



# **Becoming Trauma-Informed: An Essential Element in Justice Settings**

## **Part 1 Understanding the ACE Study**

**March 17, 2021**

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# Welcome and Introductions

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# Welcome

- Rachel Brushett, Ph.D., Senior Policy Advisor, Bureau of Justice Assistance
- Kathleen West, Dr.P.H., COSSAP Subject Matter Expert
- Stephanie S. Covington, Ph.D., LCSW, Institute for Relational Development, Center for Gender & Justice, La Jolla, California

# Stephanie S. Covington, Ph.D., LCSW



Dr. Covington is an internationally recognized clinician, author, lecturer, and organizational consultant. With more than 35 years of experience, she is noted for her pioneering work in the design and implementation of gender-responsive and trauma-informed treatment services in public, private, and institutional settings. She is the author of numerous books, as well as 10 research-based, manualized treatment curricula, including *Beyond Trauma: A Healing Journey for Women*, *Helping Women Recover: A Program for Treating Addiction*, and *Voices: A Program for Girls*. She is the co-author of *Helping Men Recover*. For the past 25 years, Dr. Covington has worked to help institutions and programs in the criminal justice system develop effective gender-responsive and trauma-informed services.

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# Becoming Trauma-Informed: A Core Element in Effective Services for Justice Settings

## Three-part webinar series:

### **Webinar 1. *Becoming Trauma-Informed: Understanding the ACE Study***

- Wednesday; March 17 (2:00 to 3:15 PM ET)

### **Webinar 2. *Becoming Trauma-Informed and Moving to Trauma-Responsive***

- Wednesday, March 31 (2:00 to 3:15 PM ET)

### **Webinar 3. *Trauma-specific Services: Programs that Work***

- Wednesday April 14 (2:00 to 3:15 PM ET)

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# Learning Objectives

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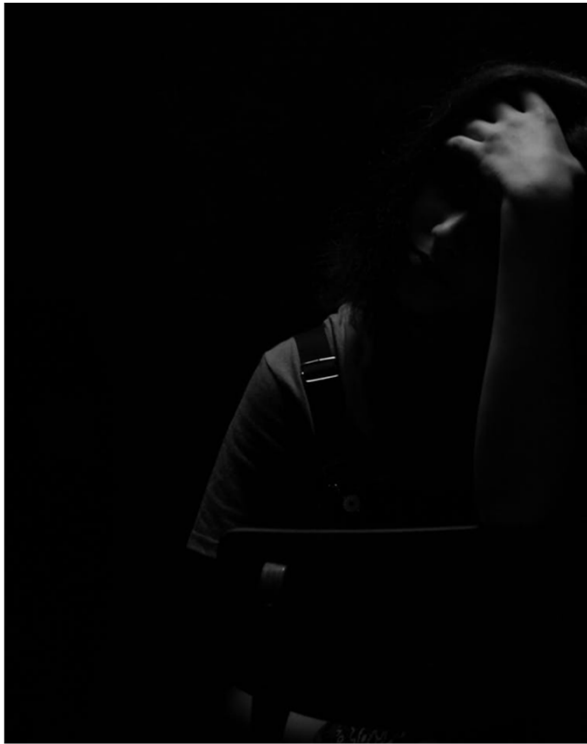
# Training Objectives for the Webinar Series

- To provide up-to-date information regarding the *Adverse Childhood Experiences* study (ACEs), findings among justice-involved populations, and the impacts of trauma on the brain and body.
- To provide an outline for the process of becoming a trauma-informed organization.
- To provide information on gender differences and implications for services, such as trauma-informed and trauma-responsive care within the justice system.
- To provide information on the implementation of trauma-focused treatment interventions and resources for the three specific levels of work.

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# Trauma Definitions



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- Trauma-informed services include things we all *need to know*.
- Trauma-responsive services include what we *need to do* (*policies, practices, environment = culture*) when we work with trauma survivors.
- Trauma-specific what services we *need to provide*.

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# Rationale

## Results of becoming trauma-informed and trauma-responsive:

- Organizations and facilities become safer.
- Staff and those receiving services *feel* safer.
- Staff jobs become easier.
- Programming becomes more effective.

# Who Are the Men?

## Men incarcerated in state and federal facilities:

- 1.4 million men are in state and federal correctional facilities.
- Men make up 93% of the national prison population.
- 1% of all men living in the United States are serving a prison sentence.
- 2.5% of African-American men in the United States are serving a prison sentence.
- 40% have not completed high school or GED.
- 56% are convicted of violent offenses.
- Men in their mid-30s have the highest rate of imprisonment.

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(Carson, 2020; Fedock, Fries & Kubiak, 2013; Fazel, Bains & Coll 2006; Woodall, South, Dixey, de Viggiani & Penson, 2015)

# Who Are the Women?

## Women incarcerated in state and federal facilities

- 1.25 million women are under correctional supervision.
- Black women have an imprisonment rate two times that of white women.
- 55% have high school diplomas.
- The majority of incarcerated women . . .
  - Are in their mid-30s.
  - Are survivors of physical and/or sexual abuse.
  - Have significant histories of substance misuse.
  - Have multiple mental health problems.
  - Have medical problems associated with poor nutrition and poverty.

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(Carson, 2020; Fedock, Fries & Kubiak, 2013; Fazel, Bains & Coll 2006; Woodall, South, Dixey, de Viggiani & Penson, 2015)



# Histories of Abuse



## Substantial proportion of men and women have experienced trauma.

- 77-90% of incarcerated women report extensive histories of emotional, physical, and sexual abuse as children and adults.
- Nearly half (44.7%) of incarcerated men experienced physical trauma in childhood, and 31.5% experienced physical trauma in adulthood.
- There is a strong link between childhood abuse and early involvement in substance use and criminal activity.
- There is a strong link between childhood abuse and adult mental and behavioral health problems – particularly substance use disorders, depression, posttraumatic stress (PTSD), panic disorders, and aggression/violence.

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(Carson, 2020; Fedock, Fries & Kubiak, 2013; Fazel, Bains & Coll 2006; Woodall, South, Dixey, de Viggiani & Penson, 2015)

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# Becoming Trauma-Informed

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# What Is Trauma?

- Trauma is a response to violence or other overwhelming event.
- It is a normal reaction to an abnormal or extreme situation.
- Type 1 (single) and Type 2 (complex).



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# Why is understanding trauma important?

## Abuse and trauma impact:

- Thinking (cognition).
- Feeling (affect).
- Behavior (including interactions with others).



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# Definition of Trauma

The diagnostic manual used by mental health providers defines trauma as  
“exposure to actual or threatened death, serious injury or sexual violation.”



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**The exposure must result from one or more of the following scenarios in which the individual:**

- Directly experiences the traumatic event.
- Witnesses the traumatic event in person.
- Learns that the traumatic event occurred to a close family member or close friend.
- Experiences first-hand repeated or extreme exposure to aversive details of the traumatic event (not through media, pictures, television or movies, unless work-related).

