Working in the Gray:
An Urban Drop-In Center Utilizing Trauma-Informed Care With Youth Experiencing Homelessness

by

Kelly Lemm, B.A.

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Committee Members

David Roseborough, PhD, LICSW

Kate Jergensen, MSW

Bryce Gloppen, M.A. Candidate

The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month timeframe to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

Abstract

Youth experiencing homelessness are significantly more likely to be victimized or exposed to traumatic experiences through their means of daily survival. This study was designed to determine how a drop-in center or similar agencies can use trauma-informed care to best assist the youth in addressing their needs. The study's findings allow for a better understanding of the successes and challenges experienced while implementing trauma-informed care with the unique population of homeless youth. This qualitative study was conducted by interviewing eight staff at an urban drop-in center for youth experiencing homelessness. The results from the study were organized into three themes: components of successful trauma-informed care, unique aspects for using trauma-informed care with homeless youth, and challenges with implementing trauma-informed care. These themes and specific sub-themes for each were explored, along with possible implications for these findings. Considering the findings of this study, suggestions are made for future research of trauma-informed care.

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Trauma-informed care is an approach used by social work professionals to take into consideration past trauma experienced by clients in order to provide them with the appropriate services while avoiding re-traumatization ("Guiding Principles of Trauma-Informed Care," 2014). The intention of trauma-informed care is to allow an agency to provide a client with safety, trusting relationships, peer support, effective collaboration and empowerment within that agency's capacity ("Guiding Principles of Trauma-Informed Care," 2014). Trauma-informed care can be utilized while working with youth experiencing homelessness considering it is a population that is often times faced with a significant amount of trauma through daily survival, victimization, and abuse that occurred prior to homelessness. This population relies on local resources such as drop-in centers and shelters for their daily needs, but the use of trauma-informed care also allows these organizations to help the youth with other mental health needs. This study looked at the extent of effectiveness of using trauma-informed care with youth experiencing homelessness to address both physical and mental needs of the youth at a Minneapolis non-profit agency that serves this population.

The term trauma can be difficult to define since trauma can be experienced and understood in so many ways. However, understanding the terminology of trauma is the first step in the approach of trauma-informed care. According to the Encyclopedia of Social Work (Wilson, Pence, & Conradi, 2013, para. 4), trauma is defined as "a combination of a terrible event or series of events that involve real or perceived threats of

death or serious injury, or threat to the physical integrity of the person or others, and from which that person experiences overwhelming fear, hopelessness, helplessness, or horror". While trauma-informed care is an approach used to address the particular needs of those who have suffered trauma, it is only recently beginning to be used with the homeless youth population (McKenzie-Mohr, Coates, & McLeod, 2011).

Trauma and victimization occur to a majority of homeless youth while they are struggling with daily survival. According to a study conducted in a US metropolitan area, 83% of the homeless youth experienced victimization during their time of homelessness and 18% of those same youth displayed symptoms of Post-Traumatic Stress Disorder (Stewart, Steiman, Cauce, Cochran, Whitbeck, & Hoyt, 2004). Additionally, this population has been shown to struggle with substance abuse disorder and other mental health concerns. Within the United States, 75%-95% of youth experiencing homelessness have also reported use of at least one form of drug (Hudson, Nyamathi, Slagle, Greengold, Griffin, Khalilifard, Gedzoff, & Reid, 2009). Youth experiencing homelessness have also been found to have higher rates of self-mutilation and displayed symptoms of depression (Bender, Ferguson, Thompson, & Langenderfer, 2014).

While there has been a significant amount of research done regarding the trauma experienced by homeless youth, there is limited research on the effectiveness of using trauma-informed care with this population, specifically in a non-profit agency that provides service to the youth. I conducted this research project to better understand the effectiveness of trauma-informed care in a drop-in center that serves youth experiencing homelessness and the practical application of this approach. This qualitative study

consisted of semi-structured interviews with professionals working with homeless youth in the drop-in setting, who are actively implementing trauma-informed care.

The intention of this study was to determine how a drop-in center or similar agencies can use trauma-informed care to best assist the youth in addressing their needs. By completing this qualitative study, the hopes were to better understand the successes and challenges experienced while implementing trauma-informed care in these types of settings.

Literature Review

Trauma-informed care is based on the notion that a basic understanding of trauma experienced by an individual needs to occur in order to fully understand the role the trauma plays in the individual's life. Additionally, this understanding needs to occur prior to addressing the effects of the specific trauma experienced by the individual. There is a substantial amount of literature and previous research done to determine the scope of trauma survived by youth experiencing homelessness. One particular study quoted, "Victimization and trauma are often part of the daily life of homeless youth. In comparison to their housed peers, homeless youth experience disproportionately high rates of sexual assault, robbery, physical beating, and assault with a weapon (Tyler, Hoyt, Whitbeck, & Cauce, 2001, p.442)." The literature used for the purpose of this study focuses on both the trauma survived by homeless youth, which includes trauma associated with day-to-day survival and street victimization and how the effects of the trauma can be addressed by looking at the self-identified needs of the youth and various interventions used with this population.

Day-to-Day Survival

The daily survival for individuals living on the streets requires the constant stress of trying to secure shelter, food, social support, and necessary resources (Thompson, Bender, Ferguson, & Kim, 2015; Dachner & Tarasuk, 2002). Many people will never know what it is like to be uncertain of where they will sleep at night, when their next meal will be, and who they can trust for support, but all of these are daily worries of a youth experiencing homelessness. The more transient the youth, the more the youth's support system is disrupted, forcing the youth to find new resources and social support (Bender, Brown, Thompson, Ferguson, & Langenderfer, 2014).

These daily hardships require a youth to rely on coping skills for both their physical and mental health needs. In addition to worrying about the physical needs such as food and shelter, youth are faced with strong emotions like fear, loneliness, and depression resulting from living on the streets (Stewart, Reutter, Letourneau, Makwarimba, & Hungler, 2010). Youth are forced to very quickly develop street smarts for and determine how they will judge a person's character in order to avoid additional dangers such as exploitative adults and untrustworthy people (Bender, Thompson, McManus, Landry, & Flynn, 2007). Though the coping strategies are forced to be developed from a difficult reality, street smarts and character judgement can be seen as positive coping skills, along with others such as strong motivation, positive attitude, spirituality, and ability to develop peer networks for resources (Bender et al., 2007).

The non-stop difficulties of day-to-day survival can also lead the youth down a path of detrimental actions in order to cope. A study completed by Bender et al., (2015) found an increase in transience had a strong association with alcohol use disorder.

Additionally, the use of alcohol has been found to be more closely associated with the trauma experienced through homelessness than other substance use (Bender, Ferguson, Thompson, Komlo, & Pollio, 2010). However, it has been speculated that the prevalence of alcohol use compared to other substance use among youth experiencing homelessness may be explained by the accessibility and availability of alcohol compared to other illegal substances (Thompson et al., 2015).

While the association with alcohol use disorder can be explained as a coping method for the youth to deal with past trauma, alcohol was also found to be a method for homeless youth to develop relationships necessary for daily survival (Bender et al., 2014; Bender et al., 2015). The increase in use of alcohol among youth experiencing homelessness has also been found to be associated with mental health problems often occurring within this population, such as depression and Posttraumatic Stress Disorder (PTSD) (Hudson et al., 2009).

While it has been found that homeless youth struggle with substance use disorders, often times the day-to-day survival for homeless youth involves coping with additional mental health symptoms. Specifically, rates of PTSD and Major Depressive Disorder are significantly higher among homeless youth who have witnessed or experienced physical victimization (Bender et al., 2014). From a study conducted regarding the prevalence of PTSD in homeless youth, it was found that 60% of females and approximately 25% of males experienced a traumatic event that led to exhibiting symptoms of PTSD. Additionally, these PTSD symptoms in the female youth were closely associated with reported experiences of depression and anxiety (Gwadz, Nish, Leonard, & Strauss, 2006). Another study by Coates and McKenzie-Mohr (2010) found

that 50% of the youth in their sample reported that at the time of the study they were experiencing severe negative effects of trauma, providing this viewpoint that the mental health effects of the trauma is continuously experienced by the youth.

