CAPE - Youth
CENTER FOR ADVANCING POLICY ON EMPLOYMENT FOR YOUTH

Trauma-Informed Policy for Youth:

Structuring Policies and Programs to Support the Future of Work

By *Adene Karhan* | September 2021

Summary

COVID-19 led to elevated levels of trauma and emotional distress worldwide. Youth and young adults with disabilities (Y&YAD) are among the most susceptible to experiencing long-term consequences affecting their employment and ability to contribute to their community. Trauma is common among individuals with intellectual and developmental disabilities (IDD), but is often overlooked by professionals and underreported by Y&YAD.[1] This places them at increased risk for experiencing post-traumatic stress disorder (PTSD) following stressful events such as the pandemic. Additionally, the pandemic has magnified the presence of historic and systemic racial inequality in the U.S. This can create an additional layer of trauma for individuals whose disability diagnosis is coupled with belonging to a historically marginalized minority community.

Studies of adverse childhood experiences (ACEs) reveal a direct connection between trauma experienced in youth and a variety of adverse adult outcomes, such as emotional and health risks, unemployment, disability, and elevated healthcare costs.[2][3][4] Examples of ACEs include experiencing or witnessing abuse or violence within the home or community, belonging to a family in which a parent has a mental health condition, and a variety of other household, environmental and community experiences.

Workforce systems that embrace a more holistic view of youth to account for specific ways trauma directly and indirectly affects the employment of Y&YAD can facilitate recovery from trauma. Trauma-informed practices are those that take into consideration the principles of safety, collaboration, empowerment, support from others and cultural sensitivity.[5] Components of trauma-informed care (TIC) include staff training on trauma and cultural sensitivity, trauma screening, interagency collaboration to holistically address the needs of youth and referral to trauma-specific services.[6]

A more trauma-informed, culturally responsive model, focused on the needs of the whole person, aligns with the Workforce Innovation and Opportunity Act (WIOA) vision of increasing access to employment and related supports for youth facing significant barriers. State policymakers and workforce systems have a unique opportunity to leverage the present-day challenges as a catalyst to reimagine youth service delivery through developing a more unified and collaborative cross-system network model, simultaneously supporting employment and mental wellness for Y&YAD. The results could be individuals who are healthier emotionally and able to engage in work; a more robust workforce; and better long-term employment outcomes.

The pandemic has elevated the issue of trauma as an urgent health issue affecting all age groups. Shifting to a trauma-informed model across multiple state agencies is complex and challenging, and while many state models are informed by evidence-based principles of TIC in organizations, shifting to a state-wide model across multiple agencies serving diverse populations can be daunting. States can navigate this change more smoothly by collecting data and evaluating efforts so that policymakers can use real-time data to engage in continuous quality improvement. Some states, such as Wisconsin, began implementing trauma-informed state models several years ago. Other states are launching new initiatives, so states are in the process of evaluating the efficacy of these efforts.

To implement trauma-informed practices, states can utilize approaches that show promise:

- Engage in care coordination and cross-system collaboration to support youth with complex needs in accessing and navigating services;
- Provide evidence-based training and technical assistance in TIC;
- Identify opportunities and models of enhanced professional development and training on TIC; and
- Implement culturally-responsive practices (CRP) within the workforce and other systems serving Y&YAD (e.g., vocational rehabilitation, mental health, education) to support employment for youth who have experienced trauma.

Introduction

The Coronavirus Disease 2019 (COVID-19) pandemic has been a traumatic experience. Seventy percent of employees report the pandemic is the most stressful time in their entire professional career. Youth and young adults, who often lack the appropriate supports to navigate such trauma, are the most vulnerable to related education, employment, economic, and social adversity.[7]

Youth and young adults experience high levels of trauma.

Before the pandemic 10% of children experienced three or more ACEs, such as experiencing or witnessing violence or abuse.[8]

A greater percentage of non-white children have experienced at least one ACE.

