ABSTRACT

Title of Thesis: AN EVALUATION OF STATE-LEVEL TRAUMA-INFORMED CARE IN THE JUVENILE JUSTICE SYSTEM

Lois Richman, Bachelor of Arts, 2022

Thesis directed by: Associate Professor, Bianca Bersani, Department of Criminology and Criminal Justice

Over 90 percent of youth entering the juvenile justice system have been exposed to at least one trauma. Furthermore, 62 percent of youth are exposed to trauma within their first five years of life (Dierkhising et al. 2013). Acknowledging the impact trauma has on development, helps to understand how trauma increases a juvenile's chance of contact with the justice system. Thus, trauma-informed care is a system response to this high prevalence of trauma exposure. The National Child Traumatic Stress Network states the goal of trauma-informed care is to teach youth and staff the skills to manage trauma and to work towards not stigmatizing or causing re-traumatization (Dierkhising et al. 2013). To gain a better grasp of how successfully trauma-informed care is understood and implemented at a state-level, a qualitative study was created using Maryland as a point of reference. Semi-structured interviews were conducted with stakeholders in Maryland working either with the juvenile justice system or trauma-impacted youth to gain an in-depth understanding of the nature of trauma-informed care. It was found that Maryland has a lot to improve upon to align their trauma-informed care with key tenets of The

National Child Traumatic Stress Network key tenets. This includes creating a singular definition of trauma-informed care, creating more programs, implementing better staff resources to minimize secondary trauma, and improving upon the continuity and collaboration across child service systems.

AN EVALUATION OF STATE-LEVEL TRAUMA-INFORMED CARE
IN THE JUVENILE JUSTICE SYSTEM

by

Lois Richman

Thesis submitted to the Department of Criminology and Criminal Justice at the
University of Maryland, College Park, in partial fulfillment
of the requirements for the degree of

Bachelor of Arts
2022

Acknowledgements

There are so many individuals I owe a thank you to. I truly would not have been able to create a thesis without the support I have received. I first would like to thank my fellow criminology and criminal justice honors cohort. We were in this together and I knew I could lean on any of you throughout the highs and lows that come with writing a thesis. I owe my largest thank you to Dr. Bianca Bersani. Without her patience and wisdom, I would never have been able to undertake a research study like this. I am thankful to have had a mentor who saw more in me, than I saw in myself. Finally, I would like to thank my friends and family. To my parents, thank you for letting me bounce ideas back and forth, for calming me down during times of stress, and for giving me the best grammatical advice. Lastly, to my friends, especially my roommates, thank you for giving me the motivation and encouragement I needed.

Table of Contents

Chapter 1: Introduction

In the United States, each year millions of children experience trauma, whether that be at home, in school, or in their communities. More than two-thirds of youth experience at least one traumatic event by the age of 16 (SAMHSA 2021). Trauma occurs when a child is exposed to an event where they are unable to cope with what they have experienced (Ford et al. 2007). While there is a wide range of traumatic events one can experience, some potential causes are abuse (psychological, physical, or sexual), witnessing violence, natural disasters, terrorism, sudden loss, neglect, a serious accident, or life-threatening disease. (SAMHSA 2021). Trauma leads to a vast array of negative effects which can be placed into two categories, internalizing or externalizing problems. Internalizing problems include feelings of anxiety or depression, while externalizing problems can be oppositional or defiant behavior, conduct problems, and aggression (Ford et al. 2007). Trauma can ultimately impact a child's neurological, affective, and social development. Trauma can affect one's learning and can be shown through lower academic achievement, and more suspensions or expulsions (SAMHSA 2021). It can also lead to increased use of health or mental health services. Trauma has been found to be a risk factor for behavioral health, such as diabetes or heart disease, and substance use disorders. Finally, trauma can place youth at a higher risk of involvement with child welfare services or the juvenile justice system (SAMHSA 2021).

Youth in special or vulnerable populations see higher rates of traumatic experiences. One population, youth in the juvenile justice system, experience this effect prominently. Within the juvenile justice system, it has been found that over 90 percent of youth have been exposed to at least one trauma (Dierkhising et al. 2013). While there are standardized assessments and interventions that could help decrease the negative impacts of trauma, many juvenile detention

centers do not routinely screen for trauma or offer trauma-specific treatment interventions (Ford et al. 2007). Thus, the implementation of trauma-informed care into the juvenile justice system can help decrease the negative impacts of trauma and eliminate the risk of re-traumatization. Some key tenets of trauma-informed care include routine screening, providing resources, strengthening resilience and protective factors, emphasizing continuity of care, and collaboration across child-service systems (Dierkhising, Ko, and Goldman 2013).

Understanding trauma-informed care in the juvenile justice system, specifically using the state of Maryland as a reference point, will help to identify key areas for policy change and operational improvement to lessen the negative impact trauma has on delinquent youth. Delinquent youth are a particularly vulnerable population, and it is crucial that they are kept safe and protected from trauma or re-traumatization while incarcerated in state facilities (Branson et al. 2017). This research seeks to examine empirical evidence on the causes and nature of trauma and review the current data available. An analysis of the juvenile justice system and why it often fails to address trauma lends credence to why trauma-informed care is critical. The research discussed will explain the findings of semi-structured interviews conducted with stakeholders in Maryland working either with the juvenile justice system or trauma-impacted youth. Finally, although the specific changes that need to be made to the system are beyond the scope of this paper, preliminary conclusions and policy implications have been included. Thus, the question that will be addressed is if the practices of trauma-informed care on a state-level align with the widely accepted definition by The National Child Traumatic Stress Network?

