



Trauma Informed Practice: Youth Voice in Transition and Discharge Planning

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Learning Goals:

1. Becoming familiar with BBI principles of Youth-Guided Care and Transition/Discharge Planning
2. Results of youth voice survey about involvement in discharge/transition planning
3. Recommendations to improve transition and discharge planning in a traumainformed/trauma responsive manner through youth voice.

Mission, Vision and Values

Mission:

To break the cycle of child abuse by empowering children, families and communities.

Vision:

Guided by faith, education and action, communities will be free of child abuse.

Values:

- We are Warriors
- We are Servants
- We are Family

Vision
Mission
& Values

Krause Team Position

- 1 Program Director, 2 Program Managers & 1 Trainer
- 55 Direct Care Staff (DCS) including:
 - 11 Behavior Support Specialists
 - 34 DCS I
 - 4 DCS II
 - 6 Team Leads
 - 5 Shift Leads
- 1 Clinical Director, 1 Clinical Program Manager, 5 licensed Clinicians, 1 Spiritual Care Counselor, & 1 Recreational Specialist
- 3 Case Managers
- 2 Nurses Mon-Fri
- 60 beds for youth (girls ages 12-17)

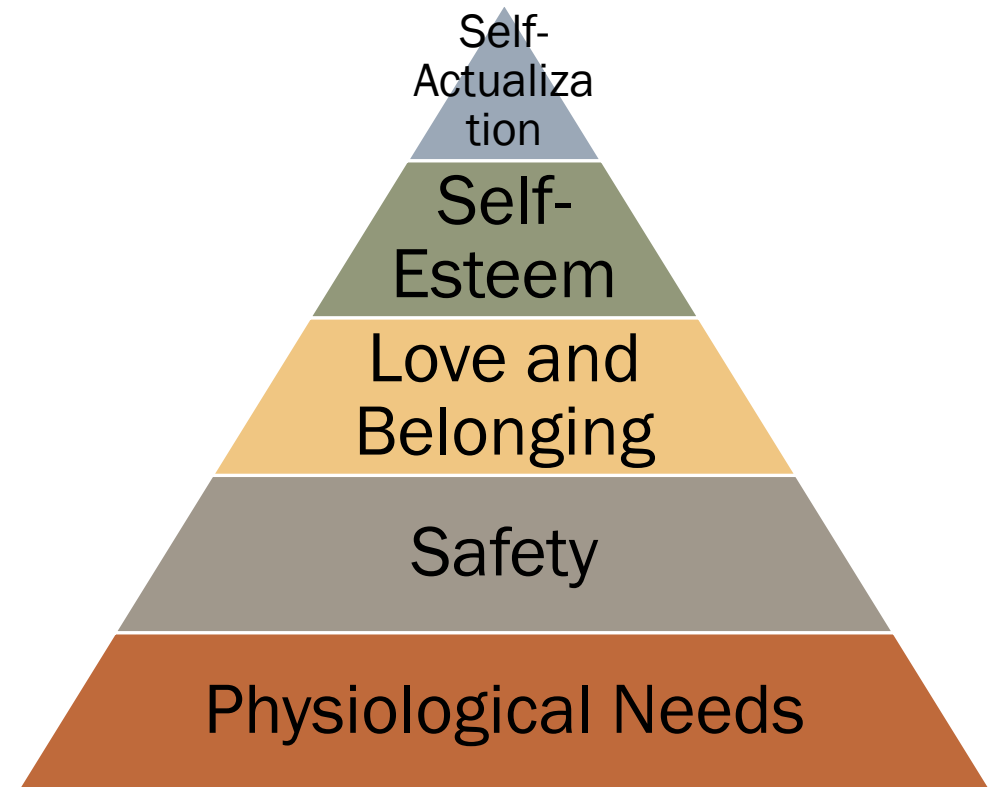
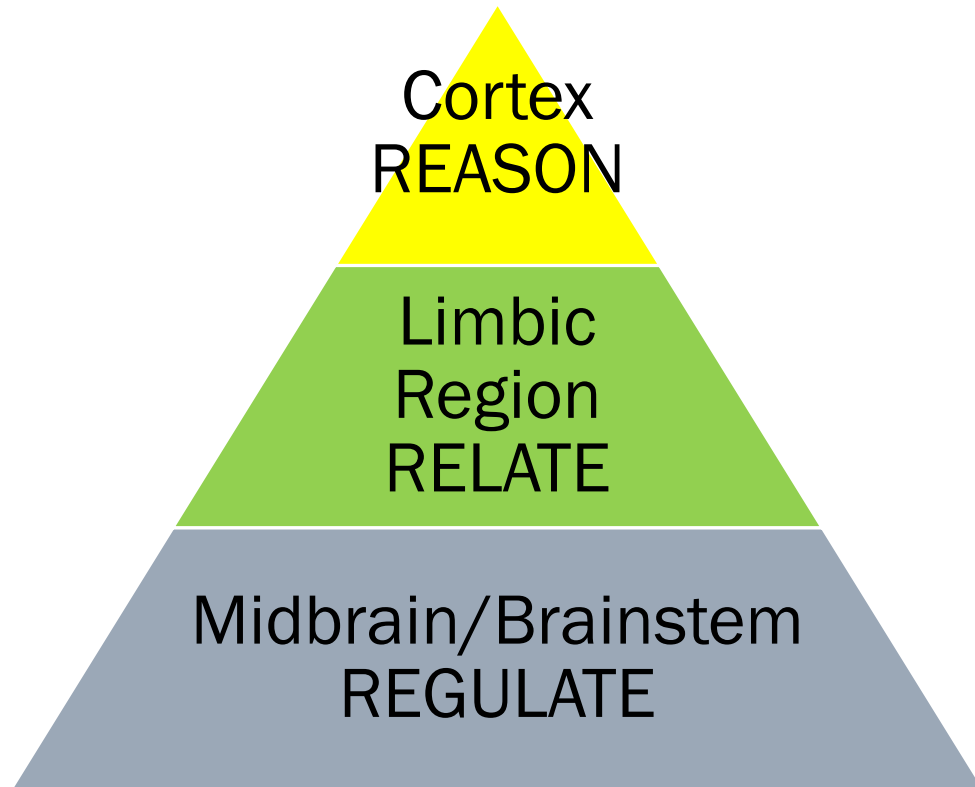
BBI Principles

