

Applied and Translational Research on Trauma-Responsive Programs and Policy:
Introduction to a special issue of the American Journal of Community Psychology

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Acute and chronic exposure to adversity and trauma occurs with alarming regularity in individuals of all ages (Kilpatrick et al., 2013). According to a study of adults in the U.S., almost 90% of men and women between the ages 18-65 experienced one or more traumatic events in their lifetimes (Kilpatrick et al., 2013). These events include disasters and automobile accidents, as well physical and sexual assaults and witnessing violence involving others. Of considerable concern, over 50% of surveyed adults had been victims of violence and nearly as many experienced the death of a family member caused by violence, disasters, and accidents. In a synthesis of research on the global prevalence of intimate partner violence, Devries and colleagues (2013) determined that 30% of women and girls over the age of 15 had experienced physical and sexual violence in their lifetimes. An earlier study by Tjaden and Thoennes (2000) found that over half (51%) of adult women and two thirds (66%) of adult men had been victims of physical assault.

Studies of violence and other forms of adversity in children point to equally, if not higher, rates of trauma exposure. According to results of the second National Survey of Children's Exposure to Violence conducted in 2011, nearly 60% of children ages 17 years and younger had been exposed to violence in the past year and a sizeable number (around 10%) had had multiple exposures (Finkelhor, Turner, Shattuck, & Hamby, 2015). Over 40% had been the victim of physical assault and nearly a quarter (22.4%) had witnessed others being assaulted.

The unmitigated effects of these events have been tied to low stress tolerance, aggression, impulsivity, hostility, and attention problems in young children (T.I. Herrenkohl, 2011). In adults, the proximal and distal effects of violence exposure and resulting trauma are evident in a range of physical and mental health problems (Badley, Shields, O'Donnell, Hovdestad, & Tonmyr, in press; T. I. Herrenkohl, Hong, Klika, Herrenkohl, & Russo, 2013; Hughes et al., 2017), including depression and anxiety disorders, which account for a large percentage of the global burden of mental illness (Li, D'Arcy, & Meng, 2015).

Taken together, these findings press the need for primary prevention and trauma-responsive intervention programs and services that are universally available. At the same time, because violent and traumatic events tend to occur at particularly high rates in low-income communities and among groups directly impacted by poverty, they also suggest a need for programs and policies that target economic disparities and persistent inequities (Klevens & Metzler, 2019).

Selective and indicated prevention strategies that seek to lessen risks and enhance supports and protective environments for children, youth, and vulnerable adults are also required (CDC, 2014), as are those focused on historical and intergenerational patterns or of trauma that disproportionately affect communities of color (Walters et al., 2011).

As efforts to promote and expand the reach of primary prevention programs and policies continue, there is also a need to equip organizations and broader systems of care so they are increasingly more prepared to support, assist, and empower the millions of children and adults who have experienced trauma. Creating service systems that are responsive to trauma survivors will not lessen the need for primary prevention, but it will help to reduce the harmful effects that can follow acute traumatic events (Walkley & Cox, 2013).

The National Child Traumatic Stress Network (NCTSN) has been at the forefront of efforts to raise public awareness of trauma and trauma symptoms, and to develop and promote the use of evidence-based trauma screenings and interventions. Among its important contributions, the NCTSN has provided guidance to organizations and larger systems (e.g., child welfare, juvenile justice, education, and workforce development systems) about the ways they can become trauma-informed. Recommendations center on integrating research and practices that infuse knowledge of culturally responsive screening, assessments, and treatment approaches. They also include efforts to strengthen resilience and protective factors in clients and client populations, ensuring a continuity of care and collaboration across systems, and addressing symptoms of secondary trauma in frontline professionals (<https://www.nctsn.org/trauma-informed-care/creating-trauma-informed-systems>).

Although most agree that it is important to transform organizations and their broader systems so they more ably and routinely serve individuals with vulnerabilities because of their trauma histories, efforts proceeding under guidance from NCTSN have not yet produced results of large-scale, measurable impact. This is likely due to ongoing struggles within the field to translate concepts of trauma-informed care to actual change within systems, as well as to an absence of rigorous measurement and evaluation strategies that are suited to the complexity of these environments. To address these gaps, scholars from diverse fields are increasingly turning to translational research aimed at implementing, validating, and disseminating effective approaches under generalizable conditions in real-world contexts (Palinkas & Soydan, 2012; Spoth et al., 2013).

