A Toolkit for Juvenile Justice Agencies to Help Young People Heal and Thrive During and After Natural Disasters

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Child TRENDS

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Established by Congress in 2000, the National Child Traumatic Stress Network (NCTSN) brings a singular and comprehensive focus to childhood trauma. NCTSN's collaboration of frontline providers, researchers, and families is committed to raising the standard of care while increasing access to services. Combining knowledge of child development, expertise in the full range of child traumatic experiences, and dedication to evidence-based practices, the NCTSN changes the course of children's lives by changing the course of their care.

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Introduction

The United States is among the top five countries in the world that are most affected by natural disasters, with an average of over 20 natural disasters per year from 2010-2020.[1] Approximately 14 percent of children and youth have experienced at least one natural disaster prior to age 18[2] and the majority of children and youth have been affected by the COVID-19 pandemic. Although the circumstances surrounding natural disasters and COVID-19 are different, the physical and emotional impacts on children, youth, and families can be similar.

Young people are especially vulnerable to the negative effects of natural disasters,[3] and those who are involved in the juvenile justice system are at particularly high risk for experiencing disaster-related traumatic stress and other mental health and behavioral challenges.[4,5,6] However, all children and youth have the capacity for resilience and healing when they receive the right types of supports.[7,8,9]

This Toolkit is for juvenile justice staff, supervisors, and administrators who work with and on behalf of children, youth, and families who experience a natural disaster. The information and resources included in the Toolkit provide evidence- and trauma-informed guidance for promoting positive outcomes for children and youth who experience natural disasters.

Purpose of the Toolkit

This evidence-informed Toolkit was developed by Child Trends with support from The Annie E. Casey Foundation and in partnership with the National Child Traumatic Stress Network. The information and resources contained in the Toolkit aim to support juvenile justice staff and administrators in their efforts to enhance state, tribal, territory, and county-led efforts to promote *healing and resilience* among system-involved children and youth who are exposed to a natural disaster. The materials in the Toolkit have not been tested with children and youth during pandemics, which occur only rarely (e.g., every 25-30 years for influenza pandemics),[10] but they may nonetheless be useful during and after pandemics given that natural disasters and pandemics have a number of similar challenges.

Staff and administrators can use the information and resources in the Toolkit to promote healing and resilience among children and youth in the juvenile justice system during and after a natural disaster. The Toolkit can also be integrated into state, tribal, territory, county, and agency disaster plans.

The aims of this Toolkit are to:

- **Support juvenile justice agencies in their efforts to promote healing and resilience among children and youth,** from birth to age 21, during and after a natural disaster.
- **Provide resources for incorporating youth, program, and community voices** into plans to support positive development among system-involved children and youth who experience natural disasters.
- **Summarize evidence to date on trauma, healing, and resilience during and after natural disasters** to increase knowledge among agency administrators, staff, and supervisors, and to provide the foundation for pursuing Toolkit recommendations.
- **Offer tools for infusing agencies and systems with trauma-informed care (TIC)** to mitigate disaster-related trauma and other adversities that are common among children and youth involved in the juvenile justice system.
- **Describe strategies to promote culturally and linguistically responsive care** during and after a natural disaster.

- **Offer practical tips for supporting agency staff and administrators by preventing secondary stress and promoting self-care** to reduce burnout and turnover and support staff well-being during and after natural disasters.
- **Provide actionable guidance for partnering with community service providers** to support healing and resilience among children and youth during and after natural disasters (e.g., guidance for schools, early childhood education, community mental health and substance abuse programs, home visiting, legal system, and primary care facilities, along with services to meet families' basic needs).

