BUILDING CAPACITY FOR TRAUMA-INFORMED CARE WITHIN GRYD INTERVENTION FAMILY CASE MANAGEMENT (FCM) SERVICES

GRYD trauma initiatives helped to identify a framework that can be used to support trauma-informed gang intervention programming.

Carly B. Dierkhising, Ph.D., School of Criminal Justice & Criminalistics, California State University Los Angeles

MESSAGE FROM THE DIRECTOR

The GRYD Research Brief Series highlights the accomplishments of the GRYD Office and its community partners as they implement the GRYD Comprehensive Strategy.[1] This research brief examines the presence of trauma among GRYD intervention provider staff and program participants and the results of our efforts to develop the capacity of GRYD intervention provider staff to incorporate trauma-informed and healing-centered approaches into the delivery of gang intervention services.

The work presented in this research brief generates a roadmap for better serving GRYD program participants and supporting provider staff. This roadmap will enhance our ability to integrate trauma-informed care and healing-centered principles into services for young people and their families who live in neighborhoods with high rates of violent crime, multi- generational gang membership, and a long history of distrust in law enforcement. We believe trauma-informed service delivery not only improves the services delivered but it also helps to overcome any stigma experienced by those in need of such services.

ANNE C. TREMBLAY, JD
GRYD DIRECTOR

A core principle of the GRYD Comprehensive Strategy is to embody a trauma-informed, healing- centered, and resilience-informed approach in the delivery of its services.[2] To this end, the GRYD Office partnered with experts in trauma and trauma- informed systems and initiated three projects to begin building capacity for trauma-informed care within GRYD's Intervention Family Case Management (FCM) Program. The first project was a Trauma-Informed Needs Assessment Study conducted with GRYD FCM service providers to gain a sense of what their agencies were already doing related to trauma- informed care and its associated practices. Next, the results of the needs assessment survey were used as the foundation for two trauma courses delivered to GRYD case managers and Community Intervention Workers (CIWs). Building off this work, the Community Restorative Healing (CORE) Project was implemented. Funded by the Office for Juvenile Justice and Delinquency Prevention (OJJDP), the CORE Project integrated trauma- specific mental health services and indigenous healing practices into the work of select GRYD FCM service providers. The purpose of the current research brief is to briefly describe each of these projects, highlight their key findings, and discuss their implications for building capacity for trauma-informed care across all GRYD Zones.

PREVIOUS RESEARCH ON TRAUMA AND GANG-INVOLVED YOUTH

Many children and youth who live in neighborhoods with high levels of gang activity are polyvictimized, meaning that they have not only experienced trauma from gang violence in their neighborhoods, but may have also been a victim of, or witnessed other types of, violence including but not limited to human trafficking, child abuse, domestic abuse, substance abuse, and/or forms of historical community trauma including discrimination, and poor access to healthcare and employment opportunities. Childhood trauma exposure and its sequelae increase the risk for gang activity.[3] Once in a gang, the risk for further victimization and continued trauma exposure dramatically increases.[4] Indeed, gang-involved youth have been found to have higher rates of trauma exposure, traumatic loss, substance use, and traumatic stress symptoms compared to their non-gang but similarly at-risk counterparts.[5]

When exposed to polyvictimization or extreme violence youth's development may be impacted in ways that impede healthy relationship building, social cognitive skills, and neurodevelopment. For instance, youth may develop rigid patterns of mistrust in others, hypervigilance, hostile attribution bias, and/or desensitization to emotional connections.[6] In the context of trauma these reactions may serve as a coping mechanism or survival reaction; however, when there is no opportunity for recovery or reprieve from danger these reactions can alter or impede the development of expected healthy milestones in adolescence.[7]

