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INCORPORATING TRAUMA-INFORMED CARE IN ADOLESCENT PREGNANCY PREVENTION PROGRAMS: Significance And Resources For Grantees

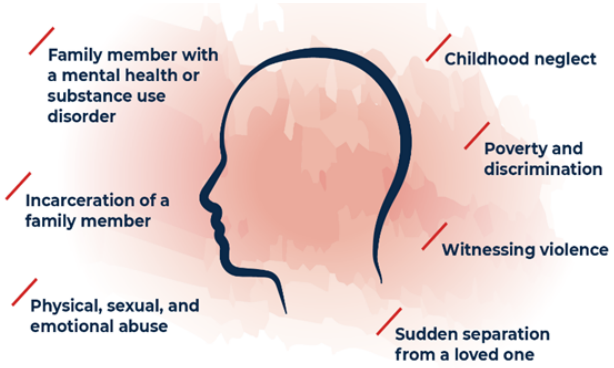
This brief provides information and resources on trauma-informed care (TIC) for staff of adolescent pregnancy prevention programs (APP). The first section of the brief describes how a history of trauma can impact youth's well-being. The second section summarizes the frequency of trauma histories among youth likely to attend APP programs. The third section presents principles of trauma-informed care that APP staff can incorporate into their programming to meet the needs of youth with trauma histories. The fourth section introduces APP staff to three steps to incorporate TIC principles into programming. The fifth section provides a tool for staff to assess their use of such care. In the appendix, there is a list of resources and organizations for those seeking more information.

A history of trauma can affect youth's well-being

Staff of adolescent pregnancy prevention (APP) programs work with diverse youth, including youth with histories of trauma. The Substance Abuse and Mental Health Services Administration describes trauma as events or circumstances that an individual experiences as physically or emotionally harmful or life-threatening with lasting adverse effects on the individual's functioning and well-being (SAMHSA 2014). In particular, youth in APP programs might have had adverse childhood experiences, which are potentially traumatic events that occur during childhood. Figure 1 depicts adverse experiences during childhood that can contribute to trauma.

Youth with histories of trauma are more likely to have unprotected sex or sex with multiple partners, acquire a sexually transmitted infection, or become pregnant during adolescence (Black et al. 2009; Edmonson and Burke 2012; Gerassi et al. 2016; Thompson et al. 2017). They also have a greater risk of learning challenges and other physical and behavioral health challenges in childhood and adulthood than children who experience one or no adverse childhood experience (Perfect et al. 2016; Bethell et al. 2017; Chartier et al. 2010; Mersky et al. 2013). APP program staff can support the well-being of youth with trauma histories and help these youth engage with the curriculum by becoming trauma-informed and incorporating the principles of trauma-informed care (TIC) into their programs.

Figure 1. Examples of adverse childhood experiences



Adapted from the Center for Health Strategy. "10 Key Ingredients for Trauma Informed Care." 2017.

Mathematica Progress Together
FYSB Family & Youth Services Bureau
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Youth with trauma histories attend APP programs

Research shows that trauma—including adverse experiences—is common enough that some youth attending APP programs will likely have experienced it (CDC 2015; CDC 2016; Child and Adolescent Health Measurement Initiative 2013; London et al. 2017). In the United States, 46 percent of children younger than age 18 have experienced at least one adverse childhood experience, and 22 percent have experienced at least two (Bethell et al. 2017).

In some APP program settings, the occurrence of adverse childhood experiences is even higher. For example, a study found that 97 percent of youth in the juvenile justice system in Florida had experienced at least one adverse experience, and 50 percent of these youth had experienced four or more adverse experiences (Baglivio et al. 2014). More than 40 percent of children in the child welfare system have experienced four or more adverse experiences (Clarkson Freeman 2014).