Still, more information on trauma-responsive approaches likely exists than is made available in published studies because of the slow rate at which new findings are summarized, vetted by experts, and made available for public consumption. Bringing forward new knowledge on trauma-responsive practices, systems, and policies requires concerted efforts to capture progress from the field in real time, and to synthesize and distribute research more rapidly. This logic also applies to efforts aimed at translating empirically validated approaches so that they can be applied routinely within systems as they are currently structured. While a careful review of research remains an important objective, reducing the time from conceptualization to dissemination of new ideas is key to advancing work in critical areas like violence and trauma.

Our intent for this special issue is thus to play a part in disseminating knowledge for researchers and practitioners by publishing work on trauma-responsive approaches and practices in various forms and at various “developmental” stages. The special issue highlights work across systems that include child welfare, education, juvenile justice and health, as well as agencies serving adults who are at-risk for high levels of childhood and adult trauma exposure. While articles appearing in the special issue are not divided equally across these systems, they cover important and overlapping concepts within each. Some articles span more than a single system or domain of research, whereas others fit primarily within single area or domain.

Articles provide new insights from research on practices, programs, and policies that help to transform systems so they are increasingly more responsive to the needs of vulnerable populations. In requesting articles for the special issue, we were particularly interested in featuring work that helps to advance the conceptual and empirical foundations of trauma-informed systems as an “approach,” bringing clarity to what is otherwise a broad and somewhat nebulous idea. Our emphasis is on strategies that connect to one or more of the trauma-responsive programs and practice objectives listed above, as well examples that illustrate these objectives in different contexts. In addition, articles identify current gaps in knowledge and limitations of existing policies and programs relevant to trauma-responsive programs and practices, which can bring greater awareness of the need for more research and planning in critical areas.

While preparing their manuscripts, authors were asked to consider how their work helps to advance applied and translational research on trauma-responsive strategies. They were also asked to explain how their findings can help systems become increasingly more responsive to the needs

of the diverse and vulnerable populations they serve. We believe they have done an admirable job of addressing these goals and are grateful for their contributions.

Articles of the Special Issue

Articles in the special issue are structured around models and domains of systems work and reform. Rather than use the sectors or systems themselves as organizing categories, we grouped manuscripts generally in two sections. Articles in the first section focus on methods designed to integrate trauma-responsive approaches within a single service system or organization, improve methods of assessment (e.g., screening for trauma symptoms), and address questions about how service providers experience the work of providing trauma care in a particular context or setting. Articles in the second section focus on broader, systems and cross-systems work.

To begin, Kia-Keating, Barnett, Sims and Ruth (2019) summarize findings of a feasibility study focused on ACEs screening and prevention in a community medical clinic. Interview data from their study showed that medical providers and parents found the ACEs screening acceptable and useful in a number of important ways. In the study that follows, Topitzes and colleagues (2019) explored the feasibility of trauma screening, brief intervention, and referral to treatment model (T-SBIRT) for employment service programs that serve low-income adults. They also found the model to be feasible and potentially beneficial for the setting and individuals served.

Other articles in this first section provide useful information on direct practices and intervention. For example, an article by Walden and Allen (2019) examines how professionals within juvenile justice develop and apply practices that aim to avoid re-traumatizing detained youth. Another by Tyler and colleagues (2019) focuses on how trauma exposure, symptoms, and clinical impressions relate to processes and outcomes for youth in residential group homes. A third by Lea, Jones and Malorni (2019) explores the role of arts education for young Black men in an alternative education setting.

Following these, in the second section, several articles focus on questions about trauma-informed systems on a somewhat larger scale. These include reviews of literature and federal legislation on trauma and human trafficking (Scott, Ingram, Nemer, & Crowley, 2019), as well as empirical investigations of trauma measures and interventions. One, an article by Bartlett and Smith (2019), provides an overview of literature on the impacts of early childhood trauma and trauma interventions in early childhood settings. Programs included in their review span a

number of areas and include therapeutic consultation, community partnerships, and professional development. They determined that significant gaps remain in research on programs in the early childhood area and conclude with a call for more attention to professional development efforts that build capacity within organizations for trauma-informed care, viewing professional development as an essential element of efforts to advance the work.

