



# A TRAUMA-INFORMED APPROACH TO WORKFORCE

An Introductory Guide for Employers and Workforce Development Organizations

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# Table of Contents

|                                                           |           |
|-----------------------------------------------------------|-----------|
| <b>EXECUTIVE SUMMARY</b>                                  | <b>3</b>  |
| <b>WHY TRAUMA AND WHY NOW?</b>                            | <b>5</b>  |
| <b>WHAT ARE TRAUMA AND TRAUMA-INFORMED CARE</b>           | <b>7</b>  |
| <b>BECOMING TRAUMA-INFORMED</b>                           | <b>12</b> |
| <b>ORGANIZATIONS ADVANCING TRAUMA-INFORMED APPROACHES</b> | <b>18</b> |
| <b>RECOMMENDATIONS</b>                                    | <b>22</b> |
| <b>CONCLUSION</b>                                         | <b>24</b> |
| <b>RESOURCES</b>                                          | <b>25</b> |

# Executive Summary

2020 was a difficult year for everyone. The coronavirus pandemic brought pain and stress to millions of individuals and families from illness, death, shutdowns and curfews, unemployment and other financial distress, and virtual at-home schooling. Low-income and communities of color have been disproportionately affected because of chronic poverty, historic and systemic racism, and environmental factors. Simmering racial trauma ignited into protests for racial justice and the national election stoked fear and anxiety across political party affiliations.

Stress affects individuals and families not only at home, but also at work. It zaps employees' energy and concentration, reduces the capacity to engage with colleagues and work effectively, drains productivity, and diminishes creativity and optimism. Stress also affects job seekers and those participating in job training programs. This introduction is intended to help employers and workforce development organizations understand toxic stress and trauma, their effects on employees and job seekers, and compile a selection of organizational strategies and practices to advance trauma-informed approaches in employee management.

This is a new area for most employers and workforce development professionals. The coronavirus pandemic has been toxically stressful or traumatic for everyone to some degree. Given the universal human stress test of 2020 and 2021, there is a window of opportunity to bring these concepts and approaches to the fore in workplaces and the broader workforce system.

## Definition and Types of Trauma

The Substance Abuse and Mental Health Services Administration in the U.S. Department of Health and Human Services (SAMHSA) is a recognized authority on **trauma**. According to SAMHSA, "Individual trauma results from an **event**, series of events, or set of circumstances that is **experienced** by an individual as physically or emotionally harmful or life threatening and that has lasting adverse **effects** on the individual's functioning and mental, physical, social, emotional, or spiritual well-being."<sup>i</sup> Trauma results from a variety of sources, including adverse childhood experiences, race-related or racial trauma, and secondary or vicarious trauma. There are other toxically stressful and traumatic experiences that can affect an individual: natural disasters, serious accidents, terrorist acts, and war and

combat.<sup>ii</sup> Living in poverty and the constant state of deprivation is also a traumatic experience.

Brain science research over the last couple decades has improved our understanding of how toxic stress and trauma affect us, producing "fight, flight, or freeze" reactions. However, the brain has "neuroplasticity," meaning that it is malleable and adaptable. Everyone has a choice in how they respond to toxic stress and trauma, but in order to see and exercise that choice, we need to understand what's happening in our brains and bodies and healthier ways to respond. Since workplaces depend on healthy, optimized brain function, employers and workforce development organizations are, in fact, logical places to deliver this information and knowledge.

## Becoming Trauma-Informed

SAMHSA uses a four Rs rubric to describe a "trauma-informed" organization, program, or system:

- **Realize** the widespread impact of trauma and understand potential paths for recovery;
- **Recognize** the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
- **Respond** by fully integrating knowledge about trauma into policies, procedures, and practices; and
- Actively **resist re-traumatization**.<sup>iii</sup>

There are many strategies for implementing trauma-informed approaches into an organization, depending on the type of organization or business. We highlight one model and set of principles to guide organizations on the journey to becoming trauma-informed. The Missouri Model of trauma-informed care breaks it down into four phases of adoption:

- 1. Awareness:** Organization becomes aware of how prevalent trauma is and its impact on workers, clients, and business outcomes.
- 2. Sensitivity:** Organization begins to understand trauma-informed principles, causes, expressions and possible ways to overcome problems that affect workers and business.
- 3. Response:** Organization begins to implement changes that affect culture, routines, and human resource processes to eliminate triggers.
- 4. Informed:** Organization begins to implement trauma-informed practices and monitoring the impacts of changes made to policies and practices.

<sup>i</sup> Substance Abuse and Mental Health Services Administration. *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014. [https://ncsacw.samhsa.gov/userfiles/files/SAMHSA\\_Trauma.pdf](https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf) accessed December 11, 2020.

<sup>ii</sup> "What Is Posttraumatic Stress Disorder?," American Psychiatric Association, <https://www.psychiatry.org/patients-families/ptsd/what-is-ptsd>, accessed December 11, 2020.

<sup>iii</sup> Substance Abuse and Mental Health Services Administration. *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

SAMHSA also outlines six principles that trauma-informed organizations follow. They bear some similarity to job quality principles advanced by the National Fund:

- > Safety
- > Trustworthiness and transparency
- > Peer support
- > Collaboration and mutuality
- > Empowerment, voice, and choice
- > Cultural, historical, and gender inclusion

## Organizations Advancing Trauma-Informed Approaches

Some employers across various industries have become aware of and *sensitive* to the effects of toxic stress and trauma on employees' physical health, mental health, and job performance. They are *responding* with a variety of practices and cultural changes.

From a shipyard in Alaska, to a fruit orchard in Washington, to McDonald's franchises in Helena, Montana, employers are considering mental health and wellness along with physical health. [The Health Federation of Philadelphia](#) has trained workers in trauma-informed customer service. Employer associations and public-private partnerships are getting involved, too. The Kansas City Chamber developed a workplace mental health assessment and the [Chicago Resiliency Network](#) brings employers together to learn and develop trauma-informed practices. Similarly, [Thrive in Your Workplace](#) is a public-private partnership that engages New York City employers in a local effort to provide mental health supports.

Workforce development organizations play an important role in understanding, identifying, and mitigating toxic stress and trauma with employees and job seekers in three key areas: serving clients, employing staff, and partnering with employers. Nonprofit organizations and workforce agencies are starting to join the effort, including the Heartland Alliance and its [Onboard Chicago](#) initiative; [EMPath](#) in Boston, which is using a brain science-based client coaching model; the Chicago Cook Workforce Partnership; the [Chicago Jobs Council](#); and the [Workforce Partnership Training Institute](#) in NYC.

## Recommendations

There are many tools, examples, and research on the effects of trauma and trauma-informed care in other fields, such as social services, behavioral health, and healthcare, but much more is needed in the employee management and workforce development fields. We offer

some recommendations for specific tools, resources, and assistance that would address gaps and help to advance trauma-informed approaches in the workplaces.

## Gaps in the Resources

- > Awareness of toxic stress and trauma and how it affects workers and job seekers; and destigmatization of mental health realities.
- > Resources to help workforce development organizations advance trauma-informed approaches in their own organizations and with clients.
- > Resources to help workforce development organizations work with employer partners on understanding and addressing toxic stress and trauma.
- > Resources on race-related toxic stress and trauma tailored to employers and the workforce development field.
- > Case studies to illustrate examples of approaches and what works.
- > Research on best practices and evidence-based practices with employers and in the workforce development space.

## Strategies for the Field

- > Trauma-informed training and implementation assistance for employers and workforce development organizations.
- > Focus on change both in front-line practice as well as at the organizational level.
- > Consider supporting community, state, system, and/or sector level trauma-informed strategies and initiatives.

As this document goes to print, the United States (and most of the rest of the world) continues to experience high illness and death rates from COVID-19 and correspondingly high levels of homelessness, joblessness, anxiety, stress, and despair. No matter how people engage in work in the coming months (at the office, worksite, or home), they will carry with them the experiences of a year of abnormal, stressful, and frightening circumstances.

Employers and workforce development organizations will undoubtedly experience some resistance – people generally do not like to admit they have “problems.” But the information and approaches introduced here offer a way to begin to identify and diagnose an often-unrecognized challenge at the workplace. There is still much research needed to expand our knowledge of the field, and now is the right time to get started. For the sake of our individual and collective mental health, we hope employers, workforce development organizations, funders, and other connected stakeholders will take it and run with it.

# A Trauma-Informed Approach to Workforce

An Introductory Guide for Employers and Workforce Development Organizations

*Although the term “trauma-informed care” is new to most workforce development practitioners, the coronavirus pandemic has spurred many to gain a better understanding of trauma. This introduction was created to help employers and workforce development organizations understand toxic stress and the effects of trauma on individuals in the workplace. The National Fund for Workforce Solutions’ network of regional collaboratives brings together diverse partners to help workers access good jobs, businesses find the talent they need, and communities generate prosperity for all.*

*A few of the National Fund’s network partners have begun to support workforce development organizations and employers with training, tools, and technical assistance around trauma-informed care. Here we draw on these and other examples to compile a selection of organizational strategies and practices to advance trauma-informed approaches in employee management. There is much more work to be done to bring trauma-informed approaches to employment and the workforce system. This introduction is just a start.*

## Why Trauma and Why Now?

2020 was a difficult year for everyone. The coronavirus pandemic brought pain and stress to millions of individuals and families from illness, death, shutdowns and curfews, unemployment and other financial distress, and virtual at-home schooling. Low-income and communities of color have been disproportionately affected because of chronic poverty, historic and systemic racism, and environmental factors. Simmering racial trauma ignited into protests for racial justice and the national election stoked fear and anxiety across political party affiliations.

Stress affects individuals and families not only at home, but also at work. It can zap energy and concentration, reduce the capacity to engage with colleagues and work effectively, drain productivity, and diminish creativity and optimism. Stress also affects job seekers and those participating in job training programs. Toxic stress and trauma are now so prevalent that employers and workforce development organizations need to understand their effects—they may be at the root of why employees and clients appear to be more angry, anxious, withdrawn, disengaged, distracted, or unproductive.