Chapter 2: Literature Review

Trauma's Effect on Youth and Adolescents

Trauma is notoriously hard to define. The Substance Abuse and Mental Health Services Administration (SAMHSA) conducted a study in 2014 to understand the different definitions of trauma, to create a working definition for public health agencies and service systems. SAMHSA stated, "trauma results from an event, series of events, or a set of circumstances that is experienced by an individual as physically or emotionally harmful or life-threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being" (SAMHSA's Trauma and Justice Strategic Initiative 2014).

While trauma does not discriminate and can affect those of any age, the impact of trauma on adolescents is large. Millions of adolescents are affected by trauma whether that be from abuse, disasters, accidents, violence, assault, or terrorism, among many other causes (Lubit et al. 2003). In fact, it has been found that two-thirds of youth have been exposed to at least one traumatic experience (Villalta et al. 2018). However, there is an even greater risk of trauma among vulnerable youth. Many times, of which justice system involvement is an indicator of a vulnerable status. Youth suffering from trauma are also at a greater risk of developing post-traumatic stress disorder (Villalta et al. 2018).

The impact of trauma on adolescents will depend on a variety of factors both pre-existing and post the event. Some factors that may impact how trauma can affect adolescents include, age, prior history of trauma, pre-existing mental health issues, and nature of social support (Hodas 2007). Evaluating the adolescent's history is crucial to assess how the treatment should occur. The impact of trauma may also vary depending on characteristics of the event itself such as the proximity to trauma, type, relationship to perpetrator, severity, duration, and the chronicity (Hodas 2007). After a traumatic event, children may suffer a variety of psychiatric symptoms

including anxiety, panic attacks, dependent behavior, sleep problems, intrusive recollections, social withdrawal, and dysphoria (Lubit et al. 2003). However, trauma can affect adolescents in a wide variety and other psychiatric symptoms may occur, or one may become numb and display no emotion. Ultimately, the impact of trauma can affect neurological, emotional, and social development.

Neurological Impact

One of the largest areas of focus when examining trauma's effect on youth is understanding the neurological impact. A single incident of trauma can be enough to alter one's brain functioning (Putnam 2006). Trauma affects the stress response system, also known as the hypothalamic-pituitary-adrenal axis (HPA). The HPA is a hormonal system that releases cortisol in reaction to stress and trauma (Putnam 2006). The activation of the stress response system ultimately affects the way the body works harmoniously. The stress response system helps to protect individuals from life threats and shifts resources away from homeostasis, the body's natural state, towards a fight or flight reaction (De Bellis and Zisk 2014). The stress response system responds to traumatic events by sensing it through the thalamus, which then activates the amygdala, the control center for emotion and fear (De Bellis and Zisk 2014). Cortisol levels increase which signals neurons in the prefrontal cortex, hippocampus, and hypothalamus. This is what leads to a change in heart rate, blood pressure, and metabolic rate (De Bellis and Zisk 2014).

For those who face traumatization, the body's stress response system becomes dysregulated. In a regulating brain, an increased level of cortisol occurs during cases of an emergency, however, when it becomes dysregulated and the levels of cortisol remain increased, it may damage or kill neurons in critical areas (Putnam 2006). The loss of these connections can

lead to problems with impulse control, logical thinking, emotion regulation, and social behavior (Putnam 2006). It has also been found that childhood trauma may reduce gray matter in the hippocampus and dorsolateral (Herringa 2017). These regions are responsible for threat processing and emotional regulation. It is important to acknowledge individual differences are also responsible for the different types of stress system regulation. Genetics, epigenetics, gender differences, socio-economic status, and social support may affect the behavioral and emotional outcomes as well (De Bellis and Zisk. 2014). However, this is ultimately worrisome as childhood and adolescence are vulnerable periods for neurodevelopment and can affect their emotional and behavioral regulation.

Affective Impact

Due to the neurological impact, emotion regulation can be severely affected in youth who have endured traumatic experiences. Emotion regulation difficulties is a term coined to describe the negative emotional reactions that those may suffer after a traumatic event (Villalta et al. 2018). Emotion regulation difficulties are used to describe affect dysregulation, mood instability, and mood swings. These reactions are intense, frequent, and hard to control. While it is common during development, and especially for those that experience trauma, that youth can experience mood swings such as anger outbursts or temper tantrums, if they become persistent this moves away from normative behavior (Villalta et al. 2018). It was found that 60% of youth who are exposed to interpersonal trauma suffer from emotion regulation difficulties (Villalta et al. 2018). Thus, many suffer from anxiety, depression, irritability, anger, and fear, among many other emotions (Lubit et al. 2003). However, it is also common that some begin to become numb or choose to avoid their feelings. Rather, youth begin to self-blame or feel shame which can ultimately turn into a lack of empathy or prosocial behavior.

