

## FACTS FOR POLICYMAKERS

### Trauma Exposure, Psychosocial Functioning & Treatment Needs of Youth in Residential Care

#### BACKGROUND

##### *National Child Traumatic Stress Network*

Authorized by Congress in 2000, the National Child Traumatic Stress Network (NCTSN) is a federally-funded child mental health service initiative designed to raise the standard of care and increase access to services for traumatized children and their families across the United States.

The NCTSN is an interdisciplinary network comprised of community-, university-, and hospital-based practice and research centers. The NCTSN addresses a broad range of trauma types and serves all age groups ranging from early childhood to early adulthood (0 to 21 years). The centers provide trauma-informed evidence-based mental health treatment and other services to children in diverse settings, including child mental health, child welfare, schools, primary care, and juvenile justice systems.

Collecting and evaluating clinical data relating to the needs and effective treatment of trauma-exposed youth and families are an integral part of the mission of the NCTSN. The coordinating center for the NCTSN, the National Center for Child Traumatic Stress (NCCTS), oversees and coordinates the analysis of the data in the database that includes information on over 14,000 children from 56 collaborating NCTSN sites.

#### STUDY RESULTS

Residential care has historically been reserved for adolescents whose behaviors typically pose a danger to the community, who are self-injurious, or otherwise require a highly-structured environment (Underwood, Barretti, Storms, & Safonte-Strumolo, 2004). Youth in residential care are often considered difficult to treat because they frequently exhibit an array of behavioral and/or emotional problems (Baker, Wulczyn, & Dale, 2005; Dale, Baker, Anastasio, & Purcell, 2007; Stewart, Leschied, Newnham, Somerville, Aremieri, & St. Pierre, 2010).

Using the NCCTS *Core Data Set*, this report aims to shed light on the links between trauma exposure in childhood and adolescence, current psychosocial functioning, and intervention outcomes in youth receiving residential treatment services, compared to youth receiving services in a continuum of community-based services, with the goal of achieving a better understanding of this population and their unique needs.

The Core Data Set study compared the traumatic experiences and functional impairments of youth who were recently in residential care ( $n = 525$ ) with youth who were not in residential care ( $n = 9,942$ ) (Briggs et al., 2012).

#### **Recommendations**

Develop clear guidelines on:

- Which subgroups of youth are most likely to show a benefit from residential care compared to less restrictive and less expensive community-based services
- How to best identify at-risk youth
- Which specific therapeutic interventions provided in residential care settings should be targeted to maximize their effectiveness

Support creation of an integrated system of care that:

- Reserves residential treatment for those youth who will reap the most benefit
- Makes maximum use of less restrictive and less expensive community-based trauma-informed interventions

The study found:

- Youth in residential care were more likely to report multiple traumatic events, and more severe impairments, compared to youth not in residential care (92% of residential care youth reported exposure to more than one traumatic event vs. 77% of non-residential care youth).
- As the number of traumas experienced by the youth increased, the percent of youth in residential care experiencing each form of functional impairment (e.g., academic problems, behavior problems, attachment problems, running away, substance use problems, self injury, suicidality, and criminal activity) also increased.
- Functioning improved across domains over the course of treatment (between pre- and post-treatment evaluations) for both groups of youth as measured by reductions in the rates of impairment over time. However, nearly a third of children in residential care continued to have ongoing impairments, including behavioral, academic, and attachment problems, during post-residential treatment and follow-up.

## POLICY IMPLICATIONS

- Although residential care has been criticized as being among the most restrictive and most expensive types of psychosocial services (Bates, English, & Kouidou-Giles, 1997), it remains the most promising approach for youth who have not experienced successful outcomes in community-based mental health settings and/or who require the structure and intensity (e.g., due to heightened risk for self-harm) that these facilities provide. This type of care is essential for some youth and needs to be included as an available option.
  - Improving our understanding of which trauma-exposed youth will most benefit from residential care and how best to treat them can lead to a higher standard of care for this high-risk and vulnerable population and improved public policy and workforce development regarding the development, dissemination, and implementation of effective treatments. By prioritizing appropriate interventions and more accurately identifying youth who may benefit from residential care placement compared to less intensive support, the needs of youth will be more effectively addressed.
  - The development of clear evidence-based guidelines should be established to assist the workforce in how to identify which specific types of youth are most likely to benefit from residential care compared to community-based services, and which specific interventions should be provided in residential care settings
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- Residential care remains the most promising approach for youth who have not experienced successful outcomes in community-based mental health settings**
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- in order to ensure youth receive the appropriate level and location of treatment.
  - An integrated system of care that reserves residential treatment for those youth who will reap the most benefit from this treatment modality, while making maximum use of less restrictive and less expensive community-based trauma-informed interventions, will enhance our national capacity to provide effective, efficient, and timely treatment options for youth with a range of mental health and behavioral problems.
  - Services that emphasize family involvement, provide adequate support during critical transition periods, and offer aftercare services when appropriate, will have the best chance of sustaining treatment gains and improving the development of youth with complex trauma histories and associated serious mental health problems, and thereby minimizing the long-lasting adverse effects of trauma on their lives.

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