Description of the Toolkit

Content and intended audience

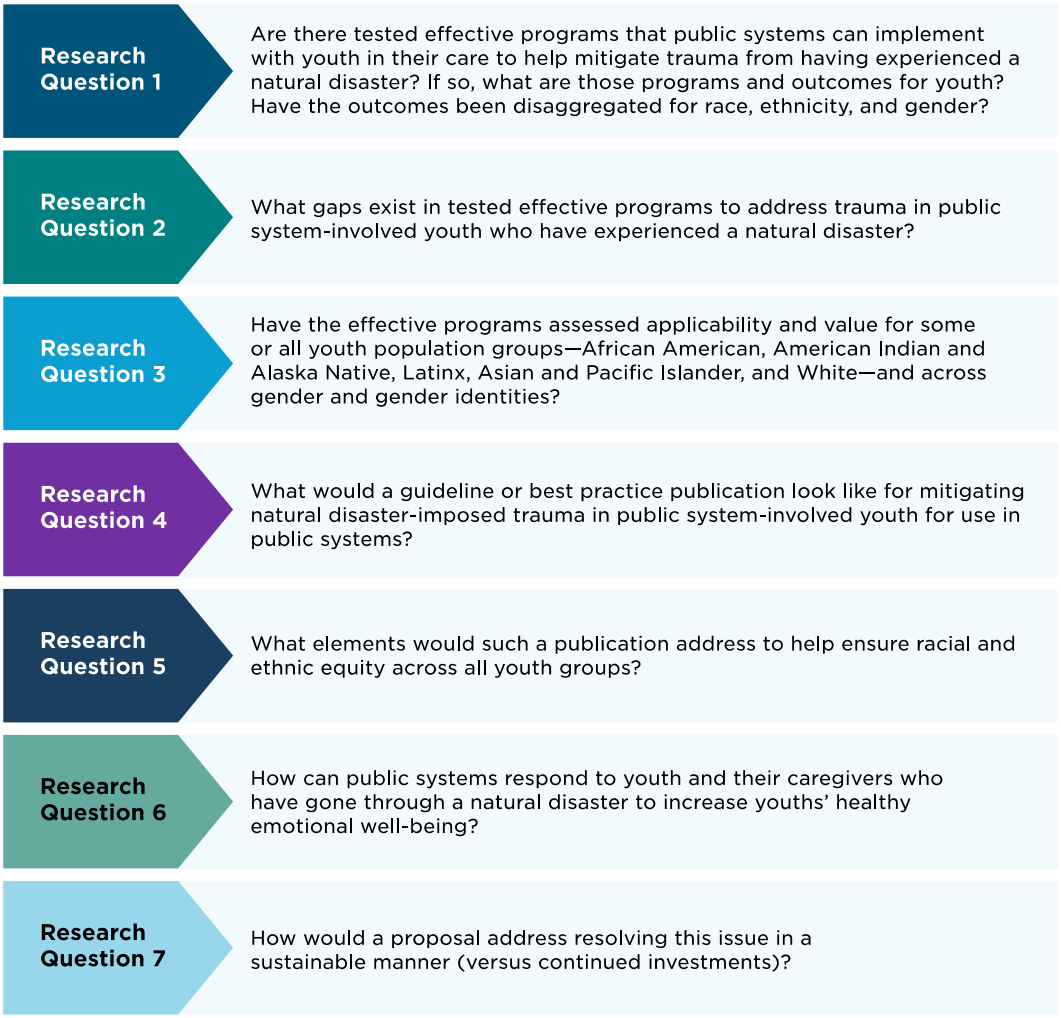
A Toolkit for Juvenile Justice Agencies to Help Young People Heal and Thrive During and After Natural Disasters is a collection of tools and resources for juvenile justice frontline staff and administrators and their community partners. Many children and youth are involved in both the child welfare and juvenile justice systems, but this Toolkit presents separate information and recommendations for the juvenile justice system to ensure that the resources are as relevant as possible to each service setting. This Toolkit has three sections:

- **Section 1, Recommendations for Promoting Healing and Resilience Among Youth Involved in Juvenile Justice Who Experience Natural Disasters:** Provides actionable recommendations for administrators, supervisors, and staff to prepare for natural disasters and respond to youth involved in these systems who experience a natural disaster.
- **Section 2, Promoting Healing and Resilience After Natural Disasters for Youth Involved in Juvenile Justice:** Provides an overview of trauma-informed care and resilience for youth involved in the juvenile justice system who experience a natural disaster.
- **Section 3, Interventions to Support Healing and Resilience Among Youth, and Families Who Experience a Natural Disaster:** Provides an overview of promising and evidence-based, trauma-informed frameworks and interventions to support youth who experience a natural disaster.