Children who have experienced at least one ACE.[9]

61% of Black non-Hispanic children

51% of Hispanic children

40% of white non-Hispanic children
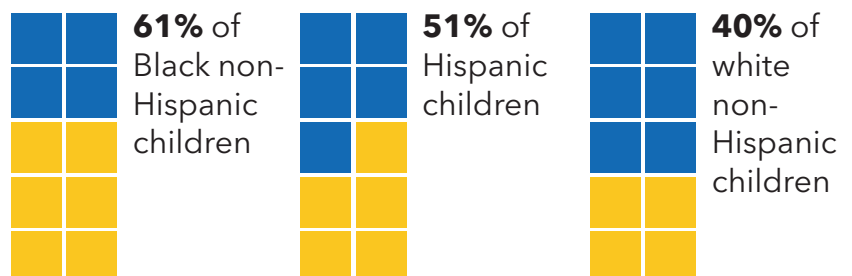
Individuals with disabilities typically experience emotional distress at a rate nearly five times greater than individuals without disabilities, placing Y&YAD at higher risk for long-term mental health outcomes and/or employment problems related to the pandemic.[10]

About 50% of adults **ages 18-24** report **symptoms of anxiety and depression** in the United States, both generally and as a result of the COVID-19 pandemic, and **26%** report **thoughts of suicide.**[11]

Over a quarter of young adults ages 18–24 are reporting suicidal thoughts.[12]
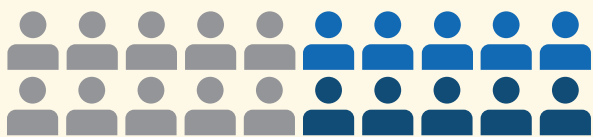
key:

🔵 Reporting symptoms of anxiety and depression but not suicidal thoughts.

🔵 Reporting thoughts of suicide.

⚪ Young adults who are not reporting symptoms or thoughts.

The U.S. spends an estimated $748 billion annually on costs associated with ACEs.[13]

One ACE for a child is associated with a 7.3% reduction in earnings and a significant increased likelihood of welfare dependence.[14]

When emotional distress related to COVID-19 and other traumatic experiences builds up, it can cause Y&YAD to disengage in the workplace. Additionally, the workplace can be a source of additional stress, especially given changes in response to the pandemic (e.g., changes in company policies, job responsibilities).[15] Unresolved trauma can **lead to long-term mental health conditions, disrupted employment, lower lifetime earnings, and increased reliance on social supports.**[16]

Y&YAD are at greater risk for experiencing trauma than youth without disabilities.[17, 18] Additionally, factors related to COVID-19 have the potential to exacerbate ACEs in those who already have experienced adversity and trauma.[19] The WIOA supports a broad vision for youth employment and provides a framework through which states can leverage resources to support both in-school and out-of-school youth who face barriers to employment (e.g., poverty, homelessness, out-of-home-placement).[20]

WIOA compels workforce systems to provide supportive services to meet the needs of those with barriers (including the presence of trauma) to employment in their communities. Given that many Y&YAD with barriers to employment also have experienced ACEs, workforce systems can embrace a trauma-informed approach as a means of fulfilling the vision of WIOA. If workforce professionals are provided with trauma-informed care training, they may be better equipped to recognize and respond to trauma early on in the employment history of Y&YAD, placing Y&YAD on a path towards lower absenteeism, higher wages and job retention and an overall improvement in mental health for everyone. Policymakers have an opportunity to intervene in the early stages of pandemic recovery to reduce the risk of re-traumatization and long-term mental health challenges among Y&YAD, and mitigate the corresponding impact on states.

Key Considerations in Supporting Necessary Systemic Change

1. Engage in care coordination and cross-system collaboration to support youth with complex needs in accessing and navigating services.

Trauma-informed service organizations strive to:

- Realize the prevalence of trauma;
- Recognize how trauma affects all individuals involved with the program, organization[21] or system; and
- Put this knowledge into practice.

Y&YAD and their families often experience challenges accessing and navigating mental health systems and other services that can help them heal from trauma. Additionally, the solutions to the challenges they face often exceed the scope of one particular organization.[22]

Care coordination and cross-system collaboration are two models currently used within child and adolescent behavioral health systems that:

- Promote a holistic approach to wellness in youth;
- Avoid unnecessary duplication or fragmentation of services among systems for Y&YAD with complex needs; and
- Expand the capacity of agencies to meet the holistic needs of the youth and family.

