

Creating a Trauma-Informed Environment

Excerpts from [The External Review of Job Corps: An Evidence Scan Report, March 2018](#)

Trauma can result from exposure to a threatening or harmful event, such as witnessing or being the victim of violence or larger community events like natural disasters (National Child Traumatic Stress Network 2003). Trauma can have significant negative impacts on attention, cognition, self-concept, and behavior in the short- and long-term.

Nationally representative studies estimate that 41 percent of children and youth were the victim of a physical assault, and 22 percent witnessed violence in the last year (Finkelhor et al. 2013). System-involved youth have higher rates of trauma and violence exposure: 94 percent of justice-involved youth have experienced at least one trauma and 46 percent have post-traumatic stress disorder (PTSD) (Rosenberg et al. 2013); 80 percent of foster care youth aging out of child welfare had experienced at least one traumatic event in their lifetime and 15 percent met the criteria for a PTSD diagnosis (Salazar et al. 2013).

In recent years, children and youth programs have increasingly adopted different types of trauma-informed care approaches, which seek to support individuals who have experienced trauma or distressing events in their lives. The implementation and impact of some of these trauma-informed care approaches has been studied and documented in the literature.

1. The effects of trauma on youth

Traumatized children experience impaired brain development and physiological and psychological symptoms, including changes in sleeping and eating, depression, anxiety, inability to focus, and behavioral changes (National Child Traumatic Stress Network 2003; De Bellis and Zisk 2014). These reactions are a normal response to a traumatic event, but the symptoms become a problem when they persist past the initial event and interfere with daily life; in extreme cases, traumatized children are diagnosed with PTSD (National Child Traumatic Stress Network 2003).

Trauma can have deep and wide impacts on youth. Experts have identified seven impairment domains to categorize the impacts on children and adolescents (Cook et al. 2005):

1. **Attachment:** distrust of others, difficulty reading social situations, and challenges defining appropriate boundaries for relationships
2. **Biology:** difficulty with coordination and balance, and increased medical problems
3. **Affect regulation:** challenges acknowledging and expressing thoughts, wishes, and feelings
4. **Dissociation:** amnesia and detachment from emotions
5. **Behavioral control:** aggression, inability to moderate impulses, and oppositional behavior
6. **Cognition:** lack of curiosity, inability to focus, and stunted language development

7. **Self-concept:** feelings of shame, guilt, and low self-esteem

Learning can be particularly difficult for traumatized youth, as trauma is related to a reduced ability to pay attention, process information, develop boundaries, and control emotions—including aggressiveness (Cook et. al. 2005). Other research has indicated that trauma impacts a young person’s ability to form and build relationships, sense of security, and trust in others (IWGY 2013). Traumatized youth may have a constant fight-or-flight mentality, be unable to control their anger, and try to ignore upsetting feelings.

2. **Evidence on trauma-informed therapies and approaches**

The literature describes two types of efforts to support and help trauma-affected individuals (Hanson 2016): trauma-informed therapy and more holistic trauma-informed approaches. Trauma-informed therapy is usually administered by a clinical professional and may be conducted in individual or group settings. The length and duration of sessions varies by program and individual. Therapy can be delivered in a variety of institutional and organizational settings.

“Trauma-informed approaches” is an umbrella term that includes trauma-informed services and other interventions at the individual or systems level that integrate trauma sensitivity with other services like education. Most activities of trauma-informed approaches include training and awareness for staff, adaptation of services to be sensitive to trauma, and efforts to change organizational culture, policies, and practices. A single intervention may include multiple components.

