

2016

GRYD Trauma Course
Evaluation

Evaluation of the Trauma-Informed Services for Gang Reduction and Youth Development Course

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Introduction

Background and Purpose

Following from the needs assessment conducted in the Winter and early Spring of 2016 (see Kerig & Dierkhising, 2016), the authors developed a course focused on the delivery of trauma-informed services within the Gang Reduction and Youth Development (GRYD) program of the Office of the Mayor of the City of Los Angeles. This course was designed to address the specific needs identified by the respondents to the needs assessment survey, including: (1) raising the level of staff knowledge regarding trauma; (2) increasing staff's ability to identify and respond to traumatic stress reactions among gang-involved youth and families; (3) enhancing skills to be utilized in providing psychoeducation about trauma and referrals to evidence-based trauma-focused assessments and interventions for youth and families; and (4) protecting staff from potential vicarious trauma and secondary traumatic stress.

Although other curricula exist that have been designed to increase trauma awareness among staff working with trauma-exposed youth and families, no curriculum had previously been developed that targeted the specific knowledge and skills needed by GRYD staff in working with gang-involved community youth and their families. Therefore, to that end, the authors utilized their specialized knowledge of trauma in the context of gang involvement (e.g., Guerra, Dierkhising, & Payne, 2014; Kerig, Wainryb, Twali, & Chaplo, 2013; Kerig, Chaplo, Bennett, & Modrowski, 2016) to create a completely new curriculum that was tailored to the needs of GRYD staff and their clientele. The course was taught in 2.5 hour weekly sessions over the course of 8 weeks at the Cal State LA Downtown campus with each class session devoted to one of the following topics:

1. Foundational Knowledge About Trauma
2. Complex Trauma and Development
3. Grief, Traumatic Loss, and Gang Involvement
4. Screening and Assessment for Posttraumatic Stress Reactions
5. Polyvictimization and Survival Coping
6. Evidence-Based Interventions for Trauma
7. Secondary Traumatic Stress and Vicarious Trauma
8. Compassion Fatigue, Compassion Satisfaction, and Self Care

The following outlines primary findings from the evaluation of the course. First we provide background characteristics of the students who enrolled in the course, then we provide pre-post (i.e., change over time) results, and finally we make comparisons between the students and GRYD intervention workers who did not take the course. We conclude with

recommendations moving forward to further support trauma-informed services within the GRYD program.

Pre-Course Survey Results

Participant Recruitment and Characteristics

After balancing across geographic location, agency size, and redundancies among staff working at multiple agencies, managers at 8 randomly selected agencies providing GRYD services were invited to identify approximately four staff who would be interested in attending this course. All who indicated interest were invited to attend. Students were offered 2 units of Continuing Education credit for completing the course, defined as missing no more than two class sessions and completing the post-course survey, through the College of Professional and Global Education at Cal State LA.

The course started with 32 students of whom 51.5% were female, with an average age of 39.72 ($SD = 9.17$). Forty-five percent of the students were African-American, 39% were Latino/a, and 15% indicated an ethnicity of “other.” Nearly half of the students (48.5%) had attended some college, one-third had graduated from college, and 18% had either some high school or had graduated from high school.

There was a wide range in the length of time students had been working with GRYD (from 2 months to 108 months), with an average of 41.58 months ($SD = 35.40$) or about 3 and a half years. It should be noted that while students reported on their tenure with GRYD some students also have worked in gang prevention/intervention aside from GRYD. The students represented eight different GRYD intervention agencies (e.g., Aztecs Rising, Chapter Two, Community Build, Developing Options, Helper Foundation, SEA, Volunteers of America, and Urban Peace Institute) that serve five different GRYD zones (Mission, Northeast, Olympic, Southeast 2, and Southeast 3). There were 2 supervisors in the class but most of the students in the class were case managers (42%) and CIWs (42%) with some students reporting they did both case management and community intervention.

Pre-Course Agency Practices Related To Trauma

Prior to starting the course, 30% of students reported that there were using a standardized assessment tool to identify clients or family members who have been exposed to traumatic events and significantly fewer (9%) reported using a standardized assessment tool to identify posttraumatic stress reactions among clients and family members. Students estimated that they referred clients or families to evidence-based mental health services for trauma 21% of the time ($SD = 30$, range 0 – 100); however, half (51.5%) of the students did not know what type of services their clients were receiving when referred.

