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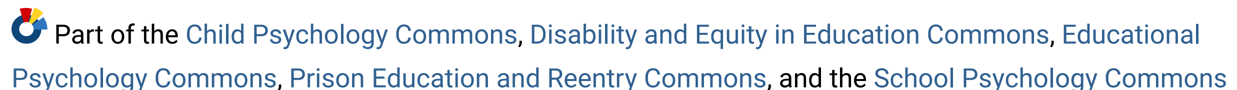
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Trauma-Informed Programming for Incarcerated Youth

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Problem of Practice

The Academic Institute is a school within Allegheny County Jail (ACJ) that is tasked with educating students who are incarcerated at the facility. Two years ago, all staff employed by the Academic Institute received a comprehensive professional development on trauma-informed care that occurred over several months. Since the initial training, the same cohort of staff have received multiple refresher workshops and new hires completed the training as part of their onboarding process.

Currently, the Academic Institute presents a new problem of practice. First, although the staff, particularly school counselors, report feeling confident in terms of their understanding of trauma, they are concerned with how to help students improve knowledge in this area. Second, school counselors note that they are concerned with their ability to help the students benefit from what they have learned. That is, for students to be able to translate content into skills (coping) that result in therapeutic outcomes, especially considering that being housed in an adult jail presents its own traumatic contacts.

According to the National Child Traumatic Stress Network (NCTSN), "more than 80% of juvenile justice-involved youth report experiencing trauma, with many having experienced multiple, chronic, and pervasive interpersonal traumas." Research is clear that most of the children within this setting have experienced various levels of trauma. Therefore, it is crucial that teachers and counselors who work directly with these kids feel comfortable teaching and talking with children about trauma.

To address this need, an evidence-based psychoeducational intervention addressing student trauma was selected and implemented by the school counselors at ACJ. Structured

consultation support was provided to counselors and the art teacher on a weekly basis via this project; additional supports were provided upon request as needed.

Literature Review

Adverse Childhood Experiences (ACEs) are experiences that have been shown to disrupt positive health and mental health outcomes. These include physical, sexual, and emotional abuse; physical or emotional neglect; and household dysfunctions such as having a family member who struggles with mental illness or substance abuse, having a parent or caregiver who has been incarcerated, witnessing domestic violence, or having parents who are divorced (Felitti & Anda, 2009). ACEs can lead to disruptions in development, social, emotional, and cognitive impairment, the adoption of health-risk behaviors, disease, disability, and social problems, and early death (Boullier & Blair, 2018).

The APA (n.d.) defines trauma as "…an emotional response to a terrible event." APA acknowledges that while it can be typical and expected to experience shock and denial after the event, these responses usually fade over time. Some people have longer-term implications such as "unpredictable emotions, flashbacks, strained relationships and even physical symptoms like headaches or nausea" (APA, n.d.).

As of 2017, nearly half of all children in the United States had experienced an Adverse Childhood Experience (ACE) (Bethell et al., 2017). The presence of ACEs in a child's life increases their risk for delinquency, negative physical and mental health symptoms, and risk-taking behaviors (Finkelhor, 2018). The frequency and intensity of these ACEs may exponentially increase the negative impact on the child's social, emotional, and behavioral development (Hughes et al., 2017). In the school setting, children who experience ACEs are

more likely to have learning, behavioral, social, and emotional difficulties that impact their lives across settings (Perfect et al., 2016; Bethell et al., 2017).

Children who are incarcerated experience ACEs and trauma at a higher rate than the general population. Before entering the justice system, children who are incarcerated are more likely to have experienced abuse and therefore often experience complex and prolonged trauma. Some studies suggest that upwards of 80% of children in the juvenile justice system have experienced trauma (Abram et al., 2004; Cauffman et al., 1998), and as many as 50% have symptoms of PTSD (for reviews of trauma and PTSD prevalence rates among youth in juvenile justice, see Arroyo, 2001; Ford et al., 2007; Griffin & Studzinski, 2010; Hennessy et al, 2004)."

Measures

Three points of data were measured in this project. First, a pre- and post-test were administered to all children to measure their knowledge regarding trauma before and after completing sessions. Second, counselor self-efficacy was measured. This scale featured ten items that counselors rated using a five-point Likert scale. Lastly, an open-ended questionnaire was completed at the end of the program to gauge counselors' overall feelings about the program.