- Transition planning and services
- Family driven and youth guided care
- Clinical excellence and quality standards
- Accessibility and community involvement
- Cultural and linguistic competence



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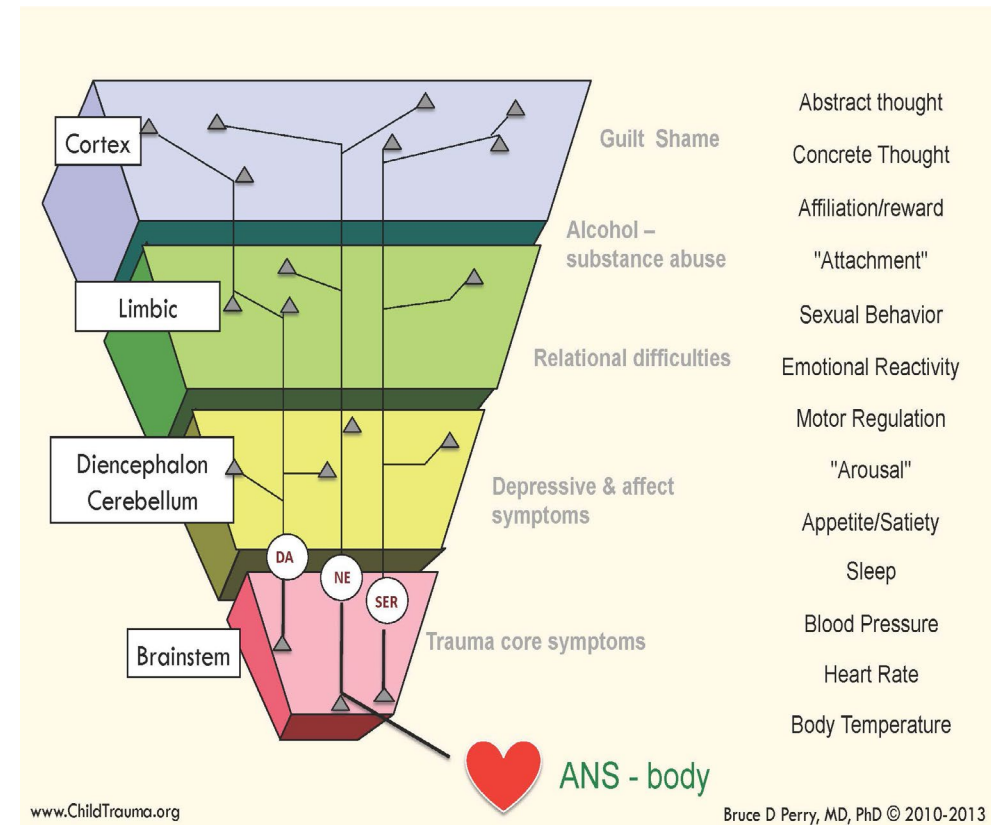
Brain Development and Needs