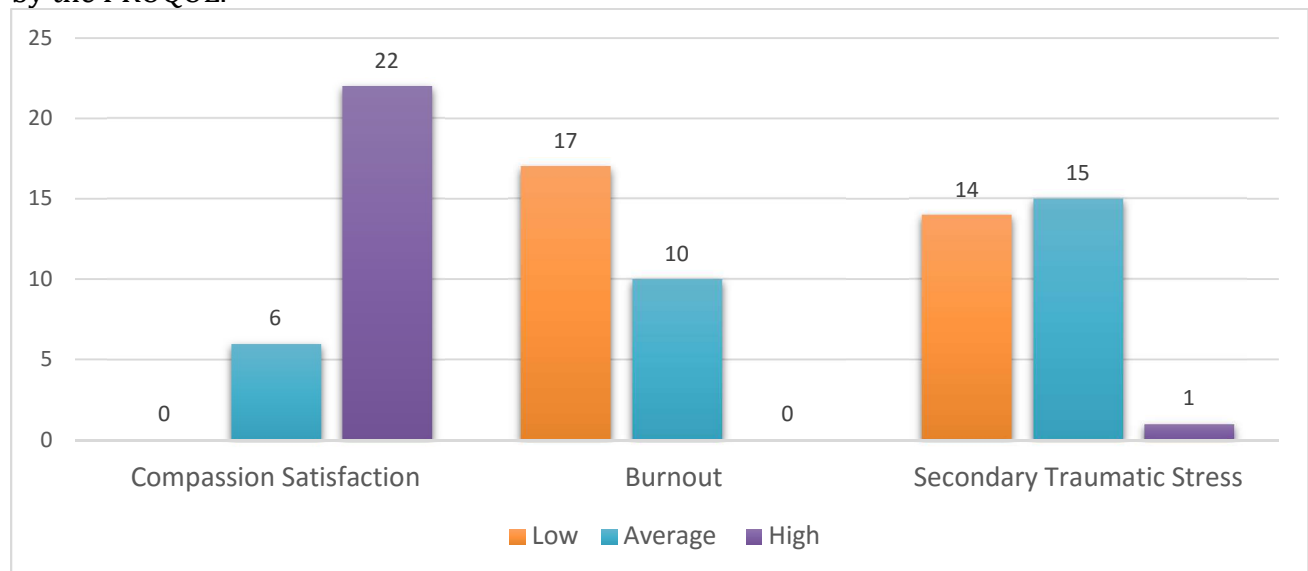
Importantly, students identified a number of barriers to treatment. These barriers and the frequency with which they were identified included: No effective services are available in our community (30.3%); Not enough clinicians available to meet the need (36.4%); Long waiting lists for services (36.6%); Families not comfortable with seeking services from the available agencies/clinicians (39.4%); Location or hours make services difficult to access (27.3%); It is hard to convince clients to participate in this type of treatment (39.4%); and It is hard to convince caregivers to participate in this type of treatment (33.3%).

Professional Quality of Life

To assess students' level of compassion satisfaction, burnout, and secondary traumatic stress (STS) we used the Professional Quality of Life Scale (PROQOL) Version 5 (Stamm, 2009). As detailed in Table 1, students reported high levels of compassion satisfaction and low or average levels of burnout and secondary traumatic stress (with the exception of one person).

Table 1

Students' reports of compassion fatigue, burnout, secondary traumatic stress as measured by the PROQOL.



Note: Numbers represent how many students fall into each category.