(American Psychiatric Association, 2013)

## Definition of Trauma (continued)



### The disturbance, regardless of its trigger, causes:

- Significant distress or impairment in the individual's social interactions.
- Capacity to work.
- Other important areas of functioning.

*(It is not the physiological result of another medical condition, medication, drugs, or alcohol.)*

A woman with long dark hair is holding a white rectangular sign in front of her face. The sign contains text about types of stress. The background is a blurred indoor setting.

## Types of Stress:

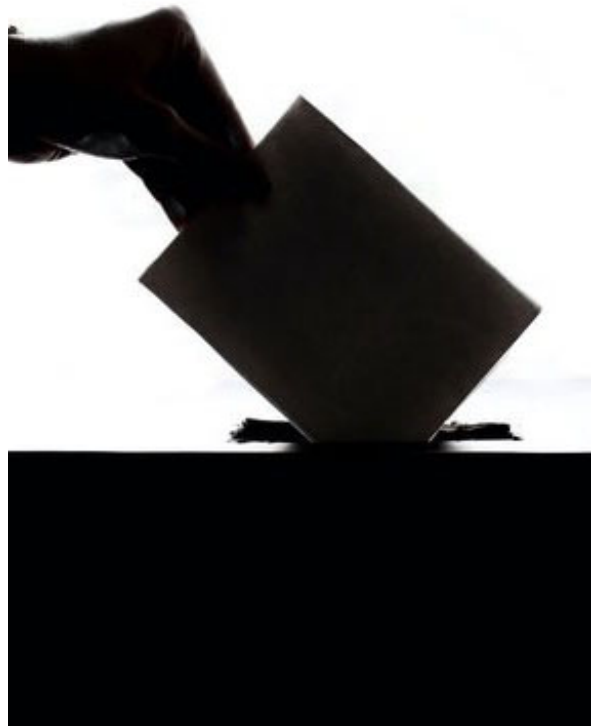
- Normal stress
- Relentless stress
- Toxic stress

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# Relentless Stress

- Poverty or near poverty.
- Hunger.
- Racism, sexism.
- Incarceration.
- Parenting alone.
- Multigenerational caregiving.
- Multi-challenged children.
- Severe injury/illness in close family.

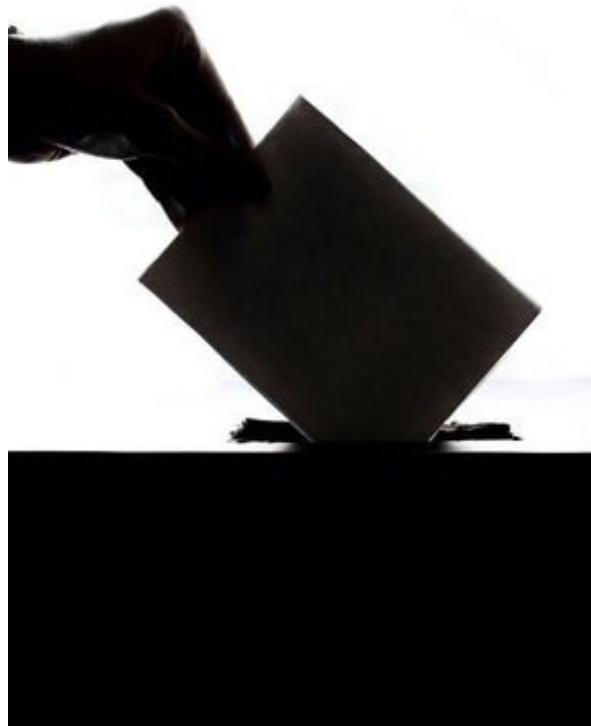
# Poll One



% of justice-involved people who experienced relentless stress in *childhood.*

- 0 – 24%
- 25 – 49%
- 50 – 74%
- 75 – 100%

# Poll Two




% of justice-involved people who experienced relentless stress as an *adult.*

- 0 – 24%
- 25 – 49%
- 50 – 74%
- 75 – 100%

Three Core Concepts in Early Development

# 3 Toxic Stress Derails Healthy Development

NATIONAL SCIENTIFIC COUNCIL ON THE DEVELOPING CHILD

Center on the Developing Child  HARVARD UNIVERSITY

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# Toxic Stress, Trauma, and Children

- Stress of adversity is toxic to the development of the brain.
- Important consideration with children
  - Emotions – dysregulation.
  - Behavior – unmanageable.
  - Relationships – lack of connection, trust.

## Impact on Children

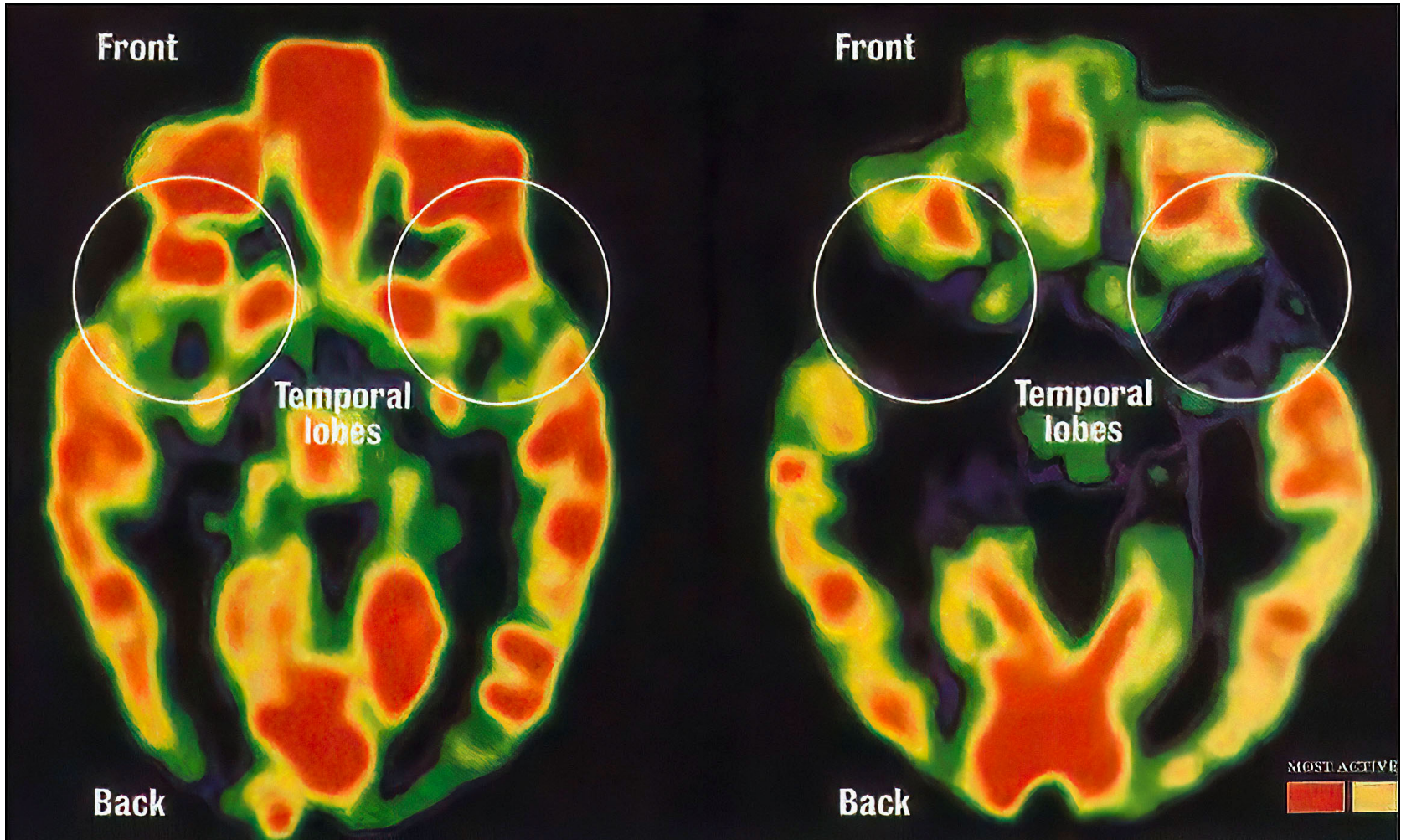
- Attachment—relationships.
- Regulation—feelings and behavior.
- Competencies—learning.

