Following are a list of resources for use by organizations moving in the direction of reducing restration and seclusion in their programs. These resources include academic journal articles, booklets, tools, manuals, and online resources.

Journal Articles & Publications

Title	Author(s)	Year & Publisher
Creating trauma-informed correctional care: A balance of	M.A. Miller & L.M. Najavits	2012; European J. of
goals and environment		Psychotraumatology

Rates of posttraumatic stress disorder and exposure to violence among incarcerated people in the US are exponentially higher than rates among the general population. Abrupt detoxification from substances, the pervasive authoritative presence and sensory and environmental trauma triggers can pose a threat to individual and institutional stability during incarceration. The authors explore the unique challenges and promises of trauma-informed correctional care and suggest strategies for administrative support, staff development, programming, and relevant clinical approaches.

Miller, M. & Najavits, L. (2012) Creating trauma-informed correctional care: A balance of goals and environment. *European Journal of Psychotraumatology* 3:10 Retrieved online March 17, 2015 from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3402099/

Draft example: Policy and procedure on debriefing for seclusion and restraint reduction projects

K.A. Huckshorn 2007; NASMHPD NTAC

Paper describing drafting policy for the three discrete events: firstly, the "immediate post-acute event analysis" and occurs immediately following the S/R episode and with all involved parties including those witnessing the event. The second Debriefing activity, called "Witnessing or Elevating Oversight" and includes a call from the person in charge of the unit where the event took place to a facility executive staff person to relate what occurred 24 hours/7 days a week. The third Debriefing activity is a formal rigorous event analysis

Huckshorn, K.A. (2007) Draft example: Policy and procedures on debriefing for seclusion and restraint reduction projects. Six core strategies for reducing seclusion and restraint use. Alexandria, VA: NASMHPD, Retrieved online Sept. 2, 2011 from http://www.wafca.org/trauma%20training/sr%20debriefing%20policy%208%204%2007.pdf

Effectiveness of Six Core Strategies Based on Trauma Informed Care in Reducing Seclusions and Restraints at a Child and Adolescent Psychiatric Hospital M. Azeem, A. Aujla, M. Rammerth, G. Binsfeld, & R. Jones

2011; J. of Child and Adolescent Psychiatric Nursing

This empirical study was conducted to determine the effectiveness of the six core strategies based on trauma informed care in reducing the use of seclusion andrestraints with hospitalized youth.

Azeem, M., Aujla, A., Rammerth, M., Binsfeld, G., & Jones, R. (2011) Effectiveness of six core strategies based on trauma Informed care in reducing seclusions and restraints at a child and adolescent psychiatric hospital. *Journal of Child & Adolescent Psychiatric Nursing*. 24, 11-15

Articles: Title	Author(s)	Year & Publisher	
Empowering direct care workers who work with children and youth in institutional care	G. Hodas	2005; PA Office of MH & Substance Abuse Services	
From the level of the individual child and family to specific child-serving programs to the broader arena of policy, the recognition of the pervasiveness of trauma and the consequent provision of what is known as "trauma informed care" will need to significantly influence our work in mental health and related fields in the future. This report hopes to increase appreciation of the relevance of trauma in understanding clients and meeting their needs while in care.			
Hodas, G. (2005): Empowering direct care workers who work with children and youth in institutional care. Pennsylvania Office of Mental Health and Substance Abuse Services. Harrisburg: PA, retrieved online January 14, 2010 from http://www.parecovery.org/documents/Hodas_Direct_Care_Worker.pdf			
acilitating the use of evidence-based practice in ommunity organizations. C. Franklin & L. Hopson 2007; J. of Social Work Education 2007; J.			
This article reviews the challenges of implementing evidence-based practices in community organizations and reports on factors that facilitate the use of evidence-based practice in community settings along with future steps necessary for successful translation of knowledge into community agencies.			
Franklin, C., & Hopson, L. (2007). Facilitating the use of evidence-based practice in community organizations. <i>Journal of Social Work Education</i> , 43 (3), 377-404.			
mplementing Trauma-Informed Approaches in Access to Recovery Programs SAMHSA Technical Assistance Package ATR-3		(nd); SAMHSA	
Because ATR 3 grantees serve many justice-involved clients and are seeing an increased number of returned military veterans with diverse trauma histories, implementing trauma-informed approaches has become even more urgent. This TA package gives ATR staff and recovery support services (RSS) and treatment providers.			
Available online: http://humanservices.arkansas.gov/dbhs/Documents/11-0901_TIS%20TA%20Package_508%20Compliant%20%28REVISED%29.pdf			
Models for developing trauma-informed behavioral health systems and trauma-specific services	Ann Jennings	2004; NASMHPD NTAC	
This report identifies criteria for building a trauma	informed mental health convice system, sum	amarizes the evalution of trauma	

This report identifies criteria for building a trauma-informed mental health service system, summarizes the evolution of trauma-informed and trauma-specific services in state mental health systems, and describes a range of trauma-based service models and approaches implemented by increasing numbers of state systems and localities across the country. We have included it here because it has sections dedicated to TIC and TI services for adults as well as children.