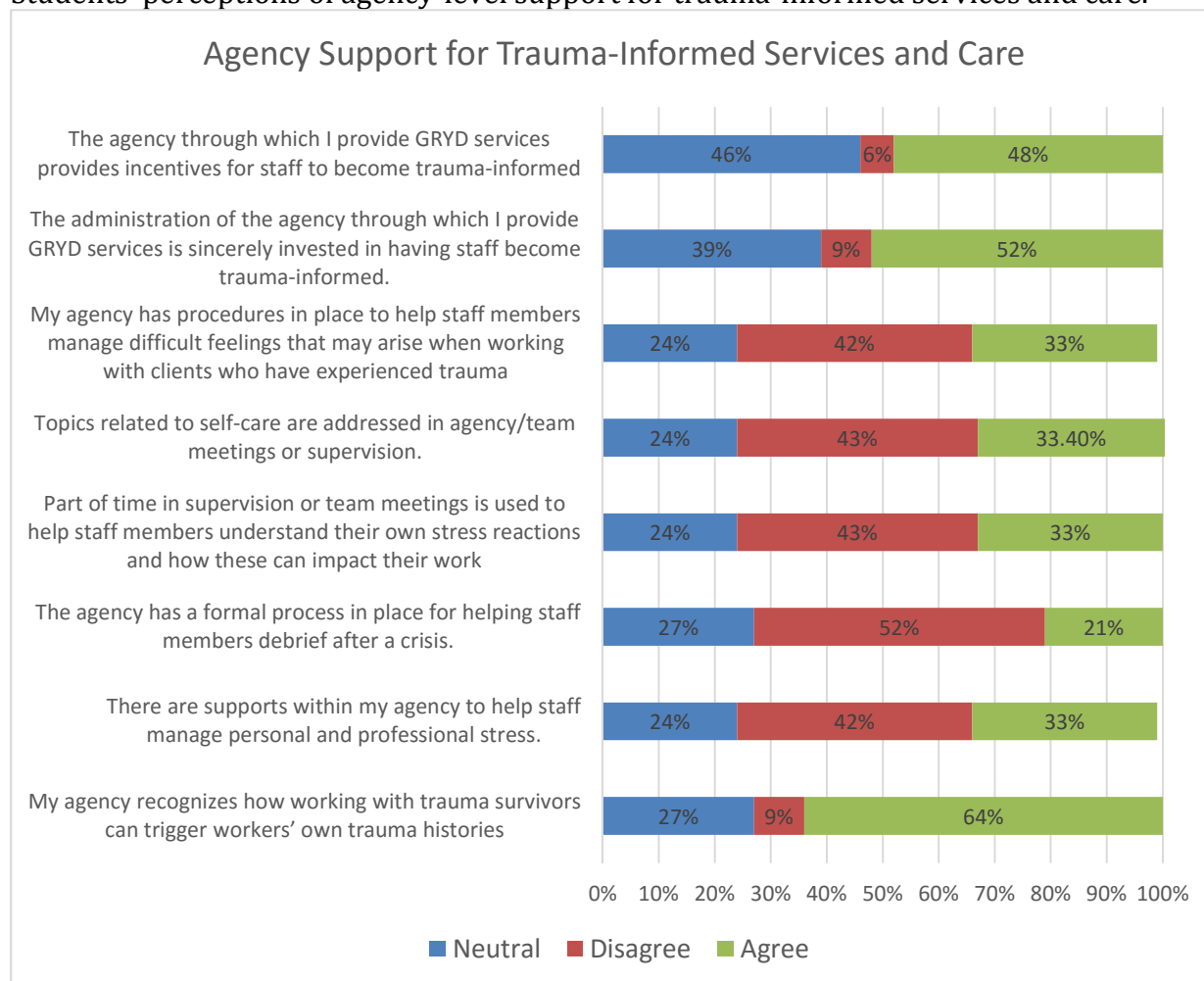
Agencies' Support for and Interest in Trauma-Informed Care

Students responded to a number of questions related to their agency's support for and interest in trauma-informed care and services particularly in relation to supporting staff's

exposure to trauma and secondary traumatic stress responses. Descriptive results of student's pre-test perceptions of agency support are provided in Table 2.

Table 2

Students' perceptions of agency-level support for trauma-informed services and care.



Evaluating Change Over Time: Pre-Post Course Comparisons

Student Completion

The course began with 32 students and ended with 30. One student missed too many classes to receive course credit and another student completed the course but did not complete the post-test.

Knowledge of Trauma

To evaluate changes in students' level of perceived knowledge of trauma each student was asked seven questions related to the topics covered in the course. Students indicated whether they felt that they were knowledgeable about the topic on a Likert-scale from Strongly Disagree to Strongly Agree, with higher scores representing a higher level of perceived knowledge and lower scores representing a lower level of perceived knowledge. A neutral response was also available to students, when this response was chosen it did not contribute to the score (i.e., coded as a 0). Questions referred to their knowledge on the following topics; traumatic events, traumatic stress reactions, PTSD, how trauma affects the brain and body, relationship between gangs and trauma, how trauma impacts development, and the historical and cultural aspects of trauma. All questions were summed to create an index score pre and post-test.

A repeated measures ANOVA was utilized to evaluate change over time while taking into consideration non-independence of samples and nesting of test-taking within students. Results indicate a significant increase in perceived knowledge of trauma over time $F(1,29) = 7.84, p < .01$. Student's ratings of perceived knowledge had a mean of 5.47 ($SD = 5.12$) at pre-test and a mean of 9.83 ($SD = 3.55$) at post-test.

Ability to Identify and Respond to Traumatic Stress Reactions

To evaluate change in staff's perceived ability to respond to trauma and traumatic stress reactions students were asked nine questions about their confidence in their abilities related to course topics. Examples of these abilities include their ability to recognize traumatic stress reactions, conduct screenings, help clients and families identify trauma triggers, recognize whether interventions are evidence-based, and protecting themselves and fellow colleagues from secondary traumatic stress reactions. Response options ranged from Strongly Agree to Strongly Disagree with a Neutral option, the latter of which did not contribute to each student's overall score. Again, higher scores indicated higher levels of confidence in students' abilities and vice versa.

A repeated measures ANOVA was utilized to evaluate change over time while taking into consideration non-independence of samples and nesting of test-taking within students. Results indicate a significant increase of students' confidence in their abilities to respond to trauma and traumatic stress over time $F(1,29) = 11.70, p < .01$. Students' ratings of their confidence in their abilities to respond to trauma and traumatic stress had a pre-test mean of 4.67 ($SD = 6.42$) and a mean of 8.73 ($SD = 3.70$) at post-test.