These developmental derailments can be explained with the concept of toxic stress. Toxic stress can be defined as, *"the excessive or prolonged activation of the physiologic stress response systems in the absence of the buffering protection afforded by stable, responsive relationships."*[8] In other words, when children are not able to find comfort or protection from overwhelming adversity early in life, such as abuse, poverty, community violence, parental incarceration, and/or maternal depression, they can experience toxic stress. Toxic stress has consequences for their psychobiology and neurodevelopment which, ultimately, makes it more difficult for children to achieve typical developmental milestones. In the face of continued adversity, adolescents may begin to use survival coping or maladaptive coping strategies, such as substance use, engagement in violence, or joining a gang, to damper traumatic stress reactions or as an attempt to gain a sense of control in their lives. Unfortunately, these coping responses can be very effective in the moment but, without intervention, can have dire consequences in the long term.

Trauma-informed child and family service systems (or agencies) understand the connections between early adversity and the psychological and behavioral responses to it, and they work to ameliorate the impact of trauma on development. These systems and agencies recognize that recovery is possible and typically focus on implementing routine screening and assessment, increasing access to evidence-based trauma-specific treatment, providing culturally relevant care, building resilience among service providers, and offering resources about trauma to their clients and service providers.[9]

TRAUMA-INFORMED CARE AND THE GRYD INTERVENTION FAMILY CASE MANAGEMENT PROGRAM

Building on work in other service systems and substantial research on trauma and trauma-informed systems, the GRYD Office partnered with experts in trauma and trauma-informed systems to begin to build capacity for trauma-informed care in GRYD's Intervention Family Case Management (FCM) Program. GRYD's FCM Program serves youth and young adults between the ages of 14 and 24 who are gang-involved. These services include the family whenever possible and focus on reducing gang embeddedness by supporting and increasing resiliency among participants and their families. Between February 1, 2012 and May 16, 2016, 2,854 young people participated in GRYD FCM services.[10]

GRYD supported three projects to explore how trauma-informed care could be integrated into GRYD FCM services: the Trauma-Informed Needs Assessment; the delivery of trauma training courses for GRYD FCM case managers and Community Intervention Workers (CIWs); and the implementation of the Community Restorative Healing (CORE) Project. Each of these programs and their related findings are described below.

TRAUMA-INFORMED CARE NEEDS ASSESSMENT

Directors or supervisors from all agencies (N = 13) providing GRYD FCM services were asked to participate in the Trauma-Informed Care Needs Assessment Study in 2015. The survey was administered online and was completed by 22 respondents representing 12 agencies serving 22 out of the 23 GRYD Zones. Among the respondents, 31% designated their role as Site Director, 50% as Supervisor, and 5% as "other." Among these agencies, 58% also provided GRYD Prevention services and 100% were involved in GRYD's Incident Response Program.[11]

Respondents' reports of the proportion of cases in which they referred participants for mental health services related to trauma exposure or traumatic stress reactions ranged widely, from 0% to 80% (M= 22.18; SD = 24.35). A total of 60% of respondents indicated that they were not familiar with which specific evidence-based treatments for trauma these agencies provided and several barriers to access services for trauma were reported (see Table 1). No agency reported using a standardized screening tool to assess for traumatic stress reactions or refer to treatment.

All respondents (100%) agreed or strongly agreed that the GRYD provider staff they supervise have themselves experienced trauma. The majority (81%) agreed or strongly agreed that the GRYD provider staff they supervise have lost a client to violence and 77% agreed or strongly agreed that they have seen GRYD provider staff struggle with emotional distress following an incident of violence. Notably, 91% of respondents indicated they agreed or strongly agreed that the GRYD provider staff they supervise are resilient. All but one (95%) of the respondents agreed or strongly agreed that the administration of their agency is sincerely invested in staff becoming trauma informed.