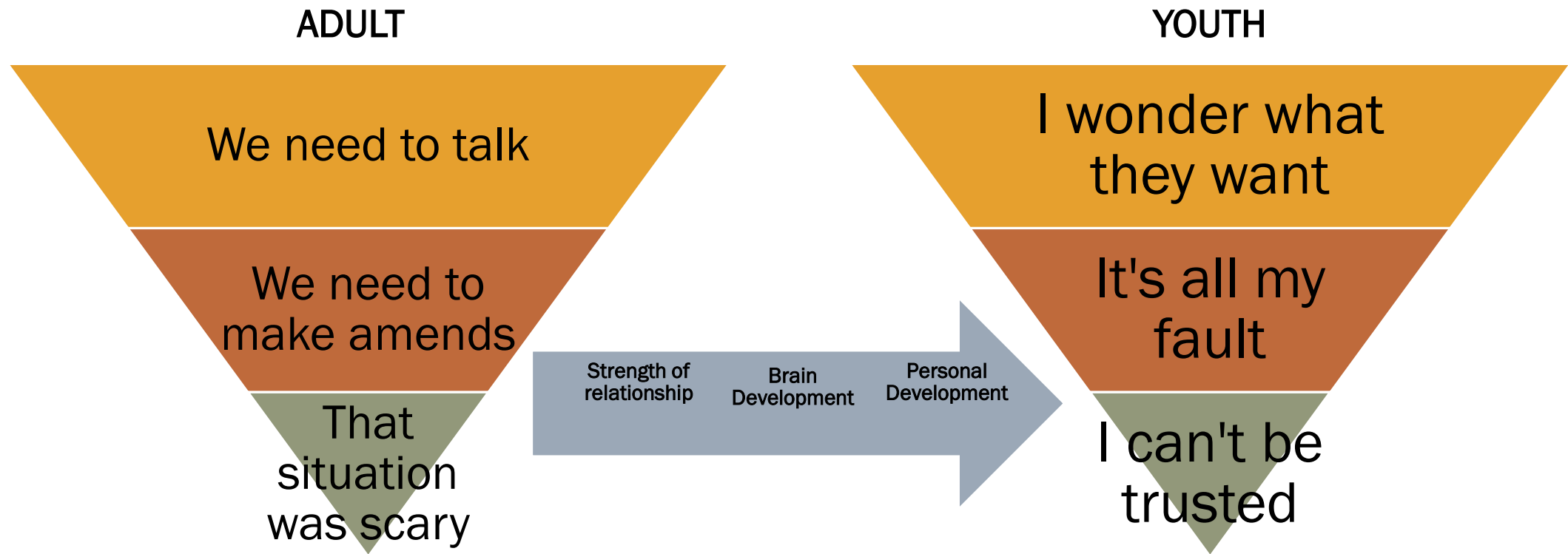
Trauma and the Brain

Trauma -Informed Care best practices is to:

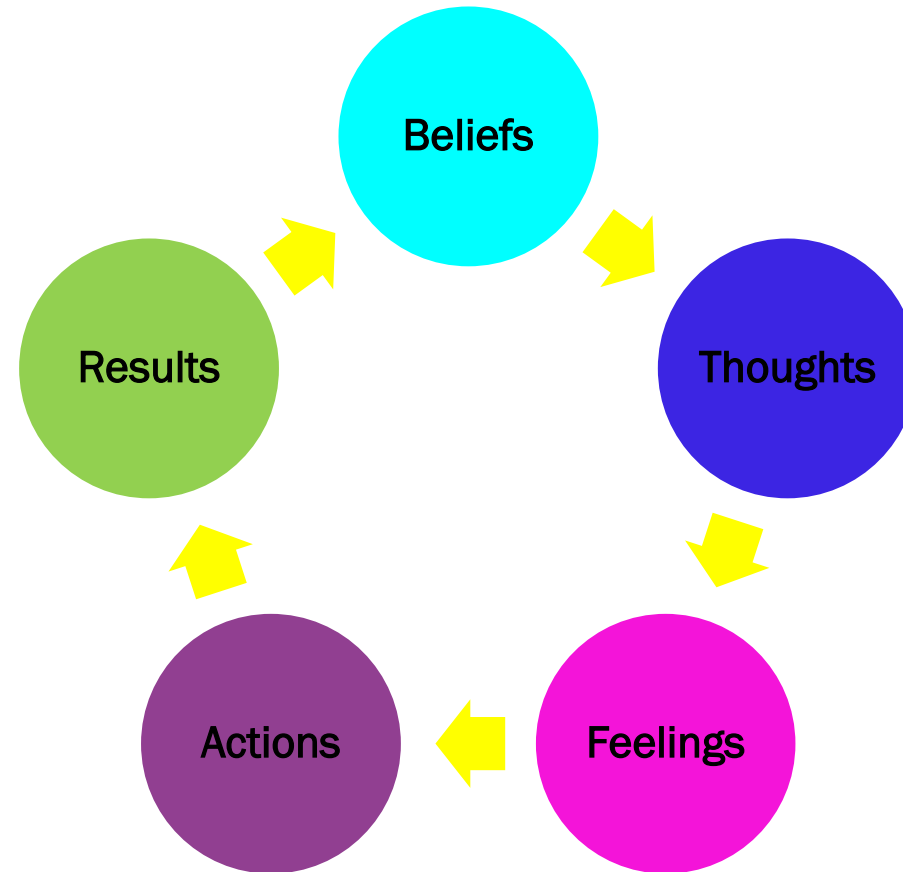
- Identify Triggers
- Anticipate possible triggers or topics
- Create a workforce that is Trauma-Responsive
- Recognizing the trauma experiences for youth and families in a child welfare system



Communication Interpretation- Distorted Perceptions



RESILIENCE STARTS WITH THE MIND



Youth Voice in Discharge Practices

Why is youth voice important in discharge and transition planning?

What are some practices that programs are doing or learned from others on helping youth discharge plan and transition?