Secondary Traumatic Stress, Compassion Fatigue, and Compassion Satisfaction

Using the Professional Quality of Life Scale (PROQOL) Version 5 (Stamm, 2009) we evaluated whether students levels of compassion satisfaction, burnout, and secondary traumatic stress (STS) changed over time due to their participation in the trauma course. No differences were found pre-post on any of the three measures, a finding that is not surprising given that the highly adaptive responses on the pre-test resulted in a “floor effect” (see Table 1) such that significantly lower scores were not possible. However, there was a large between-subjects effect indicating significant variation among students regarding whether their scores changed over time on these three variables (Between-Subjects Effects: Compassion Satisfaction $F(1,29) = 1838.89, p > .001$; Burnout $F(1,29) = 457.41, p > .001$; Secondary Traumatic Stress $F(1,29) = 282.82, p > .001$). Therefore, post hoc analyses of potential moderating variables were conducted.

Potential moderators theorized to be associated with between-subject variance included the participants’ agency, gender, and length of time working with GRYD. Results showed that neither gender nor length of time working with GRYD were significant moderators of students’ change over time on the PROQOL. Next, agency was included in the repeated measures ANOVA model. Because of the small sample size, agencies with fewer than six students in the class were merged into one category. This created 4 agency categories (i.e., SEA, Volunteers of America, Aztecs Rising, and Other) which left a range of six students/staff to eleven students/staff in each agency category. Results indicated a significant interaction effect between agency and whether there were changes over time in secondary traumatic stress ($F(1,29) = 4.11, p = .02$) but not for compassion fatigue and burnout. This finding is an omnibus finding, meaning that based on this F-test one cannot identify which agency (or agencies) generated the interaction effect; from this analysis we can only say that whether secondary traumatic stress changed over time (either increased or decreased) depended on which agency students were nested within.

The associations between compassion satisfaction, burnout, and secondary traumatic stress were evaluated next. As expected, burnout and STS were highly and positively associated with each other ($r = .699, p < .001$) meaning that higher levels of burnout were associated with higher levels of STS. Conversely, compassion satisfaction was significantly and negatively associated with burnout ($r = -.742, p < .001$) meaning that higher levels of compassion satisfaction was associated with lower levels of burnout. Interestingly, compassion satisfaction only showed a trend towards a negative association with STS ($r = -.376, p = .058$) mostly likely due to the small sample size. However, consistent with theoretical models of STS, it is possible that one can have high levels of STS as well as high levels of compassion satisfaction.

A repeated measures ANOVA was then conducted to evaluate change over time regarding whether students indicated they had struggled in the past month with emotional distress following an incident of violence. Response options were, again, Strongly Agree to Strongly Disagree. Results reveal a significant decrease in students reported level of distress

following exposure to violence $F(1,29) = 6.13, p = .019$ (pre-test mean = .40, $SD = 1.19$; post-test mean = -.1, $SD = 1.16$). Since this question was bound by time (e.g., “In the past month”) one could interpret this as meaning there was less exposure to violence during the time period; however, anecdotally, students spoke of a number specific and new incidents of violence occurring during the time of the course. In fact, some students reported missing days of the class due to a need to respond to violent incidents. This finding suggests the possibility that the course material may have helped to protect students from emotional distress due to violence.

Suggestively, there were no significant differences in student’s reports regarding whether they had witnessed fellow GRYD workers struggle with emotional distress following an incident of violence. At pre-test 66.7% of students and at post-test 57.6% of students either agreed or strongly agreed that they have witnessed coworkers struggle with emotional distress.

Agencies’ Support for and Interest in Trauma-Informed Care

Although the course was not intended to change agency culture at the managerial/supervisory level given we were working with frontline staff, we did look to see if students perceived a change in how their agencies supported them. There were only two differences among these questions. Students were less likely to disagree that there was a formal process in place at their agency for helping staff members debrief after a crisis $F(1,28) = 5.24, p = .03$. Thus, students generally disagreed with the statement but they disagreed slightly less following the course (pre-test mean = -.48, $SD = 1.21$; post-test mean = -.03, $SD = 1.27$). In addition, students were more likely to agree that part of time in supervision or team meetings is used to help staff members understand their own stress reactions and how these can impact their work $F(1,28) = 4.23, p = .048$ (pre-test mean = -.21, $SD = 1.26$; post-test mean = .10, $SD = 1.29$).

Non-Course Attendee Comparison Group

Comparison Group Characteristics

The Comparison Group of GRYD staff members who did not attend the course consisted of 15 intervention workers who were mostly Latino/a (73.3%), 20% African American, and 6.7% (or one person) identifying as Other. Sixty percent were male and the average age was 37.07 ($SD = 10.15$). The Comparison Group represented 7 agencies and 8 GRYD zones (Devonshire-Topanga, Foothill, Harbor, Hollenbeck 2 & 3, Newton 1, Rampart 2, and Southeast 1). Purposely, there was no overlap between the Comparison Group vs the Trauma Course Group. About a quarter of them had graduated high school (25.7%), 40% had some college, and 33.3% graduated college with an AA or BA/BS. They were evenly

split between CIWs ($n = 7$) and case managers ($n = 7$) with one CIW supervisor. The group's average length of time working at GRYD was 45 months ($SD = 36.94$) or 3.75 years. The Comparison Group consisted of more Latino workers compared to the students. No other major differences were identified in the demographic and background characteristics of the Comparison Group.