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(National Scientific Council on the Developing Child, 2007)







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(Chugani, Behen, Muzik, Juhasz, Nagy, and Chugani, 2001)

## Traumatic Events

### Trauma can take many forms:

- Abandonment or neglect (especially for small children).
- Childhood emotional, sexual, or physical abuse.
- Witnessing violence between parents or household members.
- Kidnapping.
- Being outed (having your sexuality or gender identity shared) without consent or being deadnamed (for trans and nonbinary folks, this means having people use your birth name instead of your chosen name).
- Rejection of family, friends, or a religious community because of your sexuality, gender expression, or gender identity.

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## Traumatic Events (2 of 3)



- Getting kicked out of the house and/or living on the street.
- Loss of a loved one (family member, friend, colleague, including a pet).
- Domestic violence.
- Rape or sexual assault.
- Witnessing murder.
- Gang activity .
- Mugging, robbery.
- Being arrested and/or experiencing violence at the hands of law enforcement.
- Accidents (automobile, bicycle, falls on the playground or elsewhere, work-related).
- Medical abuse (not receiving medications or procedures you need, conversion therapy).

## Traumatic Events (3 of 3)

- Serious injuries and illnesses (sports-related, gunshot wounds, cancer, cardiac/heart conditions).
- Extremely painful and/or frightening medical procedures.
- War and combat.
- Immigration-related stresses such as ICE raids, refugee journeys, or living as an undocumented person.
- Climate trauma and natural disasters (earthquakes, hurricanes, tornadoes, fires, floods).
- Intergenerational (cultural or historical) trauma.







## Historical Trauma

Historical or cultural trauma is massive group trauma that occurs across generations.

Examples include the displacement of indigenous or Aboriginal peoples, enslavement, genocide and massacres, and forced internment in prison-like camps. In the United States, this has affected African-American, Native-American, Native-Hawaiian, and Native-Alaskan people, as well as Japanese families sent to internment camps during World War II.

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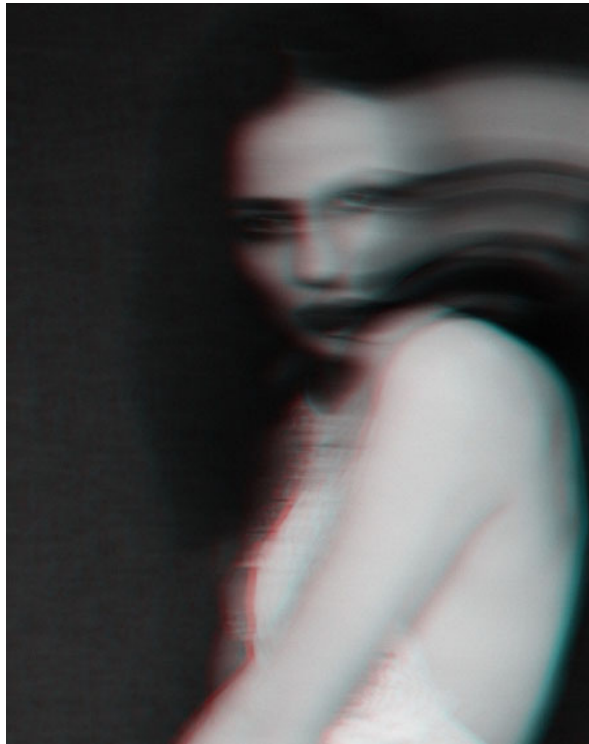
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## Big “T” and Little “t”

- Big “T” traumas are those we associate with PTSD and may include a person’s experience with the death of another, being physically abused, being assaulted, being sexually abused, and surviving a disaster.
- Little “t” traumas are those that may not seem as serious or intense at first but may leave a person feeling fearful or shameful. Examples include being humiliated, bullied, or threatened, as well as being shamed on social media or feeling rejected.

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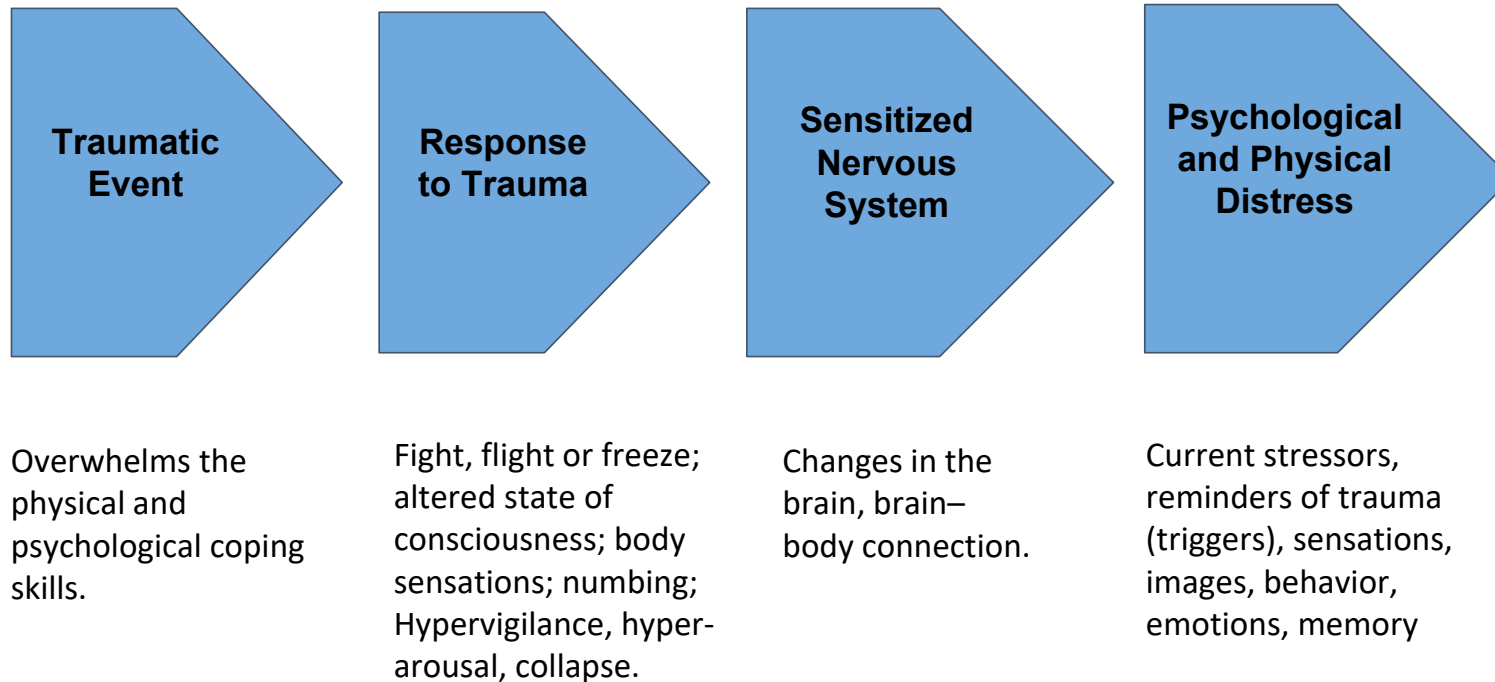
# Responses to Trauma



