CARRE
CENTER FOR ADJUSTMENT, RESILIENCE & RECOVERY

SAMHSA · NCTSN CATEGORY II CENTER

FIVE YEARS OF IMPACT

Building a Trauma-Informed Field of Care for Children and Families Impacted by Crisis, Conflict and Disaster

A look at CARRE's first five years

Children and families affected by crisis, conflict, and disaster carry the weight of past trauma: violence, loss, and separation from everything familiar into their new communities. These exposures compound with the everyday demands of starting over, including a new language, a new culture, and financial strain, and together they can make it harder to parent, build new connections, and thrive. Mental health symptoms are a common, understandable response, and yet the very barriers that create this stress, like language, cost, and a lack of culturally responsive providers, are often what keep children and families from getting the care they need.

Five years ago, the International Rescue Committee became a training and technical assistance center for the National Child Traumatic Stress Network (NCTSN) to help close that gap.* That work, now known as the Center for Adjustment, Resilience & Recovery (CARRE), has one goal: making sure children, caregivers, and families affected by crisis, conflict, and disaster can access proven mental health and psychosocial support, in their own language and adapted to their culture, no matter which door they walk through or which provider they see. What follows is a look back at what CARRE has built and learned over its first five years.

What CARRE Built to Meet That Need

Cumulative totals across the full five-year grant period.

10,842
Staff & providers trained and equipped to recognize and respond to trauma

129
Consultations & technical assistance sessions delivered to resettlement agencies, community-based organizations & NCTSN Centers

67
Partnerships built across NCTSN, resettlement agencies & community-based organizations

14
Agencies, many already trusted by clients, now delivering adapted evidence-based interventions (EBIs) directly

Extending Care Beyond IRC

- **669** providers equipped with IRC's Safety & Wellness Benchmarks for Forcibly Displaced Populations
- **778+** providers received guidance on culturally adapting evidence-based interventions (EBIs) through trainings and resources disseminated across the network
- **944** providers took part in the needs assessments that shaped CARRE from the start

Shaped By Community Experience

- **27** unique Advisory Committee members guided the work over the years, including people with lived experience of crisis, conflict, and disaster
- **19** quarterly Advisory Committee meetings kept the work grounded in community need
- **100%** of adapted/piloted EBIs showed a positive impact on child, youth, and family outcomes

** CARRE's work as an NCTSN training and technical assistance center is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA).*

> *"You guys really understand the importance of these resources being accessible in a native language, and it shows in your adaptations. It's so helpful to do my job when I have those resources available."*
> **– CARRE partner**

FIVE YEARS OF IMPACT

Evidence-Based Practices, Adapted and Delivered

A cornerstone of CARRE's work has been adapting evidence-based interventions (EBIs) so that they genuinely fit the cultures, languages, and lived experience of children, youth, and families affected by crisis, conflict, and disaster. Each intervention below was chosen and adapted because it fills a real gap in trauma-informed care for this population. Because language, cost, and cultural mismatch are so often what stand between communities and supportive care, CARRE focused on adapting interventions already proven to work, rather than starting from scratch. CARRE then supported community-based agencies to implement these adapted interventions with quality and fidelity. In partnership with developers at the University of California, San Francisco (UCSF), the University of California, Davis (UC Davis), and Adelphi University, CARRE piloted three culturally adapted interventions across nine states and eight languages.

Attachment Vitamins

AV · Child Trauma Research Program, University of California, San Francisco (UCSF)

A relational, psychoeducational group program for parents of young children that addresses toxic stress and strengthens the parent-child bond through culturally grounded connection.

Ages: 0–5 years
Reach: 107 caregivers & 290 children
Sites: 9 agencies across 7 states
Languages: Arabic, Congolese Swahili, Dari, French, Pashto, Russian, Spanish, Ukrainian

> *"It was in my language, so it helped me understand a lot of things. The group was the same culture as me and hence it was easy to exchange experiences." (AV participating caregiver)*

Parent-Child Care

PC-CARE · CAARE (Child and Adolescent Abuse Resource and Evaluation) Center, University of California, Davis (UC Davis)

A brief, dyadic intervention that coaches caregivers in real time as they play with their child, strengthening the caregiver-child relationship and improving behavior management after trauma exposure.