Understanding trauma and incorporating trauma-informed workforce solutions is new for most employers and workforce development professionals; however, the pandemic has touched everyone—no one has escaped its effects. Current employees, job candidates, and those returning to work after furloughs or work stoppages will all need support as they deal with the emotional and physical fallout of the pandemic. With that in mind, the audiences for this introduction and overview are private sector employers and workforce development professionals and organizations, since they are on the front lines working with these populations.

Before going further, let’s address a common question: *Isn’t trauma the purview of mental health professionals?* The answer is yes and no. Certainly if an individual is in crisis — exhibiting signs that they may be a danger to themselves or others — a mental health professional should be involved. However, there is much that employers and workforce development organizations can do to address trauma before it reaches a crisis point. According to the International Employee Assistance Professionals Association, trauma-informed care isn’t a clinical intervention but “a way of seeing and responding to people who have likely been impacted by trauma by providing safety, compassion, and mindfully avoiding re-traumatization.”<sup>1</sup>

## What Does Trauma Have to Do with The Workplace?

On any given day, employees show up to work with a lot on their minds. Younger employees may be thinking about how to advance in an organization so they can meet career goals and achieve financial stability. Mid-career employees might be worrying about elder care or when the mortgage is due. And senior employees may come to work worrying about healthcare costs or how they’ll support themselves in retirement.

But for some employees, the challenges they face outside of the workplace may create a toxic overload of stress that influences their work-a-day behavior. Physical or mental pressures such as childhood trauma, domestic violence, homelessness, emotional abuse, death of a loved one, or other destabilizing issues such as the current coronavirus pandemic can affect how they feel about themselves and their environment and interfere with their ability to do their jobs well. Sometimes the

<sup>1</sup> Szemborski, L. (2020). Trauma-informed care: Best practices for EAPs. *Journal of Employee Assistance*. <https://www.eapassn.org/Publications-Resources/Journal-of-Employee-Assistance/Read-a-back-issue/JEA-Q2-2020-Trauma-Informed-Care>.

workplace can be a trigger, causing employees to disengage. And sometimes the workplace itself is a cause of toxic stress, whether due to dysfunctional culture, lax safety rules, or ill-equipped managers.

Most businesses don't strategically plan for issues such as toxic stress and trauma that may impact the business. Standard operating procedures address workplace safety and conduct, procedures and rules, and organizational culture and hierarchy. Employee conduct and related "issues" are left to a human resources department that also handles wages and benefits, including health insurance that may or may not include mental health coverage.

Today, most employer-provided health insurance benefits incorporate employee assistance programs to deal with unhealthy behaviors or illnesses such as alcoholism, drug abuse, or mental health. Employees who need these services are expected to contact the program provider and ask for help. But they don't. Only 5.5% of employees used assistance

programs in 2018.<sup>2</sup> Why? Simply put, they don't trust them, a legacy of the days when they were considered corporate "big brother" practices to force alcoholic employees into treatment. Diseases such as alcoholism and drug abuse were — and to some degree still are -- often thought of as personal failings rather than medical conditions.

Employers can do a better job helping their employees understand that employee assistance programs are private, confidential, and accessible through technology. However, because assistance programs are usually run by third-party providers, employers may avoid direct attempts to discuss toxic stress, trauma, and mental health issues among their staff, leaving it up to workers to figure out what's wrong and get help. Unfortunately, not enough of them do, especially because so few people even understand toxic stress, trauma, and their effects. This impacts the workplace as much as the individual.

<sup>2</sup> Agovino, T. (2019). Companies seek to boost low usage of employee assistance program. Society for Human Resource Management. <https://www.shrm.org/hr-today/news/hr-magazine/winter2019/pages/companies-seek-to-boost-low-usage-of-employee-assistance-programs.aspx>

# What Are Trauma and Trauma-Informed Care?

Trauma can be a difficult topic to read about and discuss. However, it is important to have a common understanding of it in order to prevent, mitigate, and avoid retriggering trauma. Readers should approach this section with calmness and compassion, especially self-compassion. If you begin to feel anxious or tense as you read, understand that this is a normal reaction to a difficult subject, particularly if you have lived experience with trauma. You may find that taking deep breaths, which calm the nervous system, is helpful as you read. Give yourself permission to take a break or skip this section if it becomes too stressful or painful.

## Definition and Types of Trauma

The Substance Abuse and Mental Health Services Administration in the U.S. Department of Health and Human Services (SAMHSA) is a recognized authority on **trauma**. According to SAMHSA, “Individual trauma results from an **event**, series of events, or set of circumstances that is **experienced** by an individual as physically or emotionally harmful or life threatening and that has lasting adverse **effects** on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.”<sup>3</sup>

Three components of this definition are important. First, the **event** can be a single or repeated occurrence and may include harm and, especially in the experience of children, neglect. Second, the **experience** refers to how the person experiences the event(s) and recognizes that individuals can experience the same event(s) differently. Third, the **effects** may occur immediately or be delayed (or both, as in the case of a current event retriggering past trauma), may be long- or short-term, and may not be recognized as connected to the original trauma. For example, an unsafe work environment could result in problems with concentration and motivation when that environment triggers childhood trauma from an unsafe home environment that is decades in the past.

A concept related to trauma is **toxic stress**. Toxic stress is the experience of strong, frequent, and/or prolonged adversity without adequate support or resilience.<sup>4</sup> Most people in 2020 have experienced toxic stress related to COVID-19, pandemic-related unemployment and financial distress, police brutality and racialized violence, and/or the divisive and uncertain election.

As the SAMHSA definition explains, different people experience trauma and toxic stress differently. Some may have little reaction, while others may be strongly affected. Common reactions to toxic stress and trauma stem from our “fight, flight, or freeze” responses to stressful situations and can include anger, fear, anxiety, withdrawal, depression, numbness, memory loss, confusion, hypersensitivity to loud noises, and perhaps even violence toward others or oneself, among other reactions.

Some who have experienced trauma, especially extreme, prolonged or multiple traumas, may develop post-traumatic stress disorder (PTSD), a clinical psychiatric disorder in which individuals may experience “intense, disturbing thoughts and feelings related to their experience that last long after the traumatic event has ended. They may relive the event through flashbacks or nightmares; they may feel sadness, fear or anger; and they may feel detached or estranged from other people. People with PTSD may avoid situations or people that remind them of the traumatic event, and they may have strong negative reactions to something as ordinary as a loud noise or an accidental touch.”<sup>5</sup> PTSD can affect anyone who has experienced trauma, not just members of the military, where it is commonly associated.

There are various sources of trauma, including but not limited to adverse childhood experiences, race-related trauma, other traumatic events, and secondary or vicarious trauma.

## Adverse childhood experiences

Adverse childhood experiences (ACEs) are “potentially traumatic events that occur in childhood (0-17 years old)” and include abuse, neglect, and household dysfunction that undermines a child’s sense of safety, stability, and bonding. Examples of ACEs include experiencing or witnessing violence in the home or community; having a family member attempt or die by suicide; growing up in a household with substance misuse, mental health problems, and instability due to parental separation or household members being in jail or prison.<sup>6</sup> ACEs happen at the household, community, and environmental levels and also include things like natural disasters (See Figure 1 on next page).

ACEs are incredibly common. About two-thirds of adults have experienced at least one ACE, and 15-17% have experienced four or more such experiences.<sup>7</sup> People

<sup>3</sup> Substance Abuse and Mental Health Services Administration (2014). SAMHSA’s Concept of of Trauma and Guidance for a Trauma-Informed Approach. [https://ncsacw.samhsa.gov/userfiles/files/SAMHSA\\_Trauma.pdf](https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf).

<sup>4</sup> Center on the Developing Child. Toxic Stress. Harvard University. <https://developingchild.harvard.edu/science/key-concepts/toxic-stress/>.

<sup>5</sup> American Psychiatric Association. What Is Posttraumatic Stress Disorder? <https://www.psychiatry.org/patients-families/ptsd/what-is-ptsd>.

<sup>6</sup> Centers for Disease Control and Prevention. Preventing Adverse Childhood Experiences. [https://www.cdc.gov/violenceprevention/aces/fastfact.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fviolenceprevention%2Facedstudy%2Ffastfact.html](https://www.cdc.gov/violenceprevention/aces/fastfact.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fviolenceprevention%2Facedstudy%2Ffastfact.html).

<sup>7</sup> Centers for Disease Control and Prevention. About the CDC-Kaiser ACE Study. <https://www.cdc.gov/violenceprevention/aces/about.html>.

# 3 Realms of ACEs

Adverse childhood and community experiences (ACEs) can occur in the household, the community, or in the environment and cause toxic stress. Left unaddressed, toxic stress from ACEs harms children and families, organizations, systems and communities, and reduces the ability of individuals and entities to respond to stressful events with resiliency. Research has shown that there are many ways to reduce and heal from toxic stress and build healthy, caring communities.