The emotion regulation difficulties experienced by traumatized youth, often lead to the misidentification of emotions (Lubit et al. 2003). It is common for youth who are traumatized to have increased irritability, and, thus, when one may experience sadness, it may be expressed as anger. On the other hand, when youth either become numb or withdraw from their emotions, it can be difficult to successfully reflect, express, or manage them (Plattner et al. 2007). This can ultimately affect one's ability to successfully cope and rather leads to exaggerated thoughts of danger. The misidentification of emotions can become a self-fulling prophecy as youth begin to believe that they are truly experiencing the emotion they express (Lubit et al. 2003). Many youths' heightened emotions can also cause them to feel weak or powerless which affects their self-esteem. The tendency to blame themselves for what they experienced can lead to anger, defiance, and aggression towards others (Plattner et al. 2007). Thus, this leads to the social impact that trauma has on youth.

Social Impact

The last element that is critical to understand how adolescents are affected by trauma is the social impact. Due to both the neurological and emotional impact of trauma, children and adolescents experience heightened anxiety and often perceive social interactions to be different than what they are. Many turn to withdrawal, regression, or their concentration is affected which can impact their success in school and socialization with peers (Lubit et al. 2003). Often youth feel that since they do not have control over their emotions, isolating themselves from society is a way to take back their power and feel safe (Ford et al. 2006). On the other hand, youth who do experience heightened emotions or regulation difficulties, often have distorted views of others and their relationships. This can be due to their social information processing being impaired by

misidentifying both what they feel and what others do (Ford et al. 2006). Thus, many youth struggle to fix normal social problems that arise with their peers or family.

Trauma can severely impact youth's attachment to those around them. Traumatized youth often fear or defy authoritative figures. Many lose trust in adults and find them to be unreliable, therefore, losing their attachment. A sense of betrayal can cause negative attitudes towards caregivers, teachers, and other leaders (Ford et al. 2006). This can be especially true for those whose trauma experience was in proximity or perpetuated by important figures in their life (Price et al. 2013). While it is common for research to focus on children and adolescents' attachment to their family or caregivers, trauma affects relationships with friends as well. Many begin to adopt antisocial behavior, which in turn, makes it difficult to form close friendships. When young, the lack of impulse control and moral development makes it hard to connect with others their age, however, as children turn into adolescents it can be common for youth to manipulate or control those around them (Prather and Golden 2011). The combination of antisocial behavior, emotional dysregulation, and the neurological impact, ultimately leads many youths affected by trauma to make poor decisions which can lead them or increase their risk of contact with the juvenile justice system.

History of the Juvenile Justice System

Juvenile justice system involvement and trauma are closely related. It is estimated that nearly 90% of juvenile-involved youth have experienced a traumatic event (Dierkhising et al. 2013). Of those youth, almost 33% have developed post-traumatic stress disorder (Ford 2016). However, the current structure of the juvenile justice system is not equipped to successfully care for those youth. Many are at risk of being re-traumatized and services to help assist with their

trauma are not available. Thus, the system needs to be reformed to protect youth and properly address trauma.

Current Structure

The juvenile justice system was established in the best interest of youth to rehabilitate and lead them towards living a productive prosocial life after incarceration (Goshe 2019). However, since its inception it has been found to be more punitive than rehabilitative. This has been due to inconsistencies of the various state-level juvenile justice systems policies and procedures, the demand for youth to be held more accountable, and the rise in violent crimes (Skinner-Osei et al. 2019). In 1968, the Juvenile Delinquency Prevention and Control Act was passed. This act suggested that youths' social and behavioral history, and environment should be considered. This included understanding abuse, trauma, social connections, and education (Skinner-Osei et al. 2019). While this act seemed promising, it was not successful and the goal of rehabilitation over punishment was never reached. Youth crime was still on the rise, judicial discretion was out, and mandatory minimum sentences were in. Rather than understanding why youth were committing crimes, the public began to support a tough-on-crime era (Skinner-Osei et al. 2019). Rehabilitation at this point was thought to be entirely ineffective and harsh policies were endorsed.

It was not until the 1990s that evidence-based interventions, mental health, and education were prioritized (Skinner-Osei et al. 2019). However, minimal changes have yet to be implemented widely across the United States. Nevertheless, research has been on the rise, and understanding the traumatization, mental health problems, and substance use disorders that many individuals enter the system with has been a focal point. It has been found that the lack of services within the juvenile justice system violates both youth’s eighth and fourteenth

amendment rights (Skinner-Osei et al. 2019). Those with severe mental disorders, whether that be PTSD, high anxiety, mania, to name a few, are supposed to receive treatment while confined in a correctional facility. Thus, more recently it has become evident that the current structure of the juvenile justice system does not work and a new approach to handling vulnerable youth is needed.

Why Reform the System?