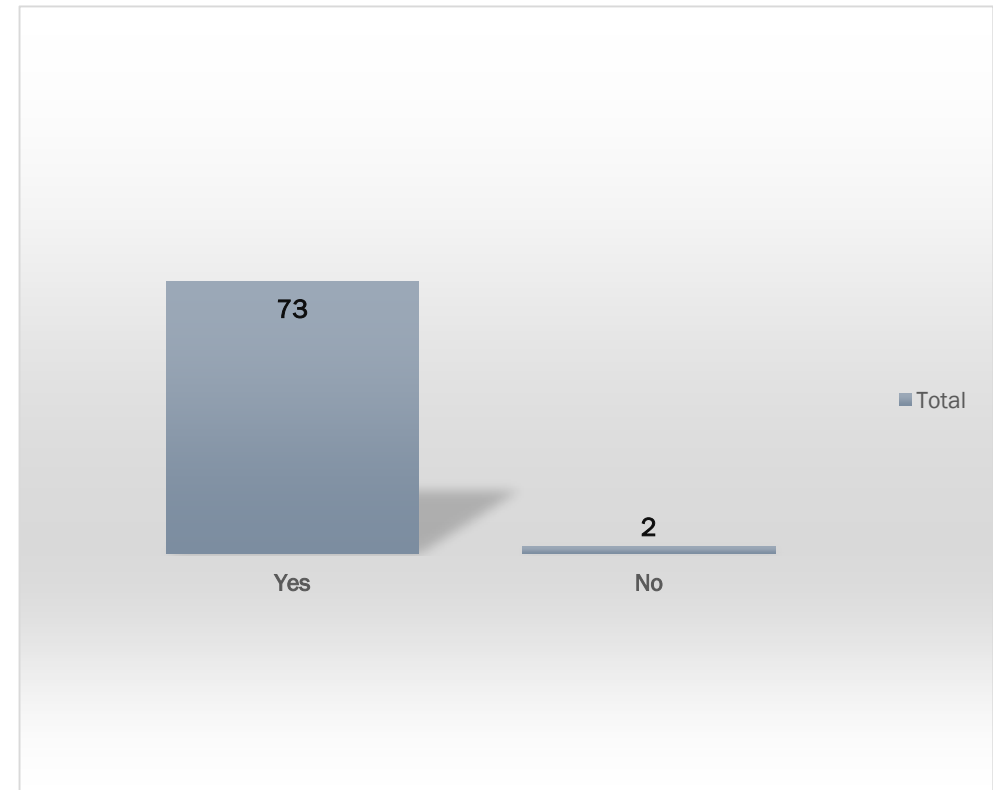
What have been the outcomes? Pros and Cons?

We surveyed 75 youth across 2 RTCs operated by Upbring.

- All girls ages 11-17
- Voluntary participation
- Survey questions developed by youth council, adult volunteer with lived experience, and the leadership teams at both facilities.