In another review of literature, Herrenkohl, Hong, and Verbrugge (2019) examined research on school-based programs designed to enhance supports for youth at the elementary and secondary levels. They looked at the content of programs, as well as the evaluation strategies and determined that a majority of programs implemented in schools are intended for very high-risk students, possibly overlooking children in need with less obvious symptoms and disorders. They, too, note the lack of relevant research in this area and call for more rigorous studies that draw attention to school-wide programs that have potential to reach a larger number of risk-exposed students.

An article by Christian-Brandt and colleagues (2019) investigates what is known about the prevention and treatment of pediatric medical traumatic stress. Identifying a number of common features across studies, the authors call for integrating a stronger developmental focus into programs within and across settings that include pediatric hospitals, academic medical centers, and mental health clinics. Their paper shows the promise of programs focused on the prevention and treatment of trauma, but also calls for more research.

Work by Taussig et al. (2019) on the replication of the Fostering Healthy Futures (FHF) program follows these three reviews. Taussig and her team look at the effects of an innovative approach to mentoring and skills group intervention for preadolescent maltreated children in foster care. Outcomes were measured 6 to 10 months after the intervention was completed. They found that the program significantly reduced mental health problems and trauma symptoms in intervention youth and, from that, concluded that FHF “confers benefit for diverse children.” They view programs like FHF as showing promise for reducing the effects of trauma in vulnerable youth populations, including those in child welfare.

Beyond efforts to strengthen organizations, work by several author teams focus on the promise of trauma-informed approaches at a community level. Other articles focus specifically on issues related to assessment and measurement or core constructs. For example, a review article by Champine et al. (2019) examines “systems-based” trauma measures, which can be

used to assess relational, organizational, and community trauma responses at scale. They determined that the measures included in their review have potential to advance trauma-informed approaches but that they lack clarity in the concepts they cover and are tied to specific intervention goals, thereby limiting their overall utility. They also found that certain measures provide insufficient evidence of stakeholder outcomes.

Of considerable interest and relevance to cultivating trauma-informed systems, an article by Rudd and colleagues (2019) focused on a city-wide effort in Philadelphia called The Philadelphia Alliance for Child Trauma Services, which provided training in Trauma-Focused Cognitive-Behavioral Therapy to clinicians in behavioral health, youth-serving agencies. They report findings of an evaluation study for youth served by 15 behavioral health agencies, noting modest, but clinically significant improvements in a number of areas, including youths' trauma symptoms, functional impairment, and overall mental health.

Following, Matlin and colleagues (2019) describe a promising community-level response to adverse childhood experiences in Pottstown, Pennsylvania, a town of 22,000 people outside of Philadelphia. Their paper provides findings of early-phase engagement of a multi-year process of collaboration with community stakeholders to build capacity for a trauma-informed community response. Results point to the promise of using participatory change processes to build trauma-informed systems and communities.

Further, an article by Connell, Lang, Zorba, and Stevens (2019) examines an initiative in child welfare focused on trauma-informed care statewide over a 5-year period. Initiatives included workforce development, trauma screening, and efforts to improve access to evidence-based trauma-focused treatments for youth. Their evaluation focused primarily on capacity within the child welfare system to maintain earlier documented gains in capacity. Results, based on staff perceptions, indicated ongoing and deepening connections to efforts underway to develop trauma-informed systems statewide.

An article by Hallinan and colleagues (2019) report on the reliability and validity of their Vicarious Trauma Organizational Readiness Guide (VT-ORG). Using data from over 3000 employees of first responder and victim assistance agencies, the authors determined that the measure has strong internal consistency and that subscales of the measure reliably predicted outcomes of turnover intention, compassion satisfaction, and organizational resilience. They

conclude that the VT-ORG is a valid and reliable tool for assessing organizational responses to vicarious trauma.

Finally, a summary of research and conceptual overview by Tebes, Champine, Maitlin, and Strambler (2019) focuses on a population health framework that can guide trauma-responsive practice and inform efforts to develop trauma-informed systems. They summarize core ideas of this population health approach and highlight implications for adopting trauma-informed policies, integrating trauma-informed practices into routine care and system responses, and adapting existing responses by infusing trauma-informed principles.

As a collection, these articles provide important and timely insights about trauma-informed systems, calling the field to engage more fully in efforts to implement and study programs and practices to lessen trauma exposure and to position interventions across systems for maximum effect.

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