



Performance-*based*
Standards



Implementing Trauma-Informed Care: What Staff, Youth and Families Say

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PbS and Trauma-Informed Care

Performance-based Standards (PbS) is a data-driven improvement model grounded in research that holds juvenile justice agencies, facilities and residential care providers to the highest standards for operations, programs and services. PbS was launched 20 years ago by the Office of Juvenile Justice and Delinquency Prevention (OJJDP), US Department of Justice, to address the safety, health and quality of life issues reported in the 1994 Conditions of Confinement Study. Over time, PbS has established national standards to guide operations and uniform performance outcome measures to continuously, accurately and comprehensively monitor daily practices and cultures within youth facilities.

The influence of PbS' improvement model is being used increasingly not only to manage facilities on a daily basis and improve outcomes for youths but also to bring existing facility practices and approaches into alignment with the most recent research on adolescent development. Numerous studies over the past 20 years have shown that most youths involved in the juvenile justice system have been exposed to violence and experience high rates of trauma and post-traumatic stress. The estimates of youths who experience traumatic events range from 75 percent to 93 percent and show that incarcerated girls have a greater likelihood of exposure and higher rates of post-traumatic stress disorder (PTSD) than boys, (NCTSN). Research from the human development field demonstrates that traumatic experiences frequently interfere with healthy child development and can affect a child's emotional management and response to stress long after the initial exposure (McEwen, 2008; Perry, 2008; Shonkoff & Garner, 2012).

In juvenile justice residential settings, trauma can affect youths' ability to interact positively with peers and staff and to respond to rehabilitative programming (NCTSN, *Recommendations from the National Child Traumatic Stress Network: Addressing Trauma in Juvenile Justice and Residential Facilities*). The Report of the Attorney General's National Task Force on Children Exposed to Violence (2012) takes this research into account and recommends focusing on making trauma-informed screening, assessment and care standard operating practices for juvenile justice programs and services and taking measures to avoid traumatizing (and re-traumatizing) youths.

In 2014, in collaboration with the Maine Department of Corrections, Division of Juvenile Services and funded by a grant from the federal Substance Abuse and Mental Health Services Administration (SAMHSA), PbS took the first step to implement the Task Force recommendations by adding 10 questions to its Youth Climate Survey that ask youths about their experiences and perceptions of trauma-informed practices. The survey is administered twice a year to an average of about 4,000 youths across the country. The first results were published in the 2014 PbS Issue Brief entitled: *First Step to*



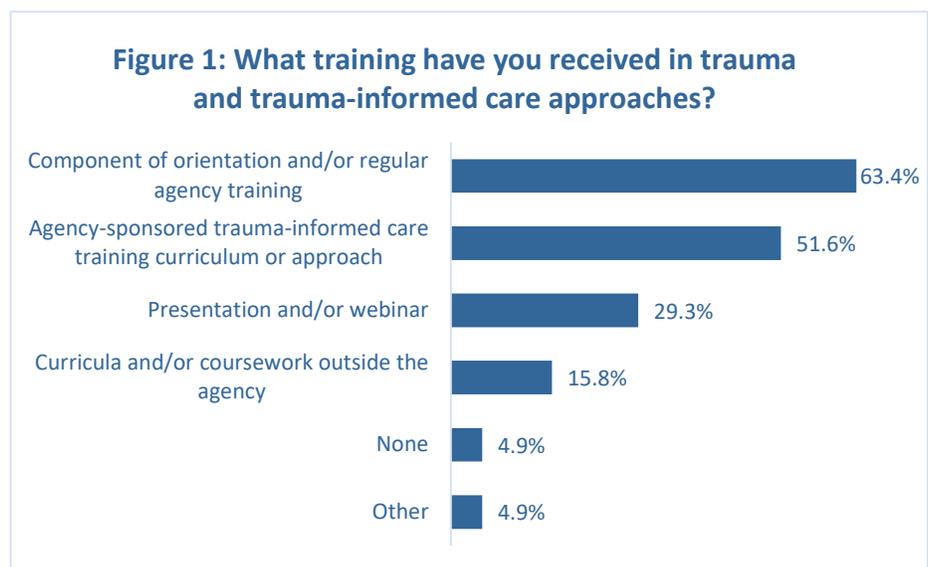
Integrate Trauma-Informed Care: Ask Youths. Additionally, PbS added trauma-informed care (TIC) questions to its surveys of staff and families.

Due to the extensive amount of information agencies and facilities wanted to know from staff about the effectiveness of TIC trainings, implementation and practices, PbS developed a Staff Supplemental Trauma Survey in 2015. PbS facilities can administer the survey at any time during the year and many have included it as part of the biannual PbS survey process. Throughout 2017, PbS received 683 supplemental staff surveys from 21 facilities in five states. PbS also collected 4,879 Youth Climate Surveys and 1,200 Family Surveys in October 2017 as part of the biannual PbS survey process. PbS shares the results in this issue brief to offer an exploratory look into how facilities and programs across the country provide TIC by integrating trauma-informed approaches into their policies and procedures through the lens of youth, staff and family perceptions.