TRAUMA COURSE FOR GRYD FCM PROVIDER STAFF

Using the results from the Trauma-Informed Care Needs Assessment, a trauma course* was developed and taught as a university extension course in 2.5 hour weekly sessions over the course of 8 weeks in 2016 to GRYD FCM case managers and CIWs (hereafter referred to together as GRYD FCM provider staff). Each class session was devoted to one of the following topics:

1. Foundational knowledge about trauma;
2. Trauma and development;
3. Grief and traumatic loss;
4. Screening and assessment for traumatic stress reactions;
5. Polyvictimization;
6. Evidence-based interventions for trauma;
7. Secondary traumatic stress and vicarious trauma; and
8. Compassion fatigue, compassion satisfaction, and self-care.

After balancing across geographic location, agency size, and redundancies among GRYD FCM provider staff working across multiple agencies, two to four GRYD FCM provider staff were identified from eight different agencies. The course was provided at no cost to the GRYD FCM provider staff. Participants were offered two units of university credit through the Extended Education Program at California State University, Los Angeles for completing the course.[12]

Course participants were 50% female and were, on average, 40.21 years old (SD = 9.15). Forty-seven percent of the participants were African-American, 37% were Latinx, and 13.3% indicated an ethnicity of bi- or multiracial, "other," or Asian. The length of time participants had been working with GRYD ranged from two months to 108 months, with an average of about three and a half years. Participants

Table 1. Perceived barriers to access services for trauma among supervisors providing GRYD FCM services.

PERCEIVED BARRIERS	NUMBER OF RESPONDENTS					
	2	4	6	8	10	12
It's hard to convince caregivers/family to participate	▇	▇	▇	▇		
It's hard to convince young persons to participate	▇	▇	▇	▇	▇	
Location of hours make services difficult to access	▇					
Families uncomfortable seeking services	▇	▇	▇			
Long waitlists for services	▇	▇				
Not enough clinicians available to meet the need	▇					
No effective services available in the community	▇					

*Two trauma courses were provided through this initiative. However, the description of the course and outcomes provided here are only for the first course provided. The second course was very similar in format and outcomes.

represented eight different GRYD FCM providers that serve five different geographical areas in the City of Los Angeles that experience high levels of gang activity. Most of the participants in the class were GRYD case managers (46.7%) or CIWs (46.7%) with some participants reporting they did both types of work.

To better assess the impact of the course on participants, a comparison group of GRYD FCM provider staff who did not participate in the course was identified. For the comparison group, invitations to complete a survey were sent via email to all the GRYD FCM provider staff that were not invited to the first course. A link to an online survey was provided and a $10 incentive was offered for completion of the survey. Among the 72 GRYD FCM provider staff who were eligible to participate, 15 completed the survey, a 21% response rate.

Key Findings:
- Participants in the trauma course had a significant increase in perceived knowledge of trauma following course completion ($F(1, 28) = 29.07$, $p < .001$).

- Participants in the trauma course had a significant increase in confidence in their abilities to screen for, and respond to, the traumatic stress reactions of the young people receiving GRYD services following course completion ($F(1, 28) = 10.23$, $p < .01$).

- Participants in the trauma course had significantly higher levels of perceived knowledge about trauma at the conclusion of the course compared to the GRYD FCM provider staff who did not take the course as shown in Figure 2 ($t(2, 42) = -2.76$, $p < .01$, two-tailed).

- Participants in the trauma course had significantly higher levels of confidence in their ability to respond to traumatic stress reactions at the conclusion of the course compared to GRYD FCM provider staff who did not take the course, as shown in Table 2 ($t(2, 42) = -2.72$, $p < .05$, two-tailed).
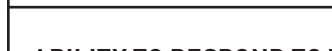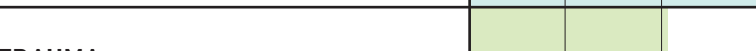
GRYD FCM provider staff who participated in the course also reported becoming more aware of how to manage their own trauma reactions and reported experiencing significantly less distress following an incident of violence in the past month. For example, one participant stated the most helpful thing was:

> *To make sure to help myself to better help others due to the trauma I have seen or been through.*

Similarly, another respondent recognized the most helpful thing was learning how GRYD FCM provider staff could be reminded of their own trauma histories when working with the young people enrolled in GRYD services. A course participant stated it was important to:

> *Understand the management of my trauma. For example, while listening to a client, be aware that triggers may be set off by a client. Closing my eyes and thinking of a place that brings me peace.*

Table 2. Mean scores on the indices measuring knowledge about trauma and ability to respond to trauma and traumatic stress.

