OYCR | Office of Youth and Community Restoration

UCLA Luskin Social Welfare

Stepping Home Elements – Trauma-Informed Care

EXECUTIVE SUMMARY

Purpose: Given the high prevalence of trauma exposure and trauma-related symptoms among youth involved in the juvenile legal system, it is imperative to understand trauma and its impacts in order to shape policies and practices in the context of the Stepping Home Model. This paper, using primarily scholarly literature and some gray literature when applicable, addresses several topics related to trauma. Resources, including various guides and tools, are also provided at the end of this document. While this document primarily includes peer-reviewed scientific literature on trauma, it should be noted that biomedical (i.e., "western") approaches to addressing trauma may not fully encapsulate cultural and spiritual aspects of healing. The biomedical perspective of trauma is the primary focus of scientific literature on trauma, but other resources regarding non-clinical perspectives of trauma are also essential to consider and are highlighted to expand perspectives on conceptions of trauma and healing.

Search Strategy: The following keywords were searched in Google Scholar, Wiley Online Library, and UCLA Libraries: "trauma-informed care AND juvenile justice," "trauma-informed care AND youth justice," "trauma-informed interventions AND youth justice," "healing-centered engagement," "trauma screening AND juvenile justice," "trauma-informed systems," "trauma-informed design AND juvenile justice," "trauma-informed design."

Results and Conclusion: There is no universally accepted definition of trauma-informed care in existing literature, but researchers have identified core components of a trauma-informed approach to care in the juvenile legal system. Identifying youths' trauma and trauma-related needs through regular screenings and assessments and providing corresponding interventions are widespread recommendations across the literature. The literature also supports integrating trauma-informed care into systemwide policies and practices, such as staff training. While not prevalent in the literature, concepts surrounding trauma-informed design of facilities, culturally responsive and sensitive trauma-informed care in the juvenile legal system, and other forms of trauma-informed approaches to care like healing-centered engagement and other community-based approaches can also be beneficial for counties and partnering agencies to consider in the care of youth and families in their jurisdictions.

SUMMARIES OF KEY STUDIES

The topics reviewed in the following sections include:

1) Background on Trauma;
2) Definitions and Components of Trauma-Informed Care;
3) Trauma-Informed Systems and Organizations;
4) Effectiveness of Trauma Interventions and Practices;
5) Trauma Assessment and Screening;
6) Trauma-Informed Design of Facilities;
7) Culturally Responsive or Sensitive Trauma-Informed Care; and
8) Critiques of Trauma-Informed Care: Healing-Centered Engagement.

Topic Area 1: Background on Trauma

The Substance Abuse and Mental Health Services Administration (SAMHSA) states that trauma "results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being" (SAMHSA, 2014). These events and circumstances can be caused by human behavior (e.g., war, violence, abuse) and nature (e.g., natural disasters) (American Psychological Association, 2018).

Research suggests that up to 90% of youth involved in the juvenile legal system (JLS) report exposure to a trauma (Dierkhising, 2013). Trauma before age 18 is commonly conceptualized through adverse childhood experiences (ACEs), or major forms of trauma in childhood, including abuse, household dysfunction, and neglect. ACEs are especially prevalent among young people involved in the JLS (Folk et al., 2021) and are associated with outcomes like mental health concerns, limited academic achievement, and delinquent behavior resulting in contact with the JLS (Folk et al., 2021).

Incarceration itself is a traumatic event, due to separation from family and other supportive networks, loss of autonomy, resource constraints within facilities, and other factors (Burrell, 2013). As a result, exposure to incarceration negatively impacts youth and their health (Barnert et al., 2017) and can further entrench them into the JLS and criminal legal system in adulthood. These outcomes may be worse for youth who have histories of childhood adversity such as ACEs (Crosby, 2016). In addition to ACEs, intergenerational trauma, defined as the emotional and psychological wounding that is experienced by one generation and that impacts the health and well-being of subsequent generations (Cerdeña et al., 2021), can play a significant role in the lives of youth involved in the JLS. When transforming policies and practices to better serve

young people in the JLS, it is essential to address trauma as an individual *and* collective phenomenon to promote healing (Heberle et al,, 2020). For this reason, trauma-informed care, a widespread clinical perspective to addressing trauma in various human services systems, should be considered in the context of the Stepping Home Model.