Youth suffering from traumatic experiences often cope in a way that increases the risk of getting arrested including utilizing drugs, joining a gang for protection, or carrying a weapon (Branson et al. 2017). Many find themselves involved in the juvenile justice system. It has been found that for youth who have been impacted by trauma, time spent in correctional facilities can either produce trauma experiences or re-traumatize those who came in with pre-existing histories (Branson et al. 2017). Practices such as restraints, solitary confinement, abusive behavior by correctional staff, and the sexual victimization that occurs within prison walls, can be harmful to those affected by trauma and can ultimately compromise their mental health and exacerbate psychological distress (Skinner-Osei et al. 2019). Many aspects of the juvenile justice system can be triggering, and effective responses are often not available. This can ultimately impede on rehabilitating youth and affect recidivism rates. Thus, the juvenile justice system needs to minimize the chances of re-traumatization, and one effort that has found success is trauma-informed care.

Trauma-Informed Care

Trauma-informed care has gained traction as public awareness has increased about the detrimental effects of trauma. This has led key stakeholders to push for public service systems to implement trauma-informed care as a response to the high levels of trauma exposure. Trauma-

informed care was introduced in literature in 2001 by Harris and Fallot. This research examined women seeking mental health or substance abuse treatment systems. They found that the systems in place help serve survivors of trauma but do not treat the deleterious effects. Creating a trauma-informed approach would allow for trauma to be examined on how it has affected an individual's life and has played a role in one's misfortunes. The overarching goal is to make sure that the systems in place do not re-traumatize or victimize those who are vulnerable. Trauma is often a reason why youth commit the acts that landed them in the juvenile justice system in the first place, thus, it is critical that the trauma is evaluated when entering the facility and addressed throughout their time there.

Definition & Key Tenets

Trauma-informed care throughout the years has been defined in a multitude of ways. However, one of the most respected definitions for juveniles was created by The National Child Traumatic Stress Network. This definition will serve as a basis for evaluating trauma-informed care systems within the juvenile justice system. The National Child Traumatic Stress Network defined it through seven key tenets:

> "A service system with a trauma-informed perspective is one in which programs, agencies, and service providers: (1) routinely screen for trauma exposure and related symptoms; (2) use culturally appropriate evidence-based assessment and treatment for traumatic stress and associated mental health symptoms; (3) make resources available to children, families, and providers on trauma exposure, its impact, and treatment; (4) engage in efforts to strengthen the resilience and protective factors of children and families impacted by and vulnerable to trauma; (5) address parent and caregiver trauma and its impact on the family system; (6) emphasize continuity of care and collaboration

> across child-service systems; and (7) maintain an environment of care for staff that addresses, minimizes, and treats secondary traumatic stress, and that increases staff resilience" (Dierkhising et al. 2013).

To successfully implement trauma-informed care in juvenile justice systems, there are preliminary steps that must be taken. First, there must be a mutual understanding between the key stakeholders of the facility of what trauma-informed principles and practices are. Workers on every level also need to understand how trauma impacts the lives of those being served, in this case, youth in the juvenile justice system. This would include receptionists to guards to the directors of the facilities. This is important as this is what will help with the recovery process and eliminate the possibility of re-traumatization (Elliott et al. 2005). Then the feasibility of implementing the elements of this system needs to be evaluated. This could include creating an educational program that explains the impact of trauma and what the trauma recovery process looks like. This is often a large paradigm shift for a facility as staff across all levels need to implement safety, understand what potential triggers could be, and what the proper response to trauma is (Elliott et al. 2005). Therefore, specific interventions are often utilized as they outline different steps a facility should follow to successfully implement trauma-informed care.

Specific Intervention

One specific trauma-informed care intervention that has found success is the Trauma Affect Regulation: Guide for Education and Therapy, also known as TARGET (Marrow et al. 2012). TARGET's goal is to allow for youth who are traumatized and for staff in juvenile facilities to properly handle and recognize stress reactions. The intervention was created to address trauma in multiple sessions and can be done one-to-one, as a group, or as training for those who work within the juvenile justice system. The first part of TARGET utilizes

psychoeducation that explains PTSD and the brain's response to trauma (Ford 2016). To overcome the stress reaction of trauma, one must learn how their brain reacts to it. TARGET then teaches seven steps to reset the stress response through emotion and self-regulation skills. These steps include **F**ocusing and **R**ecognizing triggers, differentiation of **E**motions, **E**valuating cognitions, **D**eliberate goals and **O**ptions for actions, and **M**aking a contribution (Ford 2016). These seven steps are often referred to as the acronym of FREEDOM.

TARGET provides a collaborative effort to incorporate trauma-informed care into juvenile facilities as it may serve as a basis for rehabilitative, supervisory, and therapeutic services (Marrow et al. 2012). This allows youth to understand and manage their own reactions to trauma and for those who care for these youth to not stigmatize or re-traumatize. TARGET has been implemented into many trauma-informed juvenile justice settings. One study conducted by Monique Marrow, Kraig Knudsen, Erna Oladson and Sarah Bucher evaluates the effectiveness of TARGET by splitting half of their juveniles in the facility to receive their normal trauma treatment while the other half received TARGET. It was found that there was a reduction in depression rates, threats towards staff, and the use of physical restraints in the youth that were provided this specific intervention.