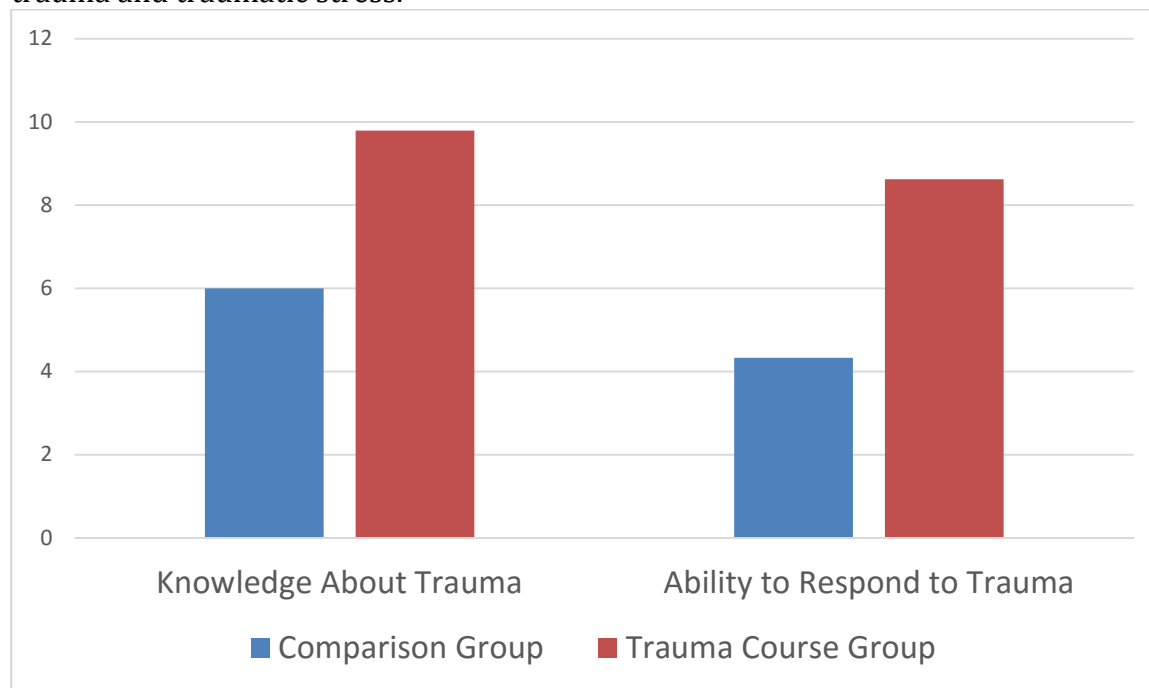
Comparison Group vs Trauma Course Group

The response rate was extremely low for the comparison group ($N = 15$), therefore we decided to conduct a post-test only comparison between the two groups. Because of the small sample size, 15 comparison workers, these findings should be interpreted with caution.

Independent samples t-tests between the Comparison Group and the Trauma Course Group at post-test reveal significant differences in the level of perceived knowledge on trauma and perceived ability to respond to trauma and traumatic stress. As shown in Table 3, the Trauma Course students had significantly higher levels of perceived knowledge on trauma ($t(2, 42) = -2.76, p < .01$) and significantly higher levels of perceived ability to respond to trauma and traumatic stress ($t(2,42) = -2.72, p < .05$).

Table 3

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



Finally, we evaluated whether there were any differences between the Comparison Group and the Trauma Course Group on the variables Compassion Satisfaction, Burnout, and Secondary Traumatic Stress. No significant differences were found between groups on these three variables.