Topic Area 2: Definitions and Components of Trauma-Informed Care

Abundant literature describes definitions of trauma-informed care (TIC). However, there is currently no standard definition of TIC that has been universally accepted and used in the JLS. This can create confusion among jurisdictions and service providers regarding what TIC means and how it should be implemented. A highly cited systematic review of studies regarding definitions of TIC and its core components in the JLS found that while most existing literature surrounding TIC in the JLS examines the impact of trauma on young people and provides rationale for trauma-informed systems, few studies actually define core components of TIC (Branson et al., 2017). After screening more than 950 publications, the authors created 10 domains of TIC that encompass all identified definitions of and recommendations for TIC: 1) Screening and assessment; 2) Services and interventions; 3) Cultural Competence; 4) Youth and family engagement/involvement; 5) Workforce development and support; 6) Promotion of a safe agency environment; 7) Agency policies, procedures, and leadership; 8) Cross-system-collaboration; 9) System-level policies and procedures; and 10) Quality assurance and evaluation. Branson et al. (2017) state that while there seems to be consensus in the literature surrounding these core domains of TIC, there is much less agreement around the specific practices within these domains that comprise a TIC approach in the JLS. For instance, while there was consensus surrounding staff training on trauma within "workforce development and support," there was much less agreement on the specific topics these trainings should cover. The authors conclude that more research is needed to determine which recommendations provide the most positive outcomes for youth involved in the JLS and jurisdictions and agencies that serve them.

Topic Area 3: Trauma-Informed Systems & Organizations

Creating trauma-informed systems and organizations when there are differing definitions of and recommended practices for TIC may cause confusion across jurisdictions. To aide in this endeavor, several organizations have provided guides to assist human services systems in implementing TIC at the systems and organizational levels. For instance, in 2014, SAMHSA created the widely used "Concept Of Trauma And Guidance For A Trauma-Informed Approach" for implementing trauma-informed care within organizations from a behavioral health perspective. While not specific to the JLS, its creation included input from stakeholders from multiple youth-serving agencies including the JLS. SAMHSA created the following 10 implementation domains to provide a guide to organizations and jurisdictions for implementing a trauma-informed approach:

1) Governance and leadership that actively support and invest in TIC;
2) Policies and protocols written through a trauma-informed lens;
3) Physical environments that promote safety and collaboration, including cleanliness and calm spaces;
4) Engagement and involvement of people in recovery, survivors of trauma, and family members;
5) Cross-sector collaboration for systems and sectors to establish shared understanding of TIC;
6) Screenings, assessments and treatments that are trauma-informed, evidence-based, and culturally appropriate;
7) Training and workforce development that are related to trauma;
8) Progress monitoring and quality assurance to implement and maintain TIC;
9) Financial support for TIC; and
10) Evaluation of systems utilizing measures for TIC.

Additionally, in a systematic review of studies related to organizational interventions to promote trauma-informed practices in human services agencies including JLS facilities, primary care provider settings, and child welfare agencies, Purtle (2018) found that staff training on TIC improved knowledge system-wide about trauma-informed intervention content, attitudes such as increase favorable beliefs regarding TIC, and behaviors like trauma-informed practices within an organization. One training model discussed in this study that has been successfully used across human services agencies in the United States is the Sanctuary Model, which is a trauma-informed, whole culture approach to creating and changing organizational cultures (Elwyn, Esaki, & Smith, 2015). While there were some limitations to this systematic review, the author concludes that trauma-informed staff training seems to have positive outcomes on staff and organizations, but more rigorous research is needed to determine if these effects are solely the result of these trainings or other factors.