	SCORE					
▢ COMPARISON GROUP ▢ TRAUMA COURSE GROUP	2	4	6	8	10	12
KNOWLEDGE ABOUT TRAUMA						
(comparison)	▨	▨	▨			
(trauma course)	▨	▨	▨	▨	▨	
ABILITY TO RESPOND TO TRAUMA						
(comparison)	▨	▨				
(trauma course)	▨	▨	▨	▨		

COMMUNITY RESTORATIVE HEALING (CORE) PROJECT

The overall mission of the CORE Project was to enhance the work GRYD currently does by linking culturally competent trauma-informed care and healing methods to GRYD FCM participants, families, and staff within select communities. To do so, the project contracted with two community-based agencies: The Trauma Recovery Center[13] and the National Compadres Network.[14] The Trauma Recovery Center provided trauma-focused mental health services to gang-involved youth and their families served by two GRYD providers and provided workshops and trainings in the community on trauma to raise awareness of trauma, traumatic stress, and trauma-informed care. The National Compadres Network provided several trainings on indigenous healing practices and interventions to increase knowledge of, and access to, indigenous healing practices (e.g., transformational healing, support circles, culturally-based mental health services) that promote recovery from trauma.

Trauma treatment

Overall, 92 unique youth were screened for trauma by the two participating GRYD providers. All youth were eligible for and offered services through the Trauma Recovery Center. Of these youth, nearly half (n = 39) participated. Youth were 17.09 years old (SD = 2.72) on average. Additional demographics and background characteristics are displayed in Table 3.

A total of 64 group sessions and 51 individual sessions of evidence-based trauma treatment were delivered over the course of the project. Most youth (84.6%) received the treatment Seeking Safety, and the rest received Cognitive Behavioral Therapy. However, several youth terminated treatment early or did not attend the group sessions regularly, indicating a reluctance to engage in the services (mean individual sessions attended by participants = 1.3, SD = 3.6; mean group sessions attended by participants = 3.23, SD = 2.97).

Increasing capacity among GRYD FCM provider staff to provide trauma-informed care

There were 15 learning and professional development opportunities as part of the CORE Project, which included local or regional conferences, specialized trainings on trauma or indigenous healing practices, and self-care workshops. At least 354 people attended these events, most of who were GRYD FCM provider staff. Of those attendees, 125 individuals attended specialized training on indigenous healing practices and about half of those (n = 64) were certified following the trainings on El Joven Noble or Circulos (i.e., the Circle Keepers). On a Likert scale of 1-5 with 1 signifying the lowest level of agreement and 5 the highest, the attendees of the trainings on indigenous healing practices, El Joven Noble (EJN) and Circle Keepers (CK), strongly believed that the information they learned in the training was useful to their work (EJN M = 4.94; SD = .25: CK: M= 4.64; SD= .55), and they also felt highly motivated to implement something they learned at the event (EJN M = 4.84; SD = .37: CK M = 4.67; SD = .60).

Table 3. Demographic and background characteristics of youth who were eligible to participate in services through the Trauma Recovery Center.