The following quote articulates the interconnectedness between daily survival for those experiencing homelessness and victimization.

> Perhaps victimization is less meaningful for the homeless. In fact, homelessness itself may be conceptualized as a state of victimization. To be homeless is to be placeless; life thus becomes a series of actions in indefensible spaces; under such conditions, crime victimization may appear to be just another momentary hassle. Continual exposure to violent events is probably a sufficient reminder of the dangers inherent in homelessness, without the actual experience of victimization (Fitzpatrick, LaGory, & Ritchey, 1999, p. 445).

Street Victimization

Through research, it is widely accepted that homeless youth experience victimization at a significantly higher rate than the general population. Coates and McKenzie-Mohr (2010) cite that the youth sample in their research experienced an average of 11-12 traumatic events both before becoming homeless and while trying to survive homelessness. However, recent literature has looked at why homeless youth are experiencing victimization at higher rates, and what characteristics or actions make a youth more vulnerable to street victimization, which includes both physical and sexual victimization.

When looking at why homeless youth are experiencing victimization at higher rates, it was found that the level of transience of a youth plays a significant role in their likelihood of experiencing physical victimization (Bender et al., 2010). Youth who leave home at a younger age, leave home more often, or sleep in public areas are found to be more likely to be physically assaulted. This is believed to be due to the frequency and type of exposure the youth have with possible offenders by spending more physical time on the streets (Tyler & Beal, 2010). Additionally, as a youth is more transient, it becomes more difficult to meet hygiene needs consistently. An unkempt appearance was found to be a factor associated with sexual victimization (Tyler & Beal, 2010). However, conflicting research done by Tyler et al. (2001) found youth who had a more clean or groomed physical appearance were more likely to be sexually victimized. This research found the gender and age of the youth play a more significant role in determining likelihood of victimization, due to the preferences of most sexual offenders and therefore females and younger youth were more likely to be victims of sexual assault (Tyler et al., 2001).

A youth's level of transience also plays a role in both social and formal support they are able to receive. As a youth frequently moves locations, they are less likely to have stable, supportive relationships for receiving consistent services that last through and beyond each move (Bender et al., 2010). Additionally, the highly transient youth are likely to have less contact with family, which often leads to engaging in dangerous behaviors, such as drug use or street presence that will make them vulnerable to possible offenders (Tyler & Beal, 2010).

Another factor found to play a role in a youth's likelihood of being victimized is their method of income. Using survival strategies such as panhandling puts a youth at higher risk of being victimized since it brings youth into contact with more people and possible offenders (Tyler & Beal, 2010). Youth who engage in sex in exchange for getting basic needs met, or trading sex for money or living essentials, are much more likely to be sexually victimized due to their high visibility and accessibility to offenders (Tyler et al., 2001). Additionally it was found that the source of income of a youth's acquaintances also plays a role in their likelihood of victimization. If youth have peer relationships with others involved in sex trafficking, this increases their risk of sexual victimization due to the youth being more likely to be pressured or coerced into participating in sex trade (Tyler & Beal, 2010).

Whether it is physical victimization or sexual victimization, youth experiencing homelessness are faced with this form of trauma far too frequently. This much exposure to both direct and indirect violence can affect a youth's ability to secure shelter and overcome homelessness. Therefore, many studies have looked into what needs are specific to this population and what are some effective forms of intervention.

Identified Needs of Youth Experiencing Homelessness

Within the research, the most commonly identified need of homeless youth was a need for compassionate, supportive relationships. A study that focused on resilience within the homeless community found that youth were more resilient to trauma if they had supportive relationships with guidance, which allowed for an increase in the youth's self-esteem and self-efficacy (Williams, Lindsey, Kurtz, & Jarvis, 2001). In terms of agencies working with youth experiencing homelessness, it was identified that the most

influential aspect of services that the youth can receive was the caring staff that helped the youth without judgement of their situation (Stewart et al., 2010). In addition to caring relationships with agency staff, it has been suggested that youth found a need for developing positive relationships with peers. This need included a positive setting where youth could feel supported and encouraged to create these positive peer relationships (Heinze & Hernandez Jozefowicz-Simbeni, 2009). As discussed previously, peer relationships play a role in a youth's support system for day-to-day survival, and negative relationships can make the youth more vulnerable to victimization.

When it comes to developing these positive relationships, agencies must find a balance with strictness of rules. There is variance in the research regarding the effectiveness of rules and expectations set by agencies. Some research states that youth can find some of the rules and expectations too difficult to follow and accommodate, which will affect their ability to receive support from the agency. On the other hand, the agency staff found that set rules and expectations created stability and consistency for the youth (Heinze & Hernandez Jozefowicz-Simbeni, 2009).

After looking at the special needs for this particular population, agencies must then determine what forms of interventions will best suit youth experiencing homelessness. This next section looks at specific areas of intervention that have been identified as necessary for working with homeless youth, particularly when looking at their daily survival needs and traumatic experience histories.

Interventions Used with Youth Experiencing Homelessness

A common theme for interventions with youth experiencing homelessness is helping identify and address emotions related to the survival of traumatic experiences. However, there are several ways in which this can be accomplished, such as through a positive agency environment, support groups, and emotional support provided by agency staff.

As previously discussed in regard to the youth's needs, a positive environment is necessary for youth to achieve positive relationships with peers and staff. In order to create this positive environment, research states the perception of safety must be met before the youth can begin addressing any other concerns (Heinze & Hernandez Jozefowicz-Simbeni, 2009). This notion seems to be very logical since safety is a large stressor for day-to-day survival for this population. A proposed method for achieving this safe environment for the youth is for an agency to first understand the needs of the youth and then to set rules and expectations that will create safety while keeping in mind the youth's needs (Heinze & Hernandez Jozefowicz-Simbeni, 2009).

Another method of intervention is through formal support groups for the youth. Research found that formal support groups allow the youth to feel heard and understood by peers who are in similar situations, which allows them to receive affirmation (Stewart et al., 2010). Support groups are another way in which an agency can create an environment in which youth can form positive relationships with peers.

Lastly, agency staff can provide emotional support for youth who have survived trauma. Through research, youth identified the need for assistance with identifying

emotional needs, finding their identity, and raising self-esteem. This emotional support can assist youth in addressing emotions and thoughts that arise from surviving trauma rather than seeking negative alternative actions to cope with the emotional pain (Stewart et al., 2010).

Trauma-Informed Care

In order to look at how trauma-informed care can be used with youth experiencing homelessness, I first looked at what it means for an agency to provide trauma-informed care. A consensus-based definition of trauma-informed care is "a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment" (Hopper, Bassuk, & Olivet, 2010, p. 82). Agencies and organizations in various settings have adopted this approach to work with populations who have survived trauma, and have transformed their methods of working with clients in order to reduce the possibility of doing additional harm or re-traumatizing the clients.

There are several accepted guiding principles for trauma-informed care that are followed by organizations implementing this form of intervention. The Substance Abuse and Mental Health Services Administration (SAMHSA) breaks the foundation of trauma-informed care into six guiding principles. The first principle, safety, focuses on creating an environment that both staff and clients feel physically and mentally safe. The second principle, trustworthiness and transparency, reinforces the need for an organization to

create an environment in which trust can be built and maintained between staff and clients. The third principle, peer support and mutual self-help, allows the clients to build trust, establish safety, and experience empowerment. The fourth guiding principle, collaboration and mutuality, focuses on creating an environment in which there is minimal power differences between staff and clients. Specifically, both client and staff work together to develop meaningful relationships and everyone takes part in the trauma-informed approach. The fifth principle, empowerment, voice, and choice, looks at the individual strengths of the clients and focus on validating individual and unique experiences. Lastly, cultural, historical and gender issues, involves actively working to overcome cultural stereotypes and biases, along with recognizing historical trauma ("Guiding Principles of Trauma-Informed Care," 2014).