Need reference here

Articles: Title	Author(s)	Year & Publisher	
Preventing Seclusion & Restraint in Residential Programs	J. LeBel, K.A. Huckshorn, & B. Caldwell	2014; Routledge	
	This chapter briefly reviews the history of restraint and seclusion in residential facilities and the authors' experiences implementing the 6 Core Strategies (6CS) to reduce restraint and seclusion R/S; including many practice examples of facilities working to decrease R/S in their programs.		
LeBel, J., Huckshorn, K., & Caldwell, B. (2014) Preventing (EDs) Residential interventions for children, adolescents,			
Responding to childhood trauma: The promise and practice of trauma informed care.	G. Hodas	2006; PA Office of MH & Subs Abuse Servs.	
the pervasiveness of trauma and the consequent pro influence our work in mental health and related field trauma in understanding clients and meeting their ne	From the level of the individual child and family to specific child-serving programs to the broader arena of policy, the recognition of the pervasiveness of trauma and the consequent provision of what is known as "trauma informed care" will need to significantly influence our work in mental health and related fields in the future. This report works to increase appreciation of the relevance of trauma in understanding clients and meeting their needs while in care.		
Hodas G. R. (2006) Responding to childhood trauma: The p Substance Abuse Services.	promise and practice of trauma informed care. P	ennsylvania Office of Mental Health and	
Shelter from the Storm: Trauma-Informed Care in Homelessness Services Settings			
This article explores the evidence base for TIC within homelessness service settings, including a review of quantitative and qualitative studies and other supporting literature. The authors clarify the definition of Trauma-Informed Care, discuss what is known about TIC based on an extensive literature review, review case examples of programs implementing TIC, and discuss implications for practice, programming, policy, and research.			
Hopper, E., Bassuk, E., & Olivet, J. (2009) Shelter from the storm: Trauma-informted care in homeless services settings. <i>The Open Health Services & Policy Journal</i> . 2: 131-151.			
Strengths and Secondary Trauma in Family Violence Work	H. Bell	2003; Social Work Journal	
form of work-induced posttraumatic stress disorder trauma survivors. This article explores the utility of	A recent body of literature has proposed that counselors who work with trauma survivors are susceptible to secondary trauma, a form of work-induced posttraumatic stress disorder (PTSD); i.e. negative reactions of helping professionals specific to their work with trauma survivors. This article explores the utility of the strengths perspective as a conceptual framework for research in a qualitative study of secondary trauma with counselors of battered women.		
Need reference here	Need reference here		

Articles: Title	Author(s)	Year & Publisher
The business case for preventing and reducing restraint	J. LaBel	2001; SAMHSA
and seclusion use.		

This white paper examines the economic base of restraint and seclusion, including a literature review, data related to staff and client costs of injuries and impact on outcomes, and concludes that Substantial savings can result from effectively changing the organizational culture to reduce and prevent the use of restraint and seclusion.

The business case for preventing and reducing restraint and seclusion use (2011) Substance Abuse and Mental Health Services Administration; HHS Publication No. (SMA) 11-4632. Rockville, MD: retrieved online from http://store.samhsa.gov/shin/content/SMA11-4632/SMA11-4632.pdf

Strengths and Secondary Trauma in Family Violence Work H. Bell

H. Bell 2003; Social Work Journal

A recent body of literature has proposed that counselors who work with trauma survivors are susceptible to secondary trauma, a form of work-induced posttraumatic stress disorder (PTSD); i.e. negative reactions of helping professionals specific to their work with trauma survivors. This article explores the utility of the strengths perspective as a conceptual framework for research in a qualitative study of secondary trauma with counselors of battered women.

