated. All she can talk about is trying to get out of there as fast as possible. She wants to get home and get the kids' lunches ready for school the next day. Home is the last place Denise thinks Kendria should be. She asks her questions about how things are going at home, and eventually asks if her husband had anything to do with the injury.

At first Kendria is defensive: "I don't know why everyone always thinks Christopher is involved." She says that even if it was true, he's had so much stress lately. He lost his job a few months ago and can't seem to get the next job lined up. Money has been incredibly tight, and it's no help that he's now home all day around the kids. They can really be a handful. She shares that he's drinking more now under all the stress. Denise asks what Christopher is like when he's drinking, and Kendria tells her that he can be a mean drunk, but never hits the kids. He is really supportive to the family when he's sober. "If he can just get past this tough time and get a job, we'll be ok."

By the time Denise finishes stitching up the wound, Kendria tells her that she's thought of leaving before, but how could she? She couldn't support the kids on her own, and if she left them, what if he started to hit them instead? Kendria again becomes preoccupied with getting home again. She really should make those lunches.

6. Checklist for Involving Current and Former Consumers

Use this checklist to identify the areas in which your program excels and those which could use some work. When responding, answer based on your experience in the program over the past 6 months. For each item, consider the extent to which you agree that the program incorporates this practice. Remember that you are not evaluating your individual performance, but rather, the practices of the program as a whole.	Strongly Disagree	Disagree	Agree	Strongly Agree	Do Not Know	N/A
1. The needs and concerns of current program clients are addressed in community meetings.						
2. The program provides opportunities for clients to lead community meetings.						
3. Current clients are involved in the development of program activities.						
4. Current clients are given opportunities to evaluate the program and offer their suggestions for improvement in anonymous and/or confidential ways (e.g., suggestion boxes, regular satisfaction surveys, meetings focused on necessary improvements, etc.).						
5. Former clients are hired at all levels of the program.						
6. The program recruits former clients for its board of directors.						
7. Former clients are involved in program development.						
8. Former clients are involved in providing services (e.g., peer-run support groups, educational and therapeutic groups).						
9. Former clients are invited to share their thoughts, ideas, and experiences with the program.						

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7. Checklist for Assessing and Planning Services

Use this checklist to identify the areas in which your program excels and those which could use some work. When responding, answer based on your experience in the program over the past 6 months. For each item, consider the extent to which you agree that the program incorporates this practice. Remember that you are not evaluating your individual performance, but rather, the practices of the program as a whole.	Strongly Disagree	Disagree	Agree	Strongly Agree	Do Not Know	N/A
Conducting Intake Assessments						
The intake assessment includes questions about:						
1. Personal strengths.						
2. Cultural background.						
3. Cultural strengths (e.g., world view, role of spirituality, cultural connections).						
4. Social supports in the family and the community.						
5. Current level of danger from other people (e.g., restraining orders, history of domestic violence, threats from others).						
6. History of trauma (e.g., physical, emotional, or sexual abuse, neglect, loss, domestic/community violence, combat, past homelessness).						
7. Previous head injury.						
8. Quality of relationship with child or children (e.g., caregiver/child attachment).						
9. Children's trauma exposure (e.g., neglect, abuse, exposure to violence).						
10. Children's achievement of developmental tasks.						
11. Children's history of mental health issues.						
12. Children's history of physical health issues.						
13. Children's history of prior experiences of homelessness.						

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Intake Assessment Process						
1. There are private, confidential spaces available to conduct intake assessments.						
2. The program informs clients about why questions are being asked.						
3. The program informs clients about what will be shared with others and why.						
4. Throughout the assessment process, the program checks in with clients about how they are doing (e.g., asking if they would like a break, water, etc.).						
5. The program provides an adult translator (not another client in the program) for the assessment process if needed.						
Intake Assessment Follow-up						
1. Based on the intake assessment, adults are referred for specific services as necessary.						
2. Based on the intake assessment, children are referred for further assessment and services as needed.						
3. The intake assessment is updated on an ongoing basis.						
4. The program updates releases and consent forms whenever it is necessary to speak with a new provider.						