Research behind the toolkit

The Child Trends project team conducted extensive background research to inform the content, design, and accessibility of the Toolkit. Data collection took place over a two-year period, from 2020 to 2021. Research activities were designed to address questions posed by The Annie E. Casey Foundation (see Figure 1).

Figure 1. Questions guiding research for the Toolkit



Consistent with a common refrain in youth development and community organizing—"Nothing about us, without us"—our data collection prioritized *youth voice*. Authentic youth engagement enables programs to partner with youth to gain important expertise in best supporting system transformation that promotes resilience and more equitable outcomes.[11,12] Similarly, another key goal of our research was including *program and community voice*. Specifically, the recommendations and tools provided in the Toolkit are based on the knowledge, insights, and experiences of the following:

- **Children and youth** who have been involved in the juvenile justice system and affected by natural disasters
- **Juvenile justice frontline staff and administrators** with relevant expertise
- **Research to date** on natural disasters, trauma, healing, resilience, and equity, and research-informed interventions to promote positive child and youth outcomes after a natural disaster
- **Current juvenile justice agency policies on natural disasters**, with a focus on disaster preparedness and response plans

See Figure 2 for the specific data collection activities that informed the Toolkit.

Figure 2. Data collection methods

Youth voice

We engaged youth directly in our research and in the development of recommendations for the Toolkit, via a national survey and focus groups/interviews with youth who are currently or formerly involved in the child welfare and/or juvenile justice systems and who had experienced a natural disaster. We briefly describe these two data collection efforts below. Importantly, family voice is also an important component of resource development for family service systems. However, research with parents and other caregivers of children and youth involved in child welfare and/or juvenile justice was beyond the scope of this project. Child Trends used two methods for capturing youth voice:

- **Adding survey items on the impact of COVID-19 to the Opportunity Passport Participant Survey**, a national survey of youth involved in the child welfare and/or juvenile justice systems. A total of 2,951 youth provided information on the types of supports they received, the challenges and hardships they experienced, and their mental health and well-being during the pandemic.
- **Interviewing seven adults who had received services as youth from child welfare and/or juvenile justice systems.** Participants lived in Santa Barbara, California; Anchorage, Alaska; Baton Rouge, Louisiana; and Puerto Rico. This range of locations ensured representation from a range of geographies that experience different types of natural disaster, such as earthquakes, wildfires, floods, tornadoes, and hurricanes.

Program and community voice

Child Trends also solicited program input on the Toolkit by conducting interviews with child welfare and juvenile justice agency administrators.

- **Child Trends conducted interviews with four child welfare administrators and three juvenile justice administrators** in New York, Louisiana, California, Washington, Oklahoma, and Puerto Rico. This helped us better understand administrators' prior and current experiences supporting children and youth during and after

natural disasters and in gathering information on what resources and recommendations would be most helpful to include in the Toolkit.

National subject matter experts

We engaged subject matter experts with a wide range of relevant expertise in the development of the Toolkit.

- **The Toolkit Advisory Board** included nine experts in trauma, child welfare, juvenile justice, natural disasters, program/agency leadership, and other stakeholder groups. The Board met six times throughout this two-year project to offer input and guidance on data collection efforts and the Toolkit development. Members were selected to represent a diverse range of expertise, including mental health; child welfare; juvenile justice; disaster response; Tribal communities; racial and ethnic equity; lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ+) youth; and foster care youth voice. Two meetings were devoted to racial equity and supporting LGBTQ+ youth. In addition, senior advisors and Advisory Board members representing child welfare, juvenile justice, and disaster behavioral health reviewed the Toolkit to provide in-depth individual feedback and input into its content and design.
    - **Toni Buxton**, MSW, is an executive manager of Child Welfare Support Services for the state of Louisiana.
    - **Melissa Brymer**, PhD, PsyD, is the director of Terrorism and Disaster Programs at the University of California, Los Angeles/Duke University National Center for Child Traumatic Stress and National Child Traumatic Stress Network, in Los Angeles, CA and Durham, North Carolina.
    - **Shannon Catanzaro,** MSW, LCSW, is the executive manager of the Transitioning Youth and Extended Foster Care programs for the Department of Children and Family Services in Louisiana.
    - **Nicolette Louissaint**, PhD, is the executive director and president of Healthcare Ready in Washington, DC.
    - **Deborah Northburg**, MA, is the senior director of Child & Family Services at Cook Inlet Tribal Council in Anchorage, Alaska.
    - **Joy Osofsky**, PhD, is the Paul J. Ramsay Endowed Chair of Psychiatry and Barbara Lemann Professor of Child Welfare at Louisiana State University Health Sciences Center in New Orleans and director of the Harris Center for Infant Mental Health Center.
    - **Marcos Santana Andújar** is founder and president of the Puerto Rico Network for Children & Youth's Rights.
    - **Julie Segovia**, MS, is a doctoral student in the Eliot-Pearson Department of Child Study and Human Development at Tufts University.
    - **Gail Wasserman**, PhD, is the director for Columbia University's Center for the Promotion of Mental Health in Juvenile Justice and professor at Columbia University Department of Psychiatry.