Care coordination has been achieved in Medicaid-funded pediatric behavioral health systems in multiple ways, including: co-locating services in the same building, integrating services into a single program, linking clinical information systems, training providers in interdisciplinary practices and restructuring financial incentives to include cross-care.[23] **Cross-system collaboration** models have shown promising results when used within child and youth service and juvenile justice systems to bring together representatives from key agencies providing services to Y&YAD to develop shared, well-coordinated policies and universal programs that meet the needs of the whole child and family. [24] [25]

While care coordination and cross-system collaboration have historically been used within the pediatric behavioral health and juvenile justice systems, these models may work well for addressing the complex needs of Y&YAD with trauma experience who are seeking employment.

Steps states have utilized to engage in care coordination and cross-system collaboration include:

- Creating statewide learning opportunities across all state agencies;
- Adopting a "no wrong door" model to service access;
- Creating universal programs and assignment of care coordinators;
- Providing follow-along services; and
- Identifying shared benchmarks among key state partners.

State Examples of Care Coordination and Cross-system Collaboration

As part of their statewide model for TIC, **Pennsylvania**[26] includes elements of care coordination and cross-system collaboration for a holistic approach to service delivery in their statewide initiative. Key components of their state plan include:

- Creating **TIC shared learning opportunities across state agencies** to ensure that knowledge in TIC practices are being built among all systems simultaneously;
- Adopting a **"no wrong door" model to service access** so individuals with complex needs can connect to providers from multiple systems through initial engagement with one system; and
- Utilizing the care coordination model of healthcare in child service sectors to meet the needs of youth with medical complexities (e.g., creation of a universal program to address the needs of youth across 12 different domains, provision of a care coordinator and utilization of follow-along services upon discharge).[27]

Delaware[28] set a goal of mitigating the impact of ACEs and building resilience in children, adults, and communities in 2018. Collaboration and care coordination were utilized as a means of preventing and responding to risk factors related to trauma. Essential components of their statewide initiative involving cross-sector collaboration included:

- Development of a **state framework for measuring key indicators along a four-phase continuum** to move from trauma-aware to trauma-informed; and
- Establishment of a **strategic plan** including annual goals and objectives for each agency, with **government oversight of progress.**

2. **Examine systems serving Y&YAD to identify opportunities and models of enhanced professional development, training and technical assistance in learning and applying best practices in trauma-informed care within the workforce and related systems.**

Lack of evidence-based training in TIC is a challenge for many systems and organizations, including workforce and Vocational Rehabilitation (VR) systems. Workforce systems are becoming more aware of the importance of trauma-informed practices, but the TIC movement is in its infancy within this context. In the absence of adequate training on the effects of trauma on Y&YAD and trauma-informed practices, workforce systems are at risk for contributing to:

- Y&YAD feeling invalidated or misunderstood by VR professionals assigned to them;
- Premature case closures due to incomplete assessment procedures; and
- Missed opportunities for consumers and customers to consider workplace behavior and experiences through the lens of TIC.[29]

Key steps states have taken to increase knowledge and practice of TIC among state agencies include:

- Developing a state-level framework and/or strategic plan for providing quality evidence-based training and technical assistance to state agencies working with Y&YAD on the impact of trauma;

- Providing TIC tools and resources that easily can be adapted and utilized across all state agency systems;
- Auditing current workforce policies, procedures, and programs for adherence to trauma-informed best practices; and
- Developing a task force, interagency "think tank" or Workforce Development Board subcommittee focused on TIC, to ensure TIC is woven into all workforce development activities.

State Examples of Tools and Training for Professional Development

The **Missouri** Model of TIC provides a guidance tool that supports organizations moving through four phases along a continuum toward becoming trauma-informed (awareness, sensitivity, response, informed). This model was created to be applicable to a wide variety of settings, and can be utilized across Y&YAD systems to:

- Assess the implementation of basic trauma-informed principles within the system;
- Allow agencies to self-assess where they are on the TIC continuum based on their needs and setting; and
- Identify specific tools and resources that match the phases of the continuum.