APP programs can incorporate TIC to support youth

To address the needs of youth with trauma histories who are participating in APP programs, staff can incorporate the principles of TIC. In the context of APP programs, TIC is an approach that recognizes trauma's general impact on participating youth and helps guide programming, so it avoids re-traumatizing youth and facilitates youth engagement in the programming. As Figure 2 shows, a TIC approach is based on six core principles (SAMHSA 2014):

Figure 2. Six core principles of TIC

Adapted from the Center for Preparedness and Response. "Infographic: 6 Guiding Principlesto a Trauma-Informed Approach." 2018.

1. **Safety:** Ensuring physical and emotional safety of youth and staff in program activities and settin
2. **Trustworthiness and transparency**: Fostering trust among youth and staff by communicating expectations and boundaries, and following through on actions
3. **Peer support:** Building trust and rapport among youth with similar experiences in group settings by providing opportunities for youth to connect with other youth or family members with lived trauma experience
4. **Collaboration and mutuality:** Recognizing that everyone has a role to play in a trauma-informed Approach and reducing power differences that might exist between staff and youth and among all levels of staff
5. **Empowerment, voice, and choice:** Giving youth choice and control whenever possible
6. **Cultural, historical, and gender issues:** Moving past cultural stereotypes and biases and incorporating processes that respond to staff members' and youth's cultural needs

By incorporating these principles into their programs or organizations, staff can create an environment in which all youth feel safe and supported while attending the APP program.

Three steps to incorporate TIC into APP programs

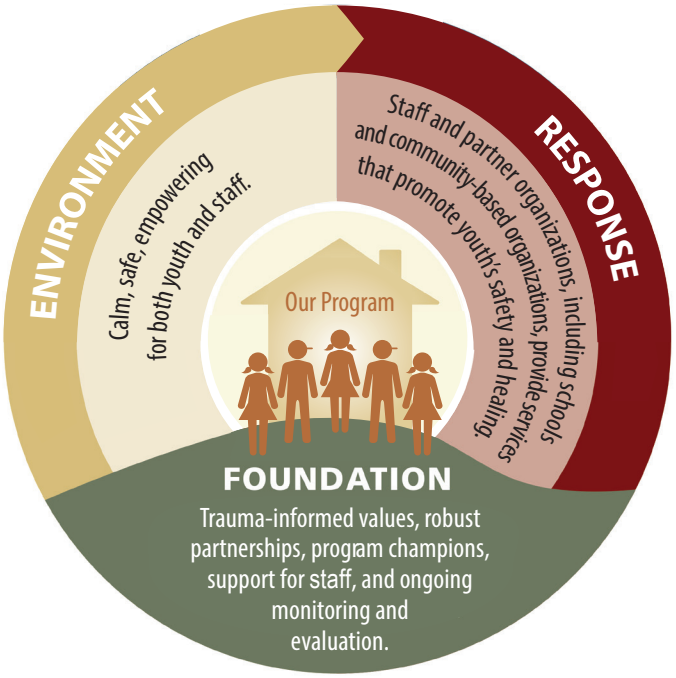
APP program staff can incorporate the principles of TIC by creating a foundation that supports implementing and sustaining TIC, building a supportive and safe environment for youth and staff, and developing a response system that promotes safety and healing for all (Figure 3). In the following sections, we describe these components and suggest strategies to develop each.

A. Creating the foundation

Implementing and sustaining trauma-informed APP programs requires an ongoing commitment from program directors and managers to develop a trauma-informed culture and workforce. The following strategies can help programs develop such a culture and workforce.

1. Identify a champion: Program staff can designate a champion, such as a supervisor, program director, person in senior management, or a staff member involved in service delivery with a passion for trauma informed care, to ensure TIC remains a priority. Without a champion, other priorities competing for time and resources could overshadow it. The champion can also work to gain and sustain support from the organization's leaders for embedding TIC into the program's culture.

Figure 3. Approach to incorporating TIC principles in APP programs



Adapted from Machtinger, E.L., Y.P. Cuca, N. Khanna, C. Dawson Rose, and L.S. Kimbert. "From Treatment to Healing: The Promise of Trauma-Informed Primary Care." Women's Health Issues, vol. 25, no. 3, 201

2. Assess current approach: Organizations can determine the program's implementation and staff members' understanding of the principles of TIC using an assessment such as the one presented in Table 1 at the end of this brief. Program leaders can then use information from the assessment to identify areas in which they can improve the implementation of TIC principles.