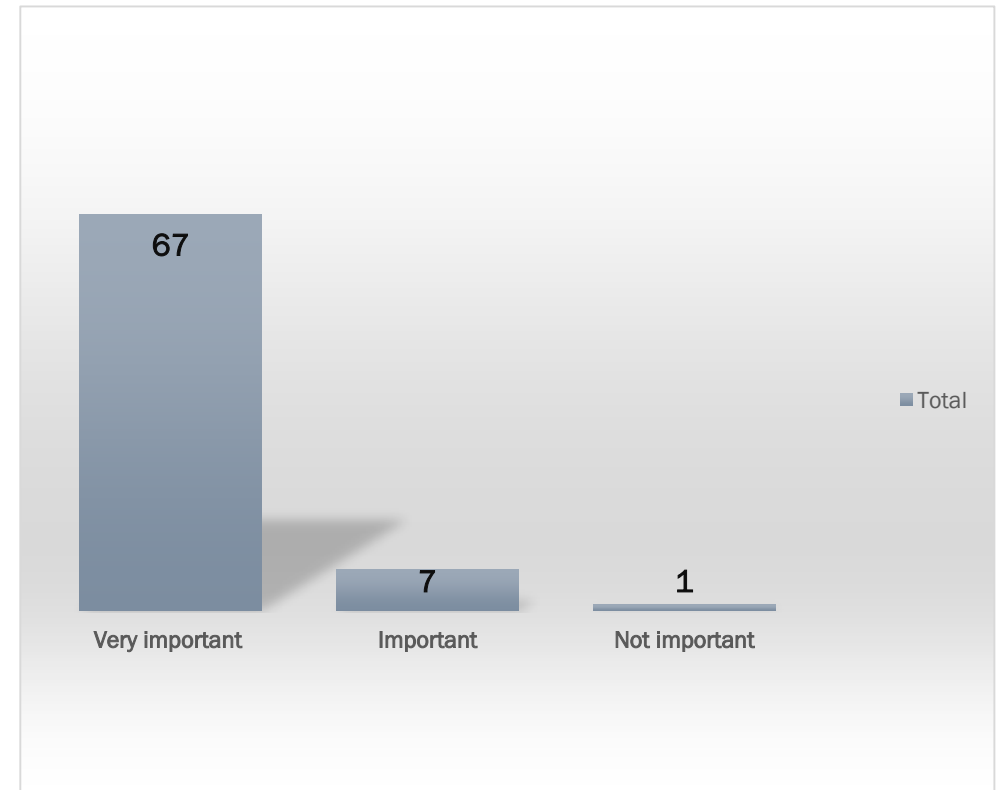
Survey Question 1

1. Do you want to be informed and included with information on placement options and discharge plan?



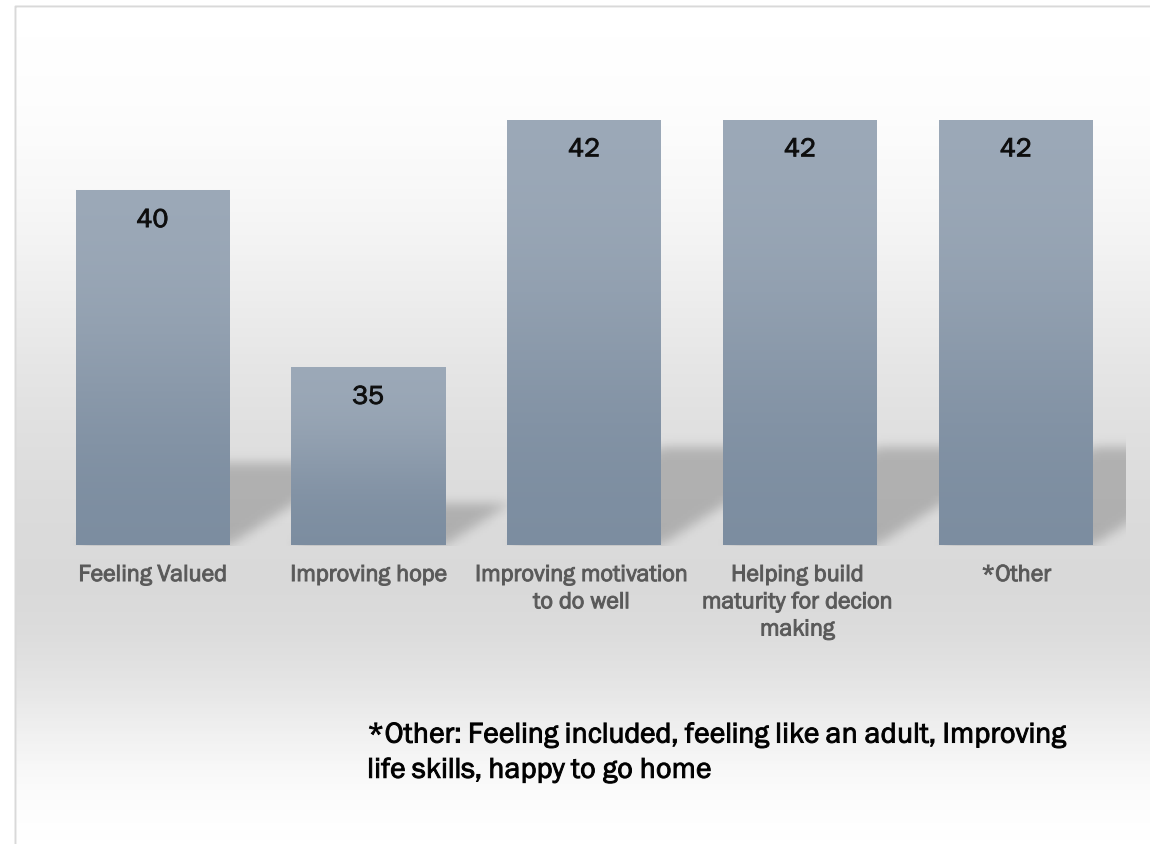
Survey Question 2

2. How important is it for your voice to be included and heard in your placement options and discharge planning?



Survey Question 3

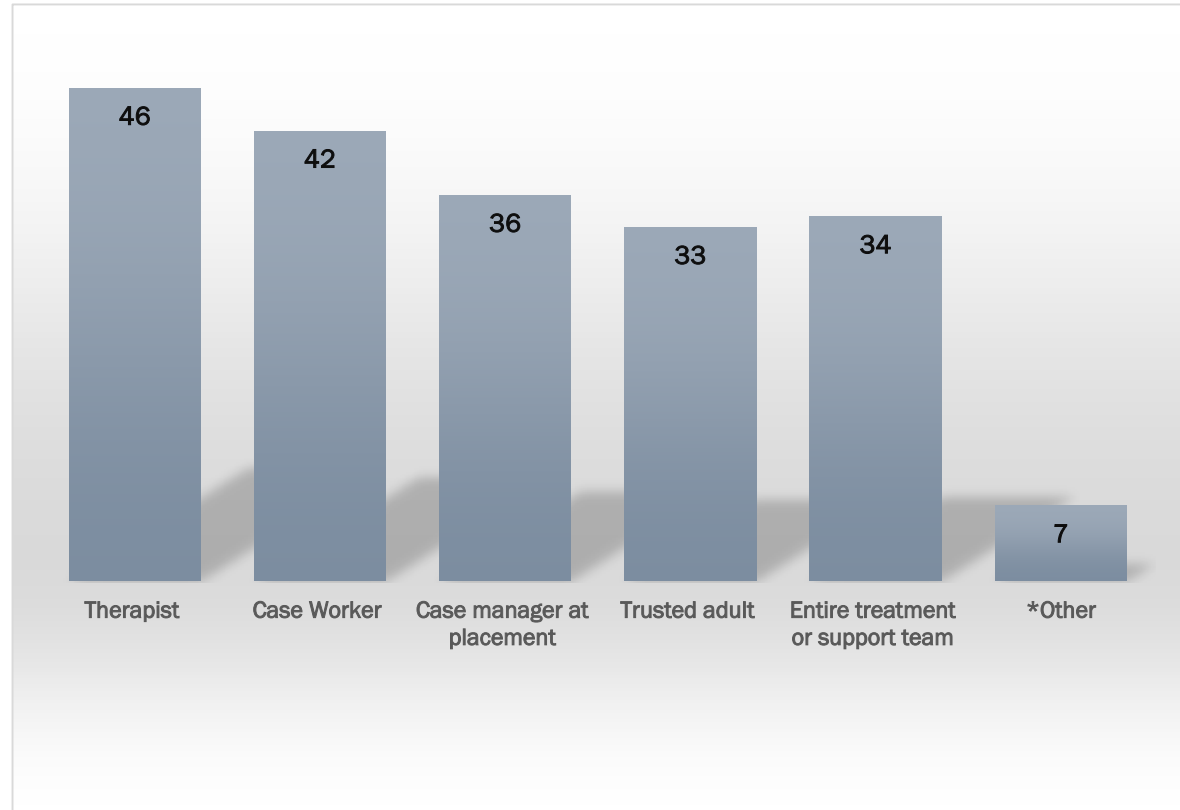
3. How would including your voice and being heard in the placement options and discharge planning help you? Circle all that apply.