Many of the principles of trauma-informed care can also be found in the section that discusses the needs of youth experiencing homelessness, such as the need for a feeling of safety, meaningful relationships, and peer support. This overlap could suggest that trauma-informed care could appropriately reach the needs of homeless youth in an agency setting.

Though there is limited research available regarding the use of trauma-informed care in a drop-in center setting for homeless youth, there have been research studies done on several other settings that may have involved homeless youth such as foster care, mental health agencies, and youth residential treatment centers.

The research found regarding the use of trauma-informed care in a foster care setting looked at the needs of foster care youth who have experienced trauma both prior

and while in foster care placement. Similar to youth experiencing homelessness, the foster care youth discussed physical abuse, emotional abuse, sexual abuse, and neglect. During this study, the youth discussed the need for system changes in order to better protect those in foster care, which aligned with the guiding principles of trauma-informed care discussed above. The youth wanted foster parents who were more skilled at dealing with mental and behavior issues resulting from the youth surviving previous trauma (Riebschleger, Day, & Damashek, 2015).

To look at how trauma-informed care was used in a variety of mental health service agencies a study done by Hopper et al. (2010) contacted these agencies that work with homeless populations for feedback. The agencies noted that it was difficult initially to get agency-wide commitment to the trauma-informed programs, but once they did there was very strong support for the use of it by staff members. These agencies also noted that training for the staff was the first and most important step in order to create effective trauma-informed care within the agency. In terms of outcomes, the study found that overall the results were positive, including a decrease in mental health symptoms and substance use, increase in housing stability, decrease in need for hospitalization or crisis intervention, and programs were cost effective (Hopper et al., 2010).

Looking at youth residential treatment, Hodgdon, Kinniburgh, Gabowitz, Blaustein, & Spinazzola (2013) implemented a trauma-informed care program that worked with female youth survivors of complex childhood trauma. The programs found a decrease in trauma-related symptoms in the youth, along with a significant decrease in use of restraints with the youth. This particular program used Attachment, Regulation,

and Competency (ARC), a framework for trauma-informed care. ARC will be discussed further as the conceptual framework for this research project.

Through the literature review, a lot of information was found regarding the trauma survived by youth experiencing homelessness, along with success stories in terms of the use of trauma-informed care with trauma survivors. This research looked at trauma-informed care specifically in a drop-in center setting to determine the extent in which the results are perceived as similar in terms of positive outcomes.

Conceptual Framework

'Attachment, self-regulation, and competency (ARC)' is a model for working with survivors of trauma, and was used as a conceptual framework for this study. The theory is centered on the knowledge of how trauma can affect attachment, self-regulation, and developmental competencies with the goal of addressing vulnerabilities that result from trauma exposure (Kinniburgh, Blaustein, Spinazzola, & van der Kolk, 2005). This framework was chosen due to the main focus on the effects of trauma on youth, which can be readily applied to youth experiencing homelessness. This theory also provides very practical ways of implementing trauma-informed care, while having the ability to be adapted to a specific population (Arvidson, Kinniburgh, Howard, Spinazzola, Strothers, Evans, Andres, Cohen, & Blaustein, 2011).

ARC is broken down into three areas of development that are affected by trauma, for which this theory provides guiding principles to assist with assessment and intervention. The first area is attachment, or the relationship between a child and their caregiver, which can affect development, regulation of emotions, and resiliency

(Kinniburgh et al., 2005). Past research has found 47% of homeless youth experienced physical abuse within their childhood home, and 29% experienced sexual abuse (Tyler & Cauce, 2002). If this abuse is perpetrated by a child's caregiver, this could play a role in the child's attachment. The ARC intervention would take the approach of either trying to assist in creating healthy attachment between the youth and their caregiver, which oftentimes may not be an option for homeless youth, or creating a safe environment for the youth to recover from the trauma (Kinniburgh et al., 2005).

The second area that ARC focuses on is self-regulation, the ability to recognize and express emotions in an appropriate manner (Kinniburgh et al., 2005). As previously discussed in the literature review, emotional support was identified as a significant need particular to this population (Stewart et al., 2010). Youth who have experienced trauma have intense emotional states, such as shutting down or explosive emotional reactions, and may have difficulty calming down. The ARC form of intervention looks at how the youth can be assisted in regulating the emotions and appropriate behavioral responses (Kinniburgh et al., 2005). The process includes assisting the youth in building a vocabulary to use to describe their experience, managing their bodies and emotions, and identify safe resources where they can communicate about their past experiences (Arvidson et al., 2011).

Developmental competencies is the third area of focus for ARC theory, which includes cognitive, emotional, intrapersonal, and interpersonal (Kinniburgh et al., 2005). The competencies may be hindered if trauma is experienced in the home prior to homelessness, or through victimization on the street while the youth continue to develop. The goals for intervention when it comes to developmental competencies would be to

help the youth build their competencies to normal levels and/or connect them to other resources to assist with building these competencies (Kinniburgh et al., 2005).

In addition to the three areas of focus, ARC's final building block is the Trauma Experience Integration. The goal of this building block is to assist youth in addressing and resolving the lasting effects of their traumatic experiences so that they don't continue to hinder development, but rather the youth can find their understanding of self and be more present in their daily lives (Arvidson et al., 2011). This could be very useful for homeless youth who are struggling with their development and past traumatic experiences to the degree of not being able to focus on their current and future goals.

The theory of ARC approaches trauma-informed care with the understanding that trauma has impacted important developmental stages throughout a youth's life (Kinniburgh et al., 2005). Not only do the expected effects of trauma need to be addressed, but also these additional developmental delays that result from trauma exposure. This study looked at a Minneapolis drop-in center that utilizes trauma-informed care when working with youth experiencing homelessness, and used the perspective of ARC to create a better understanding of how trauma-informed care can be an effective form of intervention with this population.

Methods

Research Design

This study was conducted with a qualitative case study research method, comprised of semi-structured interviews. The purpose of this study was to look at an agency that provides a drop-in center for youth experiencing homelessness, and how

trauma-informed care is used in this setting to address the unique needs of the youth. Qualitative research was chosen in order to allow for in-depth information to be gathered without limitation, which would result in findings specific to the use of trauma-informed care with youth experiencing homelessness. This study was conducted in order to further research the use of trauma-informed care, looking at both the perceived effectiveness and the implication of practical use in a drop-in center setting.

Population and Sample

The population for this research is the staff in various roles at urban drop-in centers that serve youth experiencing homelessness and who utilize a trauma-informed care model. The particular agency that was asked to participate in this study is located in Minneapolis, Minnesota and serves youth experiencing homelessness between the ages of 16 and 24. The agency provides various services such as basic needs, mental health, employment, education, and support groups. For this study, the sample consisted of staff in the following roles: community specialist, service engagement advocate, general case manager, intervention case manager, therapist, drop-in supervisor, associate director and director of operations. Their educational and experience backgrounds vary throughout the roles, but all are employed at this particular agency.

The participants in the research study were selected on the basis of their employment at the participating agency and their specified role at the agency. I allowed for the agency to provide guidance as to the preferred method for inviting staff to participate in the research project, which included the clinical social work supervisor presenting the University of St. Thomas Institutional Review Board (IRB) and research committee approved information to staff. I followed up with an e-mail inviting staff to

participate. The participants were determined by which staff members were willing to participate and were available to do so. For the purpose of the study, the participants' roles vary in order to gain data from differing perspectives.