Implementation

The NCTSN resource called "What is Complex Trauma? A Resource Guide for Youth and Those Who Care About Them" (Spinazzola et al., 2017) was implemented with Academic Institute students in small groups. Groups were determined based on age, level of insight, and overall safety of certain students being together. The groups met once per week for ten sessions with the guidance counselors and art teacher. Sessions were conducted on the juvenile unit. In each unit, individual cells line the perimeter of the space, and a large open area is in the center. This middle is known as "common area" and is a space where the children gather as a group.

"Part One: What is Complex Trauma?"

"Part One" involved introducing the students to the program and orienting them to the idea of discussing trauma. The counselors explained that they would be learning about trauma. Adverse Childhood Experiences (ACEs) were explained and discussed. It was noted that negative outcomes are seen in people who have experienced 3 or more ACEs. Various types of trauma were discussed. It was explained that in a "normal and typical life", bad things can happen. This might include having parents who were divorced and an otherwise stable upbringing. This is different than having a traumatic experience which was defined as one single event that has the potential to turn into trauma. Lastly, complex trauma was explained as repeatedly experiencing traumatic events over the course of years. With discussion, it was found that the majority of group members experienced similar things and therefore the students deemed these experiences as "typical". This led to a conversation about how common these experiences were among children who were not in jail. The students then estimated that 90% of all people in the United States would go to jail at some point in their lives, simply because going to jail is common among them and others they know.

"Part Two: How Complex Trauma Can Impact Me?"

Part two of the program build upon the foundational knowledge that was gained in part one. Typical emotional, social, and cognitive development in childhood was explained. Ways in which each of these (or all of these) can be interrupted by trauma was discussed. Next, the counselors discussed how trauma can lead to faulty and negative beliefs about oneself and the world. Examples of common themes that children who have experienced trauma felt were provided. These included beliefs about relationships such as "I can't trust anyone or I trust the wrong people" and "everyone I care about dies, betrays me, or leaves." Beliefs about the future

were “I don’t see a future for myself. I will be dead or in jail by the time I am 25” and “happiness is for other people, but not for me”. These examples served as a guide for children to reflect and explain negative beliefs they may have about themselves. The students said that they agreed with many of the beliefs that were provided. They completed individual worksheets where they wrote these beliefs on paper. The impact of their beliefs on relationships throughout their lives were discussed. Lastly, body messages were explained as feelings that one’s body can experience as a result of trauma. In an attempt to integrate the physical body and to identify and challenge some of these beliefs, children completed ‘body outlines’ as the art therapy component with this part. They were provided with an outline of a basic human body and were asked to draw representations of the ways in which their trauma has impacted their body. Some students drew upset in their stomachs, some drew representations of a headache, and others drew things outside of the body indicating that they did not feel anything at all.

“Part Three: Ways Youth Cope”

Part three of the program included a review of parts one and two as well as new content. Focusing on coping with trauma, part three involved learning about the ways in which youth cope with trauma. Rational was provided as to why coping is so important. Children cope when they don’t possess the skills to be able to effectively handle a stressor and/or when situations overwhelm them. The *survival brain* was discussed. That is, sometimes kids cope literally to survive. When children grow up in danger or are exposed to severe abuse/neglect, they develop coping mechanisms that allow them to feel safe and, in some situations, actually do keep them safe. The development of coping strategies was explained. Children learn the behavior of others around them. If a child had a model of healthy coping (exercise, deep breathing, walking away, etc.) they would be more likely to practice those behaviors. If they witnessed drugs, violence,