CHARACTERISTICS	PERCENTAGE ELIGIBLE TO PARTICIPATE
Female	52.20%
Male	47.80%
Latinx	57.60%
African-American	42.40%
Gang-Affiliated	83.00%
Identified Gang Member	17.00%
Multigenerational Gang Involvement	75.00%

Table 4. Summary of core project activities

ACTIVITY	TOTAL EVENTS	TOTAL ATTENDEES*
TRAUMA-FOCUSED MENTAL HEALTH SERVICE PROVISION		
Group Sessions	64	170
Individual Sessions	51	6
COMMUNITY-BASED WORKSHOPS		
Trauma-Informed Care Workshops	18	321
Community Outreach	5	201
TRAININGS AND PROFESSIONAL DEVELOPMENT		
Introduction to Trauma and Trauma Services	2	Not collected
Indigenous Healing Practices	4	125
Self-care†	5	197
Conferences	4	32

*Attendees are not unique individuals.
† This includes three of the five trainings. The other two did not track attendance.

Follow-up interviews to identify successes and challenges

At the completion of the CORE Project activities the research team conducted ten interviews with various stakeholders involved in the project to discuss successes and challenges of the project. Nine themes were identified by two coders using Dedoose.[15] The follow-up interviews revealed several important implementation successes and challenges when implementing trauma-informed care as well as ideas for future work.

Table 5. Identified themes and definitions

THEME	DEFINITION
Implementation	Skills, resources, and other issues related to implementing the CORE project activities and/or trauma-informed care.
Collaboration	Implementation successes or challenges related to collaboration across agencies.
Perceptions the Work	How people think (e.g., mindset, stigma) about trauma-informed care, trauma recovery, or of indigenous healing practices.
Consistency	Anything related to consistency of the project activities and stakeholders.
Challenges	Issues that impeded successful implementation or ongoing programming.
Healing the Healer	Any issues, concerns and comments about supporting staff/agency wellness related to trauma.
Intervention Fit	How well the intervention or program components matched the needs of the population it was applied to.
Need for the Intervention/Program	Examples and perspectives of why this type of program is needed for GRYD participants and staff or the communities involved.
Sustainability	Structural, agency-level, and individual-level changes and/or resources necessary to continue this type of work.

Implementation, sustainability, and the need for the intervention were the three most common themes discussed across the follow-up interviews. Implementation issues mostly related to logistics in working with another agency and ensuring everyone was on the same page regarding their role and responsibility. Relatedly, several people, particularly managers/supervisors, offered suggestions for sustainability that addressed these challenges, including having an in-house staff member to spearhead the trauma work. In addition, respondents spoke about integrating trauma-informed care into the scope of work of the agency's contracts, earmarking funds, and integrating it into the mission of the overall work. For example, one respondent stated:

> *And as part of the RFP [Request For Proposals] process, [say] these are the elements that you will integrate into your service delivery. We're going to provide you training and support to do it, but this is what you must do. Your RFP must respond to these things. And so, therefore, in order for them to get funded, they have to buy into certain elements, including self-care, including part of the investment is self-care for your staff. And so, when you're funding then matches the scope of work, which really integrates all of these elements, then, you're more likely to do it.*

Regarding the need for the intervention or program, people either spoke of the intense trauma that the youth experience in the community or the success stories of those who participated consistently in the programming elements. For example, one GRYD provider discussed the general success of youth who engaged in therapy and stated:

> *They're in a state of survival mode so...those who were able to participate were able to really identify some things that they actually enjoy but they haven't done it in so long because they've been in a state of survival for the majority of their life.*

Importantly, the follow-up interviews also highlighted the stigma associated with mental health treatment in the communities served by the GRYD providers, which led to hesitation to engage in services among youth. Responses revealed that the stigma was not only embedded in the community, it was also embedded in the agency among some of the staff that were involved in the project. For example, one

GRYD provider described that they previously thought mental health treatment was only talk therapy and that you would typically be lying on a couch for treatment. Another stated:

> *...this is more important to me than anything; [the youth] starting to understand that it's okay to go to therapy because that helps to start breaking the stigma in our communities.*

IMPLICATIONS FOR PRACTICE AND POLICY

The Trauma-Informed Care Needs Assessment, trauma training courses, and the CORE Project produced significant insight into how to support trauma-informed care within GRYD Intervention Family Case Management (FCM) services in a sustainable and meaningful way. Most importantly, the findings from these efforts indicated the need to identify a foundation from which to build trauma-informed GRYD FCM services on. Based on the lessons learned, the following essential elements were offered. A trauma-informed gang intervention program is one that:

- Integrates trauma-informed care principles into the mission of the program and ensures that practices, policies, and programming reflect these principles;

- Promotes well-being and resilience among gang intervention workers in a culturally responsive manner;

- Builds capacity among gang intervention agencies to implement culturally relevant, trauma-informed practices; and

- Increases the availability and use of culturally relevant, evidence-based services for trauma with gang-involved youth and families.

For GRYD FCM provider staff to have the support needed to implement trauma-informed care it must be embedded in the overall mission of GRYD FCM services. GRYD FCM provider staff must integrate trauma-informed practices into their work, receive ongoing training, and have connections to trauma-specific mental health services, including those with indigenous healing practices, for staff, youth, and families. Once the mission is aligned with this framework, the essential elements of the framework must be integrated into contractual requirements and expectations of GRYD providers. To further facilitate its success, the framework must be supported by attending to the issues described below.

GRYD FCM PROVIDER STAFF BUY-IN IS CRITICAL

Without buy-in from GRYD FCM provider staff, youth engagement and referrals to evidence-based treatment is not possible. Indeed, very few GRYD providers were familiar with, or referring to, evidence-based treatments, as indicated by the needs assessment. Moreover, issues that arose in implementing these new practices, such as consistency among partners, working with an outside agency, and finding clinicians who were confident in working with this unique and often resistant population, challenged GRYD FCM provider staff's buy-in throughout the process. While these initiatives began to move the dial on these perceptions and reduce the stigma associated with mental health treatment within select agencies, future implementation efforts must be particularly sensitive to finding clinicians and partners who are familiar with, and prepared to work with, GRYD FCM participants who are experiencing ongoing violence.

ADDRESSING CHRONIC TRAUMA

Traditional therapy assumes that, when dealing with traumatic stress, the trauma has ended, and the focus is on recovery from that acute event. However, gang-involved youth and/or GRYD FCM participants are chronically exposed to trauma and are frequently dealing with what is referred to as continuous traumatic stress.[16] Even with well-equipped clinicians, the service delivery model that many clinicians are trained in, particularly more rigid modularized evidence-based treatments, may not match well to youth who are difficult to engage and living in danger. Thus, there is a need for therapists to be flexible in how they deliver their treatment models when serving GRYD FCM participants. Flexibility and using various strategies beyond didactic work, such as arts and music, seemed to contribute to a higher level of engagement among participants and buy-in among GRYD provider staff.

PRIORITIZING THE WELLNESS OF GRYD FCM PROVIDER STAFF

Future efforts must prioritize GRYD FCM provider staff wellness given the high levels of violence, loss, and traumatic grief reactions they experience and deal with in their work and prior to their work. The trauma-informed needs assessment of GRYD FCM providers revealed that 81% of GRYD provider supervisors reported that their agency had lost a client to violence and most respondents (77%) reported that they have seen GRYD FCM provider staff struggle with emotional distress following an incident of violence. GRYD Community Intervention Workers (CIWs) often come from the communities in which they work, which afford them the credibility and knowledge that is needed to do this specialized work. Some of them are formerly gang-involved themselves and use their experiences to uniquely connect with the young people receiving GRYD services. This is a job that doesn't require a specific degree; it requires specific experiences. The trauma course paid special attention to this and quantitative results from the course revealed that, at post-test, course participants reported experiencing significantly less distress following incidents of violence in comparison to their scores at pre-test. In addition, qualitative responses showed that participants reported being more aware of their personal trauma reminders and feeling better equipped with self-care strategies following the course.