Staff Responses

PbS’ supplemental staff survey asks staff members about their perceptions of the implementation of trauma-informed practices at facilities. Direct care staff are in a position to have the most impact on youths’ experiences while in custody and TIC has been shown to be a successful framework to incorporate key trauma principles and practices that help youths’ positive adolescent development. PbS asks staff about the agency’s TIC mission, policies and procedures and how well the practices are carried out by staff.

In 2017, most staff (69.8%) said that the mission and/or vision of TIC is extremely or very well-integrated with how they interact with youths. Slightly fewer (61.4%) said that the policies and procedures around trauma and TIC are extremely or very well implemented. Almost all staff (91.6%) reported that trauma-informed practices are followed by staff at the programs sometimes or most of the time. Most staff (82.6%) said the training was



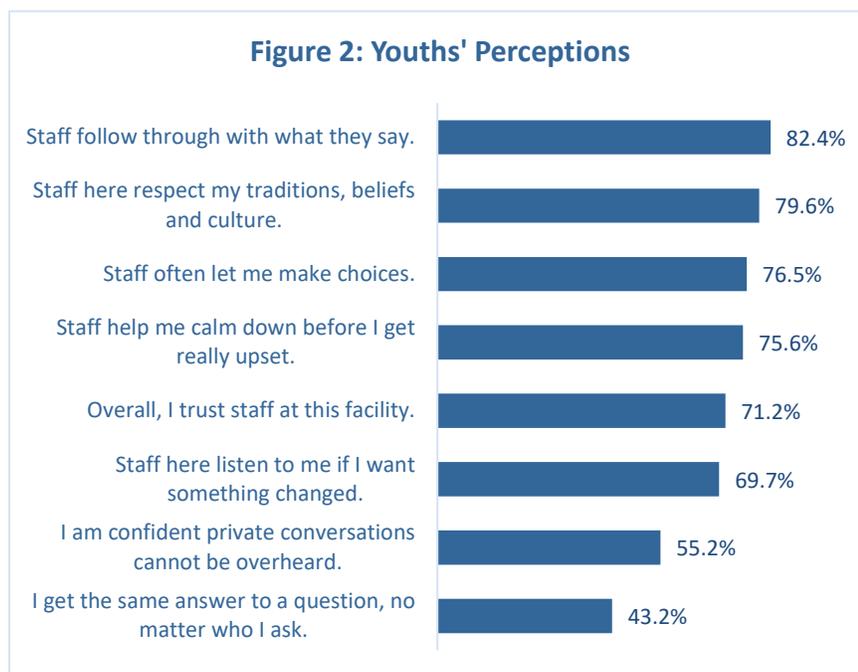
somewhat or very effective in creating sensitivity to the issues related to trauma and 76.7% said it was somewhat or very effective in creating sensitivity to different cultures.

Staff responses also show extensive use of TIC practices when responding to youths' misbehavior. Nearly all staff (95.2%) reported that they sometimes or most of the time use coping and de-escalation techniques prior to restrictive holds or confinement. Similarly, almost all staff (93.4%) reported that listening techniques were employed with youths sometimes or most of the time and 88.8% reported that safety plans, crisis plans and/or calm down plans are developed for youths pro-actively sometimes or most of the time.

Youth and Family Responses

Results from the Youth Climate Survey in October 2017, which is part of the PbS biannual survey process, support many of the staff responses regarding TIC. Most youths in correction facilities (79.8%) and in detention facilities (78.8%) reported that staff respect their traditions, beliefs and culture. More than three-quarters of youths reported that staff use force only when they need to, and 75.6% of youths reported that staff help them to calm down before they get really upset (sometimes/yes).

The PbS surveys also asked youths to describe some direct experiences that trauma experts identified as indicators of the level of TIC in a facility. More than half of the youths surveyed (55%) reported that



someone from the facility explained to them what trauma is and why it mattered, an increase from 46% in April 2014, when youths were first asked this question. The questions asked of youths and responses from October 2017 are in Figure 2: Youths' Perceptions. Facilities have struggled most since 2014 with ensuring youths feel they get consistent answers to their questions, with just 43% reporting they got the same answer no matter who they ask. A majority of youths (53.7%)



reported that someone from the facility had asked them if any bad or upsetting things had ever happened to them, about the same percentage as in April 2014. Most response rates have remained steady over time.