- **Senior advisors** with expertise in diversity, equity, and inclusion, and with LGBTQ+ community experience, frequently participated in Advisory Board meetings to facilitate conversations on how to best incorporate the experiences of all youth into the Toolkit. Senior advisors also reviewed and provided feedback on the Toolkit's content and recommendations that were relevant to their field(s) of expertise.
    - **Melissa Brymer**, PhD, PsyD, is the director of Terrorism and Disaster Programs of the University of California, Los Angeles/Duke University National Center for Child Traumatic Stress and its National Child Traumatic Stress Network, Los Angeles, CA and Durham, North Carolina.

- **Ellen Kahn**, MSS, is the senior director of Programs and Partnerships at the Human Rights Campaign in Washington, DC.
- **Joy Osofsky**, PhD, is the Paul J. Ramsay Endowed Chair of Psychiatry and Barbara Lemann Professor of Child Welfare at Louisiana State University Health Sciences Center in New Orleans and director of the Harris Center for Infant Mental Health.
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- **Marcos Santana Andújar** is founder and president of the Puerto Rico Network for Children & Youth's Rights.
- **Gail Wasserman**, PhD, is the director for Columbia University's Center for the Promotion of Mental Health in Juvenile Justice and professor at Columbia University Department of Psychiatry.

Communications science

Child Trends' strategic communications experts held **communication science interviews** with four frontline providers (two each from child welfare and juvenile justice) to gather input aimed at improving the utility of the Toolkit to ensure its responsiveness to community needs. Frontline providers offered input on the Toolkit's design, content, format, and messaging.

Literature and policy review

To ensure that Toolkit content, resources, and recommendations were grounded in the best available evidence to date, we conducted a literature review of natural disaster impacts and interventions. In addition, we reviewed child welfare and juvenile justice agencies' disaster planning and response policies.

- **Child Trends conducted a literature review** to review tested, effective child welfare and juvenile justice programs that public systems can implement with youth in their care to mitigate trauma from having experienced a natural disaster, explore whether effective programs assessed applicability and value for some or all youth population groups, and determine where gaps exist in programs to address trauma in public system-involved youth who have experienced a natural disaster.

- **Child Trends conducted a policy scan** to review the current landscape of state, tribal, and territory natural disaster preparedness and response plans in areas with frequent and/or severe natural disaster histories to assess how such plans meet the emotional, health, physical, and material needs of youth in the child welfare and juvenile justice systems. We rank-ordered states, territories, and tribes by frequency and severity of natural disasters (i.e., death toll) from 2000-2019 and included 10 states and territories with the most frequent and severe occurrences of natural disaster in the policy scan.