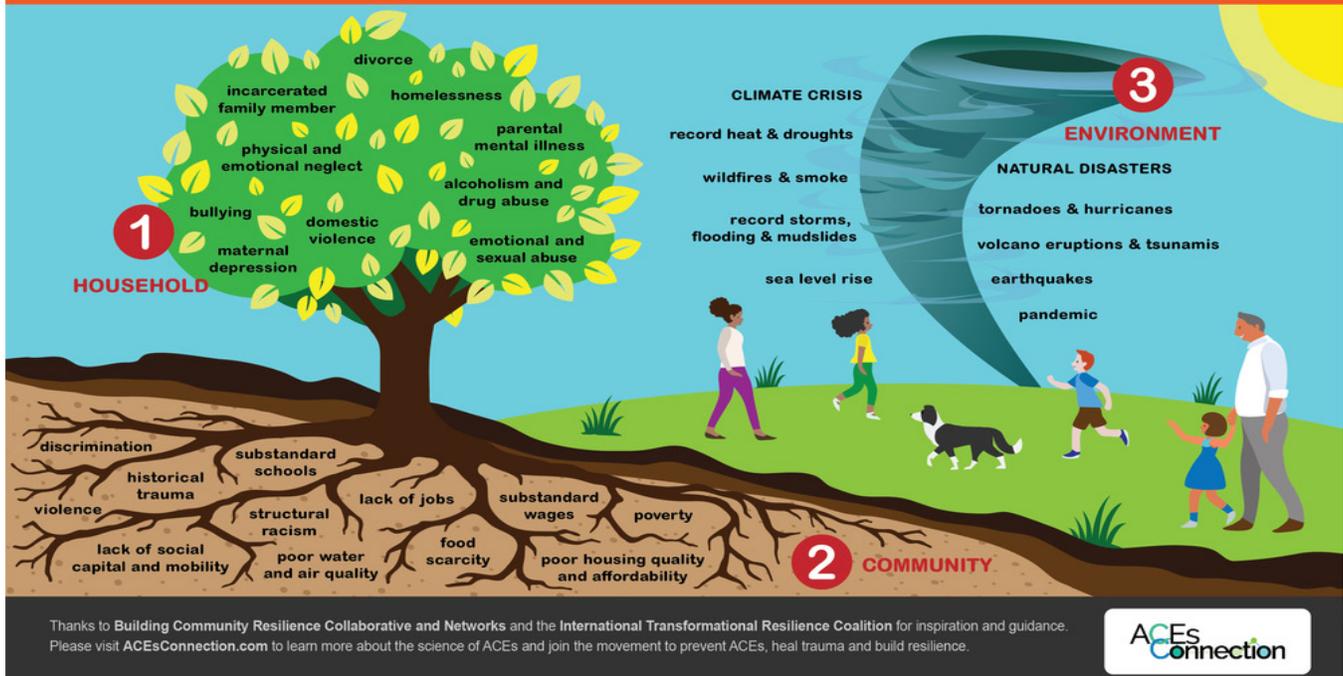


Figure 1. 3 Realms of ACEs. ACEs occur at the household, community, and environmental levels. Created by ACEs Connection, this graphic can be downloaded and used freely from the following URL: <https://www.acesconnection.com/g/resource-center/blog/3-realms-of-aces-handout>.

of color, low-income individuals, those with lower educational levels, and individuals who identify as gay, lesbian, or bisexual have reported significantly higher exposure to adverse childhood experiences.<sup>8</sup> Children in foster care also are at high risk of experiencing ACEs.

ACEs have been linked to adverse health outcomes, particularly among those who experience multiple ACEs. One study found that individuals who had experienced four or more ACEs were at a significantly higher risk (4 to 12 times) of alcoholism, drug abuse, depression, and suicide attempt than those who experienced none. They also had a significantly higher risk of smoking, sexually transmitted infections, and obesity. The study found a correlation between the number of ACEs someone had experienced and increased chances of having heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease.<sup>9</sup>

Individuals who have experienced a high number of ACEs experience more adverse education and economic outcomes as well, including not completing high school, unemployment, and poverty. One study found

that individuals with three ACEs were about 1.5 times more likely not to graduate high school and almost 2.5 times more likely to be unemployed. The risks are even higher for those with four or more ACEs.<sup>10</sup>

While these statistical correlations are alarming, ACEs are not destiny. Many children experiencing ACEs will not grow up to be adults with these adverse outcomes, whether because of their unique characteristics or countervailing positive factors in their lives such as supportive and caring adults. One can survive and thrive with knowledge, understanding, compassion and healthy behaviors, practices, and tools.

### Race-related trauma

Racism and discrimination produce multiple levels of toxic stress and trauma. On a direct level, racism and discrimination are often experienced as traumatic events by people of color, triggering many of the symptoms described above — anger, fear, hypervigilance, confusion, etc. (Actual reactions and symptoms depend on how the individual

<sup>8</sup> Merrick, M.T., Ford, D.C., & Ports, K.A. (2018). Prevalence of Adverse Childhood Experiences From the 2011-2014 Behavioral Risk Factor Surveillance System in 23 States. *JAMA Pediatrics* 172(11), 1038-1044. <https://jamanetwork.com/journals/jamapediatrics/article-abstract/2702204>.

<sup>9</sup> Felitti, V. J., Anda, R. F., Nordenberg, D., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: the adverse childhood experiences (ACE) study. *American Journal of Preventative Medicine*, 14(4), 245-258. [https://www.ajpmonline.org/article/S0749-3797\(98\)00017-8/abstract](https://www.ajpmonline.org/article/S0749-3797(98)00017-8/abstract).

<sup>10</sup> Metzler, M., Merrick, M. T., Klevens, J., Ports, K. A., Ford, D. C. (2017). Adverse childhood experiences and life opportunities: Shifting the narrative. *Children and Youth Services Review*, 72, 141-149. <https://www.sciencedirect.com/science/article/pii/S0190740916303449>, accessed December 11, 2020.

person experiences the event or events). The experience of race-related trauma ranges from personal events like being called a racist slur, and external events such as the police killings of unarmed Black men and women, to the chronic racism of a lifetime of suspicious looks, negative social stereotypes, and doors closed to opportunities.

Over the last three decades, researchers have documented the strong link between racism and discrimination and stress and trauma.<sup>11</sup> While it seems clear that violent acts of racism, experienced directly or indirectly (such as seeing news coverage of police killings of Black people), can trigger trauma responses. However, many people miss the more covert racist and discriminatory acts and their effects, such as the visceral feelings of rejection when a racist tells a person of color, assumed to be an immigrant, to “go back where you came from,” or the pervasive messages of “dark” as bad and “light” as good, or the sense of being outside, or “other,” that a person of color feels in a White-centric society or workplace. When you begin to look more intentionally for instances of racism and discrimination, you realize they are everywhere. And thus the toxic stress

and trauma experienced as a result of these acts are everywhere, too.<sup>12</sup> In other words, it’s a racism pandemic.<sup>13</sup>

The term, “racial trauma,” has emerged to describe this connection. Although there is no single official definition of this term, the following two definitions may be helpful:

- “Racial trauma is one term used to describe the physical and psychological symptoms that people of Color often experience after being exposed to stressful experiences of racism...[including] fear and hypervigilance, headaches, insomnia, body aches, memory difficulty, self-blame, concussion, shame, and guilt...when people of Color experience racism more frequently, their symptoms tend to intensify... [and] racial trauma is a cumulative experience [contributing] to a more insidious, chronic stress.”<sup>14</sup>
- “Racial trauma is experiencing psychological symptoms such as anxiety, hypervigilance to threat, or lack of hopefulness for your future as a result of repeated exposure to racism or discrimination.”<sup>15</sup>

## Vickie's Story

Vickie Choitz is co-author of this paper and a member of the National Fund's trauma-informed care workgroup. She has generously offered to share her story of childhood trauma and how her trauma was re-triggered in the workplace as an adult.

Vickie's childhood was rocky. In fact, she racked up 7 of the 10 major types of adverse childhood events, including parental divorce, physical abuse, and emotional neglect. She lived in extreme poverty and cared for her younger siblings from the age of 11. The family lacked stable housing and sometimes stayed with relatives. At the age of 16, she moved out of her mother's house.

These were her risk factors. But Vickie also had many protective factors, including a stable early childhood, a loving mother who did the best she could, and several supportive adults outside her family, including a high school debate coach and the family of her debate partner. She also had a lot of determination (especially a commitment to not getting pregnant), probably some good luck, and White privilege. These protective factors outweighed the risk factors, enabling Vickie to succeed in high school, through college and graduate school, and into her career.

As she rose in her career, she started experiencing re-triggered childhood trauma. But she didn't recognize it.

Her work advocating for public policies to help families in poverty ignited memories deep in her subconscious of her own experience living in deprivation and poverty. She was already feeling high levels of work-related stress, which taxed the sensitive neural pathways connected to her brain's emergency response system. The last straw was a bullying boss that kindled the memories of an abusive father.

Vickie's work suffered. She couldn't concentrate, her thinking was sluggish, and she struggled to stay engaged and interested in work. She avoided her boss. Thinking something was really wrong with her brain, she saw a medical doctor, who thankfully was aware of the effects of trauma on the brain. The doctor explained the brain science of trauma and prescribed a few months of therapy, which was helpful.

Today, Vickie manages her stress much better. She listens to her body and mind for triggers, and engages in healthy, healing practices such as yoga, meditation, and exercise. Breathing practices regulate her hyper-sensitive amygdala and brain emergency response system. As Vickie puts it, the childhood trauma “sprained her brain,” and it was sprained again at work. With her new awareness, Vickie knows how to heal her brain, avoid re-injury, and build strength to help her handle future challenging situations.

<sup>11</sup> Robert T. Carter, in particular, has produced several exhaustive analyses, including 2007's Racism and psychological and emotional injury: Recognizing and assessing race-based traumatic stress. *The Counseling Psychologist*, 35(1), 13-105 <https://journals.sagepub.com/doi/abs/10.1177/0011000006292033>. See also his book with Alex L. Pieterse, *Measuring the Effects of Racism: Guidelines for the Assessment and Treatment of Race-Based Traumatic Stress Injury*, Columbia University Press, 2020. This article contains a summary of the book: Changing the outcomes, not just the symbols, *Teachers College Newsroom*, July 2020. See also Comas-Díaz, L., Hall, G. N., & Neville, H. A. (2019). Racial trauma: Theory, research, and healing: Introduction to the special issue. *American Psychologist*, 74(1), 1-5. <https://content.apa.org/fulltext/2019-01033-001.html> and Williams, D.R. (201). Stress and the mental health of populations of color: Advancing our understanding of race-related stressors. *Journal of Health and Social Behavior*, 59(4): 466-485. <https://journals.sagepub.com/doi/10.1177/0022146518814251>.

<sup>12</sup> Servington, D., *Healing is the Revolution*, Institute of Women and Ethnic Studies, 2018, offers a candid discussion of racism and trauma experienced at the individual, community, and intergenerational levels.

<sup>13</sup> American Psychological Association, 'We are living in a racism pandemic,' says APA president. <https://www.apa.org/news/press/releases/2020/05/racism-pandemic>.

<sup>14</sup> Jernigan, M. M., Green, C. E., Perez-Gualdrón, Liu, M. M, Henze, K. T., Chen, C., & Helms, J. E. (2015). #racialtraumaisreal. Institute for the Study and Promotion of Race and Culture. [www.bc.edu/content/dam/files/schools/Lynch\\_School\\_sites/isprc/pdf/racialtraumaisrealManuscript.pdf](http://www.bc.edu/content/dam/files/schools/Lynch_School_sites/isprc/pdf/racialtraumaisrealManuscript.pdf).