Protection of Human Participants

In the process of this study, steps were taken to ensure the safety and protection of all human participants. The contents of this study and the proposed project plan were reviewed and approved by the research committee, comprised of Kate Jergensen, Bryce Gloppen, and David Roseborough. After receiving research committee approval, the research project was submitted to a Leadership Committee at the participating agency for approval. Upon approval from the agency, a letter of support was obtained and submitted to the University of St. Thomas Institutional Review Board (IRB) along with the application. An informed consent form was developed from a template approved by the IRB and revised to pertain to this study. The consent form was reviewed with each participant prior to the interview and explained the purpose of this study, that participating in the study was completely voluntary, and the actions that would be taken to maintain confidentiality. After providing and explaining the consent form, the participants were able to ask questions. Once the participants agreed and signed the consent form, a copy of the informed consent was provided to them. The signed consent forms are being kept secure in a locked safe in my personal home office for a minimum of three years.

Data Collection

This qualitative study is comprised of eight semi-structured in person interviews guided by interview questions that were pre-approved by the research committee and IRB. The interviews included questions relating to the staff member's view of the use of trauma-informed care in the drop-in setting, the needs specific to the clients served, and the practical implications of using this method of intervention. The interview questions were open-ended and designed to be objective in order to limit interviewer biases. The interviews were audiotaped using a cell phone in order to allow for coding and data analysis following the data collection. Within 24 hours of completing the interview, the audio recording was transferred to a password protected personal drive provided through the University of St. Thomas and was deleted from the cell phone. Immediately following transcription, any identifying information was removed from the data, and the transcription was stored on the password protected personal drive.

Data Analysis

In order to analyze the data received from the interviews, the interviews were transcribed and reviewed for coding. Open coding occurred first by highlighting key phrases or ideas from the transcript and then categorizing into themes and subthemes. After completing the initial coding, selective coding was done using the framework of Attachment, Self-Regulation, and Competency (ARC) (Kinniburgh et al., 2005). To ensure reliability, the transcript was reviewed a third time to determine if any important concepts were looked over during the first open coding.

Strengths and Limitations

The chosen method of qualitative research consisting of semi-structured interviews allowed for a lot of data collection and honest input from the participants. The participants were able to share as much or as little information during the interview pertaining to the open-ended questions, which allowed for a significant amount of data. The invitation of agency staff in various roles allowed for a broader range of data and perspectives.

The study is limited in that the participants were selected in order to provide the varied data, but they were not random and were limited to one site which can affect the outcome of the data. Additionally, the face-to-face interviews may have resulted in some non-verbal communication between interviewer and interviewee, presenting some biases of the interviewer. However, the face-to-face interview could have also created a comfortable environment for the interviewees to speak openly.

Results

For this study, eight staff members at the participating agency were interviewed, all with different job titles and responsibilities. The job titles included Community Specialist, Service Engagement Advocate, Case Manager, Intervention Case Manager, Drop-In Supervisor, Therapist, Director of Operations, and Associate Director of Drop-In Services. The years of professional experience working with youth experiencing homelessness for the staff interviewed ranged from 4 years to 34 years.

For recruiting participants, an initial email was sent to the staff at the participating agency. Following the email, I met with interested participants one-on-one to provide

additional information regarding the research project along with the consent form. At that time, the staff determined if they wanted to continue with the interview process.

The interview process involved a semi-structured format with pre-determined questions regarding the staff members' use of trauma-informed care with the youth served at the agency. The questions were focused on the successes and challenges of using trauma-informed care with population, along with a focus on what is unique about using trauma-informed care with this particular population.

Each interview ranged from 20 minutes to 40 minutes. Seven out of the eight interviews were conducted in person in a location chosen by the participant and were audiotaped for transcription. The eight interview was completed by sending the participant the interview questions and allowing them to type a response to the questions. The participant's responses were then printed and picked up from a secure location at the agency.

Following the interviews, the audio recordings were transcribed and coded to determine emerging themes. The initial coding of the data was completed in an inductive manner, allowing the researcher to find common themes without pre-determined ideas. The second coding was done in a deductive manner, utilizing already found themes to confirm these findings, along with cross-referencing themes from the selected conceptual framework.

Through the coding process, three main themes were determined: components of successful trauma-informed care, unique aspects for using trauma-informed care with homeless youth, and challenges with implementing trauma-informed care. The theme of

components of successful trauma-informed care had six sub-themes: intentionality, looking past the behavior, need to be heard, individualistic approach, non-judgmental, and collaboration. The theme of unique aspects for using trauma-informed care with homeless youth had three sub-themes: Cycle of poverty, safe environment, and harm reduction. The theme of challenges with implementing trauma-informed care had three sub-themes: building trusting relationships, training staff, and safety of others.

Theme 1: Components of Successful Trauma-Informed Care

Throughout the interview, the participants were asked questions about how trauma-informed care is used in their daily practice while working with youth experiencing homelessness, along with what they have found to be effective and challenging when using this guiding principle. The responses created a clear theme that along with the general idea of being aware of a client's past trauma and the impact on their behavior, there are other guiding principles or dimensions that needs to be implemented with trauma-informed care for success. These other necessary dimensions become the subthemes: Intentionality, looking past the behavior, individualistic approach, non-judgmental, and collaboration.

Subtheme 1: Intentionality. Participants were never specifically asked what aspects of practice need to be present for trauma-informed care to be effective. However, the subtheme of intentionality was introduced organically with numerous of the interviews. The idea behind intentionality is that every interaction with the youth has intent and purpose. When looking at the operations of the drop-in center, participant number three stated, "Everything we do in the drop-in should be intentional and purposeful." Participant number three goes on to say, "This work is a lot like being a

detective, you have to dig deep to figure things out, and then you have to come intentionally and purposefully. How are you going to work with that?" This participant is describing the importance of determining underlying factors such as past trauma, personal strengths, and support systems for the youth in order to approach each interaction with purpose to create a case plan.

Participant one describes the intentionality behind everything done at the agency, from their expectations of the youth to the pamphlets on display. "We are very intentional with our approach in that our requirements are just that they come here and feel safe, and then they get to choose what they want to do afterwards." Participant one describes the intentionality of using trauma-informed care in order to welcome youth into the space.

> I think we use trauma-informed care with every interaction we have with the youth here. From making sure when they first come in, they are coming into a welcoming environment, making sure they can feel safe in here. We make sure we have certain pamphlets and stuff on display so that they can see that and know right away they are in the right place.

Participant four also references the intentionality of what is on display at the drop-in center, "It's how we fill up the environment but then also how the physical space is set up too, you know , that people have access, it's easy to navigate, it's visible where they belong and where they should be."

These descriptions of intentionality and approaching each interaction with a purpose become an over-arching dimension of trauma-informed care. As a staff

approaches a youth for conversation, there is purpose behind each conversation. The significance of these conversations with the youth is highlighted in the second subtheme.

Subtheme 2: Allowing the Client to Be Heard. Every participant responded to at least one of the questions with expressing that a major need of the youth is to be heard. Participant two described this need, "I think the main thing is support and having conversations, those real deep conversations, personal conversations, confidential conversations that help young people feel safe."

Several participants also spoke of the need for these youth to have a space, a specific place like a drop-in where they will consistently be heard. Participant four stated, "I think it's just about they want to have a voice. They want to be heard and, so you need to provide that venue for them." Similarly, participant five stated, "It's really just giving them the space to express whatever it is that they want to express."

Another discussion point in regard to the youth being heard was the idea that it allows them and their feelings to be validated. Participant six stated, "I think at the end of the day, like all of us, they want to be heard and validated and feel important, like what they say is important." It was clear through the interviews, the staff understand the youths' needs to be heard and allow them to tell their story as needed.