Glossary

- **Adversity** is a broad term that refers to a wide range of circumstances or events that pose a serious threat to an individual's physical or psychological well-being.
- **Anti-bias** is opposing discrimination against people based on race, ethnicity, religion, sexual orientation, gender identity, or other factors.
- **Anti-racist** is a process of explicitly identifying and opposing racism and the policies, systems, and behaviors that perpetuate racism.
- **Complex trauma** occurs when an individual is exposed to multiple forms of severe and chronic trauma that often begin early in life and occur in the context of important interpersonal relationships.
- **Equity** is just and fair inclusion. Equity is achieved by environments, systems, and policies that support equal access to opportunity.
- **Gender identity** is a personal sense of one's own gender as male, female, or another gender (e.g., gender neutral, non-binary, transgender).
- **Natural disaster** is a natural event such as a flood, earthquake, or hurricane that may cause great damage or loss of life.
- **Healing** is the process of repairing and recovering from disruptions to an individual's well-being.
- **Pandemic** is an outbreak of a disease that occurs over a widespread geographic area and affects a significant proportion of the population.
- **Prevention** is the process of stopping problems from arising (e.g., mental health problems, developmental or behavioral problems, disease). *Primary prevention* aims to avoid the development of symptoms or distress in individuals from occurring in the first place; *secondary prevention* aims to detect and address problems as early in their course as possible; and *tertiary prevention* aims to reduce the negative impact of already established problems by helping individuals return to healthy functioning.
- **Program, community, and youth voice** means that program, community, and youth expertise is prioritized through the inclusion and active participation of these groups in the development of interventions, resources, and supports designed for them.
- **Protective factors** are conditions or attributes of individuals, families, communities, or the larger society that mitigate or eliminate risk.
- **Resilience** is the process of positive adaptation to adversity that arises through interactions between individuals and their environments.
- **Secondary adversities** are often generated by traumatic incidents and can impact different aspects of an individual's life. Examples of secondary adversities that can accompany a natural disaster are loss of property or possessions, the death of a loved one, or long-term displacement or relocation.
- **Secondary traumatic stress** is stress that results from learning or hearing about trauma experiences of someone else.
- **Sexual orientation** refers to the sex of those to whom one is sexually and/or romantically attracted (e.g., lesbian, gay, bisexual, heterosexual, asexual, pansexual).
- **Trauma** is one possible outcome of exposure to adversity. Trauma occurs when a person perceives an event or set of circumstances as extremely frightening, harmful, or threatening—either emotionally, physically, or both—and it overwhelms their capacity to cope.
- **Traumatic stress** is any feeling of distress related to exposure to a traumatic event(s).
- **Trauma-informed care** realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization.

Section 1: Recommendations for Promoting Healing and Resilience Among Youth Involved in Juvenile Justice Who Experience Natural Disasters

This section includes actionable recommendations for juvenile justice administrators, supervisors, and staff to support youth and families involved in the juvenile justice system who have experienced a natural disaster. Many of these recommendations may also be useful for responding to a pandemic. Recommendations are organized by timing of implementation—before a disaster occurs, during or immediately afterward, or for the intermediate and long-term recovery.

How to prepare BEFORE a natural disaster occurs

Ensuring that your agency is prepared and trauma-informed can go a long way to help youth recover and heal from a natural disaster.[13] Below are recommendations for administrators, supervisors, and staff to prepare for how to promote healing and resilience among youth when a natural disaster occurs.

Recommendation 1: **Establish trauma-informed, agency-wide and system-wide plans and policies for natural disasters.**

- **Natural disasters can place additional demands on juvenile justice agencies and systems to respond to safety concerns and needs.** Not only is it best practice for juvenile justice agencies to prepare for natural disasters before they occur, but federal law also requires state juvenile justice agencies to establish disaster plans. Use trauma-informed care and emotional well-being principles in disaster plans, policies, and procedures at the state, tribal, territory, and local level to help children, youth, and their families recover from a natural disaster.

Recommendation 1 for Administrators: Juvenile justice administrators should establish natural disaster-specific plans and policies[14] that align with trauma-informed care and prioritize the emotional and physical well-being of youth.