<sup>15</sup> Meadows-Fernandez, R. The little understood mental-health effects of racial trauma, *The Cut*, June 23, 2017. <https://www.thecut.com/2017/06/the-little-understood-mental-health-effects-of-racial-trauma.html>.

Racism and discrimination produce circumstances and living environments that cause toxic stress and trauma. A well-known example is “redlining,” a policy approach that kept Black residents from buying homes in certain neighborhoods, relegating them and later generations to neighborhoods that are unhealthy (located near factories or other pollutants), less physically desirable (have a highway running through the center), and have fewer and lower quality housing, schools, and jobs. The resulting concentrated poverty, physical and mental health challenges, and lack of social mobility are stressful and traumatic for most residents and can lead to neighborhood violence, substance abuse, and other social ills, compounding the stress and trauma.

Race-related trauma is not even confined to a person’s lifetime. The effects of trauma can be, in a sense, passed down to future generations who exhibit emotional and behavioral reactions to a traumatic event experienced by a parent or other relative. Similarly, historical trauma is “the cumulative, multigenerational, collective experience of emotional and psychological injury in communities and in descendants,”<sup>16</sup> such as forced migration for indigenous Americans, slavery and Jim Crow among Black Americans, the Holocaust for Jewish people, and the internment camps for Japanese Americans.

### Secondary or vicarious trauma

People who work with traumatized clients can experience secondary or vicarious trauma. Sometimes called “compassion fatigue,” it is a set of observable reactions to working with people who have been traumatized and mirrors the symptoms of post-traumatic stress disorder.<sup>17</sup> Workforce development professionals are vulnerable to this type of trauma. The symptoms of secondary trauma may include social isolation, anxiety, physical ailments, and trouble sleeping. Just as with directly experienced trauma, secondary trauma is preventable and treatable; however, if unaddressed, it can lead to the same adverse symptoms and effects as those associated with direct trauma.

There are other toxically stressful and traumatic experiences that can affect an individual. Some of these are extreme examples, such as natural disasters, serious accidents, terrorist acts, and war and combat. However, living in chronic poverty is also a traumatic experience. The toxic stress of living in poverty and a constant state of deprivation taxes a person’s “mental bandwidth” – that is, their cognitive and executive functioning skills. In fact, the effects are so extreme that it is equivalent to losing 13 IQ points.<sup>18</sup>

It is important to understand that toxic stress and trauma are not limited to low-income and communities of color. The coronavirus pandemic has been toxically

stressful or traumatic for everyone to some degree, especially those who have lost a loved one to COVID-19, been sick with the disease, or are suffering its long-term effects. The disproportionate impact of the pandemic and subsequent unemployment and financial distress on communities of color demonstrates the intersection of race-related trauma and pandemic trauma. The intense political climate and divisive 2020 election are both highly stressful and have provoked anxiety, anger, fear, and hopelessness, which are common trauma responses; in fact, they are normal responses to abnormal events.

### The Brain Science Behind Trauma

The mental and physical reactions to trauma and toxic stress are **completely normal responses to abnormal events**. They demonstrate a healthy, working emergency response system protecting us from unhealthy and dangerous situations. This response system evolved early in human development and originates in the amygdala, which is part of the limbic system and is located toward the bottom center of the brain (See Figure 2). The limbic system regulates basic bodily functions, such as breathing, and is known as the “reptilian” or “instinctive brain.”

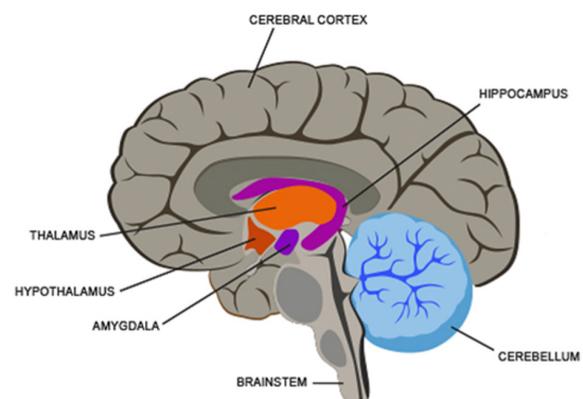


Figure 2. Anatomy of the human brain. The amygdala is the center of the body’s emergency response system, which is activated in response to threats.

When the brain senses danger, it rapidly activates the amygdala. The amygdala cues the sympathetic nervous system to fight, take flight, or freeze. Blood and oxygen are diverted to muscles, and a surge of adrenaline enables us to fight or take flight. Cortisol is released to inhibit any pain that might slow us down. All systems not crucial to survival are suppressed. Basically, the “survival” brain overrides the “rational” or “thinking brain” in the cerebral cortex, where rational thought and executive functioning, like problem solving and cooperating with others, take place.

This system works really well when we face physical threat, such as a fire or a bear chasing us in the woods.

<sup>16</sup> Substance Abuse and Mental Health Services Administration. Understanding historical trauma when responding to an event in Indian Country. <https://store.samhsa.gov/product/Understanding-Historical-Trauma-When-Responding-to-an-Event-in-Indian-Country/SMA14-4866>.

<sup>17</sup> Administration for Children and Families. Secondary Traumatic Stress. U.S. Department of Health and Human Services. <https://www.acf.hhs.gov/trauma-toolkit/secondary-traumatic-stress>.

<sup>18</sup> Badger, E. How poverty taxes the brain. CityLab, August 29, 2013. <https://www.citylab.com/life/2013/08/how-poverty-taxes-brain/6716/>.

Unfortunately, the brain does not distinguish between direct physical threats and threats due to toxic stress and trauma. In the brain, a threat is a threat, and it triggers this alarm system. Reactions vary from person to person. If a person has experienced multiple and/or prolonged trauma, the brain's emergency response system can become hyper-alert and easily triggered. Things associated with the original trigger, even something as small as a color or smell, can re-trigger the emergency response even if the actual threat is no longer there.

Fortunately, the human brain is malleable and adaptable. If we are in a situation where our emergency response system is blaring, but we know it is not a true emergency, this "neuroplasticity" in the brain allows our thinking

brain to override the amygdala response. In other words, everyone can choose how they respond to toxic stress and trauma. However, in order to see and exercise that choice, we need to understand what's happening in our brains and bodies and healthier ways to respond. We were not born with a "user's manual" to our brains, so these are things we need to learn. Since workplaces depend on healthy, optimized brain function, employers and workforce development organizations are, in fact, logical places to deliver this information and knowledge.

At the end of this guide are additional resources on how trauma and toxic stress affect the brain in addition to practices that can quiet the body's emergency response system.

## ***Trauma, Brain Function, and Choosing a Response***

Dante experienced several adverse childhood experiences as a kid and has developed a sensitive brain emergency response system. He is about to go into a very important job interview, but did not sleep very well because he's under a lot of stress — his diabetic mother has COVID, and his wife was recently laid off. The stress and worry have retriggered his childhood trauma, and his amygdala and emergency response system are blaring. Despite dozens of practice interviews with his career coach, Dante is struggling. He can't concentrate. He's jumpy. He can't remember key details

about the company he's interviewing with.

Rather than let his emergency response system take over, Dante takes a few minutes to go to a quiet place and close his eyes, relax any tension he's holding, take deep breaths, and clear his mind. The physical action of deep breathing shuts off the brain's emergency response system. Relaxing and clearing his mind helps him focus, remember, and concentrate on the interview. It helps that Dante has practiced this breathing technique with his career coach and draw on it quickly to calm his brain.

# Becoming Trauma-Informed

## What Does It Mean to Be “Trauma-Informed”?

This overview is for employers and workforce development practitioners to learn about and adopt trauma-informed approaches for the workplace. So what does it mean to be “trauma-informed”? SAMHSA uses a four Rs rubric to describe a “trauma-informed” organization, program, or system:

- **Realize** the widespread impact of trauma and understand potential paths for recovery;
- **Recognize** the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
- **Respond** by fully integrating knowledge about trauma into policies, procedures, and practices; and
- Actively **resist re-traumatization**.<sup>19</sup>

Strategies for implementing trauma-informed approaches vary across organization or business type. Workforce development organizations would likely take a different approach than private sector businesses that are subject to market forces, competition, and quarterly earnings. Private sector businesses also differ from each other in terms of sector, size, leadership, and culture. A phased approach to trauma-informed care is practical for all organizations. Incremental change provides opportunities for thinking, strategizing, implementing, and evaluating along the way.

There are a lot of different models out there, and this introduction does not offer a one-size-fits-all solution. Below we highlight one model and a set of principles that may help organizations get started on the journey to becoming trauma-informed.

## A Four-Phase Model for Trauma-Informed Care

The Missouri Model of trauma-informed care breaks it down into four phases of adoption: awareness, sensitivity, response, and informed.<sup>20</sup> Tackling the work in phases allows organizations to focus on one thing at a time, while building knowledge and practices along the way.

### Awareness

Awareness is a good first step for any organization wanting sound employee relationships and better interpersonal skills with clients or customers. In this phase, an organization becomes aware of how prevalent trauma is and its impact on workers, clients, and business outcomes.

Employee satisfaction surveys are a key tactic for learning how employees respond to their workplace and work relationships. If the survey collects confidential information, ensure that all responses are private and confidentiality is observed.

### Sensitivity

In the second phase, an organization begins to understand trauma-informed principles, causes, expressions, and possible ways to overcome trauma-related problems that affect workers and businesses.

Supervisors, managers, team leaders, and executives all have varying degrees of responsibility for developing employee relationships; however, they need training in proper trauma-informed communication and awareness beforehand. One-on-one discussions, performance reviews, and team meetings are good platforms to communicate with employees. Any actions taken in response to employee satisfaction surveys should preserve confidentiality.

### Response

In this phase, an organization begins to implement policy and procedural changes that affect culture and eliminate trauma triggers.