While TARGET has seen success, each state may approach trauma-informed care in a different manner. It is important to assess how state practices align with The National Child Traumatic Stress Network. Therefore, this study will examine the state of Maryland's practices and policies in place, as a reference point to gain a better understanding of if trauma-informed care is working effectively on a state-level and what the implications are.

Chapter 3: Data Source and Methods

Data Source

This research analyzes trauma-informed care programs in the juvenile justice system. To gain a better understanding of how effective trauma-informed care is and its effect on combating negative impacts of trauma, the state of Maryland will be used as a point of reference. To successfully capture the nature of this approach, the primary method utilized to collect data was a semi-structured qualitative interview. A semi-structured interview focuses on certain domains and asks specific questions, however, is flexible since both the interviewer and the interviewee have the freedom to go beyond the questions listed (Drever 1995). Interviews were conducted with stakeholders who work closely with trauma-informed care and youth in the juvenile justice system in Maryland. The interviews were recorded via Zoom. Data including audio recordings and transcribed interviews were stored on Box, an encrypted storage website that is password protected. The respondents were also be given an ID number to remove any identifying information from the files. Within this research article and any other materials associated with the project, participant's identities will be protected to ensure full confidentiality.

Collection Method

The selection of individuals to be interviewed was based on convenience. A snowball sampling method was utilized to be connected with the correct stakeholder. This sampling method identifies a few individuals in a specific population and then asks them to refer others who would also fit the same criteria (Handcock and Gile 2011). In this case, the individuals selected to represent trauma-informed care and those in the juvenile justice system had the opportunity to refer other knowledgeable individuals to be interviewed as well. To find the right

participants for the research at hand, individuals were found regionally, and in this case, Maryland was specifically focused on. To ask for participation in the interview, emails were sent to different organizations, along with a consent form that outlined the goals of the research project.

Sample Selection

The sample included individuals from organizations such as The Governor's Office of Crime Prevention, Youth, and Victim Services, Maryland's Department of Juvenile Services, and the Trauma-Informed Task Force. Individuals had to be over the age of eighteen and working in an organization or social service that engages with trauma-impacted youth or the juvenile justice system. While the initial compiled list of stakeholders was ten, the sample consisted of three women, which was crucial to learn more about how trauma is handled in Maryland juvenile justice systems. Although the sample is small, the goal of the research was not to find generalizability but rather to gain an in-depth understanding of the nature of trauma-informed care in Maryland from up-close experiences. The enrollment numbers were a doable in the timeframe this thesis permits and allowed patterns in overlapping themes to become clear.

Interview Questions

The questions included in the semi-structured qualitative interview aimed to gain a better understanding of how the state of Maryland handles trauma and how their trauma-informed care compares to The National Child Traumatic Stress Network's definition (Appendix). These questions are open-ended and will serve as a roadmap. While a limitation of open-ended questions is that they may be less consistent and objective, it provides in-depth data and factors that may not have been accounted for in the initial research. Questions to specifically understand how the state of Maryland handles trauma in delinquent youth asked if a trauma-informed

approach is implemented in the juvenile justice system and if so, what the approach looks like. Specific interventions or programs that have seen success were also asked about. To compare Maryland's approach to the National Child Traumatic Stress Network's definition, questions regarding the seven key tenets were asked.

Measures

While qualitative data does not have the same typical measures that quantitative data requires, there still are driving themes that need to be assessed. For this study, the National Child Traumatic Stress's networks definition was utilized as a logic model to assess if the state of Maryland's approach is consistent. The main domains that were covered are Maryland's approach to trauma-informed care, including what it looks like and does it work. It then looked at programs and services, continuity and collaboration, and secondary trauma. Throughout these domains, it should become clear if the practices of Maryland align with the definition of trauma-informed care. This ultimately highlighted the importance of trauma-informed care and if it either does or does not work, and what the implications are?

Analytic Strategy

After conducting the three interviews, the method of thematic analysis was utilized by reading through the transcripts and identifying patterns across. These patterns ultimately became codes that would fall under larger themes also known as domains. The coding session was grounded in the National Child Traumatic Stress Network's definition. A domain was identified after codes were repeated in more than one interview. The questions asked during the interview would invoke responses about these four domains for the stakeholders to elaborate on their opinions and experiences with trauma-informed care in the juvenile justice system within the state of Maryland.

Chapter 4: Results

After coding the three interviews of the individuals who work with either trauma-impacted youth, directly with the juvenile justice system, or is on the trauma-informed task force, four domains were developed. These domains are 1. definition of trauma-informed care, 2. programs and services, 3. secondary trauma, and 4. continuity and collaboration. These four domains help to shed light on the state of Maryland's trauma-informed care and how it aligns with the widely accepted definition by the National Child Traumatic Stress Network.

Definition of Trauma-Informed Care

Participants responded to questions about the state of Maryland's trauma-informed care. In particular, the questions asked were "Does the state of Maryland implement a trauma-informed approach in the juvenile justice system or other out-of-home facilities?" and "What does the trauma-informed approach look like in the state of Maryland?" There was a unanimous response that Maryland does implement trauma-informed care, however, the level it has been achieved varied. According to one participant who works directly with trauma-impacted youth:

> "Trauma-informed services is definitely something that we've been working to achieve, mainly focusing on adverse childhood experiences and how those have a direct impact on youth later in life, health consequences, and issues that just negatively impact one's life."