- Ensure that natural disaster planning[15] includes specific information about how to address youth and staff emotional well-being and trauma. Consider establishing memorandums of understanding with mental health agencies to assist in resource sharing and recovery.
- Develop partnerships with community agencies, organizations that tailor resources to specific populations (e.g., youth who are immigrants or from families of immigrants, LGBTQ+ youth), and religious organizations to assist families with basic needs (e.g., clothing, food pantries).
- Engage in formal partnerships with local emergency response and community agencies to ensure the juvenile justice agency and system are included in community preparedness.
- Provide training and staff development on how to effectively implement the disaster plan. Consider cross-agency trainings involving all individuals who may interact with youth during a natural disaster to promote relationship-building and collaboration, including parents/caregivers; community members; and child welfare, mental health, first responders, schools, and emergency personnel.
- Share comprehensive disaster plans widely within and outside the juvenile justice agency to ensure all stakeholders have access to natural disaster response information. Practice disaster plan implementation regularly with staff, including drills and evaluations of the drills (e.g., identifying lessons learned, amending plan as needed). Sharing and practicing disaster plans in advance of a natural disaster helps agencies collaborate and implement plans more effectively when the disaster does occur.

Recommendation 1 for Supervisors and Staff: Juvenile justice supervisors and staff should work together with families to draft emergency plans before a natural disaster occurs and ensure the plan aligns with a trauma-informed approach and prioritizes the emotional well-being of youth.

- Partner with children, youth, and families to develop a preparedness, safety, and communication plan and encourage families to practice it regularly. The plan should include measures for ensuring physical safety when a disaster occurs (e.g., shelter in place, escape routes), tailored to the type(s) of disaster that occur in the local area. The plan should also address what to do when children are at home and school. Include plans for communication in the event that the child or youth becomes separated from their parent/caregiver(s) during the disaster, including easily accessible contact information for family members, caseworkers, therapists, and other supports. Identify alternative, safe placement in the event of evacuation. [16] Review and practice the plan every few months, particularly with youth who may experience changes in placement or who may be transitioning out of care. For a sample family preparedness, safety, and communication plan, download the NCTSN family preparedness plan[17] and wallet card.[18]
- Ensure that youth and families are informed about the nature and timing of common disasters and pandemics in your area (i.e., what time of year they tend to occur), common reactions among youth (particularly those with trauma histories), and how to access updated official disaster information.
- Assist families and facility staff to identify reliable sources of information about natural disasters (e.g., website, radio, emergency lines). Encourage parents/caregivers and staff to give youth factual information about the natural disaster in simple, developmentally appropriate terms.[19,20,21] Share apps with parents and caregivers for ideas on talking with youth about natural disasters (e.g., **Help Kids Cope** app[22], **Bounce Back Now** app).[23]
- Assemble an emergency supply kit and plans for meeting basic needs. Youth should have access to enough water, food, and other emergency supplies for at least 3 days and secure access to medications for at least 7 days. Help children, youth, and their caregivers identify resources for basic needs after emergency supplies have been used, including whom to call for support. For a list of resources and templates for family emergency planning, go to https://www.ready.gov.

Recommendation 2: As a foundation for natural disaster response, build a trauma-informed, resilience-focused juvenile justice agency and system focused on healing and resilience.

For juvenile justice agencies and systems to provide a trauma-informed response to natural disasters, it is critical to establish an agency-wide and system-wide commitment to trauma-informed policies and daily practices *before* a natural disaster occurs. A **trauma-informed juvenile justice agency and system**[24] is one that is healing- and resilience-focused, with youth having access to the services they need. The Juvenile Justice Reform Act of 2018 legislated several critical improvements to the juvenile justice system, including more trauma-informed interventions, changes to confinement and other dangerous practices, improvements to education delivery, more tailored services for special populations, and increased accountability for staff and youth.[25]

Recommendation 2 for Administrators: Juvenile justice administrators should implement or enhance comprehensive, agency-wide, and system-wide policies, procedures, and infrastructure that are trauma-informed and that prioritize the emotional and physical well-being of youth.

- Include trauma-informed principles and language in agency-wide policies and procedures, identifying exposure to natural disaster as a type of adversity that can lead to trauma.[26]
- Conduct an organizational self-assessment for trauma-informed organizations. To get started, see the **Put It Into Practice #4** resource.
- Implement agency- and system-wide training using an evidence- and trauma-informed curriculum tailored for justice-involved youth (e.g., National Child Traumatic Stress Network Think Trauma,[27] Sanctuary Model).[28]
- Conduct universal screening using a valid, reliable, and age-appropriate and culturally-sensitive universal screening[29] tool to identify types of adversity exposure and symptoms of trauma in response to a natural disaster[30] (e.g., UCLA Brief COVID-19 Screen for Child/Adolescent PTSD;[31] Child PTSD Symptom Scale).[32] Screening for adversity and trauma should be conducted as one component of a comprehensive, developmentally sensitive approach to assessing strengths and needs, including resilience and protective factors (e.g., PACEs Questionnaire[33]).