Generally, work processes such as talent management, training, and professional development are infused with company culture — “this is how we do things” syndrome. Given that, these processes are opportunities to embed awareness and trauma-informed practices across the entire organization. For this to work, however, no single person, group, or personality should be singled out for attention. All employees must understand this effort as an enhancement to organizational culture, norms, and productivity.



<sup>19</sup> SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach.

<sup>20</sup> Missouri Model: A Developmental Framework for Trauma Informed, Missouri Department of Mental Health and Partners (2014). <https://www.traumainformedcare.chcs.org/wp-content/uploads/MO-Model-Working-Documents-february-2015.pdf>

## Informed

In the last phase, an organization begins to implement trauma-informed practices and monitoring the impacts of changes made to policies and practices.

The social contract between employers and employees stands on mutual trust. Workplace trauma or trauma triggers must be addressed in order to sustain a trusting workplace. Organizations that fail to understand the importance of trust and the social contract run the risk of high turnover and reduced productivity. It is therefore important that these issues are dealt with at an organizational level.<sup>21</sup>

## Six Principles for Trauma-Informed Organizations

SAMHSA has identified six key principles that trauma-informed organizations follow. According to SAMHSA, the principles apply to multiple types of organizations, although the exact terminology and application may be setting- or sector-specific. These principles bear some similarity to job quality principles, in particular those in the National Fund's [job design framework](#).

## Safety

Throughout the organization, employees (and the people they serve) feel physically safe and psychologically safe. At a minimum, basic workplace safety standards and protocols are followed. Managers and supervisors are supportive of workers and create an inclusive environment. In a workforce development organization, clients feel calm, comfortable, and welcomed.

## Trustworthiness and Transparency

Organizational operations and decisions are conducted with transparency and with the goal of building and maintaining trust among staff and with clients and their family members (if they are served). Leaders communicate openly and regularly with employees about decisions affecting them and the organization, and employees are never surprised by company decisions.

## Peer Support

People with lived experience with trauma feel supported by the organization and support each other. In the SAMHSA model, these are called "peers." Workers at all levels treat each other as human beings, who all have experiences at least some toxic stress and/or trauma – and they respect and honor each other's experiences.

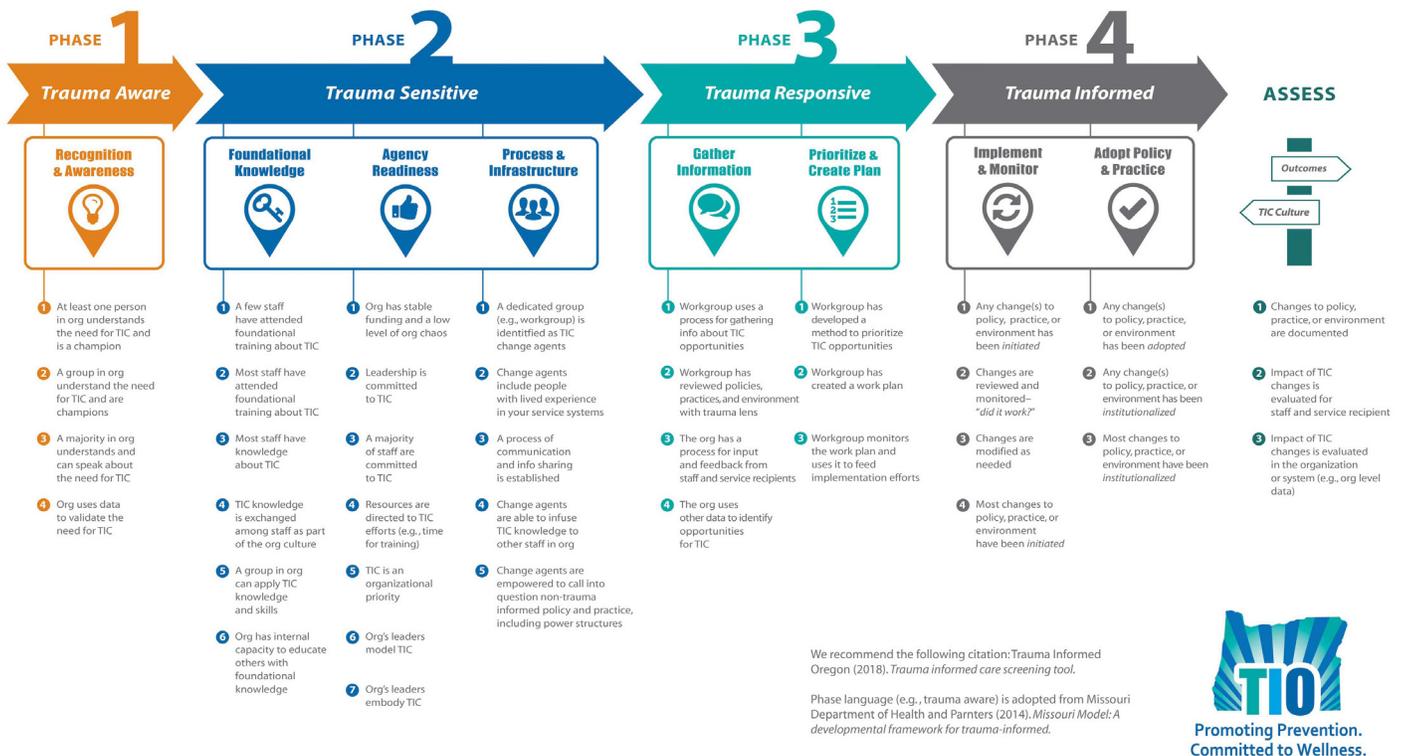


Figure 3. Trauma informed care screening tool from Trauma Informed Oregon, 2018. Phase language adopted from *Missouri Model: A Developmental Framework for Trauma-Informed*.

<sup>21</sup> SAMHSA's *Concept of Trauma and Guidance for a Trauma-Informed Approach*.

## Collaboration and Mutuality

The organization recognizes that everyone has a role to play in a trauma-informed approach, no matter their level of seniority or power. This principle manifests itself through teamwork and appreciating each team member's role in accomplishing the overall mission of the organization.

## Empowerment, Voice, and Choice

Individuals' strengths and experiences are recognized and nurtured. Employees and clients have opportunities to use their voice and feel comfortable doing so. Employees are encouraged and have opportunities to speak up and raise issues and challenges, especially if something is harming them and/or their ability to do their work safely and productively. In addition, they have opportunities to identify and implement solutions. Clients, if applicable, participate in their own support journey with decision-making power, choices, and planning. Workforce development professionals serve as their partners — that is, they do “with” their clients rather than “to” or “for” them.

## Cultural, Historical, and Gender Inclusion

The organization actively moves past cultural stereotypes and biases based on race, gender, ethnicity, sexual orientation, age, religion, etc.. The organization incorporates policies, protocols, and processes that are responsive to the racial, ethnic, and cultural needs of employees and clients and recognizes and addresses historical trauma. The workplace is inclusive, does not discriminate, does not tolerate racism or discrimination, and actively works to counter hidden and overt biases.

## For Private Sector Employers

### Becoming Aware of Toxic Stress and Trauma in Your Workplace

Identifying toxic stress and trauma in the workplace is not simple. Few employees want their employers to think they're struggling. The fear of being ridiculed or fired for personal problems, especially mental health issues, keeps many employees from acknowledging them. Yet, over the last several decades, research and increased media coverage of post-traumatic stress disorder have raised awareness about the insidious effects of toxic stress and trauma.<sup>22</sup> We use the term “insidious” with intention: Stress actually causes neurological changes that in turn cause physical harm such as high blood pressure, sleeplessness,

depression, colitis, heart disease, and ulcers.<sup>23</sup> Despite the challenges and sensitivities, organizations should care about the effect of trauma on workers. In addition to simply caring about employees' well-being, toxic stress and trauma impact absenteeism, productivity, and safety.<sup>24</sup>

What if employees aren't aware of how their toxic stress or trauma impacts their workplace? Or, what if the workplace itself exacerbates their trauma? The CDC recommends formal workplace health assessments to gather information about workplace factors that may be negatively influencing employees' overall health. These confidential assessments provide a snapshot of “company health” that includes productivity, absenteeism, and healthcare costs, and can act as a baseline for measuring the impact of investments and interventions.<sup>25</sup> The CDC provides employee-level and organization-level assessments that can be tailored to specific business environments. After the assessments, organizations will have the data they need to spot connections between toxic stress and undesirable workplace behaviors and help create health-related policies and organizational changes that benefit everyone.

### What About Cost?

The cost of becoming trauma-informed is a realistic consideration. But the cost should be weighed against the cost of the business or workplace concerns that employees' stress and trauma contributes to — not only the safety, absenteeism, and productivity challenges mentioned above, but also the physical and mental toll on workers as human beings, which can also lead to problems like high turnover.

One way to ensure that the cost-benefit analysis works in an organization's favor is to avoid one-size-fits-all, or off-the-shelf programs. Organizations need programs tailored to their circumstances and business environment, and individuals need programs that acknowledge their diversity — gender, ethnicity, race, age, language, etc.

Organizational staff do not need to be trauma experts, but their employee assistance program providers do. And any organization should understand the principles and ethics of a trauma-informed care approach in the workplace. For some employees, that could mean the difference between quitting and showing up to work every day, ready to be engaged and productive.

<sup>22</sup> Lester, S. W., Kickul, J. R., Bergmann, T. J. (2007). Managing employee perceptions of the psychological contract over time: the role of employer social accounts and contract fulfillment. *Journal of Organizational Behaviour*, 28. <https://onlinelibrary.wiley.com/doi/abs/10.1002/job.410>.

<sup>23</sup> Sapolsky, R. M. (2004) *Why Zebras Don't Get Ulcers*, 3rd Edition, Henry Holt and Company.

<sup>24</sup> Straatmann, T., Kohnke, O., Hattrup, K., & Mueller, K. (2016). Assessing employees' reactions to organizational change: an integrative framework of change-specific and psychological factors. *The Journal of Applied Behavioral Science*, 52(3): 265–295. <https://doi.org/10.1177%2F0021886316655871>.

<sup>25</sup> Center for Disease Control and Prevention. Workplace Health Assessment. <https://www.cdc.gov/workplacehealthpromotion/model/assessment/>.

