

YouthZone

Program Evaluation Report

Trauma Informed Care with Diversion Program Youth

“Trauma Informed Care”

Concern has been growing for years over the disproportionate number of youth receiving assistance for mental health, behavior, and legal problems who have had traumatic experiences earlier in their lives. The majority of youth in the juvenile justice system, between one-third and one-half, report experiencing multiple types of trauma. Recently, the link between delinquency and trauma has received research attention aimed at effective intervention. Some research highlights include:

- *Tina Maschi, et al. (2008)* found in a large sample of boys that when a history of trauma intersected with youth anger and exposure to delinquent peer, misconduct increased.
- *Dana Smith, et al. (2009)* determined that experientially derived measures of trauma (screening tools) significantly predicted adolescent offending and adolescent health-risking sexual behavior, whereas the simple classification of having a history of trauma did not.
- *Patricia Kerig, et al. (2011)* reviewed research studies and concluded that girls involved in the juvenile justice system are particularly likely to be affected by trauma and posttraumatic stress disorder.
- *Patricia Kerig, et al. (2016)* studied the clinically-observed process of “emotional numbing” of feelings among detained youth. Anger, in particular was an emotion suppressed by delinquent youth with a history of trauma.
- *Susan Ko, et al. (2008)* defined “trauma informed care” as including screening for trauma exposure, service providers using evidence-informed practices, that resources on trauma are available to providers, survivors, and their families, and that there is a continuity of care across service systems.
- *The National Child Traumatic Stress Network (NCTSN)* has developed resources to help juvenile justice professionals understand and provide trauma-focused services to these youths.

Now, there is the belief that youth-serving organizations of all types should screen youth for the likely cognitive-

emotional sequels to trauma. If these appear, appropriate assessment and intervention should then be taken. This process – becoming “trauma informed” – promises to improve the match between youth client needs and the knowledge and skills of providers, resulting ultimately in benefits for youth and the strengthening organizations that serve them.

Screening Tools The NCTSN [Assessing Exposure to Psychological Trauma and Posttraumatic Stress Symptoms in the Juvenile Justice Population](#) defines screening as “a very brief form of evaluation designed to identify youth who may be in need of a closer look.” Screening typically is implemented universally. Screening tools for history of exposure to psychological trauma vary widely in their length and comprehensiveness. The screening tool most widely-used in juvenile justice settings is the Massachusetts Youth Screening Inventory-2. Three limitations affect application of existing methods. First, there are no local result-norms (documentation of the percentage of youth with each screening score) necessary for systematic score interpretation. Second, standalone screening tools add to intake paperwork. Third, dedicated trauma screening tools list a dozen or more highly disturbing experiences that may cause alarm or defensiveness among some delinquent youth.

The *YouthZone Youth Screening Survey*® (“Screening”) has been developed during the past 18 years as a method for initially screening youthful clients with legal-adjustment problems to determine the best approach to supporting them and their families. The 60-item, self-completed screening, has received extensive item development, statistical analysis, and validation. Scores are sensitive to the effects of interventions and the *Screening* accurately predicts re-offending. Norms are client age, ethnicity, and gender informed. Technical development has involved the clinical and case management experiences of case managers. This report builds on a 2013 preliminary evaluation of the *Screening*’s potential to serve as a screening tool for YouthZone clients, while avoiding some of the common limitations found with existing standalone methods.

Trauma Screening Tool Development

Previously in 2013, YouthZone case management staff examined the 60 *Screening* tool items for items they considered particularly sensitive to youth trauma. Staff consensus elected some items and set aside others. Then, with a sample of more than 600 YouthZone clients, evaluation searched statistically for items not nominated by case managers, but nevertheless correlated with their items of choice. Next, evaluation conducted statistical

procedures to organize the list of nominated-correlated items into groups based on clients' response patterns. The combination of the clinical-statistical methods led to a final selection of items and identification of four trauma scales each capturing an aspect of trauma experience common among YouthZone clients. A description of each scale is shown in Fig. 2.