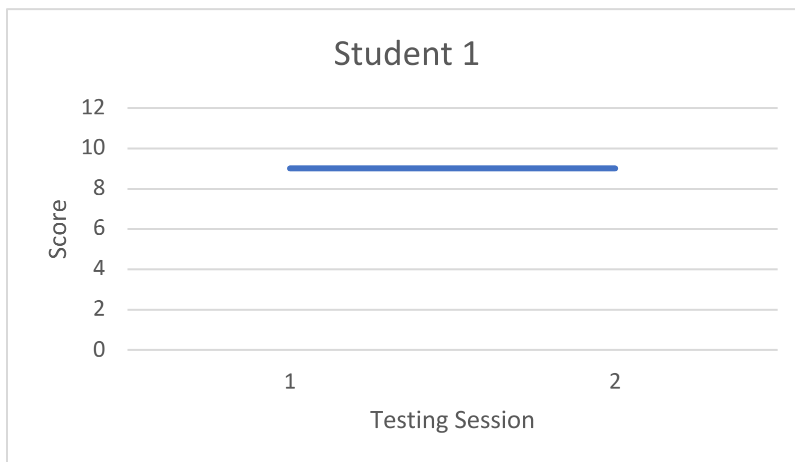
etc., also more likely to model that behavior. This helped to normalize the ways in which children had learned to cope thus far in their life, and minimized the shame associated with poor coping. Common coping strategies for 'difficult situations' including physical violence or abuse, sexual abuse, neglect, emotional abuse, and other kinds of trauma were discussed. Children were asked to jump in and share input if they were able to relate to a particular coping strategy. They were encouraged to think about things they have done to cope that may not have been healthy. After this reflection, each student completed a worksheet about their own coping and how it has impacted their behavior and choices over time. For the art therapy component, students were asked to draw a suit of armor which was explained as their protection from stress, anger, anxiety, hurt, etc.

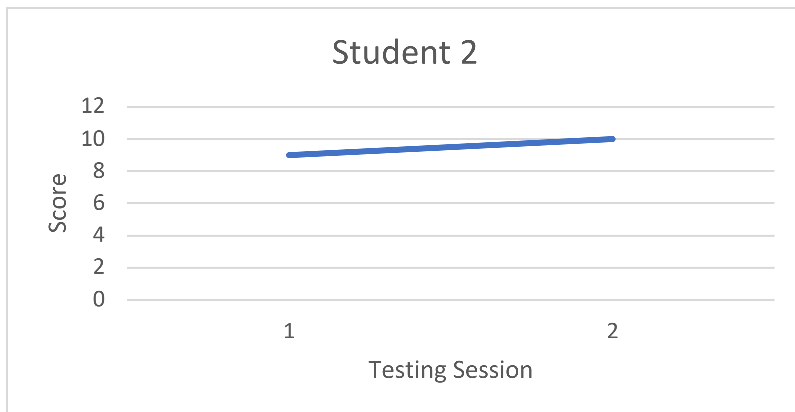
During one final session, the program was summarized and reviewed. Students completed the post-tests and helped the counselor to design an 'action plan' which would outline what they learned about themselves in the program. These action plans would be used at each student's discretion to share with staff at the Academic Institute. In doing so, teachers would be able to understand the children on a deeper and more vulnerable level and would therefore be able to help them advocate for themselves to have their needs met.