Additionally, research suggests that trust and rapport between staff and youth is important in encouraging youth to engage in trauma-informed care (Barnert et al., 2020). In fact, staff not sharing similar lived experiences as youth in the JLS is often perceived as a barrier to the foundation of this trust and rapport (Barnert et al., 2020). Hiring staff who shared similar lived experiences as youth in the JLS can therefore help foster trust and rapport among youth and encourage their engagement in health care and promote long-lasting healing (Lesnick et al., 2023). It is recommended that counties and partnering agencies implement the domains created by SAMHSA, including staff training on TIC and hiring and engaging staff with lived experience, to further promote TIC systemwide.

Topic Area 4: Effectiveness of Trauma-Informed Interventions and Practices

Ample literature examines trauma-informed interventions and practices on adolescents. However, the impacts of these treatments specifically on youth involved in the JLS is less clear. In their systematic review of studies examining trauma-informed treatments used in the JLS and their impacts on violence and recidivism, Zettler (2021) found that the research that does exist on this topic only focuses on the effects of programming within institutional settings and does not address community-based settings. Nonetheless, across all the trauma-informed programs for adolescents that the author reviewed, trauma focused cognitive behavioral therapy1 (TF-CBT) shows the most empirical support in being effective across gender and racial/ethnic groups in treating trauma-related symptoms, mental health symptoms, and behavioral problems that are associated with violence and recidivism. Additionally, Zettler (2021) states that TF-CBT is one of the most cost-effective modalities and has been used across diverse populations in clinical, community-based, and residential settings. In a similar meta-analysis of studies evaluating the effectiveness of trauma-informed programs for "justice-involved and at-risk youth", Olaghere and associates (2021) found that CBT and TF-CBT have the most effect in reducing recidivism; mental health symptoms like depression, anxiety, and anger; and substance use, with TF-CBT having a stronger effect. Additionally, Rhoden and colleagues (2019) conducted a systematic review of the studies examining the effectiveness of trauma-specific interventions among youth involved in the JLS. The authors determined that TF-CBT and eye movement desensitization and reprocessing (EMDR) have the most rigorous empirical support for reducing trauma symptoms.

More research regarding trauma-informed interventions and their impacts specifically on youth involved in the JLS is required, particularly regarding non-recidivism outcomes such as mental health symptoms and other holistic measures. However, because TF-CBT seems to show the most promise and is one of the most cost-effective modalities used across diverse populations and settings, counties can invest in this treatment to provide the most chance of success to youth within their jurisdictions. Other trauma-specific interventions to consider that demonstrate promising effects but do not have as much empirical evidence in comparison to TF-CBT include Trauma Affect Regulation: Guide for Education and Therapy (TARGET) and Trauma and Grief Component Therapy for Adolescents (TGCT-A) (National Child Traumatic Stress Network, 2012, 2018).

In addition to TF-CBT, other interventions that are community-rooted approaches can be uplifted to support youth who have experienced trauma. While not extensively researched in the scientific literature, community-based interventions for trauma have become popularized to address trauma in the context of families and communities, to facilitate deeper healing (López-Zerón and Parra-Cardona, 2015). For example, several approaches that engage families and communities in a youth person's healing process, such as the Linking Human Systems Approach (López-Zerón and Parra-Cardona, 2015) and Xinachtli (Haskie-Mendoza et al., 2018),

[1] TF-CBT has been adapted to address specific forms of trauma such as commercial sexual exploitation of children, or CSEC. CSEC and trafficking will be further discussed in a forthcoming OYCR brief related to gender.

are used within communities and can be leveraged by counties to promote the healing of youth in their systems who have experienced trauma.

Moreover, when providing any trauma-informed interventions to youth in the JLS, the interventions themselves must be delivered with fidelity to the prescribed care approach. Fidelity in treatment delivery, including adherence to treatment implementation and attention to the qualities of practitioners who deliver the treatments, has been shown to impact treatment outcomes for youth (McArthur et al., 2012). Whether providing TF-CBT, Xinachtli, or other interventions and approaches, counties should ensure fidelity to the treatment approach that is utilized to promote meaningful healing for youth.