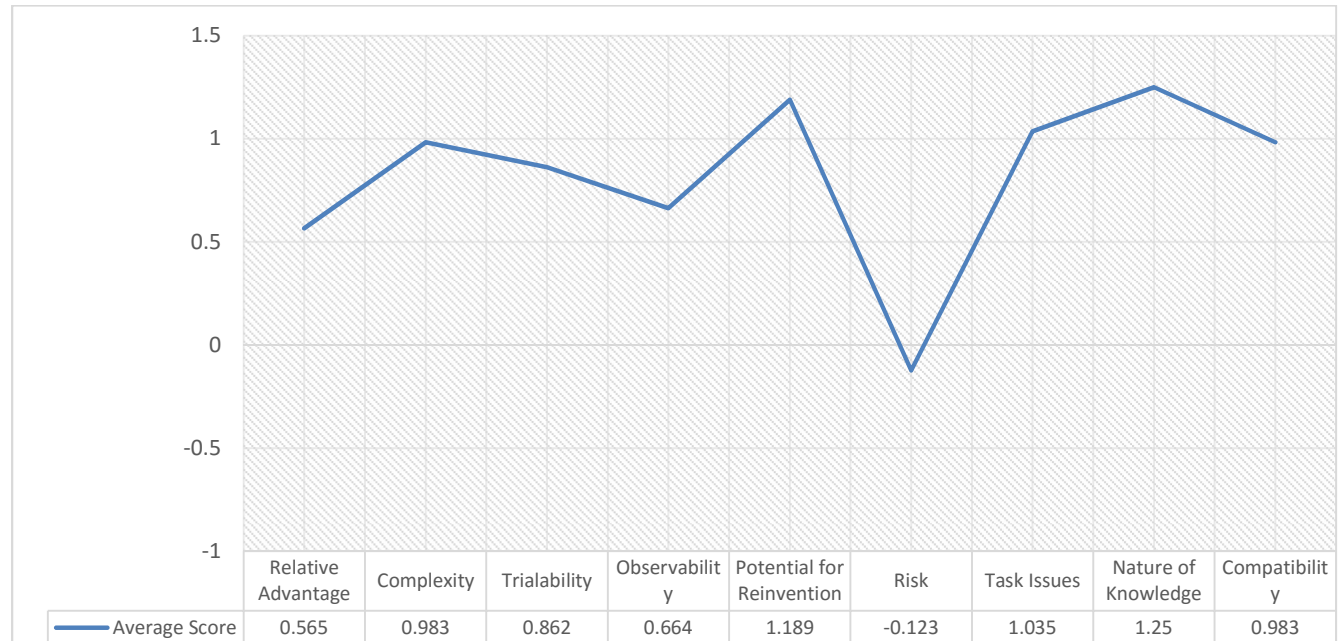
Post-Test Only Measures

Perceived Characteristics of Intervention Scale

Research has demonstrated that a powerful predictor of whether staff will implement evidence-based practices after training concerns their perceptions of the validity and utility of those services. To assess this, staff also were asked to rate the course on the Perceived Characteristics of Intervention Scale (Cook, Thompson, & Schnurr, 2014), which rates perceptions of an intervention on nine dimensions: relative advantage (value compared to existing practices), compatibility (correspondence with existing, values, experiences, and needs), complexity (level of difficulty involved in understanding or using the intervention), “trialability” (flexibility to experiment with the innovation on a limited basis), observability (extent to which results are observable), potential for revision (extent to which one can refine or modify the intervention), task issues (ways in which the intervention improves one’s work), nature of knowledge (extent to which the information can be taught and transferred across contexts), and technical support (extent to which helpful materials exist). Table 4 displays the average of each of the above dimensions across students. A positive score is a favorable score and the higher the score the more favorable the response (i.e., 1 = Agree and 2 = Strongly Agree). A negative score is an unfavorable score with lower scores reflecting a less favorable response (i.e., -1 = Disagree and -2 = Strongly Disagree).

Table 4

Average responses related to each dimension on the Perceived Characteristics of Intervention Scale.



Note: 2 = Strongly Agree, 1 = Agree, 0 = Neither Agree or Disagree, -1 = Disagree, -2 = Strongly Disagree

Overall Student Feedback

The majority of students (72.7%) reported that they would strongly recommend the course to their coworker and 15.2% would recommend it. Only 1 person (3%) stated that they would not recommend it to their coworkers.

We also asked a number of open-ended questions about 1) what was most helpful in the course, 2) what was least helpful, and 3) any additional comments students had. Students reported that nothing was least helpful and that everything was useful. Regarding what was most helpful, students reported that learning about screening and assessment was helpful and learning how to discuss trauma with clients. For instance, one student reported;

“The most helpful thing for me in my work that I have learned from this class is how to discuss trauma with clients and the things that I can do in order to make them feel comfortable talking to me about their traumatic experiences.”

Many students reported that learning about self-care and recognizing their own triggers was most helpful.

"I have learned that the simple technique of self-care and understanding will help you to be able to service your participants better. Also just the information has taught me to approach my work in a different way."

"I learned how co-workers sharing details about clients traumatic/violent incidents was affecting me personally."

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

"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."

Students also related their experience and knowledge gained in the course to larger institutional gains or recommendations for practice.

"Quality of this information on trauma can help our agencies better collaborate and connect on the basis of common ground. We all have had experiences that are relatable. Therefore if our agencies and co-workers are better informed our work environment will have increased productivity; a workplace with less misunderstandings."

"GRYD staff should be offered free counseling as a coping mechanism to sustain and enhance job performance, while working as CIW and case managers."