Looking at staff responses to provide some context to the youths' perceptions, the vast majority of staff (92.9%) reported they explained to youths what is going to happen and gave them the chance to ask questions before engaging in potentially traumatizing procedures. Most staff (91.8%) also reported providing youths with the opportunity to make choices in their day-to-day routines, engaging with family members about their child's progress and confirming support networks post-release.

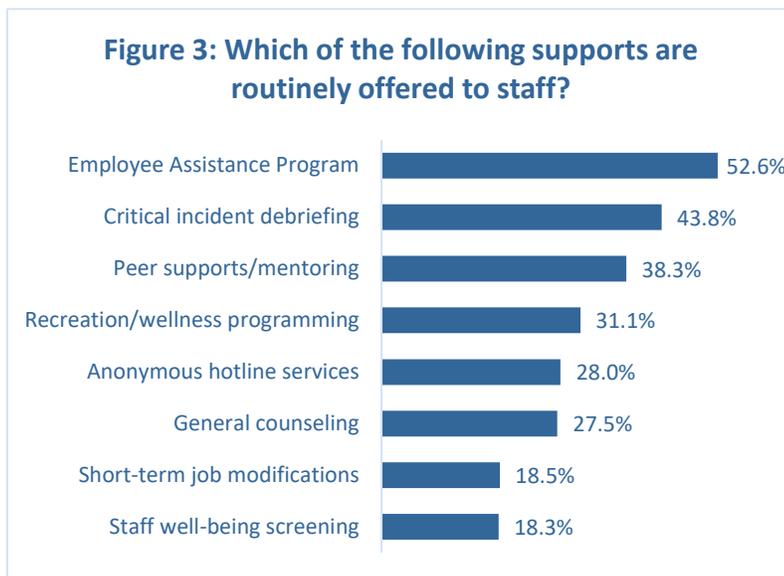
Because research has made it clear that engaging and partnering with family members about trauma and its effects is key to achieving better outcomes for youths (Sherman et al., 1998, diZerega et al., 2011), PbS asks families about their experiences with facility staff and TIC in the biannual Family Survey. In October 2017, 42.6% of families reported that someone from the facility talked to them about what trauma is and why it matters and 49.8% of families reported that someone from the facility asked them if any bad or upsetting things have ever happened to their child. This suggests that staff members are speaking with family about trauma and there is more work to do to better educate and support families exposed to trauma and traumatic stress.

Secondary Traumatic Stress

Research has shined light on the potentially harmful effects of working with victims of trauma or individuals experiencing traumatic stress, called secondary traumatic stress. It's defined as when staff develop compassion fatigue or work-related PTSD as a result of exposure to youths' traumatic experiences and traumatic stress reactions. While the rates of PTSD for staff are not as high as those for justice-involved youths, research shows some 30% or more of juvenile justice professionals experience some form of PTSD (Branson, 2017). The impacts of this can include decreased staff wellness, reduced job satisfaction, harsher treatment of youth, absenteeism, toxic work environment and higher turnover rates along with staffing shortages. With this knowledge, PbS asks staff several questions on the supplemental staff survey to help better understand their experiences and resources made available to them. In 2017, more than three-quarters of staff (78.2%) reported that staff complaints are responded to promptly sometimes or most of the time and 71.2% reported that they receive praise and recognition for doing a good job sometimes or most of the time. A majority of staff (61.6%) reported that they are asked their opinion about procedures sometimes or most of the time. The most common support routinely offered to staff are Employee Assistance Programs, which 52.6% reported as available. The data showed that Employee Assistance Programs, critical incident debriefing and peer



supports/mentoring are being promoted in facilities, but more work could be done in offering more diverse and preventative staff supports, such as short-term job modifications and staff well-being



screenings. These supports are important because in addition to providing staff training, facilities can promote staff wellness and combat the negative effects of secondary trauma by building organizational support through promoting opportunities for open discussion of staff stress, emphasizing debriefing protocols following incidents and making available referrals to mental health treatment. Staff survey results can provide a ‘table for discussion’ of some of these issues.

Next Steps

As PbS and facilities work together in making trauma-informed care, policies and practices standard in juvenile justice programs and services, the staff supplemental survey responses provide a valuable look into the field’s progress as a whole. Combined with the TIC-related youth survey questions, which PbS has been asking since 2014, the results from PbS’ Staff Supplemental Trauma Survey are crucial in identifying and understanding advances the field is making towards the implementation of this standard. In many cases TIC policies and practices are reportedly well-implemented by staff members. These survey results are an important tool and benchmark towards helping all facilities and programs collect and use this information to align their mission, policies and practices with the tenets of trauma-informed care.





PbS Issue Brief Series

PbS is committed to treating all youths in custody as one of our own and providing national standards, outcome measures, a quality assurance process, expert coaching, training and technical assistance to all facilities and leaders to help implement research-based and developmentally-appropriate best practices. For more information or to join, please visit: <http://pbstandards.org>.

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