There are mental and emotional responses, which occur in the inner self, and there are external responses, which show up as physical reactions in the body and as behavior.

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# Process of Trauma



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# Triggers (Threat Cues)

A trigger is an external stimulus that sets off a physical or emotional reaction in a person.

The stimulus can be a sight, a sound, a smell, a person, a place, a behavior, or anything that reminds you of the traumatic event.

## Possible Triggers in the Justice System

- Restraint
- Handcuffs
- Isolation
- Searches (pat & cavity)
- Loud noises
- Yelling
- Smell of disinfectant



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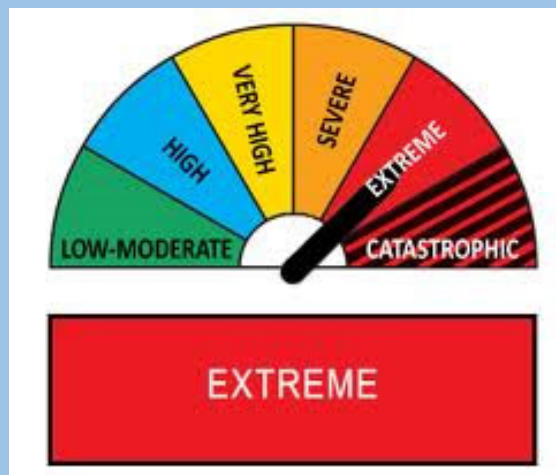
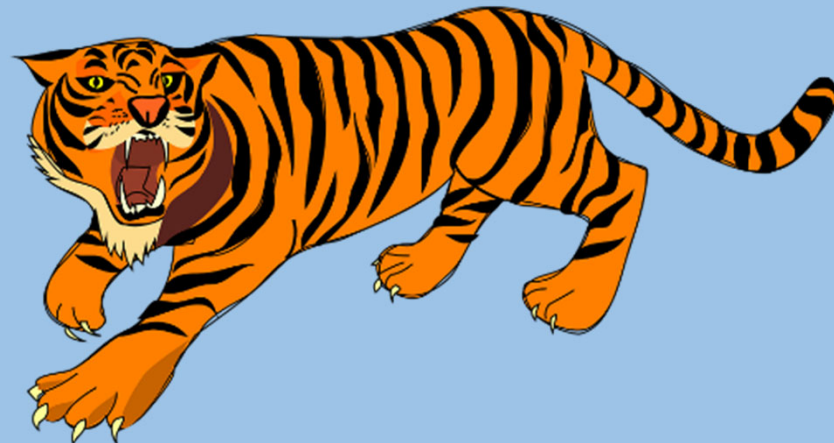
# Pathways

- Our experiences cause pathways to develop in our brains.
- When there is a traumatic experience, particularly one that occurs more than once, a pathway is made in the brain.
- Then, if a person experiences a trigger—a threat cue that is a reminder of the event—the person reacts in the same way because of the existing pathway.
- The person is pushed back in time to the traumatic event.

# Trauma Response/PTSD and the Brain



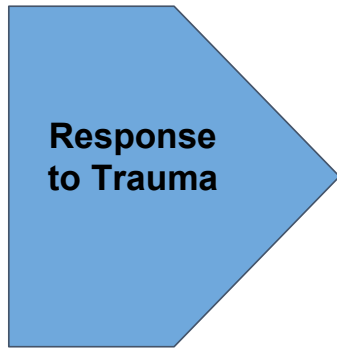
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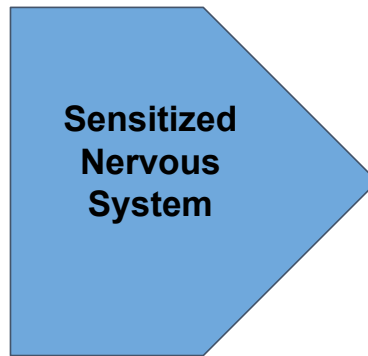
# Process of Trauma



Overwhelms the physical and psychological coping skills.



Fight, flight or freeze; altered state of consciousness; body sensations; numbing; Hypervigilance, hyper-arousal, collapse.



Changes in the brain, brain-body connection.



Current stressors, reminders of trauma (triggers), sensations, images, behavior, emotions, memory

## Emotional and/or Physical Responses

### Retreat

- Isolation
- Dissociation
- Depression
- Anxiety

### Harmful Behavior to Self

- Substance use disorders
- Eating disorders
- Deliberate self-harm
- Suicidal actions

### Harmful Behavior to Others

- Aggression
- Violence
- Rages
- Threats

### Physical Health Issues

- Lung disease
- Heart disease
- Autoimmune disorders
- Obesity

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# Retreat Responses

- Isolation
- Dissociation
- Depression
- Anxiety



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# Symptoms of PTSD

- Re-experiencing the trauma.
- Numbing and avoiding.
- Arousal and reactivity.
- Negative emotions and thoughts.