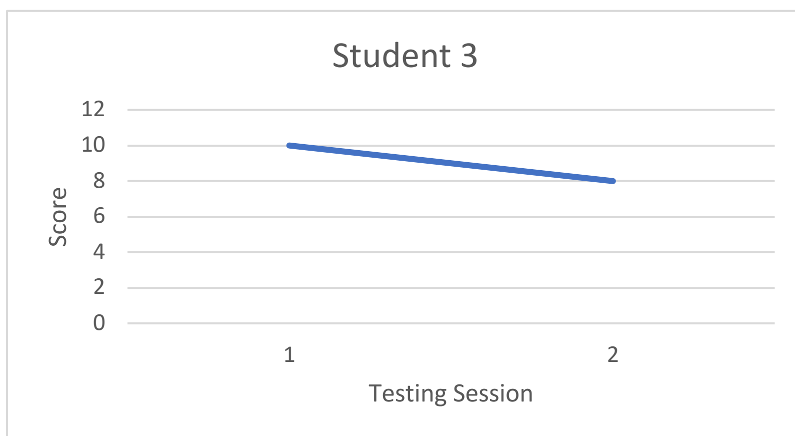
Findings

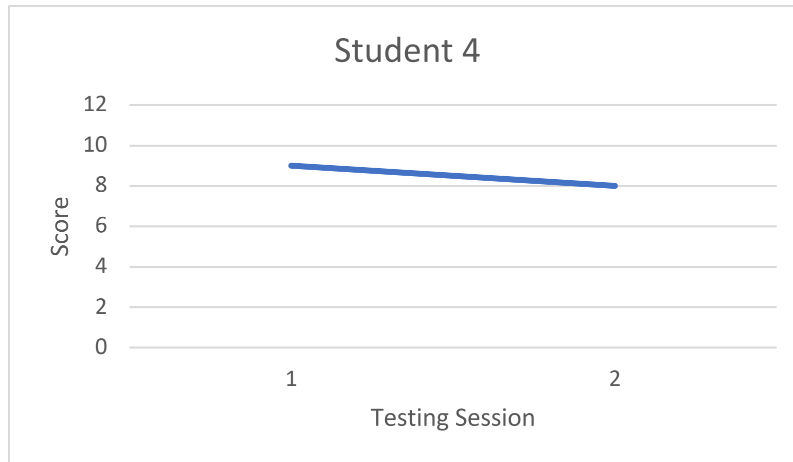
Students were asked to complete the post-test after each session. Since most children remain detained in ACJ while awaiting trial or while they waited to being sentenced, completing the post-tests after each session would ensure that students could show their progress before being transferred. Although it was possible that the scheduled allowed for this opportunity, in reality this plan proved to be difficult. Counselors reported that students became frustrated that they were being asked to complete the same task on a weekly basis. With this in mind, the

counselors decided to complete the post-test at the conclusion of the program only. As a result, only four students completed both the pre-test, the entirety of the counseling curriculum, and the post-test (Table 1.1). Of these four students, inconsistent progress was noted. Two students regressed in scores by one point, one had no change in score, and one improved by one point.









It is difficult to evaluate both the effectiveness of this intervention and the measure itself with such limited data/information. However, it was clear that knowledge changed very little either positively or negatively.

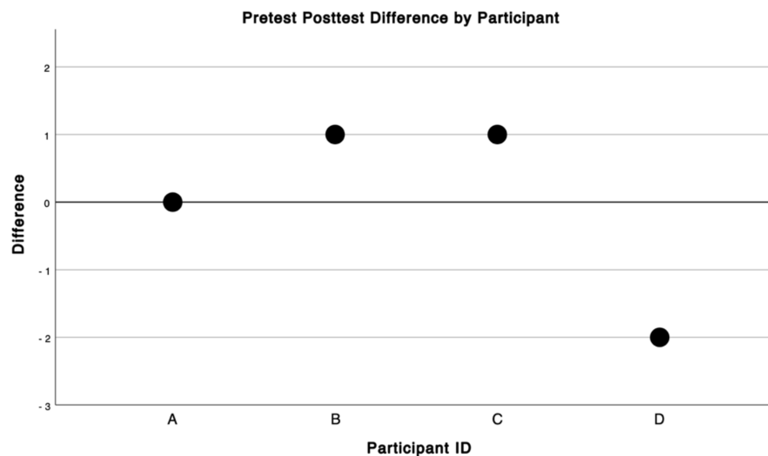
The other measure used in this project was the counselor self-efficacy scale. At the beginning of the intervention, the counselors rated themselves as feeling confident in their understanding of trauma as well as their ability to deliver the program to students. At the conclusion of the intervention, the rated themselves in a consistent manner. All counselors felt that they were capable of providing support to students who experience emotional distress related to trauma. They also felt that their knowledge of crisis intervention was adequate and that they were familiar with the advantages and disadvantages of group psychoeducation. No significant change was reflected in their post-intervention self-efficacy ratings. These data were inconsistent with administrator's observations: although the school principal agreed that there has been little change in counselors' approach to students, the principal also noted that these counselors needed support to deliver meaningful interventions to students at the AI. Lack of insight by the counselors to this need was indicated as frustrating by the school administration.

TABLE 1.1 Descriptive Statistics

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Pre	4	9.00	10.00	9.2500	.50000
Post	4	7.00	11.00	9.2500	1.70783
Difference	4	-2.00	1.00	.0000	1.41421
Valid N (listwise)	4				

GRAPH 1.1 Difference by Participant



Only 4 people complete the protocol completely due to consequences related to incarceration. Thus, a single subject design was employed. In the following each participants data are plotted pre and post-test.

One factor to consider regarding effectiveness involves the small sample size with only four points of data, which yields difficulty in demonstrating significance of the intervention. Additionally, the support that the counselors required to conduct sessions exceeded what was able to be provided in a consultative relationship. To implement this intervention, counselors must be comfortable and willing to discuss complex, sensitive issues with children. They must be

able to provide follow-up support to children who demonstrate a need throughout sessions. On several occasions, the counselors mentioned their aversion to discussing issues (i.e., sexual abuse) and indicated that certain topics were beyond their level of training and expertise. As such, it is likely that components of the program were not thoroughly explored by the group. A more significant effect size may have been demonstrated if these factors were addressed.