Box for new entry

Key Tools, Briefs, & Guidance Materials

Title	Author(s)	Year & Publisher
How Safe Is The Schoolhouse? An Analysis of State	Jessica Butler	The Autism National Committee
Seclusion and Restraint Laws and Policies		(AutCom)

This 2015 updated (as of March 18, 2015) version of the report summarizes and analyzes state restraint and seclusion statutes, and regulations and discusses the impact various state laws have. The analyses are illustrated in maps and charts showing comparisons of states related to the different aspects of the law and regulations.

Butler, J. (2015) How safe is the schoolhouse? An analysis of state seclusion and restraint laws and policies. South Burlington, VT: The Autism National Committee. Retrieved online March 24 from http://www.autcom.org/pdf/HowSafeSchoolhouse.pdf



Tools: Title	Author(s)	Year & Publisher	
Learning from each other: Success stories and ideas for reducing restraint / seclusion in behavioral health	SAMHSA TA Package	2003; American Hospital Association	
This booklet is full of ideas for creative approaches that both clinical and administrative staff members can take today to create and maintain a culture of safety that will lead to improved patient satisfaction and improved quality of care. The goal was to identify a body of high-quality clinical and operational information related to restraint and seclusion that can be shared with the field. The document was developed with extensive input from behavioral healthcare providers throughout the country - front-line staff members, clinical leaders, behavioral health administrators, and system executives who have been working directly with their patients and their staffs to reduce the use of restraint/seclusion and to improve care within their facilities.			
APA, APNA, & NAPHS, (2003) Learning from each other: Success stories and ideas for reducing restraint / seclusion in behavioral health. Washington, DC Retrieved online Dec. 13, 2011 from http://www.aha.org/content/00-10/learningfromeachother.pdf .			
e Trauma-informed Toolkit: A resource for service ganizations to deliver services that are trauma-informed Ed. T. Wall (2013); Klinic Community Health Centre, Winnipeg, MB Canada			
A toolkit to help organizations increase their capacity in delivering trauma-informed services; including definitions, guidelines, etc. for working with trauma. (Write more here)			
Wall, T (Ed) The trauma-informed toolkit: A resource for informed_Toolkit.pdf	Wall, T (Ed) The trauma-informed toolkit: A resource for service organizations http://trauma-informed.ca/wp-content/uploads/2013/10/Trauma-informed_Toolkit.pdf		
Trauma informed care (TIC) planning guidelines for use in developing an organizational plan	K. Huckshorn	2009; NASMHPD	
This document is a template/checklist for use in designing a trauma-informed system of care that incorporates a prevention approach, operationalizes the core principles of trauma-informed-care, and follows a philosophy of continuous quality improvement. The guidelines can also be a monitoring tool for evaluating implementation of trauma-informed principles.			
Huckshorn, K. (2009) The trauma-informed care (TIC) planning guidelines for use in developing an organizational plan. Alexandria, VA: National Association of State Mental Health Program Directors. Retrieved online February 19, 2013 from http://www.nasmhpd.org/docs/publications/docs/2008/SRBriefings/l_2_B_TraumaPlanningTemplate.pdf			
rauma-informed Organizational Toolkit for Homeless Kathleen Guarino, Phoebe Soares, Kristina Konnath, Rose Clervil, & Ellen Bassuk SAMHSA, US DHHS		1 1	

The NCFH created this toolkit to provide programs with a roadmap for becoming trauma-informed. The toolkit offers homeless service providers with concrete guidelines for how to modify their practices and policies to ensure that they are responding appropriately to the needs of people who have experienced traumatic stress. The toolkit includes: 1) a trauma-informed organization self-assessment; 2) a user's guide to implement the results of their self-assessment and what it means to provide T-I-C; and 3) a 'how-to' manual with concrete steps to take in becoming trauma-informed.

Guarino, K., Soares, P., Konnath, K., Clervil, R., and Bassuk, E. (2009). *Trauma-informed organizational toolkit for homeless services*. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, and the Daniels Fund, the National Child Traumatic Stress Network, and the W.K. Kellogg Foundation. Available at www.familyhomeless.samhsa.gov and www.homeless.samhsa.gov and www.homeless.samhsa.gov and <a href="https:



Tools:	Title	Author(s)	Year & Publisher
	_		
	Box for new entry		

Online Resources

National Technical Assistance Center for Children's Mental Health

http://gucchd.georgetown.edu/64273.html

SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP)

http://www.nrepp.samhsa.gov/Index.aspx

Six Core Strategies To Prevent Conflict and Violence: Reducing the Use of Seclusion and Restraint http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=278

Trauma-Informed Care in Behavioral Health Services. A booklet from SAMHSA: available for order at http://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816