Fig. 2. YouthZone Trauma Screening Factors

- 1. "Dysphoria"** Dysphoria (semantically opposite of euphoria) is a clinically recognized mental and emotional condition in which a person experiences persistent and troubling feelings of depression, discontent, detachment, emotional numbing and in some cases an indifference to the world around them. It is condition of broader scope than clinical "depression."
- 2. "Sexual Victimization"** Sexual victimization is an adolescent's perception that they have been forced to submit to undesired sexual behavior by another person. Victimization covers *any* treatment by *any* adult toward the youth to stimulate either the adult or the child sexually.
- 3. "Parental Rejection"** Parental rejection refers to persistent negative treatment by a parent or other significant adult that disrupts normal parent-child attachment considered essential to children's social, emotional, and cognitive development.
- 4. "Self-Destructive"** Self-destructive thoughts and behavior are about destructive acts addressed to the self. These emotions, plans, and acts concern self-inflicted harm or abuse toward oneself, often forming a pattern of behavior.

Confirmation of Trauma Assessment Scales A key procedure in screening tool development is assuring that screening items have "face validity" or "make sense" to those who will apply the tool with clients. Also important is examining closely staff judgements with statistical methods to assure coherence of the final result. A critical

step in confirmation of initial work is collection and analysis of data from a new sample to determine if initial findings are replicated with new clients. Evaluation used the 2016 YouthZone evaluation sample of 579 boys and girls to conduct this important replication step. Statistical analysis confirmed that the four trauma screening factors in Fig. 2 were still valid. Scale items are listed in Table 1.

Table 1. YouthZone Trauma Screening Scale Components and Items

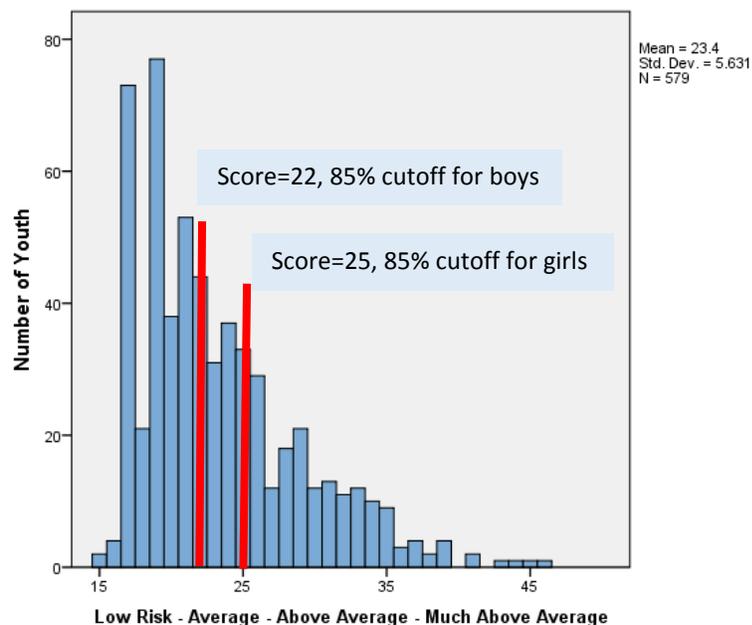
| Screening Item | Dysphoria | Sexual Victimization | Parental Rejection | Self-Destructive |
|---|-----------|----------------------|--------------------|------------------|
| During the past 12 months, did you make a plan about how you would attempt suicide | | | | * |
| During the past 12 months, did you ever seriously consider attempting suicide | | | | * |
| My parents care about how I am doing in school | | | * | |
| In my life, there is a parent or some other adult who listens to me when I have something to say | | | * | |
| I have a place where I can go and feel safe | | | * | |
| Has anyone ever touched you in a sexual way that you did not want | | * | | |
| Have you ever been forced to have sexual contact | | * | | |
| I have been physically or verbally abused by an adult | | * | | |
| I feel good about myself | * | | | |
| I respect myself | * | | | |
| I think I have a number of good qualities | * | | | |
| I believe that I can reach the goals I set for myself | * | | | |
| I feel sad, blue, depressed, or down | * | | | |
| During the past 12 months, how many times has someone tried to hurt you by hitting, punching, or kicking you while on school property | * | | | |

Application of the “YouthZone Trauma Screening Scale”

Analysis found, for example, that when a client answered “Rarely” or “Never” to one of the items in the Dysphoria factor (e.g., “I feel good about myself”) they tended to answer similarly to the other five items in the scale. This showed that clients were reflecting on similar inner experiences when they answered these items. This consistency among 1,200 YouthZone clients in responding to items and their selection by informed case managers validate the items for their use as a tool for regular screening.