3. Develop policies: Staff can prepare written policies to establish TIC as an essential part of the organization's mission. These policies would recognize the prevalence of trauma among staff and youth and express a commitment to practices that reduce re-traumatization and promote recovery, even if staff don't fully know the trauma histories of program participants. Organizations can also develop policies describing how staff should act when youth disclose current or past trauma histories. Programs can revisit these policies periodically to ensure they remain current.

4. Form partnerships: APP programs can form partnerships with organizations that support implementation of TIC and those that provide additional services and supports to youth with trauma histories, such as community mental health centers, schools, primary care providers, and child welfare and juvenile justice programs. Some programs operate within a youth-serving organization, and staff within these organizations might already have informal relationships with other organizations that could contribute to both types of partnerships. Program staff could formalize these relationships into partnerships that facilitate a TIC approach through policies and

protocols for information sharing and referrals. For example, programs might establish memorandums of understanding with partners to facilitate information sharing about youth's histories, outline specific strategies to use that avoid re-traumatizing youth, and recommend techniques to support youth with histories of trauma.

5. **Train staff:** Many programs begin to develop a trauma-informed program through staff training. A trauma-informed workforce can help sustain the implementation of TIC in an APP program. To create a trauma-informed culture, all program staff should participate in training, not just the staff who work directly with youth. Staff could receive training on the causes and potential impacts of trauma, potential triggers for youth with trauma histories, and techniques to deescalate situations with youth who might have been triggered. Training can also include making resources available for staff to learn more about trauma and its effect on youth. Programs with a trauma-informed workforce also support staff who might have trauma histories or are exposed to a traumatic event during work.

6. **Assess outputs and outcomes:** APP programs can incorporate monitoring and evaluation to assess the outputs and outcomes of their efforts to become trauma-informed. Developing a logic model related to incorporating TIC can help define expected processes, outputs, and outcomes and support a plan to assess them. Relevant outputs include whether there are memorandums of understanding that outline expectations related to TIC between partners or whether staff received training on trauma. Relevant outcomes could also include youth's program experiences, such as their perceived level of physical and emotional safety during the program, the quality of their relationships with staff, and overall satisfaction with the program.

B. Building the environment

An APP program that adopts TIC is characterized by a calm, safe, and empowering environment for youth and program staff. To build this environment, organizations can focus on implementing the six principles identified in Figure 2. Although staff working directly with youth might not know who has experienced trauma, they can create a supportive environment for all youth, regardless of whether the youth disclosed a trauma history. Strategies for implementing these principles to achieve a safe and empowering environment are described here.

1. **Physical and emotional safety:** Because youth who feel physically or emotionally unsafe might disengage, shut down, or act out, establishing a safe learning environment is important to helping youth with trauma histories participate and engage in APP programs and process the information they receive. To promote physical safety, staff can assess the actual environment of the program and, when possible and necessary, talk with the host organization (such as a school or detention center) about changing the room setup or location. They can also intervene or involve the host organization if they observe bullying or intimidation. Other ways staff can promote safety are reviewing the content in curriculum lessons for potential triggers and being mindful of how they present information. For example, a youth who does not have parents or a trusted adult could be triggered if the curriculum describes parents as a source of support.

   To promote emotional safety, organizations can train staff and provide resources with technique that address youth in an emotionally safe way, such as presenting curriculum materials using neutral, non-judgmental language. Staff could also work with youth to establish a code of conduct that fosters a safe environment, with tenets such as treating everyone respectfully or not passing judgment on the opinions or experiences of other youth. A code of conduct can also set expectations that youth are not required to share personal information about their body or sexual behavior and that they should not ask other youth to share personal

information about their bodies or sexual behavior (Schergen and Hebert 2016). In addition, staff can recognize that some youth might not have had a choice whether to engage in sexual activity and can guide youth on how to seek help if they are in a situation that limits their ability to have a choice in sexual activity. Staff can also provide youth with the option of choosing not to participate in a session if content might re-traumatize them. These youth could benefit from a separate safe space to wait for class to conclude.