Survey Question 4

4. Who do you want to be included in the discussion of your placement options and discharge plan?

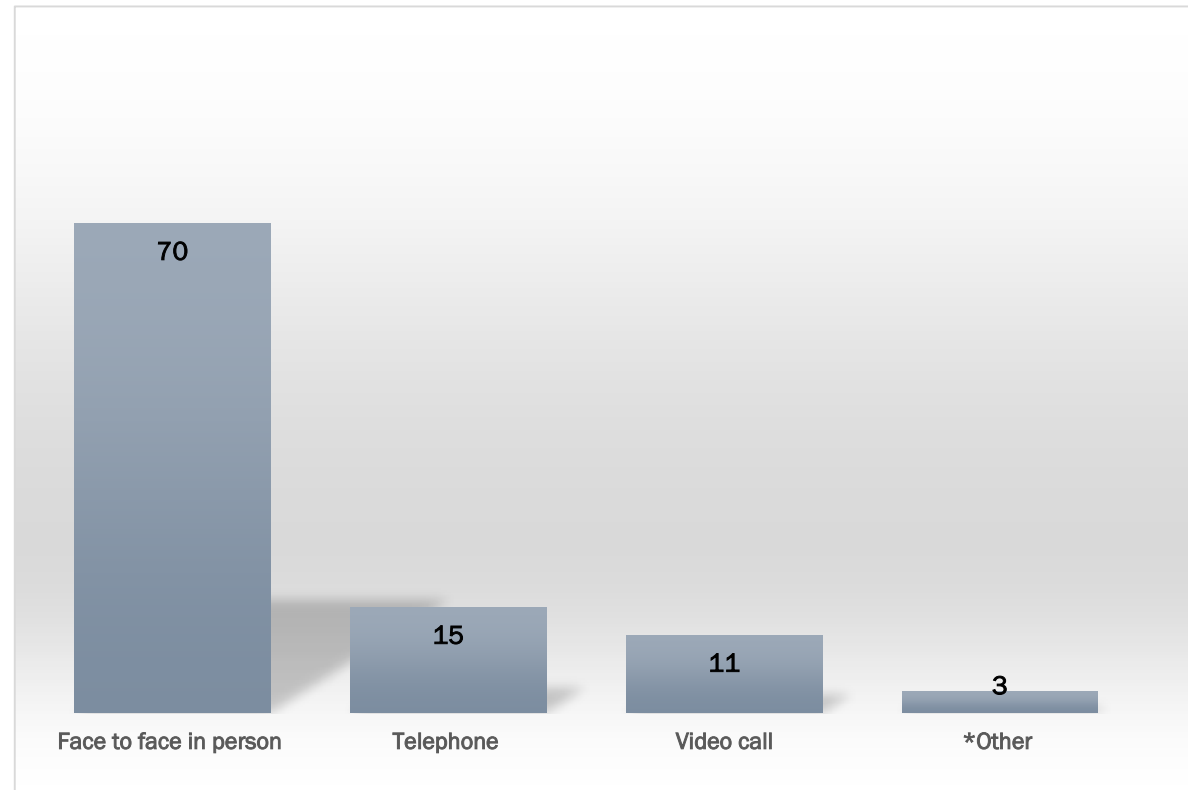
- Other- Family, Advocate, Adoption Recruiter