Application of the Trauma Assessment Evaluation next calculated the total of client responses to all the items in Table 1. A distribution of these “Trauma Total Scores” for the 2016 evaluation sample is shown in Fig. 3. Risk that an individual client has a history of abuse requiring further assessment increases with their Total. A cutoff score identifies the level below which 85% of clients in the 2016 evaluation were located.

Fig. 3 “Trauma Total Scores” for 579 Youth and their Risk for Traumatic Experience



The red lines are at the 85 percentile in the distribution, showing a suggested “cutoff” above which clients may benefit from further trauma assessment. The cutoff will identify at intake about 40-45 YouthZone clients annually as above average for one or more of the four trauma components listed in Fig. 2. A second-level screening with a tool such as the five MAYSI-2 trauma items would be warranted. Follow-up screening would identify those clients who would benefit from a full clinical assessment for trauma.

Other research with universal trauma screening suggests that tools like the YouthZone Trauma Scale and the MAYSI-2 probably under-detect youths with histories of exposure to traumatic stress. Such tools have modest individual sensitivity and specificity for identifying traumatized youth and thus the YouthZone measure is best applied as a first-line screen, then followed up with other sources of information rather than as a single tool for trauma screening.

Of course, recognition of and support of traumatized youth is warranted to reduce the suffering of affected clients. The evaluation report looked further, however, to determine whether trauma risk influenced YouthZone program outcomes.

Youth Characteristics and Trauma Risk To reach a fuller understanding of trauma risk for YouthZone clients, evaluation divided youth into those with an above median or below median Trauma Total Score. Then, the two groups were compared on age, sex, and other characteristics. Results are reported in Table 2.

Trauma screening found girls reported more experiences than boys did. Living away from parents was also related to traumatic experience. Other relationships between client characteristics and the four trauma component and the Total Score are listed in Table 2.

Table 2. Trauma Risk and Youth Characteristics

| Characteristic | Total Risk for a History of Trauma |
|-----------------|---|
| Client age | Trauma total scores were unrelated to client age. Younger and older youth scored about the same on the four trauma component scales |
| Sex | Girls had higher total trauma scores than boys did. They had higher average scores on all four component scales |
| Ethnicity | Although total scores were similar for Latino, White, and Other ethnicities, there was a tendency for youth of mixed or ethnicities other than White or Latino to have poorer scores on some of the trauma components, particularly Self-Destructive and Sexual Victimization |
| Family type | Youth living with both of their biological parents had the lowest level of these experiences; those living with separated/ divorced parents next; and those living in other arrangements having the highest total and component scores |
| Referral Reason | Evaluation found no relationship between the type of offense for which a client was referred and their trauma scores |
| Reoffended | Youth with higher Total Trauma Scores were more likely to reoffend during services |

Results in Table 2 are helpful because they could alert case managers and clinicians to a history of trauma that

may not be disclosed during face-to-face interviews or other history-taking. Though risk rises when a client is of mixed ethnicity or from a non-birthparent home, it was girls who were more likely victims of trauma. Generally, at intake, a history of trauma will be invisible until the issue is raised by the client or family or a screening is completed.

Progress of Youth with Positive-Screen Trauma Scores

Although staff development and professional activity with trauma assessment and intervention have intensified nationally, whether trauma intervention is a necessary concern once a youth is enrolled in juvenile delinquency diversion program *per se* is unknown. Table 3 presents information on the relationship between clients’ Trauma Total Scores and their five intake *Screening* scores and whether having a history of trauma influenced pre-post change on the *Screening*.