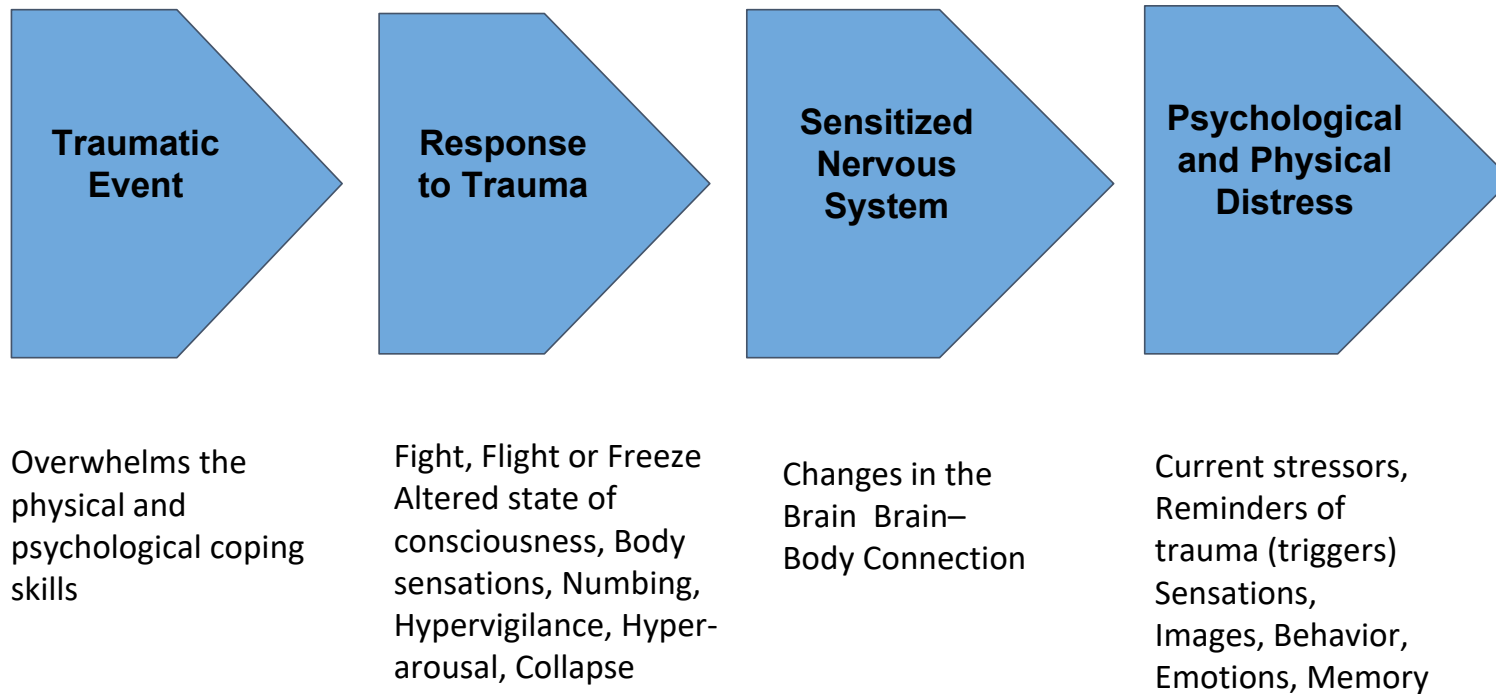
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## Other Responses

- Harm to self.
- Harm to others.



# Process of Trauma



## Emotional and/or Physical Responses

### Retreat

- Isolation
- Dissociation
- Depression
- Anxiety

### Harmful Behavior to Self

- Substance use disorders
- Eating disorders
- Deliberate self-harm
- Suicidal actions

### Harmful Behavior to Others

- Aggression
- Violence
- Rages
- Threats

### Physical Health Issues

- Lung disease
- Heart disease
- Autoimmune disorders
- Obesity

# Trauma's Impact on the Brain and Body

Person experiences trauma.



Brain and body become overwhelmed; nervous system is unable to return to equilibrium.



Trauma goes untreated; person stays in “stress response” mode.



Cues (e.g., loud voices, sirens, searches, cell extractions) continue to trigger trauma.



Person reacts to trauma cues from a state of fear.

# Prevalence & Impact of ACEs

- The original Adverse Childhood Experiences study (ACEs) was with a community-based population.
- There is a growing body of research assessing ACEs among justice-involved men and women.
- Prevalence and impact are even greater among justice-involved populations.

# ACE Study

## About

- Original study in 1998.
- 17,000 adults in San Diego, California.
- 10 questions
  - Abuse
  - Household dysfunction
- First 10 years – largely ignored.
- Past 10 years – embraced.

## Experience

### Before age 18:

1. Recurrent and severe emotional abuse.
2. Recurrent and severe physical abuse.
3. Contact sexual abuse.
4. Physical neglect.
5. Emotional neglect.

## Environment

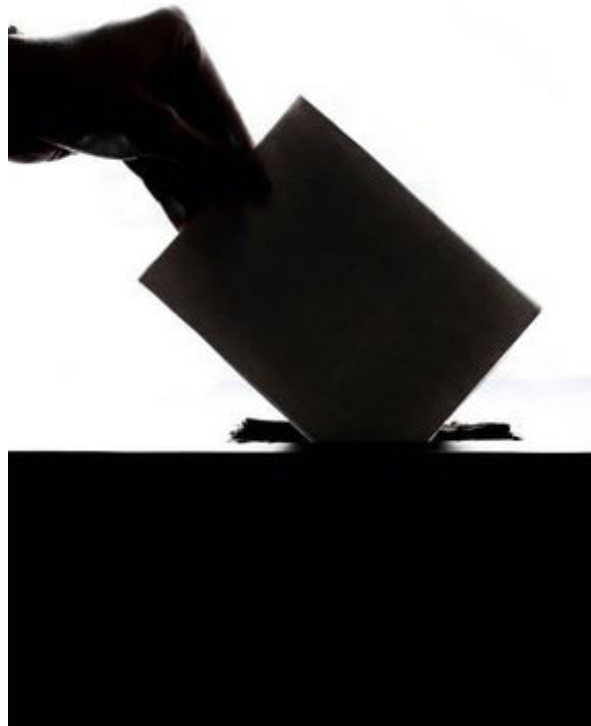
### Growing up in a household with:

6. Loss of biological parent(s) (separation, divorce, or death).
7. A mother being treated violently.
8. A family member using alcohol or drugs.
9. A family member who is mentally ill, chronically depressed, or institutionalized.
10. A family member being imprisoned.

(Felitti, Anda, Nordenberg, et al. 1998)

## ACE Study

# Poll Three



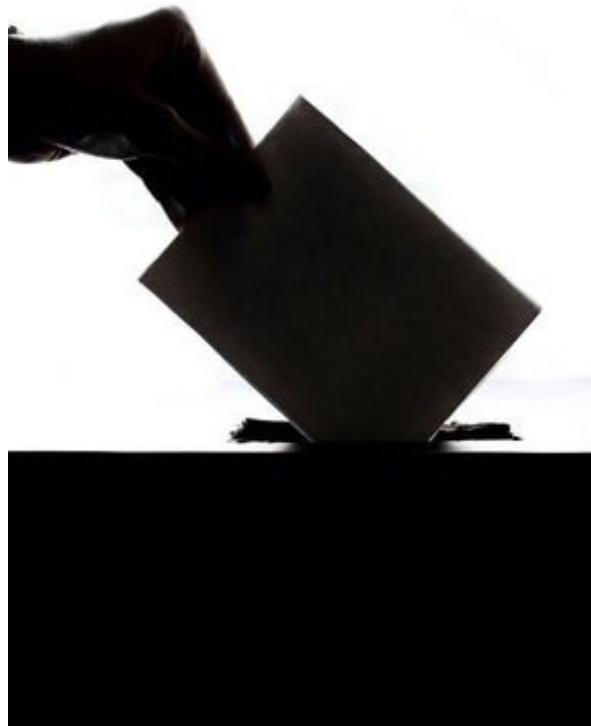
Number  
for  
yourself

a. 0 – 3

b. 4 – 6

c. 7 – 10

# ACE Study Poll Four



Number for  
a justice-  
involved  
**man**

- a. 0 – 3
- b. 4 – 6
- c. 7 – 10

Number for  
a justice-  
involved  
**woman**

- a. 0 – 3
- b. 4 – 6
- c. 7 – 10

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# ACE Scores

You have a score for yourself.