## For Workforce Development Organizations

### Why Should Workforce Professionals Understand Toxic Stress and Trauma?

While only trained and licensed professionals can legally diagnose and treat mental illness, workforce professionals can support the creation of trauma-free workplaces. In the workplace, trauma's effects are expressed through a change in work behaviors (See Figure 4 on next page), physical health, and impaired thinking.<sup>26</sup> If the source of trauma is the workplace itself, workforce professionals have an opportunity to consult with and advise their employer clients on organizational culture, job quality and job design, supervisor or management behaviors, team dynamics, and employee health and safety programs. Job quality and organizational structure are good places to start, as are workplace communications and norms. It is best to start small. Organizational change is often very stressful for employees, and transformational change (e.g. culture change) tends to face the most resistance.<sup>27</sup>

### What is the Workforce Professional's Role in TIC?

Workforce development organizations play an important role in understanding, identifying, and mitigating toxic stress and trauma with employees and job seekers in three key areas.

#### Serving clients

Increasingly, workforce development practitioners report that their clients are exhibiting signs of anxiety, anger, fear, and other mental health challenges, indicating that toxic stress and trauma are showing up in the workforce development system. These clients are at higher risk for toxic stress and trauma because the population generally is low-income, from communities of color, and has foundational needs for income and employment.

#### Employing staff

Workforce development organizations are themselves employers of staff who are at higher risk for toxic stress and trauma, in addition to secondary trauma from working with clients who are experiencing toxic stress and trauma (more on secondary trauma below). It is no secret that workforce professionals are often underpaid and face many workplace challenges, including insufficient staffing and changing responsibilities. These are symptoms of our under-resourced workforce development system overall. And it is no surprise that many workforce professionals experience burnout. Workforce development organizations might benefit from being able to identify toxic stress and trauma among staff and implement practices and policies to mitigate it. This is not a substitute for improving job quality in workforce development organizations; rather, it is an important component of that work.

#### Partnering with employers

Workforce development organizations can help their employer partners to understand and adopt trauma-informed approaches. As discussed above, toxic stress and trauma are hidden dangers in today's workplace. Workforce development organizations can add tremendous value by helping their employer partners address these challenges.

Employer clients who are concerned with poor performance, issues with quality control and attention to detail, or other problematic behaviors present an opportunity. Whether you work for a workforce board, community-based organization, job developer, talent management firm, or workforce non-profit, going beyond the standard prescriptions for improving performance to consider trauma-affected employees may get to the root of these business problems. This is not about singling out individual employees so much as identifying personnel experiencing trauma, understanding it, and seeking solutions. If trauma is being triggered by the workplace itself, keep in mind that any proposed changes to mitigate trauma must take into account all employees and their potential reactions.<sup>28</sup> If the trauma-affected employees are not triggered by the workplace, then private counseling can be suggested.

<sup>26</sup> Schnurr, P. P. & Green, B. L. (Eds.) (2004). *Trauma and health: Physical health consequences of exposure to extreme stress*, American Psychological Association. <https://doi.org/10.1037/10723-000>

<sup>27</sup> Raza, M.A., Khan, M.M. & Mujtaba, B.G. (2018). The impact of organizational change on employee turnover intention: Does stress play a mediating Role?. *Public Organiz Rev* 18, 313–327. <https://doi.org/10.1007/s11115-017-0380-8>.

<sup>28</sup> Straatmann, T., Kohnke, O., Hatstrup, K., & Mueller, K. (2016). Assessing employees' reactions to organizational change: an integrative framework of change-specific and psychological, *The Journal of Applied Behavioral Science*, 52(3): 265–295. <https://doi.org/10.1177/0021886316655871>.

# UNDERSTANDING EMPLOYMENT CHALLENGES



## WHAT SHOWS UP AT WORK

### TARDINESS & ABSENTEEISM

Employees are always late or don't show up.

### BAD INTERVIEW SKILLS

Interviewees lack basic interview skills like making eye contact. Do they have something to hide? Should they not be trusted?

### HIGH TURNOVER

Employees' chaotic lives disrupt their work performance.

## WHAT'S REALLY GOING ON

“ I didn't sleep last night because I am **so stressed out** about paying the rent, getting the kids to school on time, and keeping this job.

“ Eye contact is **intimidating**; it triggers abuse I've experienced in the past after "talking back."

“ I don't know **how much of my life is okay to share** at work. It's impossible to tune out the abusive relationship I have to go home to.

## THE REALITY

A lot of the problems employers see today are rooted in an employee's childhood experiences. These cause lasting effects that impact employment:

- Physical abuse
- Sexual abuse
- Emotional abuse
- Physical neglect
- Emotional neglect
- Exposure to domestic violence
- Substance abuse in home
- Mental illness in home
- Parental separation or divorce
- Incarcerated family member



Experiencing these at an early age **rewires the brain** causing lifelong behavioral, learning, and physical health issues.



Nearly 38 percent of adults report having had **two or more** of these childhood experiences.

These numbers are more common for minorities and low income populations.

Source: [cdc.gov](http://cdc.gov)

## BREAKING THE CYCLE — TODAY AND TOMORROW

People are products of their environments.



### Changing the experience at work...

(providing financial security, health benefits, dignity and respect, and flexibility helps your employees be productive while managing effects of what happened long ago.)



### ...changes the experience at home.

(so workers and their families live in a positive and enriching environment.)

## PREPARING TOMORROW'S WORKFORCE STARTS TODAY!

Figure 4. How Trauma Might Show Up at Work. This graphic was developed in 2019 by the National Fund for Workforce Solutions to help employers understand what is often behind common workforce "problems."

## Case Study

### Ethical Considerations of Trauma-Informed Care in the Workplace

*Workforce professionals need to exercise some care when working with traumatized individuals in the workplace. Two points from the American Psychological Association's code of ethics are particularly relevant. Substitute "workforce development practitioner" or "HR professional" for "psychologist."*

#### 3.04 Avoiding Harm

(a) Psychologists take reasonable steps to avoid harming their clients/patients, students, supervisees, research participants, organizational clients, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.

(b) Psychologists do not participate in, facilitate, assist, or otherwise engage in torture, defined as any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person, or in any other cruel, inhuman, or degrading behavior that violates 3.04a.

#### 3.11 Psychological Services Delivered to or Through Organizations

(a) Psychologists delivering services to or through organizations provide information beforehand to clients and when appropriate those directly affected by the services about (1) the nature and objectives of the services, (2) the intended recipients, (3) which of the individuals are clients, (4) the relationship the psychologist will have with each person and the organization, (5) the probable uses of services provided and information obtained, (6) who will have access to the information, and (7) limits of confidentiality. As soon as feasible, they provide information about the results and conclusions of such services to appropriate persons.

(b) If psychologists will be precluded by law or by organizational roles from providing such information to particular individuals or groups, they so inform those individuals or groups at the outset of the service.<sup>29</sup>

<sup>29</sup> American Psychological Association (2017). *Ethical principles of psychologists and code of conduct*. <https://www.apa.org/ethics/code/>.

# Organizations Advancing Trauma-Informed Approaches

Trauma-informed approaches are very new to the workforce development field — hence the need for this introductory guide. This section highlights how some employers and workforce development organizations have become trauma-informed and have advanced trauma-informed approaches in their networks.

## Employers

Some employers across various industries have become aware of and sensitive to the effects of toxic stress and trauma on employees' physical health, mental health, and job performance. They are responding with a variety of practices and cultural changes. These examples show the variety and range of approaches, supports, and practices that employers are enacting.

[Vigor Alaska](#) is a shipyard in Ketchikan, Alaska, that begins each day with a “stretch and flex,” during which nearly 200 employees, from welders to data-entry specialists, engage in a two-minute deep-breathing practice. Employees are invited to do this any time they feel stressed. There also is a meditation group and on-site recovery support. Supervisors periodically ask employees supportive questions such as “Who do you want to be?” and “Where do you want to see yourself at the end of your life?” General Manager Mike Pearson thinks trauma-informed care is the future for all kinds of businesses. “If you create a workplace where there is trust, where you really develop the wholeness of human beings, your absenteeism will decrease, and your profitability will increase,” he said. “That translates into work that is of higher quality, that has meaning to it.”<sup>30</sup>

[Broetje Orchards](#) in eastern Washington has 6,000 acres of apple and cherry trees and employs about 2,400 workers

during peak harvest months. The company operates a community of affordable housing for employees called Vista Hermosa (“beautiful view”), which includes year-round staff to support workers on issues such as substance abuse, domestic violence, and parenting challenges.

The [Health Federation of Philadelphia](#) hired a consultant to train frontline workers and managers in the revenue department in trauma-informed customer service. Training includes coaching in verbal de-escalation and strategies to avoid re-traumatizing customers. In Helena, Montana, the owner of two **McDonald's** franchises brought trauma-informed approaches to her managers by inviting leaders from [Elevate Montana](#), a statewide ACEs initiative, to conduct a four-hour ACE and resilience training.<sup>31</sup>

Local employer associations and groups have documented and helped to advance trauma-informed approaches among their members. The Kansas City Chamber released the [KC Workplace Mental Health Assessment Results](#) report and tool in May 2020. This report shared survey data showing that many Kansas City employers providing educational and employee assistance programs for employees, additional resources for managers, and taking steps to ensure that leaders and executives actively support mental health through safe, respectful, and ethical work environments.<sup>32</sup> The report also called for using mental health-related data to inform action plans.

[The Corporate Coalition of Chicago](#) recently launched the [Chicago Resiliency Network](#) to “help employers develop trauma-informed, healing-centered practices, connecting employers with resources and peers, creating targeted solutions where gaps exist, and highlighting firms’ and employees’ efforts to build resiliency.”<sup>33</sup> The group is recruiting 10-15 companies for the first year.

A few national and local organizations and agencies provide resources and/or technical assistance to employers to assist them in advancing trauma-informed care in their workplaces.

## Case Study

### The Role of Managers

A successful mid-sized manufacturing firm in Chicago, and an employer partner of Onboard Chicago, was particularly receptive to exploring how trauma-informed practices could improve the workplace success of its labor force. The firm was already partnering with another Heartland Alliance program to offer subsidized employment positions for individuals at very high risk of gun violence and agreed to create time and space for its frontline managers to participate in training on trauma-informed principles.