First, Trauma Total Scores from the newly designed trauma tool were highly and significantly correlated with clients’ *Screening* scores at intake. The weightier a client’s trauma history – from their perspective – the more troubled they were in terms of alcohol use, lack of hope, school involvement, delinquency, and personal valuing. These relationships were so striking statistically that it would be appropriate to think of YouthZone serving two populations of youth – those who had been arrested and those with a trauma history who had been arrested. This finding alone suggests knowing a youth’s trauma history and providing the correct intervention may be essential to the prevention of delinquency. Table 3 provides more information on this topic.

Table 3. Positive Trauma Screen and Pre-Post Change on *Screening* Scores

| YouthZone Screening Scale | Effect of Trauma on Pre-Post Change in <i>Screening</i> Score |
|--------------------------------------|--|
| Alcohol, Tobacco, and Other Drug Use | <ul style="list-style-type: none"> ▪ Youth who screened positive for a history of possible traumatic experiences (“trauma clients”) reported significantly <i>higher levels of substance use</i> at the time they enrolled in YouthZone services than did other youth (“usual clients”). While both groups (trauma clients and usual clients) reduced their usage over time, trauma clients reported using substantially more substances at the conclusion of their YouthZone services than did usual clients on their intake. Many trauma clients were in need of further substance intervention at discharge. |
| Optimism and Problem Solving | <ul style="list-style-type: none"> ▪ Trauma clients reported significantly <i>lower levels</i> of optimism and self-efficacy when they enrolled in YouthZone services than did usual youth. Trauma clients improved their outlook, but still fell below usual clients in this self-evaluation at post-testing. |
| School and Community Involvement | <ul style="list-style-type: none"> ▪ At YouthZone enrollment, trauma clients reported significantly <i>lower school involvement</i> than did usual clients. There were similar improvements with involvement in both groups pre-post. |

| YouthZone Screening Scale | Effect of Trauma on Pre-Post Change in <i>Screening Score</i> |
|----------------------------|--|
| Delinquency and Aggression | <ul style="list-style-type: none"> Youth who screened positive for a history of possible traumatic experiences reported significantly <i>higher levels of delinquency and aggression</i> when they enrolled in YouthZone services. While both trauma and usual groups reduced their delinquency attitudes and behavior, and trauma clients reduced theirs' to a greater extent, trauma clients were still reporting <i>more</i> of these qualities and behaviors at the end of their YouthZone involvement. |
| Self-Deprecation | <ul style="list-style-type: none"> Clients who had a positive trauma screen reported significantly <i>poorer quality self-perceptions</i> than usual clients. Trauma clients did improve their self-perceptions during services, but were still <i>below</i> the levels of the usual clients when they left YouthZone. |

The findings in Table 3 can be briefly summarized with the conclusion that trauma-affected youth have more se-

rious problems at intake, tend to show greater improvement, but still have more problems than non-trauma affected youth at the time of their discharge.

Trauma Screening Summary and Recommendations

Concerns that childhood trauma and exposure to persistent stress are toxic for youth development are timeless. Recently, however, studies have shown trauma to be so disproportionately present among adolescent in trouble with the law that inclusion of trauma-informed interventions have become a program standard. Not yet clarified with current research, however, are:

- The best methods for trauma screening in delinquency programs
- The trauma interventions that are effective with older adolescents
- Whether intervening with trauma adds value to other more standard delinquency diversion program programs

This 2016 YouthZone trauma evaluation contributes some findings toward answering these questions.

Trauma Screening Options Some youth professionals have recommended that trauma screening be universal (all intakes are screened without exception). Data analyses in this evaluation supports this recommendation. Fortunately, the YouthZone Trauma Screening Scale is composed of items already an integral part of its existing pre-post outcome tool. No additional client time will be required to develop a Total Score nor will universal screening involve youth at intake in paperwork that will be of little assistance to their case management plan.

Seven Steps in Screening, Assessment and Follow-up Fig 4 lays out a sample trauma screen decision tree. The decision process calls for administering a second screening to clients with above-the-cutoff score on the YouthZone Trauma Screening Total Score.