You have a score for a typical man or women in the criminal justice system.



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# ACE Study

## Results of ACEs:

- Profound effects 50 years later.
- Greater risk of having certain physical diseases and mental illnesses.
- Substance use disorders.

## Chronic Health Conditions

- Heart disease
- Autoimmune diseases
- Lung cancer
- Pulmonary disease
- Liver disease
- Substance use disorders
- Sexually transmitted infections
- HIV/AIDS



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## Addiction-Trauma Connection

- Using substances to deal with trauma symptoms, the “solution” becomes a problem.
- Greater risk of harm when under the influence (both experiencing and perpetrating).
- History of SUD treatment.
- Long-term recovery impeded by unresolved trauma.
- Criminalized the disease of addiction.

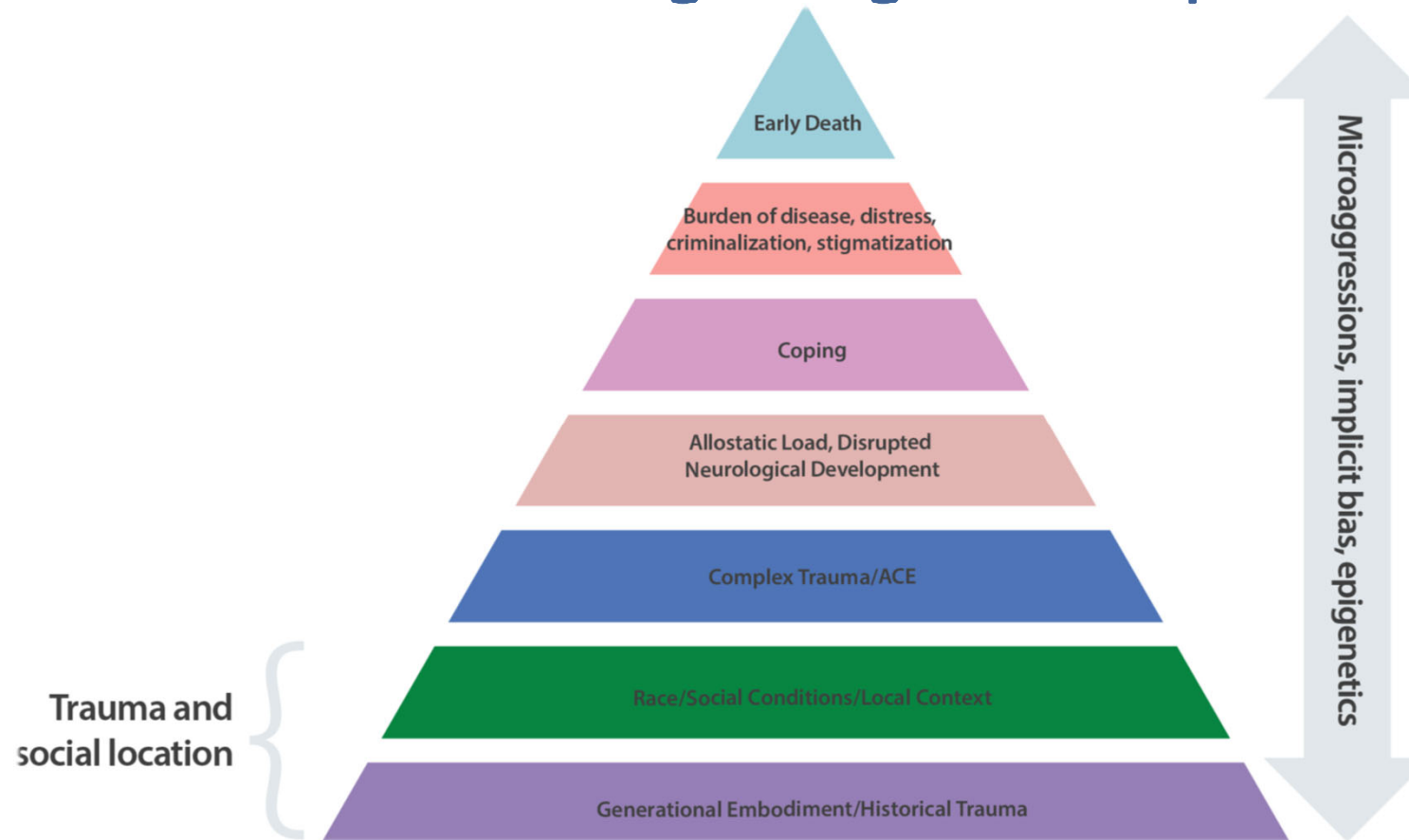
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# ACE Study

## Additional results of the ACE Study:

- Staff concerns about the impact of the questions.
- Experiences with one-hour interviews.

# Mechanisms by which ACEs Influence Health and Well-being through the Lifespan



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(Centers for Disease Control and Prevention, 2014)

## ACEs

A review of more than 2,000 studies of ACEs from all over the world consistently found that individuals experiencing four or more ACEs have a higher risk of multiple concerns, including the following:

- Nearly four times more likely to have anxiety.
- Over four times more likely to have depression.
- Nearly six times more likely to engage in illicit drug use.
- Nearly six times more likely to have problematic alcohol use.
- Over seven times more likely to experience violence victimization in adulthood.
- Ten times more likely to have problematic drug use.
- Thirty times more likely to attempt suicide as an adult than individuals with less than four ACEs.

(Hughes, Bellis, Hardcastle, Sethi, et al., 2017)

## ACEs among *Incarcerated* Men & Women

ACE Prevalence in Prison	920 Men	1,118 Women
Emotional abuse?	63%	59%
Physical abuse?	60%	54%
Sexual abuse?	24%	52%
Felt unloved?	47%	56%
Neglected?	30%	24%
Parents living apart?	70%	70%
Domestic violence?	35%	38%
Substance use at home?	63%	63%
Mental illness at home?	28%	38%
Parent Incarcerated?	45%	40%

# Impact of ACEs for Incarcerated Women

4  
or more

A score of 4 or more “yes” answers indicated higher rates of psychiatric medication and mental health problems.

7  
or more

A score of 7 or more “yes” answers indicated 980% more risk of mental health problems.