A scan of the literature identified different approaches, some of which have been rigorously evaluated and some that have not. Two evaluated approaches include the evidence-based Attachment, Self-regulation, and the Competency (ARC) framework and the Sanctuary Model, which has been adapted for schools:

- **ARC framework.** The framework focuses on improving three development areas that are affected when youth experience trauma: attachment (for example, building safe connections to others), self-regulation, and resiliency. Within these three domains, 10 building blocks, such as executive functioning and affect expression, act as intermediary targets and together create a guiding structure for youth and counselors (Hodgon et al. 2013). The approaches that programs use to achieve these markers varies widely (Hodgon et al. 2013). Young children to young adults have participated in the program in residential treatment facilities, schools, and community organizations. One program implemented ARC in groups where youth would practice self-regulation, learn about a specific ARC skill, and then practice self-appraisal (Hodgon et al. 2013). Using a pre-post analysis of youth ages 13–19, researchers found ARC implementation reduced PTSD and improved child behavior (Hodgon et al. 2013).
- **The Sanctuary Model.** This model focuses on changing systems and organizational culture, and it has shown some positive impacts (Bloom 2003; Rivard et al. 2005). While initially

developed in an adult, inpatient psychiatric facility, it has been adapted for youth and children in schools and can be used in a variety of organizational settings (Bloom 2003). The model includes: (1) developing a shared understanding of the organization's actors and trauma's impact on them, (2) creating safety through the adoption of shared principles, (3) utilizing a framework for dealing with disruption, and (4) relying on a toolkit for implementation. Staff at different levels participate in a series of meetings to discuss and implement these ideas through trainings and with the help of the toolkit. The program is typically implemented over a three-year period (Sanctuary n.d.). A combined experimental and quasi-experimental study found no differences at baseline or the three-month follow-up period, but by the six-month follow-up period youth in centers that implemented the Sanctuary Model had higher self-control, reduced verbal aggression, and used fewer negative coping strategies as compared to youth in control centers (Rivard et al. 2005). Another study, using a pretest-posttest design found a juvenile justice facility was safer for youth and staff after the program was implemented (Elwyn et al. 2015). These evaluations did not examine academic outcomes.

Other approaches identified in the literature have not yet been rigorously evaluated and are primarily staff training interventions. These include:

- **Think Trauma**, a two-day training for staff working in residential juvenile justice residential centers. The curriculum has modules that cover (1) trauma and its connection to delinquency, (2) the impact of trauma, (3) trauma coping strategies, and (4) self-care (Marrow et al. 2012).
- The **Child Welfare Trauma Training Toolkit**, which contains a sample presentation, training instructions, a participant manual, handouts, readings, and other resources for a two-day training designed specifically for child welfare professionals (Child Welfare Collaborative Group 2013).
- **Risking Connection**, a staff training and implementation framework designed for use by a variety of organizations. The training includes information about trauma, trauma-informed care, and how to change organizational culture. Staff are encouraged to build Respect, Information, Connection, and Hope (RICH) relationships with clients (Brown et al. 2012).
- The **Restorative Approach** is a trauma-informed framework for dealing with problematic behaviors. Through training, staff learn how to respond to misbehavior and how to teach children to resolve conflicts (Wilcox 2012).

Two other notable models have been proposed for schools. The Massachusetts Advocates for Children and Harvard Law School created a guide and framework for creating trauma-sensitive schools that detail specific policy and practice changes to implement at the school and classroom levels (Cole et al. 2009). At the school level, the authors recommend that schools (1)

create an ongoing group leading the implementation of a trauma-informed network, (2) regularly assess and fulfill staff training needs, (3) revise internal policies, and (4) work with the larger community (Cole et al. 2009). From Washington State, the Heart of Learning provides a list of instructional practices, topics for discussion, and other specific strategies for teachers and others working in schools (Wolpov et al. 2016). The guide recommends teachers avoid yelling and making threats because this imitates the behavior of traumatizers. Teachers should also let youth know that they are aware of the huge challenges the youth face and mediate students' relationships with each other to reinforce appropriate behavior. Across all the different types of programs studied in the literature, several best practices have emerged from the data. These include providing for:

- **Universal screening for trauma.** This allows more youth in need of services to be identified (Ko et al. 2008). The Adverse Childhood Experience test, developed by the Center for Disease Control, is one way to measure the number of traumatic experiences a child has experienced. A high score is associated with a number of negative health outcomes in adulthood (Gilbert et al. 2015).
- **In-person trainings for staff.** Training staff is a key part of any effective intervention, especially when the interventions are related to sensitive topics like trauma. In-person training as opposed to web-based training appear more effective at supporting high-quality implementation (Cohen et al. 2016; Beidas and Kendall 2010).
- **Ongoing consultations between staff and experts.** These regular consultations appear effective (Hodgdon et al. 2013), especially as compared to one-time trainings (Cohen et al. 2016).