Topic Area 5: Trauma Screening and Assessment

Research states that trauma assessment and screening of youth in the JLS is critical to implementing a trauma-informed system of care (Kerig, 2023). Screening refers to the evaluation that is conducted with all youth at an early point of contact, such as upon their entrance to a carceral facility, to determine if they need a deeper evaluation (Kerig, 2023). Because screenings do not diagnose youth, any staff who is properly trained can conduct screenings. In contrast, assessment refers to the deeper, clinical evaluation conducted with youth who are identified as needing further evaluation in their screenings. Because assessments are conducted to establish criteria for mental health diagnoses and to refer youth to mental health services, only clinically trained staff can conduct assessments (Kerig, 2023).

While there is abundant literature on screenings and assessments, there is currently a lack of studies among the JLS population evaluating which specific assessments and screenings are best utilized specifically with youth involved the JLS, which may cause uncertainty for jurisdictions when selecting tools to use. However, Oh and colleagues (2018) conducted a systematic review of studies evaluating tools to measure adversity exposure in youth. While examined specifically for pediatric primary care, the authors note that tools included in this review can be used with a variety of populations of young people. The authors recommend 14 measures based on cost, administration time, and training requirements. Some of these measures include the Center for Youth Wellness ACE Questionnaire (ACE-Q)[2], Child Abuse and Trauma Scale (CATS), Child PTSD Checklist (CPC-C) and Parent Version (CPC-P), Lifetime Incidence of Traumatic Events-Student/Parent Form (LITE-S/P), and Young Child PTSD Checklist (YCPC). The authors did not specify whether any of the measures are superior to others.

Additionally, Patricia Kerig with the National Child Traumatic Stress Network also wrote a guide about trauma assessment and screening for youth involved in the JLS. Kerig (2023) states that all youth involved in the JLS should be screened and/or assessed to identify those experiencing trauma-related symptoms. Kerig (2023) also offers questions and suggestions for

[2] While ACE-Q is used in practice, the developers of the measure have acknowledged the limitations of the ACEs framework, which provides binary quantification of discrete types of trauma exposure.

institutions including jurisdictions in the JLS to consider when implementing trauma screening and assessment in their systems and provides examples of screening and assessment tools that measure history of exposure to traumatic events as well as the presence and frequency of trauma-related symptoms.

Topic Area 6: Trauma-Informed Design of Facilities

Because of the traumatic effects of incarceration, placing youth in carceral facilities should be avoided whenever possible to prevent further traumatization among youth. However, for youth who are detained in JLS facilities, a trauma-informed approach can be utilized in the creation of and maintenance of the built environments of facilities in which young people reside.

An emerging concept in the scholarly literature that addresses this idea is "trauma-informed design," or TID, which is defined as "the application of the principles of…TIC to the creation of the built environment: architecture, interior design, landscape design and user experience" (Bollo & Donofrio, 2021). Bollo and Donofrio (2021) state that the first known set of TID principles is from the non-profit organization Committee on Temporary Shelter (COTS). These TID principles are:

1) reduce or remove adverse stimuli and environmental stressors;
2) engage the individual actively in a dynamic, multi-sensory environment;
3) provide ways for the individual to exhibit their self-reliance;
4) provide and promote connectedness to the natural world;
5) separate the individual from others who may be in distress;
6) reinforce the individual's sense of personal identity; and
7) promote the opportunity for choice while balancing program needs and the safety and comfort of the majority (Farrell, 2018).

The concept of TID is still in its infancy in the scholarly literature, and the most highly cited research that does exist mainly surrounds the issue of homelessness (Ajeen et al., 2022; Bollo & Donofrio, 2021; Dietkus, 2022; Owen & Crane, 2022). However, preliminary findings suggest that psychological wellbeing improves among individuals living in homelessness shelters that were built using TID (Ajeen et al., 2022). While TID-related empirical research surrounding the JLS has yet to be conducted, a literature review applied TID to residential care facilities for youth who have experienced trauma (Ames & Loebach, 2023). The authors conclude that more research is needed to empirically evaluate the usage of TID approaches for youth who have experienced trauma; however, they also state that there is promising potential for TID approaches such as the COTS principles above to support youth with histories of trauma. This can include youth currently detained or incarcerated in the JLS.