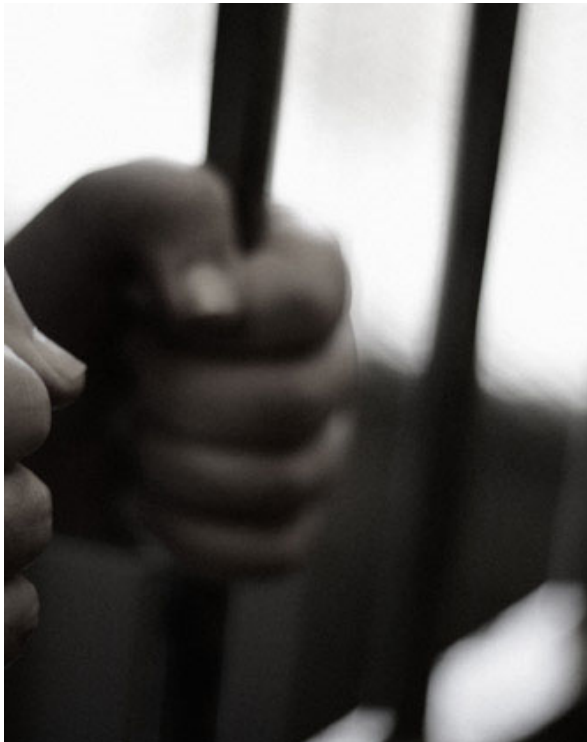
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# The impact of ACEs for incarcerated women is strong and cumulative.

4  
or more

- Prostitution
- Sexually transmitted infection
- Eating disorders
- Alcohol abuse
- Hepatitis and TB
- Gynecological problems

# ACEs among Incarcerated Men and Women



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- A large study of more than 4,000 California prison residents showed that the impact of ACEs on *current* traumatic distress is strong and cumulative for *both* men and women.
- Exposure to trauma before age 18 is highly correlated with adult violent and aggressive behavior.

(Messina, Grella, Burdon, & Prendergast, 2007)



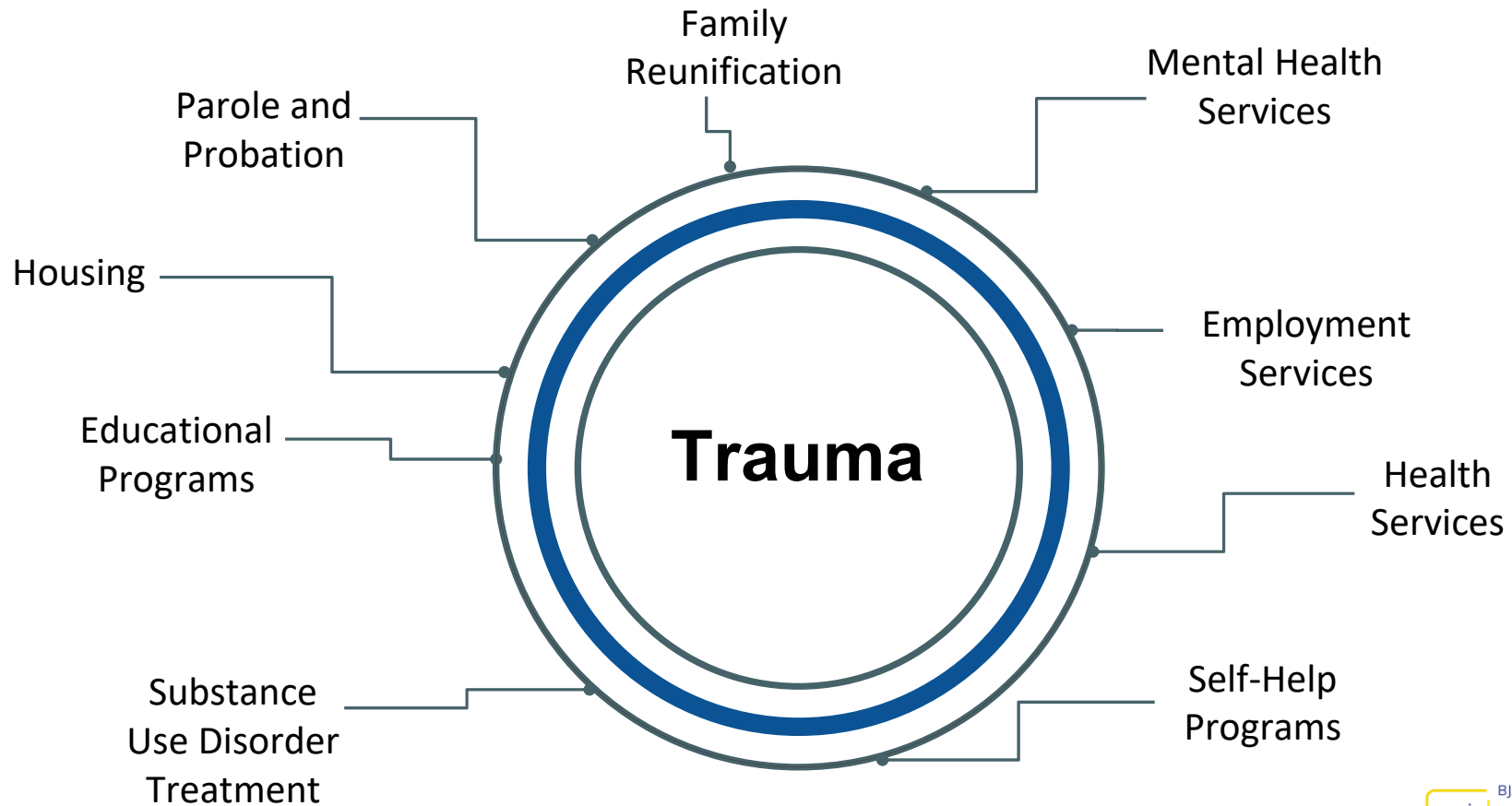
# Victimization and Perpetration



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(Messina, 2020)

## Understanding the Centrality of Trauma: An Essential Component throughout the System



A stack of several open books is shown, with the pages of the top book fanned out. The books are stacked on a surface, and the lighting is soft, highlighting the texture of the paper and the edges of the pages.