Fig. 4. Screening for Trauma

| | | | | | | | |
|------------------------------------|---------|-------------------------------------|--------------------|--------------------|---------------|------------------------------------|----------------------|
| 1 st Level Screen = YES | Track A | →2 nd Level Screen = YES | →Assessment | →Refer to Programs | →Reassessment | →Post-testing & Discharge planning | →Scheduled Follow-up |
| | Track B | →2 nd level Screen = NO | →Refer to Programs | | | →Post-testing & Discharge planning | |
| 1 st Level Screen = NO | Track C | →Refer to Programs | | | | →Post-testing & Discharge planning | |

Clients who score below the cutoffs on the 1st and 2nd-level screens are enrolled in suitable programs. Positive

second screen youth are formally assessed before program assignment. Toward the end of their time with diversion they are reassessed with these results included

in their discharge planning. All clients in decision track A are followed periodically after discharge

Some youth professionals express concern with screening tools that confront youth with examples of child abuse and mistreatment by parents and others. The possibility that such instruments cause some harm or anxiety cannot be rejected out of hand. The YouthZone scale emphasizes emotions and behavior related to trauma, but does not itemize possible mistreatment as is done commonly in some tools.

Finally, the utility of screening tools without local validation and norms (score interpretation) is unknown. There is the significant risk that un-validated and un-normed screens will over or underestimate trauma while creating the impression of professional attention to trauma without the accuracy. The 2013 and 2016 studies establish the validity of the YouthZone Trauma Screening Total Score.

Recommended Trauma Interventions No research has published findings on the effectiveness of structured trauma intervention options among older teenage delinquent youth in community settings. Some research on “trauma-informed” methods is available and many programs are designed to raise awareness of trauma prevalence in juvenile institutions that are expected to change the overall milieu. Evidence-based interventions that are proven to be effective in ameliorating the negative effects of exposure to trauma among delinquent youth are a goal of the future. This 2016 evaluation offers some guidance on planning interventions that are effective – though it does not have data showing outcomes for individual YouthZone programs.

- There are unique issues facing case managers with female clients. Sexual abuse and other “in-home” traumas are more common among girls than boys and may require individualized assistance. This evaluation was able to show that among girls enrolled in YouthZone services, higher scores were seen on all four trauma components as well as the Total Trauma score, as compared to boys.
- Evidence-based interventions, such as Trauma Focused-Cognitive Behavior Therapy, have been tested most often with pre-school and young school-age children, not older delinquents –

those most commonly enrolled in diversion programs. The average age of YouthZone clients is well outside the age range in the most commonly reviewed treatment research. Age was unrelated to Trauma Total Scores in the present evaluation, although the effectiveness of common interventions with the full age range of delinquent youth is simply unknown and may or may not be effective.

- Most studies have involved young children who have been sexually abused, with little attention to adolescents with multiple and complex sources of abuse that extended from newborn neglect through parental imprisonment, to serial official sanctioning by schools, social institutions, and the courts. Available interventions may not be applicable to youth with these trauma histories.
- Target-A (Trauma Affect Regulation: Guidelines for Education and Therapy for Adolescents), the first structured approach to intervention with delinquent youth is being adopted as an educational and treatment model by custody agencies. It has been found compatible with the larger goals and work flow of these organizations and studies show promising findings with reducing misconduct while incarcerated and post-discharge recidivism. Results are not available for community-based juvenile justice system-related outcomes.

This evaluation can recommend confidently that YouthZone adopt a universal screening policy. Further, it is advisable that youth and parents be educated about the links between trauma and toxic stress and youth maladjustment and legal misconduct. This can be done initially in a brochure or intake information format. Screening will not identify every affected youth and educational materials will supplement standardized methods. Continuing education of first line case managers will support YouthZone’s screening for trauma and follow-up. Finally, outcomes-based interventions for youth in community diversion programs have yet to be defined and standardized. YouthZone is in an excellent position to contribute to this work that will benefit many troubled and suffering young people.