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	Strongly Disagree	Disagree	Agree	Strongly Agree	Do Not Know	N/A
Developing Goals and Plans						
1. Staff support clients in setting their own goals.						
2. Client goals are reviewed and updated regularly.						
3. Clients work with staff to identify a plan to address their children's needs.						
4. Before leaving the program, clients and staff develop a plan to address potential safety issues.						
5. Before leaving the program, clients and staff develop a plan to address future service needs related to trauma.						
6. Before leaving the program, clients and staff develop a plan that addresses their children's service needs related to trauma.						

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Offering Services and Trauma-Specific Interventions						
1. The program provides opportunities for clients to receive a variety of services (e.g., housing, employment, legal and educational advocacy, and health, mental health, and substance use services).						
2. When mental health services are needed (e.g., individual therapy, group therapy, and/or family therapy) for adults or children, the program makes referrals to agencies with expertise in trauma.						
3. The program coordinates ongoing communication between early intervention and mental health service providers.						
4. The program coordinates ongoing communication between mental health and substance abuse providers.						
5. The program educates clients about traumatic stress and triggers.						
6. The program provides opportunities for clients to express themselves in creative and nonverbal ways (e.g., art, theater, dance, movement, music).						
7. The program has access to a clinician with expertise in trauma and trauma-related interventions (on staff or available for regular consultation).						

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8. Checklist for Adapting Policies

Use this checklist to identify the areas in which your program excels and those which could use some work. When responding, answer based on your experience in the program over the past 6 months. For each item, consider the extent to which you agree that the program incorporates this practice. Remember that you are not evaluating your individual performance, but rather, the practices of the program as a whole.

	Strongly Disagree	Disagree	Agree	Strongly Agree	Do Not Know	N/A
Creating Written Policies						
1. The program has a written statement that includes a commitment to understanding trauma and engaging in trauma-sensitive practices.						
2. Written policies are established based on an understanding of the impact of trauma on clients.						
3. The program has a written commitment to demonstrating respect for cultural differences and practices.						
4. The program has a written commitment to hire staff who have experienced homelessness.						
5. The program has a written policy to address potential threats to clients from persons outside of the program.						
6. The program has a written policy outlining program responses to client crises (e.g., self-harm, suicidal thinking, aggression towards others).						
7. The program has written policies outlining professional conduct for staff (e.g., boundaries, responses to clients, etc.).						

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Reviewing Policies						
1. The program reviews its policies on a regular basis to identify whether they are sensitive to the needs of trauma survivors.						
2. The program includes staff in its review of policies.						
3. The program involves clients in its review of policies.						

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9. Checklist for Supporting Staff Development

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Use this checklist to identify the areas in which your program excels and those which could use some work. When responding, answer based on your experience in the program over the past 6 months. For each item, consider the extent to which you agree that the program incorporates this practice. Remember that you are not evaluating your individual performance, but rather, the practices of the program as a whole.

	Strongly Disagree	Disagree	Agree	Strongly Agree	Do Not Know	N/A
Staff Training and Education						
Staff at all levels of the program receive training and education on the following topics:						
1. What traumatic stress is.						
2. How traumatic stress affects the brain and body.						
3. The relationship between mental health and trauma.						
4. The relationship between substance use and trauma.						
5. The relationship between homelessness and trauma.						
6. How trauma affects a child's development.						
7. How trauma affects a child's attachment to his/her caregivers.						
8. The relationship between childhood trauma and adult revictimization (e.g., domestic violence, sexual assault).						
9. Different cultures (e.g., different cultural practices, beliefs, rituals).						
10. Cultural differences in how people understand and respond to trauma.						