Subtheme 3: Looking Past the Behavior. The participants were asked about addressing symptoms of survival trauma, or trauma experienced through the difficulties of daily survival as a young person experiencing homelessness, and often discussed the idea of looking past the behavior that is being displayed. Participant one stated, "They are more than just the behavior they are displaying. It's simply a behavior. It's not who

they are. Let's talk about what past trauma could have created this reaction that we are seeing from them right now." Similarly, participant four stated, "To me, the biggest thing is moving past the behavior, diving deeper into that and getting a better sense of the context of why it happened that way." Both participants addressed in these quotes the need to figure out what the underlying cause is of the behavior.

Participant six spelled out the true reality of the youth and what is behind their behavior.

> They're not understanding, you know, that it's not healthy to see people get beat, raped, shot, stabbed, and they're thinking that it's just something normal, not understanding that there is some actual traumatization happening. And so when you're quick to react to certain things-that could be the trauma you dealt with as a child, and you don't understand it because you think it's normal.

This statement addresses that even the youth themselves do not always understand their reactive behavior and the link to their past traumatic experiences.

A few of the participants made statements or referenced how understanding the behaviors can be a reflection for past trauma frees the staff from feeling as though they caused that intense reaction. Participant five stated:

> It empowers you to not take it personally, a youth can be calling you names, swearing at you, being really angry with you, and it empowers you to not take that personally because you know that it's not about you.

By attempting to determine what is causing these behaviors, the staff need to become familiar with the youth and their story for deeper understanding. Participant six,

a supervisor at this agency discusses this need for the staff to search for the meaning behind the behavior.

> Look deeper than what you see on the surface because there is always something deeper. I just try to get the staff to think about it from that perspective and understand it's not just what you see. No, they're not just acting out.

Additionally, this calls for taking an individualistic approach in order to understand each youth's reactions, which leads into the fourth subtheme.

Subtheme 4: Individualistic Approach. Just as the staff discussed this need to dig deeper to find the underlying trauma that resulted in dynamic behavior, they also discussed the need to understand these behaviors from an individualistic approach. Participant one describes, "You always need to remember they are individuals. And remember they have specific circumstances they've been through, and they are going to react based on that."

Additionally, a couple staff discussed how, due to different trauma exposures, the youth also have different triggers. Participant one discusses how this impacts her conversations with you, "I make sure that I'm reading their body language and how comfortable they are, making sure I stay away from certain trigger words and addressing them the way they want to be addressed." Similarly, participant seven discussed how one particular client was triggered by the word "therapist." She explained:

> She kept meeting with the therapist every week but she wouldn't call her a therapist. She would call her a mentor or a counselor. Wording was very, very particular for her so if you said the wrong thing, you would trigger her.

By recognizing that each youth will have different triggers, the staff are able to watch for these variances among youth. Participant four discusses the challenges of necessary individualistic approach:

> I think the unique need is just to create a space where we're really going to meet that person where they're at. We're going to be as creative as we can to figure out a situation so they still have access to the services that they're in the need of, and that can be challenging at times.

Participant four labeled this approach as "working in the gray," meaning everything is not black and white but rather there is a gray area where the individualistic approach comes into play when deciding what will best help each youth.

Subtheme 5: Non-judgmental. Most participants discussed throughout the interview the need to reserve judgment when working with the youth. Participant five described this dimension as "just knowing that there are different standards. There are different expectations among the youth and do not ever express any judgment towards what they are choosing to do." Participant three discussed how these differences in standards come from the need to survive. "Part of it is you have to realize that the stress and the compromising of their values and all of that is real to them when they walk out of here."

A common way during the interviews to discuss this non-judgmental subtheme was stated as "meeting the youth where they are at." Participant four used this phrase in a previous quote and participant three stated it as, "You have to join with them on where they are at, not judge where they are at."

For a couple of the participants, being non-judgmental came before anything else. As participant six phrased it, “I can’t even have a conversation with you- forget-trauma- if I’m judging you before I even have a conversation with you.” He goes on to say, “You’re not going to understand them so you getting close or having any kind of relationship, any kind of healthy relationship, isn’t going to happen because you’re judging.” Participants expressed that using a non-judgmental approach immediately with youth will allow for trauma-informed care to be more successful.

Subtheme 6: Collaboration. As staff of a drop-in center, the participants were very aware that they were not able to provide the youth with all of the services they need. Many of the participants discussed the importance of collaboration with other agencies or professionals in order to help the youth get other services such as mental health and housing. During the interview, participant three stated, “A main need is to build relationships and get the resources to, when they’re at a point ready to make those changes, somebody that can help them navigate the system and advocate them through the system and support them.” Participant one also discussed the need for collaboration in order to help the youth get their needs met by the social services system.

> I connect them with one of our service partners, because a lot of times, they’re ready to address the repercussion of the trauma, the homelessness of it, the family dynamics of it, things like that, but they are not yet really willing to go to therapy and address the mental health aspect of it. But they can at that point already have specific diagnoses based on their trauma that they can move forward within like the social services system, and get access to different services, housing, and

things like that. And then, once they're settled, they can start to work on their trauma.

From these conversations, it seemed clear that many of the services the youth need requires drop-in staff to assist them with getting connected to these resources, and therefore, the importance of collaboration.

Theme 2: Unique Aspects for Using Trauma-Informed Care with Homeless Youth

During the interviews, participants were asked about what needs these youth have that are unique to their population. There were several subthemes that reoccurred that described how trauma-informed care will look differently due to the use of it being with a population of youth experiencing homelessness. Participant specifically discussed the importance of identifying the population and how the use of trauma-informed care will vary depending on the client. "I think it looks different depending on the population you are working with, but only slightly. And knowing that population- knowing how to incorporate that trauma-informed care."

Through the responses, there were three common aspects of trauma-informed care based on the uniqueness of the population of youth experiencing homelessness. These aspects are centered on the trauma these youth have survived through the experience of being homeless, including the day-to-day survival traumas they face. The uniqueness is described through the following three subthemes: cycle of poverty, creating safe environment, and harm reduction.

Subtheme 1: Cycle of Poverty. Several participants discussed the uniqueness of this population is that many of the youth receiving services have found themselves in a

cycle of poverty based on the family they were born into. Participant seven described, "A lot of our youth experience long term homelessness, so their parents are homeless and then then it is just an ongoing cycle." Participant one goes on to address stereotypes related to this cycle of poverty. "It's not that the youth can't rely on their family and don't get along with their family. It's that their family can't afford to have them. So I think that's a lot of cyclical historical trauma."

In addition to the discussion of this cycle of poverty, several participants also discussed the implications for the youth who are caught in this cycle. Participant five stated, "It's mostly a cycle. A lot of times, because of the trauma they have experienced, they don't get those tools in the toolbox that a lot of people have." This touches on the idea that the cycle of poverty is exponential, meaning the problem increases and difficulties for the youth increase as the cycle continues. Therefore, as the cycle continues it makes it more difficult to break out of poverty without some form of intervention. Participant six described, "It's hard to break down those barriers because its years and years- generational."

As the participants discussed this cycle of poverty, they described it as an extra hurdle or challenge unique to this population that needs to be considered when using trauma-informed care. But additionally, a couple participants discussed how important it is to use trauma-informed care with this population in order to stop this cycle. Participant seven stated this task beautifully, "We can't let their hurt become their story. Even though that is part of their story, it can't be the whole thing." The length and extent of trauma that comes from the cycle of poverty makes utilizing trauma-informed care unique with this population.

Subtheme 2: Creating Safe Environment. Another unique necessity for using trauma informed care with youth experiencing homelessness is the dire need to create a safe environment for them. Participant one explains how this need to create a safe environment starts with the very first interactions with the youth.

> I think we use trauma-informed care with every interaction we have with the youth here. From making sure when they first come in, they are coming into a welcoming environment and making sure that they can feel safe in here.

Participant eight expanded on this need to create a positive environment for the youth in order to allow the youth to feel safe in their surroundings.

