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Best Practices for Implementing Trauma-Informed Care with Youth who are Homeless or At- Risk of Being Homeless

Ellen Morrow

Minnesota State University, Mankato

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Significance and Purpose

Exposure to traumatic events during childhood can affect brain development, how someone reacts to stress, and what they may find threatening or unsafe. Trauma can be a precursor to the development of a range of psychopathology including post-traumatic stress disorder, depression, anxiety, substance abuse, personality distortions and psychosis (APA, 2000, Rose, Freeman & Proudlock, 2012). Left untreated trauma can also result in medical conditions later in life including heart disease, cancer, respiratory problems and social conditions such as homelessness, prostitution or delinquency (Steele & Malchiodi, 2012; WISQARS, 2010). Maschi and Schwalbe (2012) cite studies which estimate up to 93% of youth in the juvenile justice system have histories of trauma. There are five different forms of trauma that can affect individuals: acute trauma (a single traumatic event which is time limited), chronic trauma (identified as multiple exposures), complex trauma (multiple exposures and its long term impact), system induced trauma (experienced when removed from home or multiple placements) and vicarious trauma (secondary trauma experienced by staff or workers (FLDJJ, 2010).

The purpose of this project was to identify best practices in trauma-informed care and how to incorporate those practices into youth services at Lutheran Social Service of MN to reduce the possibility of retraumatization of the youth served.

Methodology

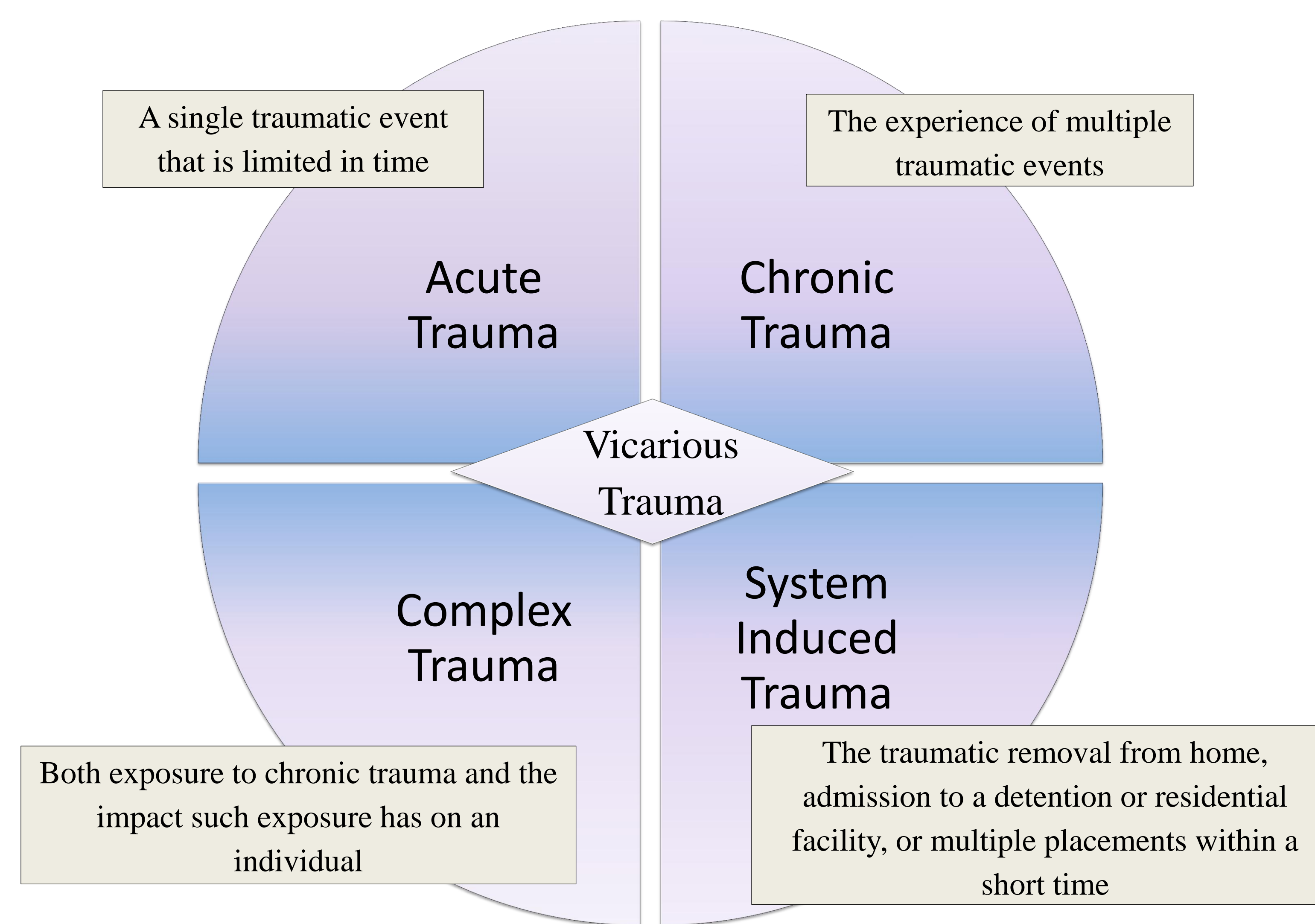
A systematic literature review was conducted using the following databases: Eric on EBSCO, Medline, Psyc Info, ProQuest Databases, Social Service Abstracts, Sociological Abstract, ASSISA Applied Social Sciences Index and Abstracts, Criminal Justice Periodicals and Google Scholar. Key terms searched included "trauma-informed care" and "youth". Evidence-based practices through reputable websites such as SAMHSA, Florida Department of Juvenile Justice, and the National Child Traumatic Stress Network were also searched, along with books regarding trauma. The literature was reviewed for relevant information, themes were identified, and recommendations developed. Findings were presented to staff of Lutheran Social Service of Minnesota, Mankato which includes The REACH.