There are several TID-related resources that can assist in applying TID principles to the creation of and maintenance of trauma informed JLS facilities. While it is argued that a trauma-informed approach to physical environments should occur when a facility is first being built (Burrell, 2013), existing JLS facilities can be made less trauma inducing. In SAMHSA's aforementioned guide "Concept Of Trauma And Guidance For A Trauma-Informed Approach," several questions are offered for consideration when building environments that promote TIC. Additionally, while not specific to the JLS, the Trauma-Informed Housing Toolkit (Preservation of Affordable Housing, 2023) provides several TID resources including visual tools that can aid organizations and jurisdictions like counties in creating TID-based environments.

Topic Area 7: Culturally Responsive or Sensitive Trauma-Informed Care

"Culturally responsive or sensitive TIC" refers to trauma-informed services and interventions that acknowledge, respect, and integrate the cultural values, beliefs, and practices of clients and their families. Culturally responsive or sensitive TIC in the JLS has not been extensively studied in the peer-reviewed literature. However, when tailoring trauma-informed approaches and interventions for youth in the JLS, it is important to ensure that TIC, which is embedded in a clinical context, is adapted appropriately to cultural backgrounds. While not discussed in the JLS context, several reports and guides have been created in other fields including pediatric care and psychology that can be adapted for usage by counties.

When providing culturally responsive or sensitive trauma-informed care to youth in the JLS, there are rich cultures and practices that can be drawn upon that may not be represented in the biomedical literature. While not prominent in the biomedical literature, several organizations like the National Compadres Network and Healing Dialogue & Action have elevated community-based approaches to support healing for youth in the JLS.

For example, in their guide to culturally sensitive TIC, the Center for Pediatric Traumatic Stress (CPTS) states that cultural factors can play a role in a young person's experience of trauma and subsequent reactions should be considered when serving youth and their families. CPTS provides key components of culturally sensitive TIC that can be implemented in various settings where care is being provided to young people, including the JLS. Components and corresponding recommendations for their implementation include recognizing cultural variations of the perception of trauma and the role of beliefs, restoring a sense of safety for the child and family, and working within and through the family structure to promote emotional and social support.

The American Psychological Association also created a toolkit for culturally informed trauma and grief recovery that can be used by practitioners in various human services agencies, including the JLS. Created by psychologists, the toolkit details several relevant components and recommendations for their implementation, including healing, coping, and cultural considerations. Topics include religion and spirituality, intersectionality, expressive arts, and

principles to consider for different cultural groups including Buddhists, Muslim Americans, Latina/o/x people, and others.

It is important to note that within the JLS context, training on culturally sensitive or responsive TIC should also include acknowledgment of the power imbalance between clinical staff and young people and their families. This inherent power imbalance can lead to barriers in care – from youth being apprehensive to engage in clinical care to refusing it entirely (Bondoc et al., 2023). While TIC has its merits and a strong theoretical basis, other resources that are not typically used in clinical TIC but have shown potential in providing lasting healing to young people involved in the JLS can also be used. One type of resource that can strengthen delivery of TIC interventions and other approaches to healing is credible messenger mentoring (CMM), which helps address the power imbalance to the JLS by allowing youth to connect with adults (or near peers) who have faced similar circumstances in their lives to help encourage youth in their healing journeys. Exploratory qualitative research suggests that CMM can improve outcomes for young people regarding recidivism, mental health symptoms, and academic achievement (Lesnick et al., 2023). Culturally sensitive and responsive TIC should therefore include an acknowledgment of the power imbalances that can occur between clinical staff and young people, and openness to the usage of non-clinical but promising restorative practices such as CMM to support healing.