Thus, while trauma-informed care is implemented throughout the state, it became clear that what exactly trauma-informed care looks like has not been established. This participant went on to explain:

> "We don't have a firm vision or template yet for what it's going to look like. It's still in the works… We throw out words like trauma-informed care, trauma-informed approaches, like we could all be meaning something different."

Without a clear definition of what trauma-informed care is in the state of Maryland, it is unclear if programs and agencies that claim to be utilizing it are doing so in the correct and effective

manner. Maryland's trauma-informed task force wants to develop a universal set of definitions including defining what exactly trauma-informed care is. As of now, there is a lack of cohesion, and creating a definition will ensure efforts are not duplicated, or that these programs are truly hitting the mark. This became clear with a member from this task force:

> "Everybody defines it differently, I would probably argue, they treat it differently depending on who they are and where they are. It has become a catch phrase… A lot of people are using this language and we really need to figure out what this is and how it actually is supposed to work."

After speaking with the participants in this study, it was evident that trauma-informed care in Maryland is still in its infancy. There is a lot of talk about this concept and how it can benefit different institutions, including the juvenile justice system, however, until a comprehensive definition is created it will be unclear whether trauma-informed care is implemented successfully.

Programs and Services

The second domain that became apparent after coding the three interviews was the programs and services that are available for those impacted by trauma in the juvenile justice system. The questions that were asked to elicit these responses were "What resources are available for youth impacted by trauma?" and "What trauma-involved programs or interventions have found success?" The juvenile justice system, in recent years, has been pushing for mental health services. These services are to be embedded into different steps of the juvenile justice system including before one enters the facility to once one reenters society. Two mental health services that have gained traction are the Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and Trauma, Addictions, Mental Health, and Recovery (TAMAR) program. A participant who works for the juvenile justice system described it as:

> "TAMAR is more of a psycho-type curriculum designed for folks about trauma impacts, coping skills, and things related to trauma, but everyone participates in it, it doesn't mean that you have any particular trauma history necessarily. Whereas TF-CBT focuses on processing prior traumas. So, on a detected side it is much more psychoeducation support, counseling, screening, and triaging."

These two mental health services have been critical in helping with the trauma that youth may have come into the detention center with or gained during their time in the facility. While these two services are useful in addressing either pre-existing or new-found trauma, programs are also needed to help lessen the risk of re-traumatization. One program that was discussed was the Child Advocacy Center Model. This program is implemented throughout the state of Maryland and embedded into the juvenile justice system. The participant who works with trauma-impacted youth described it as:

> "A process by which if a youth discloses that they've been a victim usually of sexual abuse, but sometimes physical abuse, they're taken to a child advocacy center where they're interviewed by a trained forensic interviewer, who's been trained to not re-traumatize that victim, and ensure that they're treated in a trauma-informed way. Youth don't have to keep repeating their story to the police and to the prosecutor."

This program is useful for a child who is navigating the beginning of their contact with the juvenile justice system. However, the interviewee also touched upon a model that is useful after one has entered the system. The Community Mediation and Conflict Resolution Model, allows both the offender and victim to open up about what has occurred and the trauma it may have inflicted.

> "They do a really good job of making sure that both the offender and the victim have a chance to share how the incident, or the crime impacted them… There are definitely some trauma-informed components, you know, making sure voices are heard, and people are able to just say you know this really affected my life in this way. The offender is able to see that and then work to make a resolution of how we make this better."

While it was made clear that there are programs and services available for trauma-impacted youth in the juvenile justice system, the measures must be taken to lessen the impacts of trauma and put at the forefront that re-traumatization does not occur.

Secondary Trauma

The third domain that arose throughout the interviews was secondary trauma within the staff that work with trauma-impacted youth. This domain was probed by the following two questions, "How is secondary traumatic stress in staff minimized?" and "How is resilience increased in staff who work with trauma-involved youth?" Staff's secondary trauma was a highly prominent topic of conversation throughout the interviews. It became clear that while actions have been taken to address staff's secondary trauma within the juvenile justice system, it has not shown to be as successful as it was hoped to be. The participant who works with trauma-impacted youth said that their goal has been to:

> "Create space for employees to have more wellness check ins and mental health check ins, leave for mental health reasons."

This has been done through:

> "We have a number of trainings that sort of emphasize self-care and provide pointers on how to create your own self-care flyers. We do offer support groups, particularly around the losses, the pandemic and general things… Agencies have access to employee assistance programs. Maryland has a support app and website."

However, it became evident that while measures have been taken to allow staff to get the support they need and agencies have provided resources to address secondary trauma, many staff either do not utilize what is provided or it has not been enough. The participant who is on the trauma-informed task force stated:

> "Saying no and quote taking care of oneself is first. And so what we're unfortunately seeing is a lot of people saying, I don't want to do this and leaving. And so I think the way folks are taking care of themselves is leaving…. There are resources, I just don't

> know how folks are tapping into the resources. There is a line between resilience and essentially needing a timeout"

Thus, it became clear that while resources are being offered, for many staff it is not enough. Rather, the work has become burdensome and secondary trauma has led some staff members to leave their job. This has impacted various agencies and the loss of staff has forced many to reconsider how to address secondary trauma within their own workforce.