These managers shared their most common challenges as supervisors, reflected on how those challenges might be driven by workers’ experience of trauma, and helped come up with new management practices that reflect trauma-informed principles.

Pre- and post-training surveys indicated that managers participating in the training increased their understanding of the effects of trauma in the workplace and were better able to apply trauma-informed principles in response to common managerial challenges.

<sup>30</sup> Hochman, A. Business leaders in the ACEs science and resilience movement: A different kind of bottom line, *AcesTooHigh News*, December 1, 2016. <https://aces-too-high.com/2016/12/01/business-leaders-in-the-ace-and-resilience-movement-a-different-kind-of-bottom-line/>.

<sup>31</sup> Hochman (2016).

<sup>32</sup> Kansas City Chamber. *Workplace Mental Health Assessment Results*. <https://www.kcchamber.com/current-topics/healthy-kc-kc-workplace-mental-health-assessment-results>.

<sup>33</sup> Chicago Resiliency Network. Developing Healing Centered Workplaces in the Chicago Region. <https://corpcoalition.org/key-initiatives/chicago-resiliency-network/#>.

**Heartland Alliance**, a member of the workgroup informing this document, is working with employer partners to develop management practices that reflect the six SAMHSA principles described above, through its initiative Onboard Chicago. Heartland Alliance and [Onboard Chicago](#) aim to improve employment success and retention for workers with prior justice system involvement by educating employers about the impact of trauma on workplace behavior and performance. Onboard Chicago has convened a number of local employers to discuss the impact of trauma on their employees, introduce trauma-informed principles, and gauge their interest in participating in manager trainings and co-creating and testing new trauma-informed management practices.

[Thrive in Your Workplace](#) is a public-private partnership that engages New York City employers in a local effort to

bring mental health support to the one in five New Yorkers who experience mental illness in a given year. During the COVID-19 pandemic, it offered additional resources, including a [COVID-19 Mental Health Guide for Employers](#) and a webinar, [Promoting Mental Health in the Workplace during COVID-19](#), which presents practical strategies to reduce stress and anxiety and introduces best practices to foster workplace mental health.

The Society for Human Resource Management has begun to provide trauma-related resources to human resource managers, including "[What Is a Trauma-Informed Workplace and Why Do I Need One?](#)" Relatedly, the Employee Assistance Professionals Association describes trauma and trauma-informed care and provides a case study in its resource, "[Trauma-Informed Care: Best Practices for EAPs.](#)"<sup>34</sup>

## Case Study

### **A Mental Health and Wellness Toolkit Informed by Employers**

PricewaterhouseCoopers, working with the National Alliance on Mental Illness-NYC Metro, the Northeast Business Group on Health, the American Psychiatric Association Foundation Center for Workplace Mental Health, and The Kennedy Forum created the Working Well Toolkit to encourage workplaces to support mental health and wellness. Their toolkit was built directly from employer experiences who had sought to understand and meet the needs of employees suffering from trauma and mental health issues and address mental health stigma.

Four principles ground the toolkit's approach: Know the impact; break the silence; deliver affordable access; and, build a culture of well-being. This approach results in workplaces that accept mental health as a shared issue and creates a workplace that promotes prevention and recovery.

To promote mental health equity, the toolkit recommends reviewing employee assistance plans and vendor partners to make sure the organization is measuring the right indicators of employee health and using the appropriate resources.

Another important step outlined in the toolkit is to communicate the employer's commitment to mental health to the entire organization. Messages from management teams must be clear and consistent. And of course, the messages must align with actions. Employers who have actively sought to reduce the stigma of mental

health care in their organizations offer the following recommendations:

- Tailor programs to your company's culture and leverage existing strengths. Do what is right for your culture.
- Mention your commitment to mental health along with the other business values, such having an overall culture of health, attracting and retaining the best talent, being an employer of choice, and valuing employees and their family members as human beings.
- Train leaders to identify emotional distress and refer employees to assistance programs or other behavioral health resources.
- Provide adequate vacation time and consider a policy that vacation time be taken.
- Extend employee assistance program benefits to family and household members as well.
- Model work-life balance. Senior leaders should embody concepts and model behavior, paying attention to workload.
- Welcome the requests for accommodations. Train managers to respond appropriately and understand their role in supporting employees.
- Ensure that senior leaders routinely include language about emotional well-being when they talk about business issues.
- Consider emotional well-being when you have to make tough business decisions (head count reduction) and include assistance programs in the planning of such actions.
- Train leaders to respond promptly and constructively to behavioral performance issues.

<sup>34</sup> Szemborski, L. (2020). Trauma-informed care: Best practices for EAPs, *Journal of Employee Assistance*. <https://www.eapassn.org/Publications-Resources/Journal-of-Employee-Assistance/Read-a-back-issue/JEA-Q2-2020-Trauma-Informed-Care>.

## Workforce Investment Boards

Recognizing the harmful effects of trauma experienced by youth in the metropolitan Chicago workforce system, the **Chicago Cook Workforce Partnership** teamed up with the **Illinois Collaboration on Youth** in 2018 to convene a yearlong trauma-informed care community of practice for 10 youth-serving workforce development organizations. The community of practice included monthly “Trauma 101” workshops and discussed examples of trauma experienced by different types of youth, such as those involved with the justice system, those in foster care, those experiencing homelessness, etc.

In addition, the Illinois Collaboration on Youth and the **Chicago Jobs Council**, a local workforce coalition, created a trauma-informed care workforce development toolkit, which was disseminated to more than 30 youth-serving workforce development organizations. The toolkit helps organizations take steps toward becoming trauma-informed and includes an introduction to the concepts, an organization self-assessment tool, and an action planning template.

The Chicago Cook Workforce Partnership also leverages federal funding to advance trauma-informed approaches. In order for youth-serving workforce development organizations to continue receiving Workforce Innovation and Opportunity Act funding, they must advance trauma-informed care in their organization. This includes completing the initial assessment in the toolkit, identifying at least three action steps to include in the action plan template and work toward, and accomplishing at least one of the action steps within three years.

## Workforce Development Organizations and Nonprofits

**EMPath** is a Boston-based nonprofit that seeks to eliminate poverty. In the last several years, EMPath has worked to “rewrite the script” on how anti-poverty organizations provide assistance to individuals and families seeking economic mobility. Their Mobility Mentoring model is based on the brain science of toxic stress and poverty described here. Mobility Mentoring coaches help clients understand their brains and their brains on stress, set life goals that motivate them and break them down into manageable steps (and celebrate success), and develop critical executive functioning skills such as planning, time management, prioritization, etc. EMPath manages a network of organizations and agencies around the globe who implement this model.

A few workforce development professional associations around the country offer trauma-informed care and related training. **Frontline Focus** of the **Chicago Jobs Council** offers training in delivering trauma-informed care. It explains the different types of trauma, outlines effective boundary-setting with clients, covers how to use resilience and hope in working with clients, and addresses vicarious (secondary) trauma. Frontline Focus also offers training in motivational interviewing and strengths-based and other coaching techniques.

The **Workforce Partnership Training Institute** serves workforce development organizations in New York City. The institute has offered trauma-informed care training and training on secondary trauma and, more recently, has redesigned their trauma training as an interactive online learning experience combining synchronous and asynchronous learning.

## Case Study

### **Want to Know What Employees Want and Need? Ask Them**

Employee satisfaction surveys are an effective way to learn about things that employees want: benefits, training, perks, etc. At SurveyMonkey, the online survey provider that many of us have used at one time or another, they conducted an employee survey to find out how their people were feeling in light of the pandemic and its challenges. Unsurprisingly, the results showed that SurveyMonkey employees were anxious and stressed. They felt disconnected from family and friends, and teaching their kids online was taking a toll.

SurveyMonkey responded. The company expanded their mental health and wellness offerings with a range of digital well-being content from credentialed experts on topics such as mindfulness, anxiety reduction, yoga, and good sleep practices. Employees have been accessing the content and creating Zoom groups to discuss their issues. The company’s chief people officer, Becky Cantieri, said, “During COVID-19, we’ve targeted content that could help employees with resilience, stress management, and overall mental health. We also saw a big increase in teams of employees seeking to participate in using the content together in a virtual way.”<sup>35</sup>

<sup>35</sup> Zielinski, D. (2020). Digital tools to address rising mental health concerns. *HR Magazine*. <https://www.shrm.org/hr-today/news/hr-magazine/winter2020/pages/hr-goes-digital-to-address-rising-employee-mental-health-concerns.aspx>.

## Case Study

### **Trauma-Informed Approach to Apprenticeships**

For the past five years, Amerigroup Georgia partnered with the Multi-Agency Alliance for Children and University of Georgia Fanning Institute for Leadership Development to improve the lives of and outcomes for youth in foster care. In 2018, the three organizations teamed up with leaders in the workforce system, including Atlanta CareerRise (part of the National Fund network), training partners, and Anthem to develop and provide innovative trauma-informed workforce solutions. The team focused on developing career paths and workforce best practices that lead to career opportunities that would benefit all. Furthermore, they did this while prioritizing the specific needs and challenges of youth exiting foster care: housing instability,

lack of career opportunities, access to higher education, and ongoing exposure to toxic stress, all through a trauma-informed care approach.

The Anthem Apprenticeship Program has been the successful result of this partnership and priorities. The apprentices themselves provide feedback on the program to ensure that barriers such as childcare, transportation, food, housing, and clothing are not a barrier to their success. The Multi-Agency Alliance provides training on trauma to all program partners, early on and throughout. These activities led Anthem to collaborate with the National Fund to convene its national workgroup to introduce trauma-informed care to employers and workforce development organizations. In addition, the lessons learned from the apprenticeship spurred Anthem's leadership to incorporate new ways to support all employees.

## Recommendations

This introduction and overview of trauma and trauma-informed care has presented some resources and examples available to employers and workforce development professionals to understand how to advance trauma-informed approaches in the workplace. There are many more tools, examples, and research on this topic in other fields, such as social services, behavioral health, and healthcare, but much more is needed in the employee management and workforce development fields. We describe below some recommendations for specific tools, resources, and assistance that would address gaps and help to advance trauma-informed approaches in the workplace.