In addition to establishing a safe environment for youth, trauma-informed organizations provide a physically and emotionally safe environment for staff and address the potential impact of secondary traumatic stress on staff who work with youth. This includes ensuring that staff work in physically safe locations, ensuring that supervisors meet with staff to talk about stressful events, and fostering a culture of self-care. Some organizations foster self-care by encouraging work–life balance, providing informal and formal opportunities for staff to socialize, and sharing information about how to cope with stress.

2. **Build trust between youth and staff:** Youth with trauma histories might struggle to trust adults as a result of a history of abuse, neglect, unstable living arrangements, or other factors related to their background. APP staff can build trust with youth by consistently following through on their statements, explaining confidentiality policies and the circumstances under which staff are required to report disclosed information to another adult or agency, providing youth with accurate information, and acknowledging the limits of their own knowledge. Programs can also develop a policy of not discussing individual youth in common spaces to protect confidentiality. If youth disclose a trauma history to a staff member, the individual should follow the guidance provided by his or her organization and the host organization. Patience, respect, and sincere positive regard can also foster a trusting relationship.

3. **Provide peer support:** In trauma-informed programs, a peer refers to someone with lived trauma experiences; for youth, this can include family members, other adults, or youth with a history of trauma who are important to the youth's healing and recovery (SAMHSA 2014). Peer support can help youth develop a sense of safety and trust and foster hope for recovery. Staff might not know whether each youth in their program has a trauma history, but they can provide all youth with a list of support groups that offer this peer support. Organizations can also provide peer support for their staff. For example, organizations with APP programs could have group supervision meetings for staff to discuss challenging situations and receive support from others.

4. **Foster collaboration and mutuality:** A trauma informed APP program recognizes and values the contributions of everyone involved with the program, including youth and all staff from the administrator to the receptionist. To do so, programs can work to reduce power differences among staff and between staff and youth. In addition, organizations can foster collaboration by routinely asking for input on the program or policies. For example, programs can solicit feedback from staff on the program's activities or policy changes. Staff can regularly ask youth for their input on how the program could better meet their needs. Staff might also find it helpful to encourage youth to answer questions that other youth ask, with staff correcting with sensitivity or providing additional information if needed.

Box 1. Collaboration and mutuality

Setting an expectation for collaboration and mutuality often begins when an APP program identifies its curriculum for the prevention of pregnancy and sexually transmitted infections among youth. A program could prioritize selecting a curriculum that enables youth to actively participate in the program.

5. **Empower youth by giving them voice and choice:** Trauma-informed programs are grounded in the belief that everyone has strengths and experiences that can foster healing (SAMHSA 2014). Staff in trauma-informed APP programs recognize that youth not only might have had few opportunities to share their strengths or express their thoughts, but could actually have had their choices taken away. To empower youth, staff can provide them with choices throughout the program. For example, when appropriate, staff can provide youth with the option of writing, drawing, or thinking about their response to a question before sharing with the larger group (Schergen and Hebert 2016). Some youth might find it helpful to practice skills for managing conversations about their trauma history or sexual health with adults. Staff can empower youth by offering opportunities to role-play conversations with a range of staff, including health care providers or child welfare and juvenile justice staff. Programs could discuss consent by asking staff to define the term, providing strategies that empower youth to appropriately ask a partner for consent for sex, and underscoring the importance of respecting the answer (Schergen and Hebert 2016). Programs can also acknowledge that some youth have not had the choice to give consent.