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11. How working with trauma survivors impacts staff.						
12. How to help clients identify triggers (i.e., reminders of dangerous or frightening things that have happened in the past).						
13. How to help clients manage their feelings (e.g., helplessness, rage, sadness, terror, etc.).						
14. De-escalation strategies (i.e., ways to help people to calm down before reaching the point of crisis).						
15. How to develop safety and crisis prevention plans.						
16. What is asked in the intake assessment.						
17. How to establish and maintain healthy professional boundaries.						

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10. Checklist for Staff Supervision, Support, and Self-Care

ACTIVITY / 17

Use this checklist to identify the areas in which your program excels and those which could use some work. When responding, answer based on your experience in the program over the past 6 months. For each item, consider the extent to which you agree that the program incorporates this practice. Remember that you are not evaluating your individual performance, but rather, the practices of the program as a whole.	Strongly Disagree	Disagree	Agree	Strongly Agree	Do Not Know	N/A
Staff Supervision, Support, and Self-Care						
1. Staff members have regular team meetings.						
2. Topics related to trauma are addressed in team meetings.						
3. Topics related to self-care are addressed in team meetings (e.g., vicarious trauma, burn-out, stress-reducing strategies).						
4. Staff members have a regularly scheduled time for individual supervision.						
5. Staff members receive individual supervision from a supervisor who is trained in understanding trauma.						
6. Part of supervision time is used to help staff members understand their own stress reactions.						
7. Part of supervision time is used to help staff members understand how their stress reactions impact their work with clients.						
8. The program helps staff members debrief after a crisis.						
9. The program has a formal system for reviewing staff performance.						
10. The program provides opportunities for ongoing staff evaluation of the program.						
11. The program provides opportunities for staff input into program practices.						
12. Outside consultants with expertise in trauma provide ongoing education and consultation.						

Taken from: Guarino, K., Soares, P., Konnath, K., Clervil, R., & Bassuk, E. (2009). *Trauma-Informed Organizational Toolkit*. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, and the Daniels Fund, the National Child Traumatic Stress Network, and the W.K. Kellogg Foundation. Available at www.familyhomelessness.org.

The National Child Traumatic Stress Network

www.nctsn.org

SAMHSA's National Center for Trauma-Informed Care

www.samhsa.gov/nctic

A Long Journey Home: A Guide for Creating Trauma-Informed Services

<http://homeless.samhsa.gov/ResourceFiles/a4ik4an3.pdf>

Developing Trauma-Informed Services for Families Experiencing Homelessness: An Interactive Training Video and Guide

<http://www.familyhomelessness.org/media/213.pdf>

Trauma-Informed Organizational Toolkit

<http://www.familyhomelessness.org/media/90.pdf>

Homelessness and Traumatic Stress Training Package

<http://homeless.samhsa.gov/resource/hrcs-homelessness-and-traumatic-stress-training-package-33070.aspx>

Shelter from the Storm: Creating Trauma-Informed Homeless Services

<http://homeless.samhsa.gov/ResourceFiles/cenfdthy.pdf>

- Guarino, K., Soares, P., Konnath, K., Clervil, R., & Bassuk, E. (2009). Trauma-Informed Organizational Toolkit. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, and the Daniels Fund, the National Child Traumatic Stress Network, and the W.K. Kellogg Foundation. Available at www.homeless.samhsa.gov and www.familyhomelessness.org
- Harris, M. (2004, July). Trauma informed services: The evolution of a concept. PowerPoint Presentation. <http://goo.gl/QJz2sW>
- Herman, J. (1992). *Trauma and Recovery*. New York: Basic Books.
- Hopper, E.K., Bassuk, E.L., & Olivet, J. (2010). Shelter from the storm: Trauma-informed care in homeless services settings. *The Open Health Services and Policy Journal*, 3, 80-100.
- Jahn Moses, D., Glover Reed, B., Mazelis, R., & D'Ambrosio, B. (2003). Creating trauma services for women with co-occurring disorders: Experiences from the SAMHSA women with alcohol, drug abuse and mental health disorders who have histories of violence study. Delmar, NY: Policy Research Associates (Women and Violence Coordinating Center).