Overall, students reported enjoying the class and the instructors, with hopes for the course to continue.

"Every single class I walked out with new knowledge, grateful to have had the opportunity to take this course."

"I enjoyed this course very much and I learned a lot that will help me do my job better. Both professors were amazing and I thank them for sharing their knowledge with me."

"Just that I hope this course will continue it was very useful and the information stood with me... Thank you!"

Additional Student Comments

At the end of the last class period, students also were invited to share with the instructors any comments or observations they chose to about the course. These overall were quite positive, with one student describing how she had used the tools taught to her in this course with one of her clients, including implementing the posttraumatic stress screener

and carrying out psychoeducation about trauma in order to successfully refer this client to an evidence-based mental health treatment. Another student commented that he had not realized until this course that he was struggling with secondary traumatic stress, and that his responses to the post-course survey would show an increase not because he was experiencing more symptoms but because he now had the knowledge to understand and accurately label those symptoms.

Beyond the secondary traumatic stress of working with their clients' traumas, students also spoke candidly during this session, as they did throughout the course, about the extent to which many of them have experienced trauma themselves and are struggling with their own posttraumatic stress reactions. Many of the students have been direct victims of or witnesses to violence in their homes and communities and many have lost loved ones under traumatic circumstances. Many also spoke of recognizing the need to seek treatment for themselves but as facing many of the same barriers to accessing high-quality, trauma-informed, evidence-based services as their clients. Whereas some of the students work at agencies in which a mental health professional or Employee Assistance Program is available to assist them with their own posttraumatic stress, others indicated not having access to these resources.

Students spoke positively about the physical facilities at the Cal State LA DT campus, and were especially appreciative that parking was provided free of charge. Students also were very pleased to be given the opportunity to receive college course credit. However, several also commented about the difficulties involved in reserving 2.5 hours per week to attend the class, in addition to doing the readings and the time commuting from their workplaces, particularly given that they continued to have responsibility for their usual caseloads during the weeks the course was offered.

Summary and Recommendations

The results of this evaluation suggest that, overall, students who attended the Trauma-Informed GRYD Services Course made positive gains in their understanding, knowledge, and confidence in working with traumatized clients and families. Students also reported feeling they were able to do their job better, that the knowledge was not only helpful but relevant to their daily work, and having a general appreciation for the opportunity to learn this material. Students also showed appreciation for the opportunity to collaborate and learn from agencies in GRYD zones and agencies outside their own.

Quantitative results showed that students reported experiencing significantly less distress following an incident of violence at post-test. In addition, the qualitative findings show that students felt more aware of their trauma triggers and better equipped with self-care strategies following the course. However, quantitative changes were not detected in the extent to which course attendees evidenced reductions in secondary traumatic stress (STS) and burnout, and improvements in compassion satisfaction from pre to post-test. The lack

of change over time in secondary traumatic stress may be attributable to various factors including: (1) the very low scores at pre-test providing a “floor effect,”; (2) students having the knowledge base to recognize and label symptoms of STS only at the end of the course; (3) students experiencing primary posttraumatic stress symptoms (which was not measured) instead of STS; and (4) the fact that the post-survey was taken at the end of the last class period so that students did not have a chance to implement any of the STS-reduction activities and tools that were taught during that final class.

Differences between the students in the Comparison Group and the Trauma Course provide further support for the utility and success of the course. The Comparison Group had significantly lower levels of confidence in their knowledge of trauma and abilities to respond to trauma and traumatic stress. However, there were no differences in STS, burnout or compassion satisfaction between the Comparison and Course Groups. Overall, GRYD intervention workers generally, seem to be quite resilient and possess high levels of compassion fatigue and low levels of burnout and STS.

Given the outcomes of the course evaluation, students’ responses to the post-course survey, and comments presented in class, the following recommendations are suggested:

1. **Continue to Provide Trauma Training:** GRYD staff would benefit from a regularly-offered trauma-informed curriculum such as was provided here, including both a “basic training” for new staff and ongoing “booster sessions” for those who have undergone an initial training.
2. **Consider Various Course Delivery Options and Scheduling to Increase Accessibility of Training:** Many course attendees expressed appreciation for the ability to obtain college credits for this course. In addition, the physical facilities at Cal State LA were viewed very positively. However, many attendees also indicated that it was challenging to carve out time each week for the course, particularly given that they continued to have responsibility for their regular workload. Future courses should consider how to administer the curriculum in a way that increases the accessibility and sustainability of this training.
3. **Broadly Implement the PTSD Screener:** The PTSD screening tool appears to be well-accepted and effective in supporting GRYD staff’s efforts to be responsive to the needs of trauma-exposed clients. With a brief training, it could be made more widely accessible throughout the GRYD program even in the absence of a larger trauma-informed curriculum. Although the paper-and-pencil version may be useful for staff who are working with youth and families in the field, the computer-administered, self-scoring program could be made available on their office computers to allow them to score clients’ answers, generate a report, and record the responses in their clients’ files. Alternatively, integrating the program into the already-existing GRYD data-gathering tools would allow the responses to be automatically uploaded to the GRYD database to assist with ongoing program evaluation and needs assessments.