Continuity and Collaboration

The fourth and final domain that came from the coding session was continuity and collaboration across child service systems. The participants were asked questions such as "Is there a continuity of care once a child leaves the juvenile justice system?" and "Is there collaboration across child service systems?" It became obvious from all three interviews that Maryland did expand their care beyond the juvenile justice system. The participant that works directly with the juvenile justice system said:

> "We operate a continuum of care. We are at the capacity to operate from intake all the way through back in terms of services… Every effort is made to hook people up if you will to the right services."

Maryland starts their reentry planning process from the moment a juvenile enters the justice system. This means that every juvenile should be given the correct services in a timely manner after leaving the system. The continuity of care and the collaboration between different agencies is coordinated by local care teams, which is unique to the state of Maryland. The participant that works with trauma-impacted youth described it as:

> "There's a team that comes together, they're called local care teams, there's one in every county. They're sort of the first responders if you will, to kind of look at what placement options are, and support the family through the whole process and help them navigate all the governmental bureaucracies... We found that to be pretty effective… There's a lot of people at that table and so I think that has really helped collaboration at the local level."

Two of the participants agreed that while the continuation of care and collaboration of different services is not perfect, these local care teams help to make a more seamless transition between leaving detention centers or other out-of-home care, and reentering society. However, one participant who served on the trauma-informed task force did not believe Maryland's continuity of care was effective:

> "The continuity of care ends up turning into a major barrier, you created a lapse… The coordination also has to be effective and efficient. And what I see is that the coordination ends up forcing even more barriers because it takes longer"

One example this participant spoke about was when an individual enters the juvenile justice system, they are withdrawn from school to enroll them into the detention center's education program. However, once the juvenile is released, they need to re-enroll in their old school. For some youth, they are only held in a detention center for a short period. The time it takes for the student to re-enroll in their old school can be lengthy. It takes a school a few days to process the readmission. This ultimately created a lapse because now a child cannot go straight back to school and has more free time to potentially participate in delinquent acts. This was just one example of many that this participant gave about how Maryland sometimes struggles with the continuum of care and collaboration between different services.

Chapter 5: Discussion

This research fills a gap in the literature about state-specific trauma-informed care. The state of Maryland has little publicly available information about what exactly trauma-informed care looks like. After reviewing the results, it became clear that the findings led to larger implications including policy and legislation changes, and operational improvements. It also lends credence to future research directions that could be taken to continue understanding how trauma-informed care is implemented throughout the United States. Thus, the question that was initially asked of if the practices of trauma-informed care on a state-level align with the widely accepted definition by The National Child Traumatic Stress Network, the answer became clear that while each element is there, the level to which it is satisfied varies.

Findings and Implications

After completing three interviews with women from the following organizations, The Governor's Office of Crime Prevention, Youth, and Victim Services, Maryland's Department of Juvenile Services, and the Trauma-Informed Task Force, it became clear that trauma-informed care in Maryland is still in its infancy. While trauma-informed care has become a popular buzzword, what it entails is unclear. Maryland does not have a universal definition or set of guidelines. The programs and services made available may all be held to different standards. Therefore, different organizations are turning towards the trauma-informed task force to create a singular definition and a set of guidelines. While Maryland would not necessarily utilize The National Child Traumatic Stress Network as they want a definition that spans more than just youth, the CDC Guiding Principles that addresses all ages may be adopted. Thus, one policy implication of this research is that Maryland needs to create a standard definition and set of guidelines to ensure efforts are not duplicated and that programs are properly addressing trauma.

This will also help with agencies funding trauma-informed care as it will provide a checklist to ensure programs are taking the right steps in lessening the negative effects trauma has.

Maryland has successfully implemented trauma-informed care programs and services throughout the juvenile justice system. While various programs were discussed, as each participant came from different agencies and locations in Maryland, it became clear that there were no universal programs implemented. Many services are county-dependent, rather than statewide. Thus, certain youth detention facilities may offer more mental health programming than others. This goes in hand with the lack of a definition of trauma-informed care. Once guidelines are created, facilities will have a reference point to ensure that youth are receiving the correct services to help lessen the impacts of trauma and fight stigmatization. One of the National Child Traumatic Stress Network's key tenets is making resources available to children, families, and providers on trauma exposure, its impact, and treatment (Dierkhising et al. 2013). While Maryland is in the beginning stages of providing resources and programs, further steps need to be taken to ensure that everyone impacted by trauma is receiving adequate care. Policy changes are needed to create universal programming that addresses trauma both in the juvenile justice system and for affected families. Legislation should also be reassessed to understand what is continuing to exacerbate trauma and how it can be changed so that Maryland can move toward healing its youth.