> Creating a positive environment is critical. These youth not only misunderstand their symptoms resulting in negative self-talk and low self-esteem, but many are hyper vigilant and are unable to feel safe in any situation. So many of these youth are isolated with limited supports or connections. Helping to create positive relationships and build community is critical in this regard.

Participant six shed a lot of light on how his own appearance or actions could threaten the youth's safety without that being his intention.

> Because a lot of times a lot of pain and hurt come at the hand of men, and usually men that look just like them. So me being a male who looks like them- recognizing that I could be a potential threat in their minds. And I do understand and I recognize that. The fact that I do recognize that about the way I approach them, I have to be trauma-informed.

Participant six reinforced this need to be aware of yourself and your interactions with the youth in regards to their safety in order to make any progress with the youth, "If they come to a place they don't feel safe, they feel like they are being judged, and you don't understand their fight, then you can forget about it."

Subtheme 3: Harm Reduction. Several of the participants touched on the idea of harm reduction, or trying to assist the youth in altering their actions in order to reduce possible harm, but not expecting perfection. Participant three phrased it, "Harm reduction is really about trying to meet them where they are and how do you stay safe in that situation." Harm reduction is a method used to keep these youth as safe as possible considering their unique circumstances.

Participant four provided an example of a young female who was able to find success when the staff used a harm reduction approach.

> It just started to build up over time where she started to open up more and more, and look at things in a different way and kind of wanting staff to reflect with her and think about, 'what is next for me?' You know, I think for so long she didn't think there was anything next for her or she had any control over what was next. It was always- she was just like. 'I guess this is what happens to me.' You know? And that was pretty powerful because she started to reduce some of the harm in her life and buying into safety plans and looking into harm reduction. And I think that was pretty powerful.

It was the use of harm reduction and safety plans that allowed this youth to feel control over her own safety.

Theme 3: Challenges with Implementing Trauma-Informed Care

The staff spoke very highly of the use of trauma-informed care and the successes they have found with this approach. During the interview, they were also asked about the challenges that are present when trying to utilize trauma-informed care. From the participants' responses, there were three main subthemes that emerged in regards to challenges: building trusting relationships, training staff, and safety of others.

Subtheme 1: Building Trusting Relationships. Participants noted the significance of creating trusting relationships with the youth so they can have those honest and meaningful conversations regarding their trauma history. However, it can be very difficult to develop this trust with youth experiencing homelessness. Participant three explains this difficulty resulting from the youth's trauma histories.

> We have to come with the mindset that our youth have gone through life probably not trusting adults, and that is a good thing. So how do we start to change that? How do we show them that they can trust us or trust us as an agency?

Participant seven discusses the consequences of not reaching this trusting relationship, "I think a lot of them have trust issues, and if they can't trust you, they're just automatically going to go to a negative space. That's going to shift their attitude and their behavior." These quotes illustrate the challenges of creating a trusting relationship, but that it is a necessity when working with these youth.

While the challenge presents itself, the staff seemed very up for the challenge and determined to find success in creating these trusting relationships. Participant one

explained approaching this challenge by giving the youth freedom to decide when they begin to form this trust.

> I let them know that they can trust me over time and that it is their choice when they want to do that. And I feel that really helps create a different relationship, a different dynamic right off the bat.

This different dynamic or relationship that comes from the building of trust is also explained by participant four.

> I think when a relationship gets deeper and stronger, and you just start to see a shift in a person in a different way beyond how they normally operate- maybe that is through, you know, talking deeper about something, or they are presenting in a different way, or it's just a different energy or feel to them.

The challenge proves difficult but rewarding as the staff explained this shift in the youths' behaviors after finding these trusting relationships.

Subtheme 2: Training Staff. The participants were specifically asked about the training they have received in terms of trauma-informed care. From the responses, it appeared as though training staff may be a challenge in itself. Participant three explains, "So it's easy to talk about. It's not easy to practice. So I have to hope, in a sense, that in individual supervision those kinds of conversations are happening because it's bigger than just, 'go to this training.'"

Several of the participants discussed the idea of informal training, such as the individual supervision that participant three referenced in the previous quote, are necessary in addition to formal trainings. Participant four explains this approach, "I think

there is the formal and there is a lot of informal training that happens through supervision or situations, and having those conversations that challenge people. So it's intentionally done, and then organically done." Participant four expanded by discussing the need for utilizing individual supervision for training.

> I feel like that's really the key to any training- a person needs to recognize what they know and what they don't know, and that's going to make it the most effective. And sometimes not everyone is there, so then that comes into play through supervision and other things to highlight those areas and challenge the staff to look at that.

The staff and supervisors recognize the significance of discussing cases through meeting one-on-one with individual supervision in order to practice applying trauma-informed care.

In addition to formal and informal trainings, participant three discusses the role agency values play in implementing trauma-informed care.

> My belief, as a supervisor, is that you have an agency-in a sense a bubble. And then in that bubble you have what the agency vales. Then your staff have to work within that bubble. Now within that bubble, you can be very individualist, but that bubble is what helps you make decisions.

This participant discussed that this "bubble" is the agency's own culture that is separate from other agencies. This particular agency takes on the challenge of creating and implementing strong agency values, which is displayed through the staffs' positive responses in regards to trauma-informed care.

Subtheme 3: Safety of Others. During the interviews, staff discussed the challenge of trying to do what is best for the individual youth in terms of addressing trauma symptoms, but having to keep in mind the safety of the other youth. If the staff at the agency determine the behavior of a youth is a safety risk for others, they give the youth an "off-site" status, meaning they are not allowed to access the drop-in center for a determined period of time. While this boundary may be necessary, it is a challenge for staff as they recognize these displays of trauma symptoms and work to address them. Participant one discussed this challenge:

> That's the difficulty- remembering that we need to consider everyone else within the community, and then inevitably have to put them off-site. That is difficult because we are still acknowledging their trauma, but we need to look at it more as a whole. And that is hard because I don't like for any of the youth to be off-site because I know the behavior they are displaying is coming from trauma.

Some of the staff verbally acknowledged the challenge of determining a youth is not able to access drop-in services, but not allowing that to stop them from helping these youth. Participant one stated, "Let's talk about how we are going to meet them where they are at in the community- to still be able to work with them. Maybe the drop in itself is trauma-triggering for them, so understanding and acknowledging that." The staff are able to meet the youth out in the community to assist them if they are not allowed to access the drop-in center, which is acknowledging the trauma that is behind the behavior and maintaining a safe drop-in center at the same time.

These results from the interviews show there is so much depth to successfully utilizing trauma-informed care. There are many other aspects that need to go along with

this approach in order to optimize the effectiveness, along with understanding the unique dynamic of using trauma-informed care with youth experiencing homelessness. The staff were very transparent in terms of challenges they found with using this approach, along with how they tackled these challenges.

Discussion

The intention of this study was to examine the use of trauma-informed care with youth experiencing homelessness in an urban drop-in center setting. The ideal outcome for this study was to have it shed light on both the successes and challenges experienced by staff as they work to implement trauma-informed care with clients. There is limited research available regarding the use of trauma-informed care in this particular setting, and even less research about the day-to-day practicality of using this approach. This qualitative study interviewed staff at a drop-in center who were candid in sharing information about these challenges and successes they witness through their work, along with the unique dynamic of using trauma-informed care with this population.

Successes

Throughout the interviews, participants spoke of necessary components of trauma-informed care in order for it to be successful when working with youth experiencing homelessness. Many of the participants discussed how one component relies on the other in order to be successful so there is an intertwining of the components. It is the usage of all these components at the appropriate times that allows for the staff to be successful with the youth. These components include intentionality, looking past the behavior, client's need to be heard, individualistic approach, non-judgmental, and

collaboration. The participants discussed who these components allow for them to most effectively build that trusting relationship with the youth in order to address their needs. This is consistent with the research found that youth experiencing homelessness were found to be more resilient if they had supportive relationships with guidance, which allowed for an increase in the youth's self-esteem and self- efficacy (Williams et al., 2001). Everything these participants expresses in terms of using these components in order to be most successful with the youth displays their desire to provide that supportive relationship for the youth. This is reinforced by the research that found the most influential aspect of services for agencies working with this population is to provide help without judgement by caring staff (Stewart et al., 2010). Non-judgmental was a component spoken about frequently throughout the interviews, along with the other components discussed that also emphasize the caring nature of the staff.