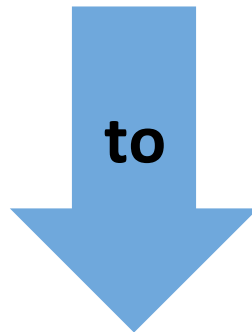
# Resources

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# Changing the Question

**“What is wrong with them”**



**“What has happened to them?”**

# Resource

## A Brief Conversation

- Five senses exercise
- Breathing and exhaling exercise

[www.stephaniecovington.com](http://www.stephaniecovington.com)

Additional Resources → A Brief Conversation

5 things



4 things



3 things



2 things



1 thing



BJA's



**Comprehensive**  
Opioid, Stimulant,  
and Substance Abuse

Program

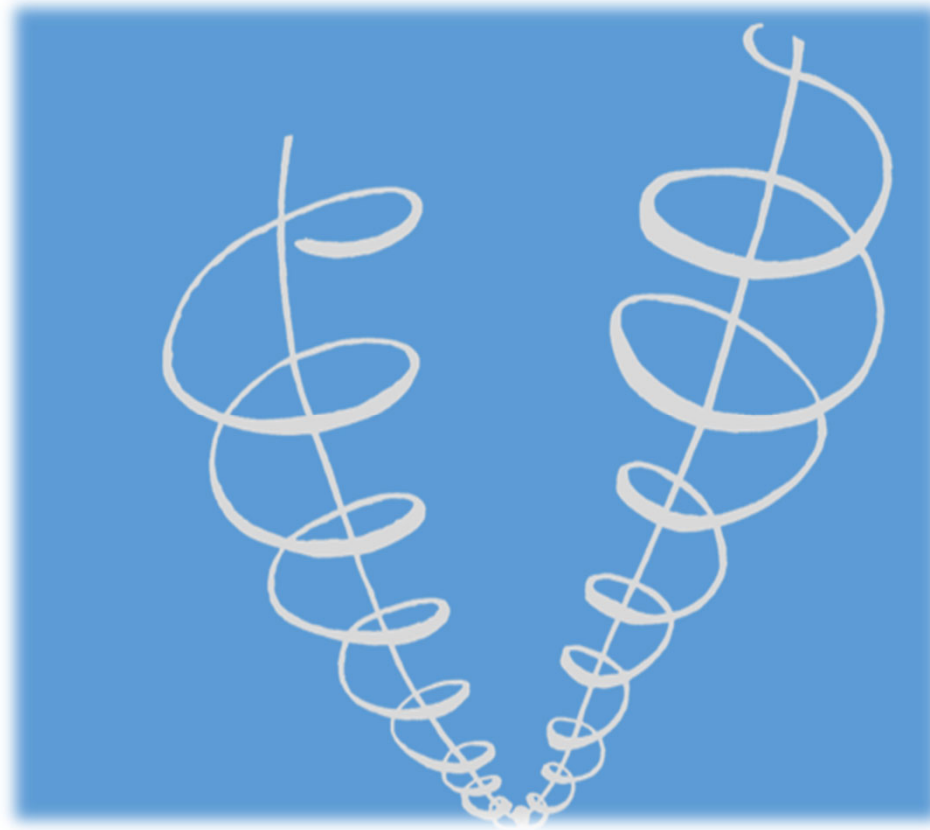


# Trauma Definitions

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- **Trauma-responsive** services include what we *need to do* (*policies, practices, environment=culture*) when we work with trauma survivors.
- **Trauma-specific** what services we *need to provide*.

# Upward Spiral

## Transformation



Trauma  
(constriction)

Healing  
(expansion)

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# Questions?



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# For more information

Stephanie S. Covington, Ph.D., LCSW

Institute for Relational Development  
Center for Gender & Justice  
La Jolla, California  
[sc@stephaniecovington.com](mailto:sc@stephaniecovington.com)

[www.stephaniecovington.com](http://www.stephaniecovington.com)

[www.centerforgenderandjustice.org](http://www.centerforgenderandjustice.org)

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# Becoming Trauma-Informed: A Core Element in Effective Services for Justice Settings

## Three-part webinar series:

### **Webinar 1. *Becoming Trauma-Informed: Understanding the ACE Study***

- A link to the recording coming to you soon!

Registration for the remaining webinars is available at the links below.

### **Webinar 2. *Becoming Trauma-Informed and Moving to Trauma-Responsive***

- Wednesday, March 31 (2:00 to 3:15 PM ET) — <http://s.iir.com/cossap-webinar-mar-31-2021>

### **Webinar 3. *Trauma-specific Services: Programs that Work***

- Wednesday April 14 (2:00 to 3:15 PM ET) — <http://s.iir.com/cossap-webinar-apr-14-2021>

# <https://cossapresources.org/Program/TTA>

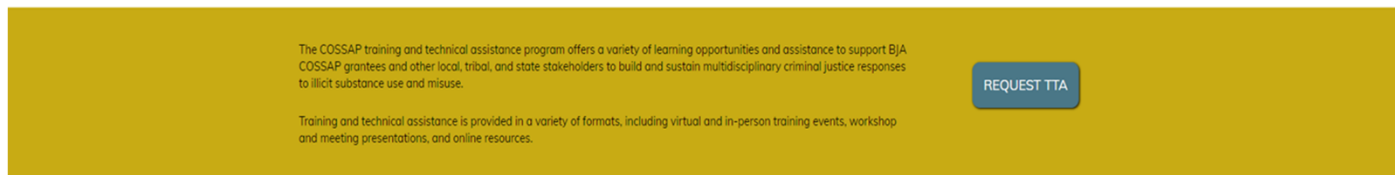


BJA's **Comprehensive** Opioid, Stimulant, and Substance Abuse Program

SEARCH

COSSAP GRANT PROGRAM    LEARNING OPPORTUNITIES    AREAS OF FOCUS    PUBLICATIONS & DIGITAL MEDIA    PDMP TTAC

## TRAINING AND TECHNICAL ASSISTANCE



The COSSAP training and technical assistance program offers a variety of learning opportunities and assistance to support BJA COSSAP grantees and other local, tribal, and state stakeholders to build and sustain multidisciplinary criminal justice responses to illicit substance use and misuse.

REQUEST TTA

Training and technical assistance is provided in a variety of formats, including virtual and in-person training events, workshop and meeting presentations, and online resources.

The COSSAP TTA Program supports communities by:

- Facilitating peer-to-peer learning opportunities in which communities can learn from experienced programs through virtual consultations and on-site visits.
- Providing speakers for conferences and workshops or skilled subject-matter experts for training events to educate stakeholders and build capacity.
- Facilitating strategic and cross-system planning to identify community resources, establish priorities, and develop a road map to achieving goals.
- Identifying materials such as policies and procedures, guidelines, and data sharing agreements that support program activities.
- Supporting PDMPs by increasing PDMP efficiencies and facilitating coordination between PDMPs and state and national stakeholders.

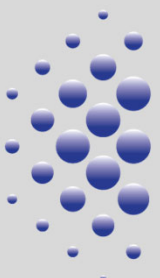
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# COSSAP Resources

**Tailored Assistance**—The COSSAP training and technical assistance (TTA) program offers a variety of learning opportunities and assistance to support local, tribal, and state organizations, stakeholders, and projects in building and sustaining multidisciplinary responses to the nation’s substance abuse crisis. ***You do not need to be a COSSAP grantee to request support.*** TTAs are provided in a variety of formats, including virtual and in-person training events, workshop and meeting presentations, and online resources. Request TTA to support your activities at <https://cossapresources.org/Program/TTA/Request>.

**Funding Opportunities**—Current COSSAP and complementary funding opportunities are shared at <https://www.cossapresources.org/Program/Applying>.

**Join the COSSAP community!** Send a note to [COSSAP@iir.com](mailto:COSSAP@iir.com) with the subject line “Add Me” and include your contact information. We’ll be happy to ensure you receive the latest-and-greatest COSSAP opportunities, resources, and updates.



BJA's

**Comprehensive**  
Opioid, Stimulant,  
and Substance Abuse  
Program