Survey Questions 5

5. How do you want to be informed of the information with placement options and discharge plan?

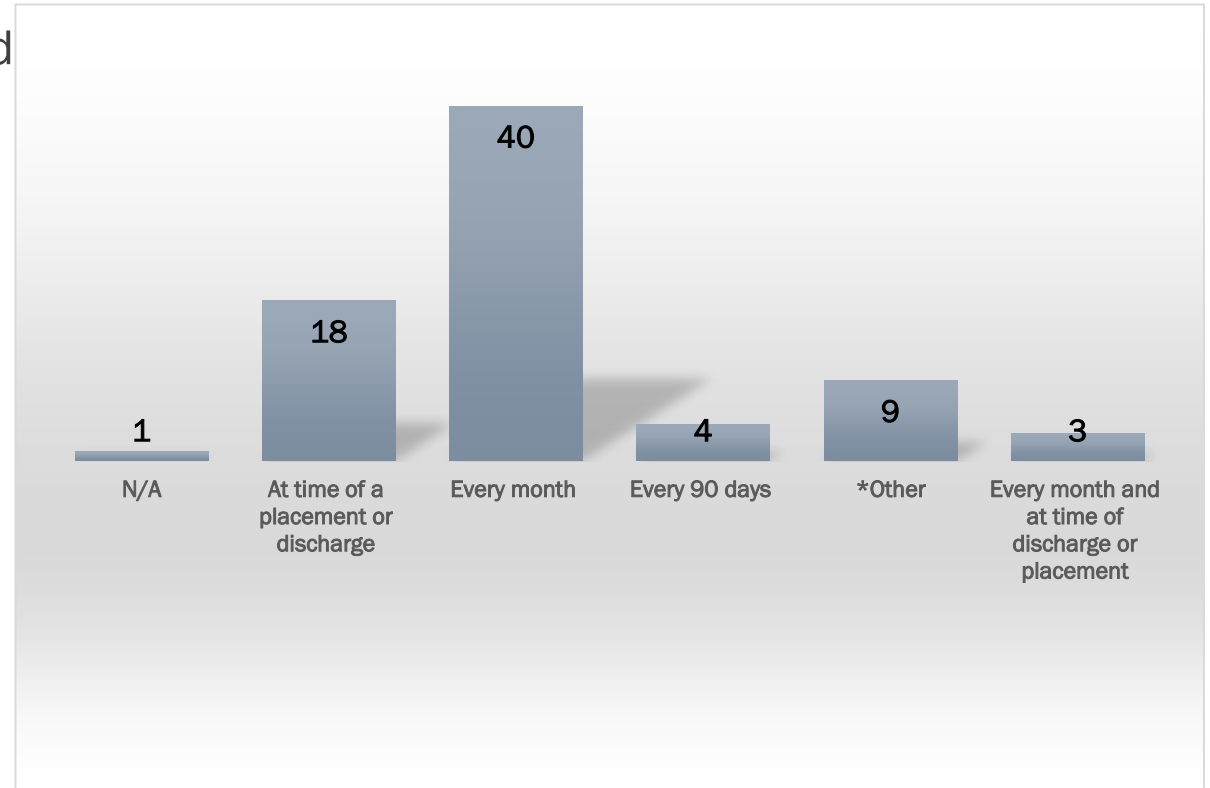
- Other- Letter



Survey Question 6

6. How often do you want to be included and updated on placement options and discharge plan information?

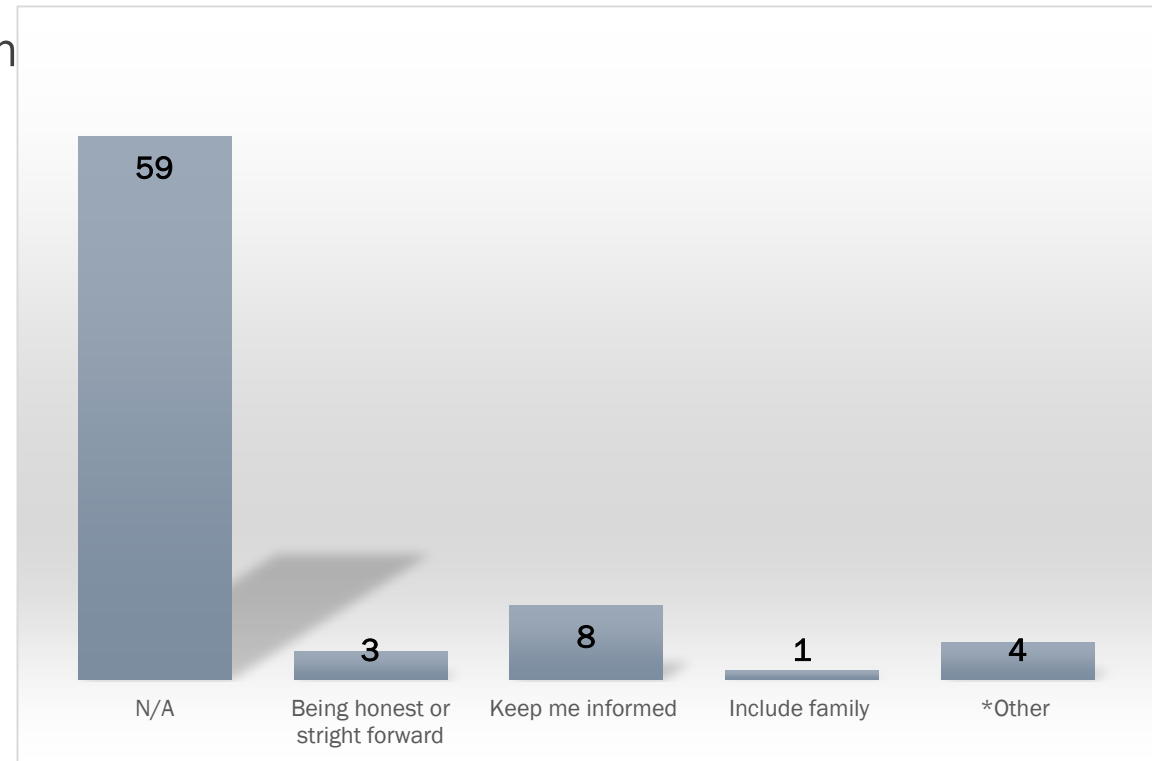
- Daily, Weekly, Whenever possible, When there are changes, Every 60-90 days