### Resources

#### ***Awareness and acceptance***

Among the general population, knowledge of toxic stress and trauma, how they affect our brains, our behaviors, and our livelihoods, is uneven. In the age of a high-stress pandemic, this lack of knowledge is not only unfortunate, it is downright dangerous. We need to raise awareness of this hidden pandemic, how it affects us, and what we can do about it. We need to de-stigmatize it. Given the universal human stress test of 2020, we have a special window of opportunity to do just that.

#### ***Resources to help workforce development organizations advance trauma-informed approaches in their own organizations and with clients***

We found just one toolkit, the youth example from Chicago, to assist workforce development organizations in advancing trauma-informed care in their organizations and with their clients. There is a need for more. Many other types of workforce development organizations could benefit from similar, but tailored, toolkits, including those that serve mostly adults or different adult populations (veterans, people with disabilities, etc.), public agencies, workforce training providers, adult education providers, and community and technical colleges. There is also a need for more resources on secondary or vicarious trauma, and some of the many tools in the mental and behavioral health, human services, health care, and criminal justice spaces could be adapted for workforce development.

#### ***Resources to help workforce development organizations work with employer partners on toxic stress and trauma***

We found no tools to assist workforce development organizations on how to work with employers on trauma-informed approaches. There are a few tools designed for employers, such as Thrive in Your Workplace, but these are not a substitute for tools tailored to workforce development organizations for their work with employer clients and partners.

#### ***Resources on race-related toxic stress and trauma tailored to employers and the workforce development field***

Race-related toxic stress and trauma share the brain science with other types of trauma, but there are many other social, economic, historic, and cultural issues that need to be understood to adequately address this type of trauma. To our knowledge, there are no toolkits, guides, or resources on this topic, neither for employers nor for workforce development organizations. This is a large gap, particularly in this current age of racial reckoning.

#### ***Case studies that illustrate what works***

In addition to toolkits and guides, the field could benefit from case studies documenting various approaches and successes. Collections of case studies focused on different types of organizations, e.g., employers, youth workforce organizations, adult workforce organizations, public workforce agencies, adult education, etc., would be very useful. In addition, case studies that illustrate different types and triggers of trauma and how they can be addressed would be a welcome addition to the literature.

#### ***Research on evidence-based practices for workforce development***

Given the lack of implementation of trauma-informed approaches among employers and in the workforce development field, it makes sense that we also lack research on what works. As the field begins to pilot and refine practices and processes related to trauma-informed approaches, we should also identify and document best practices so the field can continuously improve in this crucial area.

### Strategies for the Field

In addition to building a library of resources for employers and the workforce development field on trauma-informed approaches, the field needs investment and assistance with implementation. Below are some of the needs we have identified.

#### ***Training and implementation assistance***

Case studies, toolkits, and guides are necessary, but not sufficient, to implement trauma-informed approaches. Training, peer-learning, and technical assistance are invaluable to move a challenging topic such as this forward. We have identified and cited a few examples of training for workforce development organizations that should be expanded regionally and nationally. Training workforce development organizations to work with employers to advanced trauma-informed approaches would be a key strategy to bringing trauma-informed care to workplaces.

### **Focus on change at the frontline level and at the organizational level**

While “organizational change” is a scary concept and a big undertaking, doing this difficult work is essential. Frontline managers and practitioners who work with workforce clients can be powerful ambassadors for trauma-informed care. However, if their organizations are toxic and filled with trauma triggers, it undermines their efforts. Adopting trauma-informed approaches in a phased effort, as described above, helps organizations move through a process that is more comfortable and ultimately more effective.

### **Support trauma-informed strategies and initiatives at the community, state, system, and/or sector levels**

Some communities have implemented community-wide trauma-informed approaches, spanning organizations and neighborhoods. Examples include [Baltimore, Maryland](#), and [Johnson City, Tennessee](#). A few states have adopted state-wide initiatives — mainly focused on childhood trauma — and they include [Oregon](#), [Colorado](#), and [Wisconsin](#). None of these efforts were driven by employers or the workforce development system, and it is unclear if they are even involved. Given the negative effects of toxic

stress and trauma on employment and workforce success, it is critical that employers and workforce development organizations be a part of these larger trauma efforts.

It would be powerful for a state workforce system to embed trauma-informed approaches throughout the system — through investments, training, tools, technical assistance, and policy guidance. The same is true for other state systems, such as career and technical education, adult education, and community and technical colleges. State-level Chambers of Commerce and other employer associations could support employers to advance trauma-informed approaches as well.

Finally, sector-based initiatives to advance trauma-informed approaches in a variety of industries could yield interesting results. While trauma does not discriminate from one industry to another, the approaches to realize, recognize, respond, and resist re-traumatization may be quite different in healthcare versus the building trades or retail, for example. The more that resources and initiatives can be tailored to specific types of employers and industries, the more likely they are to be successfully implemented. Workforce development organizations working with employers would likely appreciate such tailored resources and support as well.

## Conclusion

As this document goes to print, the United States (and most of the rest of the world) continues to experience high illness and death rates from COVID-19 and correspondingly high levels of homelessness, joblessness, anxiety, stress, and despair. No matter how people engage in work in the coming months (at the office, worksite, or home), they will carry with them the experiences of a year of abnormal, stressful, and frightening circumstances.

In order to regain personal and societal equilibrium, people will need to be able to identify and address the issues that have upended the status quo and the effect on them as professionals, parents, friends, neighbors, and humans.

Employers and workforce development organizations will undoubtedly experience some resistance – people generally do not like to admit they have “problems.” But the information and approaches introduced here offer a way to begin to identify and diagnose an often unrecognized challenge at the workplace. There is still much research needed to expand our knowledge of the field, and now is the right time to get started. For the sake of our individual and collective mental health, we hope employers, workforce development organizations, funders, and other connected stakeholders will take the information in this guide and run with it.

# Resources

The resources presented here are not exhaustive. But for anyone who wants to learn more about trauma, the neuroscience and effects of trauma, and dealing with trauma in the workplace, this list offers a lot to get you started. These resources have been identified and curated by the trauma-informed care workgroup of the National Fund for Workforce Solutions but we do not endorse any specific resource.

## Brain Science and Health

["What Creates Resilience"](#) (article in Psychology Today). Psychologists have identified some of the factors that appear to make a person more resilient, such as a positive attitude, optimism, the ability to regulate emotions, and the ability to see failure as a form of helpful feedback.

[Trauma and the Brain](#) (video from UK National Health Service). An educational video for workers that outlines "normal" or healthy development of the key areas of the brain and how the brain may be impacted if someone experiences trauma.

[The Limbic Brain and Its Role in Trauma](#) (video from psychotherapist Dr. Russ Harris). Understanding the limbic system and trauma.

[Emotions: Limbic System](#) (video from Khan Academy Medicine). Understanding the limbic system.

["The Role of the Amygdala in the Perception of Positive Emotions: An 'Intensity' Detector"](#) (research article in Frontiers in Behavioral Science). Understanding the amygdala.

[The Road to Adulthood: Aligning Child Welfare Practice with Adolescent Brain Development](#) (paper from Annie E. Casey Foundation). Youth brain development transitions.

## Trauma Effects and Trauma Care

[Toxic Stress Derails Healthy Development](#) (video from Harvard Center on the Developing Child). This video is part three of a three-part series titled "Three Core Concepts in Early Development" from the Center and the National Scientific Council on the Developing Child and describes childhood trauma.

[How Childhood Trauma Affects Health Across a Lifetime](#) (video talk by pediatrician Nadine Burke Harris). Dr. Harris explains that the repeated stress of abuse, neglect, and parents struggling with mental health or substance abuse issues has real, tangible effects on the development of the brain.

[Using Brain Science to Create New Pathways out of Poverty](#) (video by Beth Babcock). The president and CEO of Crittenton Women's Union and has studied the effects of poverty on executive functioning.

[Resources on Trauma and Trauma-Informed Care](#) (website from WorkforceGPS). A collection of resources for helping trauma-affected youth.

[SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach](#) (paper from SAMSHA). Presents the SAMSHA model for trauma-informed care.

[Trauma-Informed Care: A Sociocultural Perspective](#) (Academic paper from SAMHSA). Setting the stage for trauma-informed care.

[The Future of Healing: Shifting from Trauma Informed Care to healing Centered Engagement](#) (article by Shawn Ginwright, PhD). From trauma to healing. A different way of thinking about trauma-informed care.

[The Efficacy of a Trauma-Informed Methodology for Hopeworks 'N Camden, New Jersey](#) (report, Rutgers University). A youth-focused workforce development nonprofit documents how they employed the sanctuary model.

[Impact of Stress and Trauma on Children](#) (report, Youth Collaboratory). Trauma impact on youth development.

[Training Materials from Frontline Focus](#) (website resource, Chicago Jobs Council). Offers a range of training and resources, including "Delivering Trauma-Informed Care."

[Promoting Mental Health in the Workplace During COVID-19](#) (video from ThriveNYC). Presents practical strategies to reduce stress and anxiety and introduces best practices to foster workplace mental health.

## Strategies

[Workplace Strategies for Mental Health](#) (website). Workplace Strategies is an initiative of Canada Life. This presents resources, approaches, tools, etc.

[Resilient Wisconsin: Trauma-Informed Practices](#) (website, Wisconsin Department of Health Services). Wisconsin state practices for helping state systems deal with trauma survivors.

[Roadmap to Trauma Informed Care](#) (website, Trauma Informed Oregon). Oregon state practices for helping state systems deal with trauma survivors.

[AIR's Framework for Building Trauma-Informed Organizations and Systems](#) (factsheet, American Institutes for Research). Trauma-informed care framework for organizations.

[Whole-System Change Model to Trauma-Informed Care](#) (website, Traumatic Stress Institute). Systems change for trauma-informed care.

[Making the Business Case for Employee Well-Being](#) (paper, Urban Institute). Building the evidence base for well-being benefits at work.

[Delivering Trauma-Informed Care in an Employment Context](#) (slide deck, Heartland Alliance). Overview for workforce service providers.

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