While some of the research found identified the specific component of non-judgmental, it used the terms "caring relationships" or "supportive relationships" without going into description of what comprises these types of relationships. The components described by the participants are specific actions or approaches used with the youth in order to reinforce their care and support for the clients. For example, the participants discussed the clients' need to feel heard, so by allowing the youth to tell their story and be heard by the staff, that is assisting in creating the caring and supportive relationship. The specific information provided by the participants allowed for clarity on what concrete actions are used with trauma-informed care for reaching the abstract idea of a supportive relationship presented in previous research.

Looking back at the conceptual framework of 'Attachment, self-regulation, and competency (ARC),' the second focus of self-regulation is very visible in the components referenced by the participants (Kinniburgh et al., 2005). The goal of this second focus is to assist the client in developing the ability to recognize and express emotions in an appropriate manner (Kinniburgh et al., 2005). The participants discussed this through the components of allowing the client to be heard and looking beyond the client's behavior. The staff recognizes that often times the youth aren't able to self-regulate and act out with behavioral issues rather than recognizing the emotions they are feeling at the time. By acknowledging this and addressing the emotions behind the behavior, the staff begins to assist the youth with self-regulation. Additionally, the youth are allowed to discuss their story and emotions as the staff recognize their need to be heard. Several of the participants discussed the importance of collaboration and referring youth to a mental health professional. This also addresses the third principle of ARC which recognizes cognitive, emotional, and interpersonal competencies can be hindered by the presence of trauma in a youth's life (Kinniburgh et al., 2005). In order to assist the youth in building their competencies in these areas that the agency cannot appropriately address, the staff utilizes collaboration with other agencies to help the youth address these needs. This displays the staff's understanding that the drop-in center may not always be the most appropriate location and resource for youth to learn self-regulation and develop competencies.

Unique Aspects for Youth Experiencing Homelessness

While trauma-informed care provides a foundation for working with individuals who have survived trauma, there will be unique aspects to take into consideration across

different populations. Participants identified the uniqueness of this population is their experience with the cycle of poverty, the drastic need for safety, and the use of harm reduction. Many of the youth served at this agency came from families of poverty, resulting in even fewer resources to change their living circumstances. Therefore, some of the clients were raised by parents who experienced similar traumas of homelessness, or the client has been experiencing these traumas from a very young age. The literature review speaks greatly to the drastic increase in exposure to trauma faced by those experiencing homelessness. "Victimization and trauma are often part of the daily life of homeless youth. In comparison to their housed peers, homeless youth experience disproportionately high rates of sexual assault, robbery, physical beating, and assault with a weapon (Tyler et al., 2001). This reality of homelessness calls for a unique focus on providing safety for the youth while they are in the drop-in center but also remembering what dangers they will be facing when they walk out the door at closing time. The staff utilizes harm reduction in order to assist the youth in making small changes to ensure safety while experiencing homelessness since complete lifestyle changes are unlikely until a youth is housed and secure with basic needs.

The conceptual framework of ARC discussed the concern of a youth's lack of attachment to a caregiver, which can affect development, regulation of emotions, and resiliency (Kinniburgh et al., 2005). For the youth at this agency, some may have received healthy attachment as a child but no longer have contact with their caregiver, while others may have never had the opportunity to have a healthy attachment as a young child. Since this area is difficult to facilitate with youth experiencing homelessness, ARC discusses the importance of providing a safe environment for the youth to recover from

the trauma (Kinniburgh et al., 2005). As the agency strives to understand how this population's safety concerns differ from others and approach the youth in this unique way, they are working towards creating that safe environment for the youth.

Challenges

The participants discussed that while trauma-informed care is a positive approach to use with the youth, it can come with some challenges. Considering the trauma the youth have survived or continue to face while experiencing homelessness, the staff faces the challenge of developing a trusting relationship with them. The participants recognized the importance of developing these close positive relationships with the youth in order to most effectively assist them, as is supported by the research previously discussed. They discussed that while it is a necessary part of trauma-informed care, it is no easy task to complete. While the staff strive to assist each youth with their own safety and symptoms of trauma, they must also be very considerate of the same for all of the other youth in the drop-in space. Therefore, they are faced with temporarily discontinuing services for a youth if they display unsafe behavior, despite the fact that it may have been uncontrollable and stemmed from their trauma. This is not an action the staff takes lightly as they recognize this may place the youth in additional harm's way if they are temporarily not allowed to utilize the drop-in center and resources.

Due to these complex issues and concerns that come with working with this population, the staff discussed the challenges of receiving the training for implementing trauma-informed care. The participants talked about that while they receive some beneficial formal training about trauma-informed care, they find individual supervision and discussing specific concerns with a supervisor to be more helpful in understanding

how they can address a situation appropriately from a trauma-informed lens. The difficulty of training staff with this dynamic topic is discussed in a study done by Hopper et al. (2010) as mental health service agencies implemented trauma-informed care. The agencies noted that training the staff so that they fully understand how to utilize trauma-informed care was the first and most important step in order to create effective trauma-informed care within the agency (Hopper et al., 2010).

These successes, unique aspects to homelessness, and challenges of implementing trauma-informed care are addressed and validated both through previous literature and the conceptual framework of ARC. However, this study provided a practical lens for utilizing trauma-informed care with youth experiencing homelessness that was not present in any of the previous literature found. The participants were candid in discussing how trauma-informed care has specifically impacted their work with the youth.

Implications of this Study

This study has great implications for future training and teaching of trauma-informed care as the participants provided beneficial feedback regarding what was found to be the most beneficial. This study found that a majority of the participants did not feel as though formal trainings for trauma-informed care were enough in order to fully understand and implement this approach. The agency utilizes individual supervision, which allows the staff to discuss particular concerns or situations with a supervisor for guidance. These discussions provide the staff with both additional education and guidance on how to utilize trauma-informed care with their area of concern. But it also

allows the staff to create a better understanding of generally using a trauma-informed lens when working with other youth in future similar situations.

This study also has implications for future research regarding the use of trauma-informed care. The research found through literature review discussed the use of trauma-informed care in a very broad nature. However, the nature of questions presented to the participants during this study really focused on the practicality of implementing trauma-informed care, rather than general theory. The intent was to be able to really understand the experience of working with a homeless youth and trying to approach all angles from a trauma-informed lens. The very real and practical information regarding successes and challenges can be utilized in the future to develop more in-depth research for agencies striving to utilize trauma-informed care in the most effective way possible.

Most of all, this study has implications for practice. An intent of this study was to find information on the practical use of trauma-informed care and what it looks like for day-to-day use with youth experiencing homelessness. The information found regarding the necessary aspects for success can be used by other agencies as they implement trauma-informed care. Agencies can view the challenges presented through this research and be proactive in developing strategy for overcoming these challenges. While the study was specific to one agency, it presented information that can be used by other agencies to develop their use of trauma-informed care.

Strengths and Limitations

The primary strength of this study was that it reached an overall diverse group in terms of gender, race, age, experience, and current job positions. The sample comprised

of four males and four females, and out of the eight participants, three were of a minority race. The age of the participants ranged from approximately 25 years old to 60 years old, with experience ranging from two years to 35 years. The participant job positions included community specialist, service engagement advocate, general case manager, intervention case manager, therapist, drop-in supervisor, associate director, and director of operations. All of these variances among the participants provided rich data and reinforces the findings as they were reoccurring among all the participants.