Topic Area 8: Critiques of Trauma-Informed Care: Healing-Centered Engagement

While not prominent in the peer-reviewed literature, some advocates in the JLS have raised concerns regarding TIC and its clinical approach that can be deficit-based, even when it is "culturally responsive or sensitive." As a result, healing-centered engagement (HCE) has been offered as an emerging alternative to TIC that counties can explore as an approach to care in their jurisdictions. HCE, in comparison to TIC, is argued to have a greater holistic approach to trauma that centers strengths, collectivity, and culture in pursuing well-being, which differs from TIC's individualist, symptom-focused approach (Ginwright, 2018). Myra Soto-Aponte (2021) with the Youth Thrive Initiative of the Center for the Study of Social Policy created a guide for youth-serving systems, including the JLS, to explore and apply this new approach. Soto-Aponte (2021) asserts that many youth serving systems, like the JLS and child welfare systems, are rooted in deficit-focused, risk reducing approaches. These approaches can often perpetuate racist and oppressive beliefs, practices, and policies that harm young people and their families and communities. Soto-Aponte (2021) provides recommendations for organizations to build their HCE capacity to better leverage young people's assets and resilience, rather than their deficits and risks related to prior trauma, with the goal of promoting young people's healing and success.

CONCLUSION

In the context of the Stepping Home Model, TIC is important to consider in the treatment and support of young people currently housed in JLS facilities in California and their families. Trauma is extremely prevalent among youth in the JLS, California included, so it is essential to understand, address, and respond to it through effective resources and services. TIC can provide a framework for practitioners and agencies across counties to not only understand trauma and its various impacts on youth, but to also adequately respond to it in order to provide youth with lasting and holistic healing, accountability, and rehabilitation. It is important to note that while TIC can offer counties an approach to care that is rooted in healing principles, it is also a clinical concept that does not fully encapsulate trauma, its impacts, and beliefs surrounding it, since the concept and approach to healing may vary by cultures. Additionally, it does not acknowledge the power imbalance that is inherent between clinical providers and young people and resultant barriers to care. More empirical research on TIC and related topics in the context of the JLS is required, particularly regarding outcomes other than recidivism such as improved mental health and academic achievement. However, culturally sensitive approaches to care that are responsive to power imbalances in clinical care and to gender, spirituality, and other factors in the identities of youth in the JLS and their families should be utilized, including resources like credible messenger mentoring and other community-grounded approaches. Comprehensive TIC that utilizes both clinical and non-clinical restorative treatments can fully promote lasting health and wellbeing of not only youth in JLS facilities and their families, but all Californians.

RESOURCES

The following section provides resources that can aide jurisdictions in implementing TIC and improving their efforts at the organizational level. Resources include self-assessments for jurisdictions to evaluate their TIC efforts; guides to implementing TIC, HCE, and TID; and resources for trauma-informed treatments and screenings/assessments.

Organizational self-assessments for implementation of TIC:

- National Child Traumatic Stress Network Trauma-Informed Organizational Assessment
- National Council for Mental Wellbeing Organizational Self-Assessment
- Trauma-Informed Care Project's Agency Self-Assessment for Trauma-Informed Care

Guides for TIC, HCE, and TID

- Substance Abuse and Mental Health Services Administration's Practical Guide for Implementing a Trauma-Informed Approach
- American Institutes for Research and Chapin Hall's Guide for Adopting a Cross-System, Trauma-Informed Approach Among Child-Serving Agencies and Their Partners
- American Psychological Association's Culturally Informed Trauma and Grief Recovery Toolkit
- National Child Traumatic Stress Network's Guide for Trauma and the Environment of Care in Juvenile Institutions
- Annie E. Casey Foundation's Juvenile Detention Facility Assessment
- Crosswalk: Youth Thrive & Healing Centered Engagement
- Trauma-Informed Housing Toolkit

Trauma-informed treatments and screenings/assessments:

- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- Eye Movement Desensitization and Reprocessing (EMDR)
- The National Child Traumatic Stress Network's Assessing exposure to psychological trauma and posttraumatic stress symptoms in the juvenile justice population

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