Strong evidence exists for four types of therapy provided by trained professionals

A significant body of literature describes therapies used by professional therapists to support individuals who have experienced trauma. We describe the techniques here but acknowledge that their implementation requires professionals and significant resources to implement.

- Trauma-Focused Cognitive Behavior Therapy (TF-CBT) provides services and professional therapy to both parents and children through 12–18 weekly sessions. The TF-CBT model has been implemented in schools, foster care settings, and youth residential facilities by professional therapists. Several randomized controlled trials have found TF-CBT effective at reducing PTSD among youth, especially among youth exposed to sexual abuse (Cohen et al. 2005; King et al. 2000; Cohen et al. 2011; Mannarino 2012). The evidence-based YVLifeSet program screens all youth for trauma and offers TF-CBT to all youth that show signs of trauma (Skemer and Valentine 2016).
- Prolonged Exposure Therapy for Adolescents (PE-A) encourages youth to repeatedly discuss past traumatic events and experience situations that remind youth of traumatic

events during therapy sessions with professionals once or twice a week over 2 to 4 months. A randomized controlled trial among female youth seeking care at a rape crisis center found that PE-A reduced PTSD symptoms (Foa et al. 2013).

- In Eye Movement Desensitization and Reprocessing (EMDR) therapy youth are asked to focus on past traumas while following the movements of an object during 3 to 12 weekly therapy sessions with professional counselors. EMDR has been used in schools and residential care facilities. A randomized controlled trial among males ages 10 to 16 with behavior problems found reductions in distress, PTSD symptoms, and behavior problems (Soberman et al. 2002). Another randomized controlled trial found decreases in anxiety and PTSD among traumatized females ages 16 to 25 (Scheck et al. 1998).
- Cognitive Behavioral Intervention for Trauma in Schools is a trauma-specific therapy designed specifically for use among youth in schools. Participants attend weekly group therapy sessions with five to seven other students and a few individual therapy sessions over 10 weeks. Mental health professionals conduct the sessions. A randomized controlled trial among younger youth (10 to 12 years old) found that the treatment group had lower rates of depression, psychosocial depression, and PTSD, but there was no change in learning and behavior issues as compared to youth in the control condition (Stein 2003). Another randomized controlled trial among a wider range of ages (9 to 16 years old) found a similar reduction of PTSD symptoms following a traumatic community event (Jaycox et al. 2010).

Federal focus on trauma-informed care practices

Many federal agencies, including the Administration for Children and Families (ACF), Centers for Medicare and Medicaid Services, Department of Justice, and the Department of Education, have created trauma resources and invested in or otherwise implemented trauma-informed approaches. For example, the Interagency Working Group on Youth Programs held a webinar titled *Implementing a Trauma-Informed Approach for Youth Across Service Sectors* (IWGYP 2013) and, in 2016, the U.S. Department of Education awarded \$5 million to three school districts to establish programs to promote resilience among traumatized youth (U.S. Department of Education 2016). The Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, has led the federal effort for trauma-informed approaches, creating several resources and materials and funding the [Child Traumatic Stress Network](#). ACF has also compiled trauma resources specifically for programs serving youth.

For References and the Full Report, see the *The External Review of Job Corps: An Evidence Scan Report, March 2018* at:

<https://www.dol.gov/sites/dolgov/files/OASP/legacy/files/JC-EvidenceScan.pdf>