In 2013, SaintA launched a groundbreaking, three-year, process-driven, longitudinal research project to improve child welfare outcomes and mental health with trauma informed care.

**Research Acknowledgements:**
- Greater Milwaukee Foundation
- Jeannie Fenceroy, ChildTrauma Academy
- Linda Davis
- Ann Leinfelder Grove
- Alison McMorrow
- Dr. Josh Mersky
- Teri Zywicky
- SaintA Child Welfare

**Principal Researchers:**
- James Topitzes, PhD, University of Wisconsin Milwaukee
- Erika Elizabeth Meyer, SaintA
- Timothy Grove, SaintA
- Latoya Kirton, University of Wisconsin Milwaukee
- Caitlin Sprague, University of Wisconsin Milwaukee
- Katherine Zappia, Medical College of Wisconsin

*Research findings were independently reviewed by the University of Wisconsin Milwaukee’s Helen Bader School of Social Welfare.*

---

**3 SIGNIFICANT OUTCOMES OF TIC RESEARCH PROJECT**

### PERMANENCE
**(Reunification, legal guardianship or adoption)**

- **TREATMENT GROUP**: 2X as many kids in treatment group found permanency
- **COMPARISON GROUP**:
  - Increase in trauma symptoms:
    - Anger
    - Intrusive Posttraumatic Stress
    - Avoidant Posttraumatic Stress
    - Posttraumatic Arousal
    - Fantasy Dissociation

### STABILITY
**Treatment Group**

- 13% FEWER PLACEMENT CHANGES
- 28% FEWER TRANSITIONS

---

**THE TIC RESEARCH PROJECT:**

- **3 YEARS**
- **MILWAUKEE WISCONSIN USA**
- **$450,000 GRANT** Greater Milwaukee Foundation
- **NEARLY 600 KIDS**
- **TREATMENT FRAMEWORK**
  - SaintA’s 7 Essential Ingredients of Trauma Informed Care
  - RESEARCH CONSULTATION
    - Dr. Bruce Perry, ChildTrauma Academy
    - Dr. Robert Anda, co-principal investigator of the original ACEs study

---

**PROVEN POWER OF**

**TRAUMA INFORMED CARE**

**TREATMENT GROUP**

- Decrease in trauma symptoms:
  - Anger
  - Intrusive Posttraumatic Stress
  - Posttraumatic Arousal
Seven Essential Ingredients for implementation of TRAUMA INFORMED CARE

Trauma informed care can be defined in many different ways, which include both philosophy and practices. At SaintA, we believe the following elements are helpful in understanding what trauma informed care is and how to implement it.

1. **PREVALENCE** ▶ Exposure to and difficulty adjusting to adverse experiences is significantly more common than we previously had known. A keen appreciation for the scope of adverse events, especially on children, is a key element to understanding the needs of people who have been exposed to events such as domestic violence and substance abuse, separation/divorce, mental illness, physical and sexual abuse, emotional and physical neglect, and acts of violence.

2. **IMPACT** ▶ Trauma occurs when a person’s ability to cope with an adverse event is overwhelmed and contributes to difficulties in functioning. The impact of this process is profound, especially when the adverse event occurs during key developmental timeframes. The seminal ACE (adverse childhood experiences) study shows how early trauma also can have a serious effect on a person’s physical health in later life and ultimately impact life expectancy.

3. **PERSPECTIVE SHIFT** ▶ A shift in perspective can bring a new reality. Helping those charged with caring for people struggling with trauma by simply changing the question from “What is wrong with you?” to “What has happened to you and how can I support you?” can bring enormous understanding.

4. **REGULATION** ▶ Knowledge of the basic architecture of the brain provides both an understanding of the impact of trauma and a key toward effective treatment. Many of the interventions that have been offered to people struggling with trauma have focused on the cognitive or “thinking” parts of the brain. Trauma informed interventions often prioritize enhancing emotional and behavioral regulation. This could include the use of sensory and regulating strategies such as drumming, singing, dancing, yoga, etc., which have been shown to be effective in addressing the impact of trauma.

5. **RELATIONSHIP** ▶ Relationships are key to reaching a traumatized child and to mitigating trauma. Strong relationships help create resilience and shield a child from the effects of trauma.

6. **REASON TO BE** ▶ Reason to be creates a sense of purpose or direction for individuals by ensuring they’re connected to family, community and culture. It is bolstered by resiliency – a combination of the individual’s internal attributes and the external resources that support them.

7. **CAREGIVER CAPACITY** ▶ To effectively work with traumatized individuals, caregivers must take care of themselves and find a work/life balance. Critical is identifying our limits, knowing sometimes we will be pushed beyond them, and what we will do to find balance.