Survey Question 7

7. Please list any other thoughts you have on this topic that you feel would be helpful to your team of support.

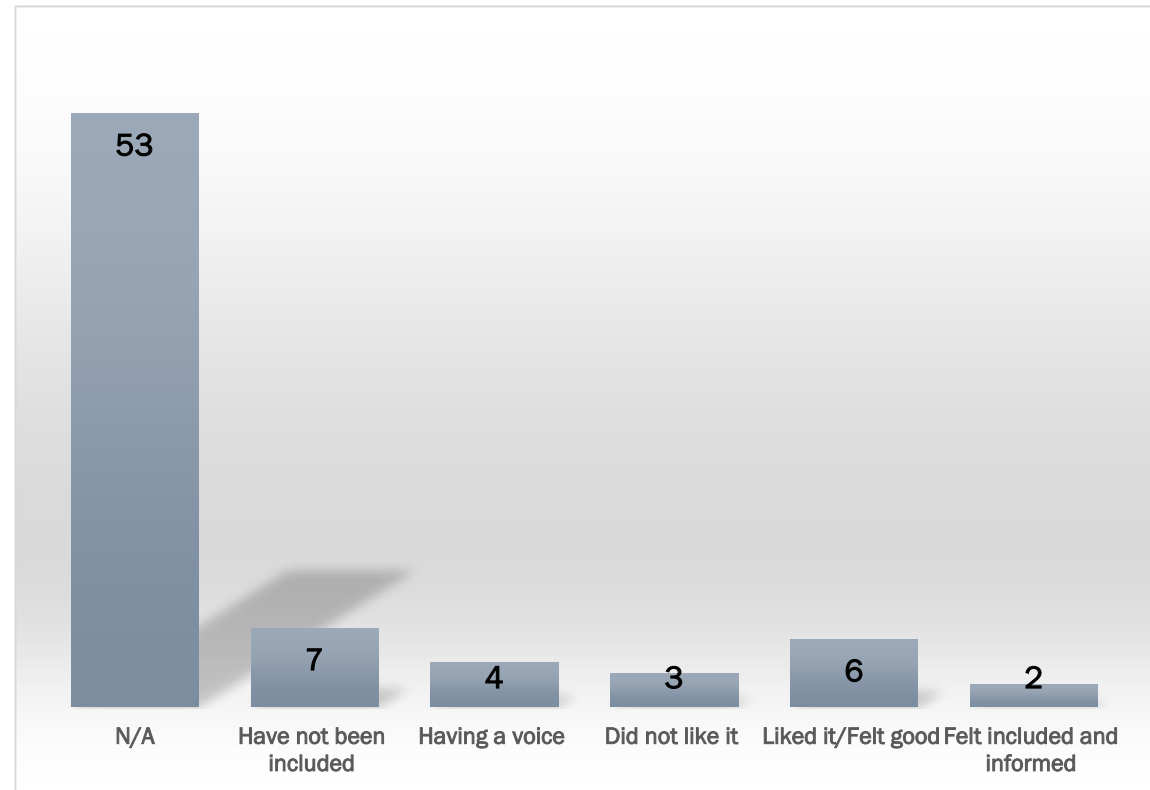
- N/A is for no response
- Other: Staying in Texas, Aware of all options available, Include PO, Use my own coping methods



Survey Question 8

8. If you have experienced being included in your discharge planning and placement options before, can you state how it made you feel and what you did or did not like about it?

- N/A is for no response



Steps to including Youth Voice in Discharge Planning

Consider youth's emotional stability and available resources with their identified support team when planning to have a discharge conversation.

- It's important to ensure that youth are emotionally stable and regulated before starting a potentially triggering conversation.
- Working with the youth's therapist will ensure that the conversation is being done in a trauma-informed and trauma-responsive manner.

Steps to including Youth Voice in Discharge Planning

- If youth are not emotionally stable, then working with their therapist and medical doctors (if necessary) to stabilize them before having this conversation would be ideal.
- Allowing youth 48-72 hours to focus on stabilization will help them find hope and ability to rationalize the planning process.
- The goal is to help youth learn to collaborate in appropriate ways and building realistic problem-solving skills, and not to retraumatize by triggering unhealed traumatic memories of loss, abandonment and rejection.
- Mental rationalization requires a regulated mental state. It's important that youth are regulated and able to rationalize to have a better response and involvement in the discharge planning conversation

Steps to including Youth Voice in Discharge Planning

- Review the youth's trauma history, including loss of community and support system prior to the meeting to ensure proper components are included and all supportive people are included in the planning.
- Changing living environments whether expected or unexpected can be traumatic and/or retraumatizing for a person.
- There is a loss of known routine and support in daily living.
- It's important to know the youth's trauma history specifically around moving and loss.
 - Has the youth responded well or had difficulties in the past with moving environments?
- Identify areas of strength and things that have worked in the past. Include the youth's identified system of support in the planning meeting.

Steps to including Youth Voice in Discharge Planning

- Train all supportive individuals involved in the youth's treatment on trauma-informed care practices and trauma-responsive interactions.
 - People on the youth's support team should go through trauma-informed care training, learn about the youth's trauma history, strengths, and perspectives shared in planning meetings.
 - The youth and their therapist can help identify trauma triggers and determine best ways to communicate.
- Including youth in these conversations helps build their self-awareness and problem-solving skills. In addition, it helps all members of the youth's support team create a safe environment communicating needs and expectations in a healthy manner and improves the speed of youth recovering from a difficult conversation.

Steps to including Youth Voice in Discharge Planning

Include sections for permanency and placement plan in the discharge plan that specifically address resources required for youth to achieve their goals.

- It's important to distinguish the difference between permanency and placement plans. While they can be the same, often youth have a permanency plan for ending their time in foster care or another system of care but have several different placements prior to permanency being achieved.
- Permanency plans involve identifying supportive people in youth's lives and making plans to maintain connections so that youth can transition outside of the child welfare system. Good plans build resilience and maintain connection to their cultural values and focus on lifelong relational permanency.

Steps to including Youth Voice in Discharge Planning

- Placement plans cover any places the youth transitions to before leaving the child welfare system. These are extremely helpful in:
 - Establishing plans to help youth establish community connections,
 - Safety plans for the specific environments,
 - Understanding youth and caregiver needs and abilities,
 - and providing recovery paths if a crisis arises based on available resources and strengths of everyone involved.

Youth Interview



Questions



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References:

Greene, R. & Ablon, J. (2006). *Treating explosive kids: The collaborative problem-solving approach*. New York: The Guilford Press.

Perry, B. & Szalavitz, M. (2017). *The boy who was raised as a dog: And other stories from a child psychiatrist's notebook*. New York: Basic Books.

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