Ages: 1–10 years
Reach: 30 caregivers & 30 children
Sites: 2 agencies (California, New Jersey)
Languages: Dari, Ukrainian

> *"The facilitator helped make the lessons make sense and easy to understand by using cultural examples." (PC-CARE participating caregiver)*

Structured Psychotherapy for Adolescents Responding to Chronic Stress

SPARCS · Adelphi University

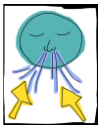
A 16-session, strengths-based group treatment that helps adolescents exposed to chronic trauma build emotional regulation, coping skills, and a sense of connection and hope for the future.

Ages: 12–21 years
Reach: 60 adolescents
Sites: 3 IRC offices (California, Idaho, Washington)
Languages: Congolese Swahili, Dari, English, Pashto, Spanish

> *"My experience was incredible because I liked the group, its activities, emotions, and the affection." (SPARCS adolescent participant)*

+ Adaptation Toolkit

Beyond the three pilots, CARRE developed an Adaptation Toolkit capturing practical guidance and lessons learned from adapting AV, PC-CARE, and SPARCS to support the work of practitioners, community-based organizations, and other professionals involved in adaptation work.



Illustrations by Maggie Simon, MSW

What Changed For Families

- **AV:** Improved parenting self-efficacy and reduced parental stress, with no significant outcome differences by primary language, evidence the cultural adaptations worked.
- **PC-CARE:** Significant improvements in caregiver-child relationships and emotional regulation; 100% of caregivers reported improved child behavior.
- **SPARCS:** 75% of participants felt the group respected their cultural and religious values and felt more able to cope and hopeful about the future.

Why The Approach Worked, Across All Three Programs

- Communities consistently valued care delivered in-language and by trusted community members who shared their cultural understanding of health, healing, and coping.
- Bicultural Content Validators and community advisors, subject matter experts, and implementing staff with lived experience shaped every adaptation: not as an afterthought, but as the foundation.
- Caregivers across programs said the work helped them better understand their own culture while building trust with providers.

FIVE YEARS OF IMPACT

CARRE's Lasting Impact

More Languages, More Resonance

Before CARRE, few trauma-focused evidence-based treatments existed in multiple languages. Today, three adapted interventions are available across eight languages, including the Adaptation Toolkit, providing IRC and other agencies a repeatable way to bring more EBIs into more languages.

A Stronger Voice in the Field

As an NCTSN Category II Center, IRC now collaborates, exchanges ideas, and learns within an influential national circle of trauma-treatment practitioners. This ongoing exchange gives us a genuine opportunity to bring the specific needs of crisis, conflict, and disaster affected communities into spaces that shape trauma care nationally, and to bring what we learn there back to the families and providers we serve.

A Growing Paraprofessional Workforce

Many of the thousands trained are crisis, conflict and disaster-affected community members, growing the workforce of people who can deliver trauma-informed support in the languages and cultural context clients trust most.

Care Where Clients Already Trust

14 agencies, including community-based organizations clients already know and rely on, can now deliver evidence-based trauma care directly, rather than referring clients elsewhere, risking losing them along the way.

"The CARRE project has benefited direct services of children and families in the U.S. in ways that aren't even part of your grant goal."
– CARRE partner

What's Next

We're grateful to SAMHSA and NCTSN for renewing CARRE for a second five-year term. That renewal means deepening the work already underway, strengthening the languages, sites, and partnerships built over the last five years, while expanding reach to new agencies, new languages, and new communities who still don't have access to trauma care that feels like their own. The goal remains the same: clients shouldn't have to choose between care that is evidence-based and care that is responsive to who they are.

Thank you to SAMHSA and NCTSN for their continued partnership and investment, to our academic and community partners, and above all, to the families who trust us.