RECOGNIZING AND RESPONDING TO HISTORICAL TRAUMA

Historical trauma also contributes to continuous traumatic stress and the chronic trauma experienced by the youth, families, and GRYD FCM provider staff in the GRYD Zones. Historical trauma can be defined as *"cumulative and psychological wounding over the life span and across generations, emanating from massive group trauma experience."*[17] The cultures and racial groups within the communities that GRYD serves have histories of discrimination, genocide, displacement, and slavery, among other shared and collective experiences or histories. These historical traumas can exacerbate the ongoing trauma within communities and challenge recovery processes. However, it is also within these shared experiences that significant resilience lies, which was the focus of the trainings on indigenous healing practices.

ON-GOING TRAINING, SUPPORT, AND ACCOUNTABILITY

Those who were trained in indigenous healing practices overwhelmingly found them useful to their work. Being trained in these practices also allowed an avenue for them to address their own traumas. For example, one GRYD provider realized:

> *Yeah, personally, it hit home for me because I had a lot of healing to do myself. So, in order for me to help my clients out I had to work on myself as well.*

However, there was a discrepancy in the desire to implement the practices and whether or not they planned to actually implement them. This indicates that future efforts should include ongoing support from GRYD provider staff supervisors and continuing technical assistance to increase the probability that staff will implement the skills they have learned.

GRYD FCM provider staff who participated in the trauma course reported significant increases in their knowledge of trauma and confidence in responding to traumatic stress. In addition, 88% of participants reported that they would recommend the course to their coworkers. These results and the high levels of engagement in the trainings on indigenous healing practices indicate the need for ongoing professional development and skill-based trainings among GRYD FCM providers. Building capacity within agencies to provide these services themselves and use trauma-informed practices is essential to sustaining the work.

These projects also highlighted the need for accountability and ongoing support of the work through the GRYD Regional Program Coordinators (RPCs- representatives from the GRYD Office assigned to GRYD providers). Ideally, GRYD RPCs and GRYD provider leadership would coordinate activities, such as trainings, workshops, and self-care forums. GRYD RPCs could also assist GRYD providers in weaving the clinical work into the agencies' ongoing practice by supporting clinicians serving each agency to enhance youth engagement in services, promoting community outreach, and responding to traumatic stress reactions, particularly following critical incidents among the staff.

MOVING FORWARD

Based on the findings and recommendations from this trauma-based work, the GRYD Office committed resources to aligning the delivery of GRYD Intervention Family Case Management (FCM) services with trauma-informed principles and approaches in Fiscal Year 2019-2020. Specifically, GRYD will implement a three-part strategy that involves guiding this work and beginning to frame the GRYD's trauma-informed approach for all programming within the GRYD Comprehensive Strategy:

• Building GRYD FCM provider staff skills to deliver effective gang intervention services through a trauma-informed approach;

• Supporting GRYD FCM providers' ability to address trauma experienced by GRYD participants and their families by connecting professionals trained in trauma-informed care to GRYD providers in the field; and

• Helping GRYD FCM provider staff recognize and address vicarious trauma/stressors experienced from their own life experiences and in the course of serving participants and their families.

As GRYD develops its trauma-informed approach, GRYD will also need to monitor this work in terms of the practices delivered as well as the needs and outcomes for GRYD participants relative to trauma. GRYD is fortunate to have a robust data infrastructure in place that regularly monitors and tracks program adherence, activities, and outcomes. Future research could include relevant indicators to the proposed essential elements into the ongoing data collection system, such as traumatic stress measures, referrals made to trauma treatment, amount of trauma services offered by both clinicians and staff, trainings or workshops staff attend, use of indigenous healing practices, and outcomes of the treatment or interventions.

Future research must also examine the effectiveness and utility of the proposed essential elements. In doing so, researchers will need to operationalize each element in ways that are relevant to the communities GRYD serves. This will also require careful attention to the process and science of implementation,[18] including, but not limited to, organizational readiness and implementation fidelity. Finally, outcome variables that capture each level of practice, including policies, practices, training, and services, will need to be assessed to capture the overall effectiveness of the approach.

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