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References

References are available upon request from the author

Types of Trauma



(Florida Department of Juvenile Justice, 2010, sl. 13)

Themes from Literature Review

What is Trauma?

- ❖ Trauma is pervasive (Elliott et al., 2005; Fallot & Harris, 2009; Hopper et al., 2010).
- ❖ Trauma refers to an experience that creates a sense of fear, helplessness or horror and overwhelms a person's resources for coping. It potentially poses a threat to one's life, safety or personal integrity (Hopper et al., 2010).
- ❖ Impact of trauma can be devastating and long-lasting interfering with a person's sense of safety, ability to self-regulate, sense of self, perception of control and self-efficacy, and interpersonal relationships (Hopper et al., 2010).
- ❖ Traumatic events can include physical abuse, sexual abuse, neglect, witnessing violence, traumatic loss, and attachment disruptions (Brown et al., 2012).
- ❖ Trauma at a young age can permanently stunt or alter brain development (Black et al., 2012).
- ❖ Trauma survivors are the majority of clients in human service systems (Elliot et al., 2005) and the experience of trauma is subjective (Black et al., 2012).

What is Trauma Informed Care?

- ❖ Being trauma-informed means being sensitive to the reality of traumatic experiences. Change the question from "what's wrong with you?" to "what's happened to you?" (Bloom et al., 2008, FLDJJ, 2008).



Themes from Literature Review cont.

Implementing Trauma-Informed Care

- ❖ Trauma-Informed Care is an overarching framework that emphasizes the impact of trauma and guides the general organization and behavior of an entire system. It looks at all aspects of programming through a trauma lens, constantly keeping in mind how traumatic experiences impact both consumers and staff and avoids engaging in re-traumatizing practices (Guarino et al., 2009; Hopper et al., 2010).
- ❖ In order to be trauma-informed a program must reflect the following core values in each contact, physical setting, relationship and activity and is evident in the experiences of staff as well as consumers:
 - Safety – ensure a safe physical and emotional environment for both consumers and staff.
 - Trustworthiness – ensure consistency in practice, maintaining boundaries that are appropriate to the program, maximize honesty and transparency.
 - Choice – helping consumers regain a sense of choice and control over their daily lives to build their competencies.
 - Collaboration – consumers are the experts of their situation and must be included in design, evaluation and delivery of services.
 - Empowerment – program activities ensure empowerment and skill-building (Fallot & Harris, 2009; Guarino et al., 2009; Steele & Malchiodi, 2012).

Recommendations

Fallot & Harris (2009) comment "Human service systems become trauma-informed by thoroughly incorporating, in all aspects of service delivery, an understanding of the prevalence and impact of trauma and the complex paths to healing and recovery" (p. 2). Due to the likelihood that persons seeking services through Lutheran Social Service and The REACH have experienced some form of trauma, it is recommended that trauma-informed care be incorporated within all aspects of the program. To accomplish this the organization should:

- ❖ Conduct an initial planning session to assess the organization's commitment to trauma-informed care;
- ❖ Create a workgroup to conduct a trauma-informed self-assessment to identify any deficiencies with regard to the core values of trauma-informed care;
- ❖ Involve consumers in designing, providing and evaluating services;
- ❖ Revise program policies and processes to support the provision of trauma-informed care;
- ❖ Train all staff in the provision of trauma-informed care. Training should include administrators, direct care staff, case managers, and support staff;
- ❖ And, evaluate the agency's provision of trauma-informed care and make changes as needed.