6. **Cultural, historical, and gender issues:** A trauma-informed program recognizes explicit and unconscious cultural bias and stereotypes about youth and provides services that are responsive to and respectful of the racial, ethnic, and gender needs of youth. For example, staff who deliver programs to youth in tribal communities often adopt strategies that respond to and respect the needs of tribal youth. Common strategies include using a curriculum for the prevention of pregnancy and sexually transmitted infections among youth that is adapted for tribal communities, incorporating tribal stories and narratives in programming, including content on historical trauma experienced by tribal communities, and hiring staff who are themselves members of the tribal community. APP programs could also train staff on culturally sensitive approaches to working with youth and hire staff that culturally match the youth they serve

C. Developing a response system

Trauma-informed program staff can provide programming that promotes safety and healing among youth. When a youth discloses a traumatic experience, staff should be supportive and empathetic and build on that youth's strengths. Although the response by staff may vary depending on the policies of the organization, responses to a disclosure of recent traumatic events could include assessing the situation for immediate danger, helping the youth develop a safety plan, and making referrals to child welfare and law enforcement agencies. In response to disclosures of past trauma or in situations in which no immediate danger is present, staff can provide referrals to partner organizations for counseling, peer support, and other services. .

The relationships between the APP program and its partner organizations (such as schools, child welfare, an juvenile justice) are critical to delivering a response that promotes safety and healing. Ideally, the APP program and its partner organizations have collaborative relationships and a shared vision regarding the well-being and outcomes of youth participants. Because a partner organization might offer some APP programs, staff should work closely with the partner organization to adapt policies, as necessary, to make them more trauma informed. For example, staff might have to work with partner organizations to identify a space youth can visit if the program content triggers their trauma history. Also, policies that allow staff and partner organizations to exchange information about youth could facilitate referrals for clinical and other support services, if necessary, and help ensure that youth receive coordinated care.

Tool to help programs assess their use of TIC

Organizations with APP programs might find it useful for internal planning to understand to what extent they currently implement TIC and how to make their programs more trauma informed. The checklist in Table 1, adapted from the Checklist for Integrating a Trauma-Informed Approach into Teen Pregnancy Prevention Programs (Office of Adolescent Health n.d.), is a tool that APP programs can use to support internal planning and assessment. The tool is not a comprehensive assessment, and it is not intended for research purposes or use in a formal evaluation. Instead, it is for organizations to use internally to qualitatively understand the extent to which they are implementing TIC components.

To use the tool, multiple staff members should complete the checklist independently. Program staff should then meet to discuss the information and develop a plan to more fully implement TIC in their organization. To complete the tool, staff should assess how well the program addresses each characteristic. If the program has consistent use of the characteristic, staff can select the category "Describes us well." If the program sometimes applies the characteristic or is beginning to use the characteristic, mark either "Almost there" or "Just getting started" as appropriate. If the program does not use the characteristic, mark "Does not describe us." After completing all individual items, staff may compare responses to assess their level of agreement or disagreement on how they are implementing TIC. Also, staff can review responses to identify the extent of TIC implementation and areas where they can implement additional components.

Table 1. Organizational assessment of TIC for APP programs

TIC characteristic	Describes us well	Almost there	Just getting started	Does not describe us
Creating the foundation				
Our organization has a dedicated, internal champion of the implementation of TIC.				
Our organization has a steering committee (or leverages existing advisory groups) with representation from administration, program facilitators, and youth to assess needs and develop an action plan and a timeline for implementing TIC in APP programs.				
Our organization has written policies that include a commitment to engaging in trauma-sensitive practices and an understanding of trauma and its impact on youth and staff.				
Our organization reviews trauma-related policies and procedures, such as program emergencies, crisis situations, and reporting child abuse and neglect, with all staff at least annually.				
Our organization has partnered with a range of community agencies that work with youth and families.				
Our organization provides trauma training and technical assistance to all staff as part of staff professional development. The training includes information on trauma, its effects on the brain and body, and its effects on youth development.				
Our organization provides cultural competency training that includes cultural differences in how people respond to trauma.				
Our organization provides staff access to a mental health specialist with expertise in youth trauma and trauma-informed interventions (on staff or through partnerships with the APP host organization or other partner organizations).				
Our organization ensures staff can easily access evidence-based resources regarding the role and impact of trauma, such as developmentally appropriate educational materials, workbooks, and therapy models.				
Our organization collects and uses data to monitor and evaluate the process and outcomes of our efforts to implement TIC.				