The limitation of this study was that it was confined to one particular agency, working with a select population of all the youth experiencing homelessness in this urban area. This agency has certain policies and practices that may vary from other agencies that would be using trauma-informed care in the same manner. For this reason, the findings may not directly apply to all other agencies if their policies or practice vary significantly.

Future Research

While the participants of this study all agreed that trauma-informed care was effective when working with youth experiencing homelessness, they also acknowledged that it is difficult to define or measure "success" in order to truly understand the effectiveness. For future studies, a longitudinal research design where particular clients are observed over time as the staff use trauma-informed care. This method would allow the research to follow the client on their journey and provide a better understanding of how trauma-informed care has assisted them as they reach their individual version of success.

Additional research may also look at the phenomenon discussed by participants in that individual supervision was said to be an effective way of training staff in trauma-informed care. While there are formal trainings within the agency, the staff recognized the importance of using supervision in order to one-on-one discuss situations or concerns with a supervisor, which then allowed the staff to talk through it and use a trauma-informed care lens to approach the client in the future. The concept of using supervision as a method for training staff in trauma-informed care was not found in any of the literature that was reviewed.

Conclusion

The intention of this study was to determine how a drop-in center or similar agencies can use trauma-informed care to best assist the youth in addressing their needs. By completing this qualitative study, we are able to better understand the successes and challenges experienced while implementing trauma-informed care in these types of settings. The study found there are numerous aspects that should be incorporated with trauma-informed care in order to most effectively implement this approach. Additionally, using trauma-informed care with youth experiencing homelessness has unique aspects, along with several challenges that need to be addressed. This information can be used in the social work field to provide better practice or as a foundation for future research.

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Interview Questions

1. Please tell me a little more about yourself, including your role at this agency, the length of your experience working with youth experiencing homelessness, and other previous roles working with this population.
2. What do you see as the main needs of the youth served at this agency?
    - *What makes these needs unique to this population?*
    - *Do you view any of these needs as resulting from the youths' exposure to trauma?*
3. What approach or guiding principles do you use to meet these needs of the youth?
4. What action, if any, do you take to address symptoms of survival trauma? By survival trauma, I mean the trauma experienced through the difficulties of daily survival as a young person experiencing homelessness.
    - *How does this agency use trauma-informed care to address these symptoms?*
    - *What does that look like for this agency?*
5. How are you trained or informed on how to work with youth who have survived traumatic experiences?
    - *How often do you receive trainings?*
    - *To what extent do you feel as though the trainings are effective and allow you to implement the trauma-informed care methods into your daily work?*
6. Have you found trauma-informed care to be effective when working with youth experiencing homelessness?
    - *What methods, if any, do you use to determine effectiveness?*

- *What is success defined when working with the youth?*

7. What are some successes you have experienced when implementing trauma-informed care, if any? What are some difficulties, if any, you have experienced?
8. Literature regarding trauma-informed care discusses the importance of creating a positive environment for the youth and assisting with the development of positive peer relationships. In what ways, if any, do you agree or disagree with the literature based on your experience?
9. What feedback have you received from the youth regarding how Youthlink approaches working with the youth?
10. Any additional information you would like to provide for the consideration of this research project?

Consent Form

An Urban Drop-In Center Utilizing Trauma-Informed Care

With Youth Experiencing Homelessness

IRBNet Tracking Number

You are invited to participate in a research study about the use of trauma-informed care with youth experiencing homelessness. I invite you to participate in this research. You were selected as a possible participant because you are an employee of Youthlink and a professional who utilizes trauma-informed care with youth experiencing homelessness. You are eligible to participate in this study because you are an employee of Youthlink and have knowledge of the use of trauma-informed care with Youthlink clients. The following information is provided in order to help you make an informed decision whether or not you would like to participate. Please read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by Kelly Lemm, a graduate student at the School of Social Work, University of St. Thomas/ St. Catherine University and supervised by Dr. David Roseborough. This study was approved by the Institutional Review Board at the University of St. Thomas.

Background Information

The purpose of this study is to determine the effectiveness of trauma-informed care in a drop-in center that serves youth experiencing homelessness, and to look at the practical application of this approach.

Procedures

If you agree to participate in this study, I will ask you to do the following things:

1. Meet with me in person in a private setting for an interview that will take approximately 45-60 minutes.

2. You will be asked a list of questions regarding your professional experience working at Youthlink and utilizing trauma-informed care with the youth served by the agency. This interview will be audiotaped for later transcription by myself.

3. Your name and any identifying information will not be disclosed with the final project.

4. The research findings from this project will be included in my clinical research paper presented to the public in May, 2016 as a requirement for the Social Work Practice Research course.

5. The final clinical research paper will be published online, including information and/or quotes from this interview. Your name or any identifying information will not be included in the published research paper.

Risks and Benefits of Being in the Study

The study has minimal risks. Due to the interview being audiotaped and transcribed, there is some risk involving your confidentiality. In order to mitigate the risks, I will remove all identifying information at the transcription stage of the process. Any quotes or information used from the interview in the research project will not include any identifying information. The audiotaped interview will be recorded on my password-protected cell phone. Within 24 hours of completing the interview, the audio recording will be transferred to my personal "U Drive" provided by the University of St. Thomas and deleted from my cell phone. The transcription of the interview will also be stored on my personal "U Drive."

The subject of trauma risks some emotional response. In order to mitigate this risk, I will ask questions pertaining only to professional experience and trauma experienced by clients, not yourself.

This study has no direct benefits.

Privacy

Your privacy will be protected while you participate in this study. The interview will be conducted in the conference room at Youthlink. This is a private setting and access to the

room can be controlled setting of your choice at Youthlink. The interview will be conducted during a time that will allow for more control over privacy, such as the time in the day while the drop-in center is closed.

Confidentiality

The records of this study will be kept confidential. In any sort of report I publish, I will not include information that will make it possible to identify you. The types of records I will create include an audio recording of the interview, transcription of the interview, and coding notes that would include quotes and information from the interview. The audiotaped interview will be recorded on my password-protected cell phone. Within 24 hours of completing the interview, the audio recording will be transferred to my personal "U Drive" provided by the University of St. Thomas and deleted from my cell phone. The audio recording will be deleted from the "U Drive" immediately after transcription is completed. The transcription of the interview will also be stored on my personal "U Drive," along with any coding notes for analyzing the information in the interview.

All signed consent forms will be kept for a minimum of three years upon completion of the study. The consent forms will be kept in a locked safe in my office in my home. Institutional Review Board officials at the University of St. Thomas reserve the right to inspect all research records to ensure compliance.

Voluntary Nature of the Study

Your participation in this study is entirely voluntary. Your decision whether or not to participate will not affect your current or future relations with Youthlink or the University of St. Thomas. There are no penalties or consequences if you choose not to participate. If you decide to participate, you are free to withdraw at any time without penalty or loss of any benefits to which you are otherwise entitled. Should you decide to withdraw, data collected about you will not be used. You can withdraw by notifying me through a phone call or email. You are also free to skip any questions I may ask during the interview.

Contacts and Questions

My name is Kelly Lemm. You may ask any questions you have now and any time during or after the research procedures. If you have questions later, you may contact me at 612.501.5242 or kawischnewsk@stthomas.edu. You may contact my faculty advisor, David

Roseborough at 651-962-5804 or djroseboroug@stthomas.edu. You may also contact the University of St. Thomas Institutional Review Board at 651-962-6035 or muen0526@stthomas.edu with any questions or concerns.

Statement of Consent

I have had a conversation with the researcher about this study and have read the above information. My questions have been answered to my satisfaction. I consent to participate in the study. I am at least 18 years of age. I give permission to be audio recorded during this study.

You will be given a copy of this form to keep for your records.

_____ _____

Signature of Study Participant **Date**

_____

Print Name of Study Participant

_____ _____

Signature of Researcher **Date**