

**Chapter 10:**  
**The National Center for**  
**Trauma-Informed Care**

# The National Center for Trauma-Informed Care

## Purpose and Mission

The National Center for Trauma-Informed Care (NCTIC) was created in 2005 to offer technical assistance to stimulate and support interest in and implementation of trauma-informed care in publicly-funded systems and programs. NCTIC offers consultation and technical assistance, education and outreach, and resources to support this revolutionary shift across a broad range of service systems, housing and homelessness services, child welfare, criminal justice, and education. NCTIC is funded by the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Mental Health Services (CMHS) through a contract with the National Association of State Mental Health Program Directors (NASMHPD) and its partner, Advocates for Human Potential, Inc. (AHP). Susan Salasin is the Federal Task Officer. Mary Blake and Wanda Finch are Task Order Managers for NCTIC.

## The History of NCTIC

NCTIC is rooted in a long-term commitment by SAMHSA to improve behavioral health service system responses to consumers and trauma survivors. It supports several of SAMHSA's eight Strategic Initiatives, including Trauma and Justice, Health Reform, Prevention of Substance Abuse and Mental Illness, Military Families, and Housing and Homeless. NCTIC was inspired by several groundbreaking SAMHSA initiatives to better understand and address the needs of people with trauma histories who receive mental health services.

***Dare to Vision.*** In 1994, SAMHSA convened a conference focusing on the very high rate of women with physical and sexual abuse histories in the public mental health system. Dare to Vision provided a forum for survivors and consumers to discuss their trauma histories; to stress the importance of and value in addressing trauma in treatment services; and to highlight the re-victimization experienced in residential or in-patient settings through practices such as exclusion and restraint.

***Women, Co-Occurring Disorders, and Violence Study.*** In 1998, SAMHSA launched a five year long study to explore interrelation between violence, trauma, and co-occurring mental health and substance use disorders among women. Known as the Women, Co-Occurring Disorders, and Violence Study (WCDVS), the study was co-sponsored by all three SAMHSA centers (the Center for Mental Health Services, the Center for Substance Abuse Prevention, and the Center for Substance Abuse Treatment). WCDVS provided recommendations for "trauma-integrated services counseling" for these women. WCDVS also sparked the development of guiding principles for positive change, including the principle that providers should be mindful of the ways in which their own practices and policies might put women in danger, physically and emotionally, or bring about re-traumatization.

***Dare to Act.*** In 2004, CMHS built on the growing momentum for trauma-informed care by hosting "Dare to Act", a second national conference devoted to understanding and addressing the needs of trauma survivors. At this conference, practitioners, researchers, and policy makers discussed WCDVS and related research findings regarding trauma-specific services, strategies for implementing trauma-informed care and personal stories of survival, healing, recovery, and triumph.

***Dare to Transform.*** Following the creation of NCTIC in 2005 and building on the momentum of Dare to Act, SAMHSA hosted a third national conference, Dare to Transform in 2008. At this conference, people working to implement trauma-informed care shared best practices and explored innovative strategies for organizational change.