Implications

Data from this project highlighted that students require multiple exposures and an integrated approach to support student learning. This is not a group of students who will adjust their learning with simple exposure to content material, rather this is a group that requires counselors / facilitators to connect content to their individual experiences if there is a chance for incorporating new knowledge (Chen & Yang, 2020). Given that the effectiveness of the program was not able to be evaluated for every student who participated, it is imperative that a more fine grained approach to individual progress monitoring be collected on a regular and ongoing basis should this intervention be repeated. The BASC flex (Reynolds & Kamphaus, 2002) or Trauma Symptom Scale for Children (Briere, 1996) could serve in this capacity. Also, time beyond the class period should be set aside / utilized to ensure that students are able to complete the post-test before leaving the facility. Additionally, a more standardized process for students who join the program after the start should be articulated (e.g., pre-test, interest inventory, how to double curricular exposure, etc…).

Recommendations

In order for all students who enter Allegheny County Jail to have the opportunity to learn about trauma, it is recommended that: 1) the most successful parts of the program be identified so that it is ensured all students have access to this material, 2) it is recognized that some

students will need repeat this exposure for their learning – how that can be accomplished should be clearly defined, 3) given the ACEs exposure exhibited by these students, this program should be a part of the routine intake process where students can be quarantined to receive the information individually upon arrival. Additionally, it is recommended that all students who participated in this program are offered individual counseling sessions that supplement the learning in the program that will facilitate individual coping and resilience; this will allow them to continue to process their trauma with the support of a qualified counselor. Based on progress notes completed by the counselors as well as input from all school staff stakeholders, the team will continue to work collaboratively via consultation support to design individualized treatment plans for each student. These treatment plans can be used to guide counseling sessions completed by the counselors within Allegheny County Jail as well as future school psychology practicum students from Duquesne University who are assigned to ACJ. It is important that this project is viewed as the continuation of support for students at ACJ who are learning and processing their trauma rather than an end point.

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Appendix A.

Student Measure: Complex Trauma Questionnaire

COMPLEX TRAUMA QUESTIONNAIRE

Please answer the following true or false questions about complex trauma:

Complex trauma and one traumatic experience are the same thing.	T or F
PTSD is a disorder that some people who have experienced trauma. Symptoms can include trouble sleeping, a lot of nightmares about the event, feeling numb, getting annoyed easily, trouble focusing, and headaches or other physical problems.	T or F
Complex trauma increases most kids' self-esteem.	T or F
Complex trauma can impact emotions, relationships, and the way people think.	T or F
There is no way to cope for people who have experienced trauma.	T or F
If I have experienced trauma, I should feel like jail is a safe place.	T or F
Everyone who experiences trauma uses drugs or alcohol.	T or F
There is no way to feel better if you have experienced complex trauma.	T or F

People who have experienced trauma are often involved with the justice system.	T or F
There are certain therapies that are used only in people who have experienced trauma.	T or F
The two most important things for people who have experienced complex trauma are feeling safe and having trusting relationships.	T or F
Complex trauma has an impact on the decisions people make.	T or F

Appendix B.

Counselor Measure: Counselor Self-Efficacy Scale

Counselor Self-Efficacy Scale

Please answer the items below using the following 5-point Likert scale:

Strongly Disagree	Moderately Disagree	Neutral/Uncertain	Moderately Agree	Strongly Agree
1	2	3	4	5

My knowledge of trauma is adequate for me to teach the kids that I work with.

1 2 3 4 5

I am able provide support to those who are experiencing emotional distress related to trauma.

1 2 3 4 5

I cannot effectively facilitate students engaging in self-exploration related to trauma.

1 2 3 4 5

I am confident in my ability to build and maintain rapport with the kids I work with.

1 2 3 4 5

My knowledge regarding crisis intervention is not adequate.

1 2 3 4 5

I am able to keep my personal issues from negatively affecting my relationship with kids.

1 2 3 4 5

I am familiar with the advantages and disadvantages of group psychoeducation as a form of intervention.

1 2 3 4 5

I am not able to accurately identify my own emotional reactions to clients.

1 2 3 4 5

I can function effectively as a group leader/facilitator.

1 2 3 4 5