4. **Improve Access to Mental Health Services for Staff:** In keeping with the fact that many of the GRYD staff who attended this course live in the same communities as their clients, many reported high levels of direct exposure to trauma and violence, as well as posttraumatic stress reactions, over and above secondary traumatic stress related to exposure to their clients' trauma. Thus, there may be a GRYD-wide need to ensure that staff have access to ongoing trauma-informed support and mental health services, given that individual agencies appear to vary in the extent to which such services are, or at least are perceived to be, available.
5. **Consider Implementing Primary and Vicarious Trauma Supports at the Agency Level:** Based on student feedback, it appears the act of coming together, recognizing the successes and challenges in the work across agencies, and hearing that all intervention workers struggle with primary and vicarious trauma exposure was supportive for some students. However, according to Table 2, there are not institutionalized supports within each agency to help staff manage professional stress and improve self-care, for example, in team meetings and supervision. GRYD should explore ways to encourage the implementation of these supports (e.g., weekly self-care meetings, inter-or-intra-agency retreats, training in and implementation of evidence-based protocols for de-briefing following violent incidents) across agencies in a way that is responsive to the unique needs of staff at each agency.
6. **Create Funding Streams that Support On-Site Mental Health Services:** There was variation in whether or not agencies had in-house mental health services. Given the barriers that students reported in connecting clients and families to evidence-based mental health services it would benefit each agency to have someone on site that can provide evidence-based, trauma-informed mental health services. Gaining the trust of clients at the intervention stage, and getting them involved in GRYD services are especially difficult and involve intense rapport-building, time, and skill. Once this trust is established, referring a client outside of the agency may be counterproductive. In addition, if clients are not actually accessing the services they are referred to it may lead to less successful outcomes overall. Future evaluation research could explore whether youth are accessing these services as well as the quality of the services they are receiving.
7. **Enhance Availability of Evidence-Based Mental Health Services in the Community:** Although GRYD is not responsible for the provision of mental health services in the community, clients and families involved in intervention services are often referred to off-site clinical services. Even if sites have an on-site clinician there may be still be a need to refer out to specialized or additional mental health services, such as for trauma, and many agencies refer all their mental health treatment to community-based services (as discussed in recommendation #6). In collaboration with Dr. Akhila Ananth's course on Multiculturalism we were able to obtain a brief overview of the mental health clinics and services in the communities where the students work. Summary findings suggest wide variation in whether clinics utilized

trauma-informed evidence-based screening, assessment, and/or interventions as well as whether clinicians had experience working with gang-involved youth and families. Interestingly, many students struggled to get basic questions answered regarding the types of services the clinics provide.

It is recommended that GRYD more comprehensively evaluate and recognize the quality and availability of these community mental health services, particularly whether they are trauma-informed. Previous trauma training initiatives among non-clinical workers have supported parallel trauma-informed mental health trainings in the community so that non-clinicians, once armed with the ability to screen for traumatic stress and identify trauma-specific interventions, can refer to effective services in the community. We recognize this may be outside the scope of the GRYD Office but the availability of trauma-specific interventions for clients and families is a cornerstone in the creation of a trauma-informed system whether it is in-house (i.e., recommendation #6 above) or in the community.

8. **Build on Intervention Workers' Resilience:** It is clear that GRYD staff derive a significant amount of satisfaction from their work, as indicated by the high levels of compassion satisfaction and low levels of burnout. Their resilience and compassion seem to protect them to some extent from secondary traumatic stress and should be supported through creative avenues. Some recommendations include awards for intervention workers who reach career milestones (e.g., significant work anniversaries, promotion, etc.), highlighting and celebrating workers' success stories across agencies through formal mechanisms (e.g., at GRYD functions, in newsletters, etc.), and financial or professional incentives (e.g., bonuses, raises/promotions, leadership opportunities, training opportunities etc.).

Conclusion

Reflecting on the course experience from the instructional perspective, we found that the students were extremely welcoming of us, were clearly hungry for the course content, and welcomed the discussions. Students were very open about their own experiences, and although some students would have preferred for other students to share less (some students preferred lecture while others preferred discussion), a collaborative classroom environment was achieved. Although students were welcoming, they also challenged us as professors. These challenges seemed to achieve two important purposes for the students. First, they wanted to make sure that we knew what we were talking about and that we could relate the information to the people and communities they serve. Second, they wanted to make it clear that they were also experts in what they do. Ultimately, from our perspective, the course was a success. There are improvements to make if we were to offer the course again but the need to support these agencies and their staff is very clear—as one student reminded us, their lives are quite literally on the line when doing this work.

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