Michigan offers a variety of resources on their government website to assist organizations and agencies serving children in different sectors in becoming more trauma-informed systems including:

- A **tool-kit** for providers to assess their current awareness and practices;
- A **trauma policy template** for organizations in any sector to use to support the development of TIC practices; and
- A **resource list of training curricula and programs on TIC** for a wide range of audiences, to establish a sound framework for professional development.

Wisconsin's WIOA plan commits to "increase staff awareness of the lasting impacts of life experiences (e.g., poverty, family illness, addiction, violence) that influence customer success." Their plan includes:

- A pledge from the Wisconsin Department of Workforce Development to make TIC trainings available to all frontline partners and staff; and
- Creation of a Workforce Transformation Task Force, which is a cross-sector collaboration initiative to coordinate and align services provided by combined state plan partners.

To enhance this state model for the workforce system, states could consider developing a task force, interagency "think tank," or Workforce Development Board subcommittee focused on TIC, to ensure TIC is woven into all workforce development activities. This would include WIOA Partners such as VR, Career and Technology Education, Disabled Veterans Outreach Program, Job Corps, Adult-Dislocated Workers and Youth, Temporary Assistance for Needy Families, Youth Build and Adult Education and Literacy.

3. **Implement culturally responsive practices (CRP) within the workforce and other youth-serving systems (e.g., vocational rehabilitation, mental health, education) to improve access to employment for youth who have experienced trauma.**

As the U.S. becomes increasingly diverse, with the growing number of multicultural and multi-lingual children and families, it is crucial for states to be flexible and responsive to the rapidly changing demographics.[30] Becoming culturally responsive involves adopting a humble, caring and curious approach and recognizing the differences which may exist among individuals in behavior, expectations, diagnosis and other factors potentially affecting the Y&YAD's interactions with and access to the system.[31] System models that respond to diverse cultural needs include three components:[32]

- **Critical awareness and understanding of biases** against culturally diverse populations (both at the organizational and individual level);
- **Development** of skills that foster trust with individuals from diverse backgrounds; and
- **Organizational supports** through systems and policies that facilitate practices responsive to the varied needs of diverse families.

State Examples of Culturally Responsive Practices

Washington State's Strategic Plan for Unlocking Washington's Workforce Potential prioritizes cultural competency and racial equity numerous times within the plan. This plan includes:

- The requirement for local areas to examine their professional development needs in providing CRP; and
- The development of culturally responsive professional development curricula and curricula equity audits.

Maryland's WIOA plan makes a commitment to create a more customer-centered workforce system and service jobseekers from diverse backgrounds with diverse needs. Steps taken via the state WIOA plan include:

- Combining the workforce across multiple agencies into one state plan; and
- Delivering joint services to individuals with disabilities and those enrolled in the Temporary Assistance for Needy Families program in a commitment to serve individuals with low incomes.

Conclusion

Y&YAD face a number of barriers to achieving employment and economic self-sufficiency. They also are at risk for experiencing trauma – in general and as a result of COVID-19 – further diminishing their employment prospects. For Y&YAD who come from diverse racial and cultural backgrounds, these challenges are often exacerbated. The pandemic has highlighted the need for trauma-informed practices within workforce systems, but the workforce system is not as far along as other systems in implementing TIC. State policymakers can take steps to mitigate the effects of trauma on Y&YAD, improve their employment outcomes and strengthen state systems of support. These steps include:

- Engaging in care coordination and cross-system collaboration to support youth with complex needs in accessing and navigating services;
- Examining systems serving Y&YAD to identify opportunities and models of enhanced professional development, training and technical assistance in learning and applying best practices in TIC within the workforce and related systems; and
- Implementing CRP within the workforce and other youth-serving systems (e.g., vocational rehabilitation, mental health, education) to improve access to employment for youth who have experienced trauma.

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Endnotes:

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