The findings of the secondary trauma domain were mixed, largely due to the services provided are agent specific. It became evident that even though most agencies provide trauma-informed services to staff, the level they are found useful and that it addresses trauma differs. While two of the participants thought the services provided were adequate, one felt strongly that they were not. While they did acknowledge that it may be the staff who are choosing not to

utilize what is available, it was made clear that a larger emphasis needs to be placed on how organizations can keep their staff away from being impacted by trauma. Thus, when comparing it to the National Child Traumatic Stress Network's element of maintaining an environment of care for staff that addresses, minimizes, and treats secondary traumatic stress, and that increases staff resilience, it became clear that while an environment of care is there, staff are not learning the skill of resiliency. Organizations need to come together to address staff choosing to take a leave of absence and plan for staff to learn the skill of resilience through further programming and support services.

Finally, the continuity of care and the collaboration across child service systems revealed interesting results. Maryland prides itself on its ability to provide a continuum of care through their unique local care teams. While in theory, this seems an effective way to ensure that there is a continuation of care and that all entities are collaborating, which is an important key tenet in the National Child Traumatic Stress Network's definition, it became clear that this can also become a barrier. While there is no quick fix, it is important that this issue is being brought to key stakeholders and institutes. For instance, school systems should be collaborating with juvenile justice systems to ensure there is a smooth and fast transition for youth to re-enter the school system. Therefore, policy change and operational improvement is needed to lessen the negative impact trauma has on delinquent youth

Limitations

With any given study, there will always be limitations to the research conducted. Within this study, the largest limitation is the sample size. Due to time constraints, only three interviews were conducted. Providing a larger sample would allow for the credibility of the results to be increased. The small sample size also meant that the variation in the participants' demographics

was low. This sample was three women, two of whom were White, and one was Black. While key stakeholders who have different demographics were invited to interview, the three women were the only ones who responded in a timely manner. It is important that in the future more diverse perspectives are included.

Another limitation in this research is that qualitative interviews highlight one's own personal experiences and opinions and cannot be generalized to a larger population. This study focused on the state of Maryland, and, therefore, cannot be generalized to the United States since each state chooses to handle trauma-informed care differently. The answers given in the interviews by the various participants also do not speak for their organizations, and most definitely not for the youth that are being affected. One of the most important voices that has been removed from this research is the voice of youth who are impacted by trauma. Again, with both IRB and time constraints, it did not seem feasible. However, it is crucial to acknowledge that these results only reflect the voice of stakeholders in the state of Maryland.

Future Directions

This study opens the opportunity to explore many more elements of trauma-informed care. There is always more to be conducted and new directions to take. This study in particular chose to focus on the state of Maryland due to the convenience factor of the research taking place at the University of Maryland. However, one future direction that could be taken is to continue examining trauma-informed care at the state-level by looking at other states. Maryland may handle and define trauma-informed care in a different manner than other states. Thus, other states can be used as a vantage point and will make it clear if they are being held to the standard of The National Child Traumatic Stress Network guidelines. Other states may also provide further insight on what is effectively helping youth impacted by trauma and what is not.

Another direction that this research could be taken is changing the format of the study. This study could be reworked to either be conducted using quantitative data or a mixed-methods study. While qualitative research provides unique experiences and opinions on trauma-informed care, you are not able to truly understand the impact of these interventions. Thus, either conducting a study that utilizes quantitative data or creating the combination of quantitative and qualitative data to make a mixed-methods study will be able to shed light on whether these programs are holding up to how they are viewed. One potential way to make this study quantitative is by measuring trauma-informed programs and their impact on mental health outcomes, academic success, or recidivism. There is much more to be explored on trauma-informed care and it is exciting to see how this research can be expanded.

Chapter 6: Conclusion

The impact trauma has on youth is large, especially for a vulnerable population like those in the juvenile justice system. The overarching goal is to make sure that the systems in place do not re-traumatize or victimize those who are vulnerable. Trauma is often a reason why youth commit the acts that landed them in the juvenile justice system in the first place. Thus, it is important that trauma is evaluated when entering the facility and addressed throughout their time there. It is critical that throughout the United States trauma-informed care programs and policies are implemented and evaluated to lessen the negative effects trauma has on juveniles. This study was conducted to gain an in-depth understanding of how state-level trauma-informed care is put into practice. The state of Maryland is a strong example of how trauma-informed care is on the rise, however, has not yet become a uniform practice. Throughout the findings of the semi-structured interviews conducted, it became evident that with the lack of a singular definition, the programs and secondary trauma resources that are not universal, and the issues that have stemmed from both the continuity of care and the collaboration across child service systems, Maryland still has further to go in creating a safe and non-traumatizing environment for youth in the juvenile justice system. This research ultimately opens the discussion of what comes next in terms of helping trauma-impacted youth get the services they deserve.

Appendix: Interview Questions

1. Does the state of Maryland implement a trauma-informed approach in the juvenile justice system or other out-of-home facilities?
2. What does the trauma-informed approach look like in the state of Maryland?
3. How are trauma exposure & related symptoms screened in the state of Maryland?
4. What resources are available for youth impacted by trauma?
5. What efforts have been taken to strengthen resilience and protective factors for those impacted by trauma?
6. Is there a continuity of care once a child leaves the juvenile justice system?
7. Is there collaboration across child service systems?
8. How is secondary traumatic stress in staff minimized?
9. How is resilience increased in staff who work with trauma-involved youth?
10. What trauma-involved programs or interventions have found success?

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