TIC characteristic	Describes us well	Almost there	Just getting started	Does not describe us
Building the environment				
Our organization offers staff opportunities to provide input into program activities and policy changes for the APP program.				
Our organization has regular team meetings with program staff in which we discuss topics such as self-care, burnout, trauma from listening to youth discuss their trauma histories, and stress-reducing strategies.				
Our organization supports and responds to staff who have a trauma history—either from listening to youth discuss their trauma histories or from experiencing a traumatic event themselves.				
Our program staff inform youth of the limits of confidentiality and when staff are legally required to share disclosed information with another agency.				
Our program staff set expectations and boundaries with youth about sharing sensitive information with peers and how youth should treat each other.				
Our program staff provide youth with choices about the program, including how to respond to questions from the APP practitioner.				
Our program staff and other professionals do not name or talk about individual youth in common spaces.				
To the extent possible, our organization uses a curriculum that incorporates culturally relevant practices and is respectful of the racial, ethnic, and gender needs of youth in the program.				
Our program staff let youth leave the room to go to a designated safe place if the program content triggers their trauma history.				
Our program staff give youth opportunities to evaluate the program and offer suggestions for improvement in anonymous or confidential ways (for example, suggestion boxes, regular satisfaction surveys).				
Developing a response system				
Our program staff provide warm, nonjudgmental, empathic, and genuine interactions at all times with youth and fellow staff members.				
Our program staff coordinate with staff in a host organization to deliver trauma-informed APP programs.				
Our program staff understand and follow our policy on responding to youth's disclosure of trauma.				
Our program staff make referrals for services and supports as necessary. This includes referrals to local licensed mental health service providers who have documented specialized training in the delivery of trauma-informed services.				

APP = adolescent pregnancy prevention; **TIC =** trauma-informed care.

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APPENDIX

The following table provides a list of additional tools and resources, including organizations that provide trauma-informed care technical assistance, that adolescent pregnancy prevention programs can utilize to support internal planning and assessment related to the use of trauma-informed care. The identified tools and resources are not tailored for programs that serve youth or provide adolescent pregnancy prevention programming.

Additional tools and resources related to trauma-informed care

Resource	Description
Center for Innovation in Behavioral Health Practice	Operated by the National Association for State Mental Health Program Directors, the Center for Innovation in Behavioral Health Practice provides on-site training and technical assistance to develop and improve trauma-informed environments across the spectrum of public health programs.
SAMHSA-HRSA Center for Integrated Health Solutions	The Center for Integrated Health Solutions supports a group of organizations that are part of their innovative community. The communities work to bolster the integrated model of care by improving health centers' ability to recognize and address patients' trauma through workforce development, using sensitive screening and assessment practices, and creating safe and respectful relationships and environments. The website has links to webinars and tools to support organizations' efforts to develop a trauma-informed care organization, including an organizational self-assessment tool for primary care that could be customized for adolescent pregnancy prevention programs.
Child Welfare Information Gateway	A service of the U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau, this site provides information and resources on building trauma-informed systems, assessing and treating trauma, addressing secondary trauma in caseworkers, and trauma training.
Resource Guide to Trauma-Informed Human Services	Developed by the Administration for Children and Families, the Substance Abuse and Mental Health Services Administration, the Administration for Community Living, the Offices of the Assistant Secretary for Health, and the Assistant Secretary for Planning and Evaluation at the U.S. Department of Health and Human Services, this guide introduces the topic of trauma, discusses why understanding and addressing trauma is important for human services programs, and establishes a road map to find relevant resources.
GAINS Center for Behavioral Health and Justice Transformation	The GAINS Center provides technical assistance and training for criminal justice professionals (police officers, corrections personnel, and court personnel) to help them become trauma informed.

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