- Develop strong partnerships with mental health providers and related community organizations, as well as a system for referrals and follow-up. See **Section 3** of this toolkit for a list of evidence-informed trauma and mental health interventions for youth involved in juvenile justice.

Recommendation 2 for Supervisors and Staff: Supervisors and staff should seek out and participate in trauma-informed and natural disaster-specific training and professional development to learn about practices that promote social and emotional well-being and positive development and behavior among youth who have experienced trauma.

- Engage in comprehensive training and professional development opportunities in trauma-informed practices applicable for juvenile justice supervisors and staff (e.g., NCTSN Think Trauma,[34] Sanctuary Model).[35]
- Complete training in evidence-informed, trauma-focused models for natural disaster preparedness and response, such as **Psychological First Aid (PFA).**[36]
- Conduct universal screening for adversity and trauma symptoms with youth, using a valid, reliable, and developmentally and culturally sensitive tool (e.g., UCLA Brief COVID-19 Screen for Child/Adolescent PTSD;[37] Child PTSD Symptom Scale;[38] Young Child PTSD Screener).[39]
- Become familiar with evidence-based treatments and supports for youth experiencing trauma; develop relationships with providers, community agencies, and schools that offer these types of services and supports; and make appropriate referrals to support child and youth emotional well-being. For a list of these approaches, see **Section 3** of this toolkit and reference intervention registries such as the California Evidence-Based Clearinghouse for Child Welfare (www.cebc4cw.org) or Blueprints for Healthy Youth Development (www.blueprintsprograms.org), to obtain specific information on types of interventions, their level of evidence, for whom interventions were designed, and eligibility for federal reimbursement.

Recommendation 3: Ensure natural disaster plans, policies, and practices are culturally inclusive and intentionally address the needs of youth who are overrepresented in the juvenile justice system.

Black, Latinx, American Indian, Alaska Native, and LGBTQ+ youth experience disproportionate exposure to adversity and trauma and are overrepresented in the juvenile justice system. To be effective in disaster response and promote youth well-being, juvenile justice agency policies must incorporate anti-racist, anti-oppression language and guidance for administrators, supervisors, and staff to actively protect youth and families from institutional racism and discrimination, which can cause further trauma, especially during times of emergency.

Recommendation 3 for Administrators: Juvenile justice administrators should ensure that natural disaster policies and procedures that incorporate anti-racist, anti-oppression guidance address the needs of youth who are disproportionately impacted by natural disasters and other adversities and/or who are overrepresented in the juvenile system,[40] including Black, Latinx, American Indian, Alaska Native, and LGBTQ+ youth.

- Create a senior management position dedicated to promoting diversity, equity, and inclusion at the organizational level and ensure the individual in this position participates in natural disaster preparedness and response planning.
- Actively partner with the youth and families (e.g., through focus groups, committees, or other approaches) to develop language, review and assess outcome information on disparate impact, and utilize equity-focused resources to guide disaster response planning.[41] Ensure you partner with groups who are overrepresented in the juvenile justice system.
- Incorporate anti-racist and anti-discrimination policies and procedures within disaster plans and policies to reduce inequities in the juvenile justice system using a systematic approach, such as a racial equity impact analysis (REIA). Establish a policy review team to conduct the REIA of disaster plans and policies, ensuring representation of impacted groups on the team.[42]

- Incorporate LGBTQ+ responsive language and approaches[43] in disaster plans and policies and explicitly outline strategies for staff to affirm LGBTQ+ identities and strengths during a natural disaster. Ensure supports are applicable to both families of choice and families of origin for LGBTQ+ youth.
- Establish a plan for supporting the basic needs of families during a natural disaster, particularly in communities with high levels of poverty and lack of access to basic resources and services (e.g., provision of culture-specific foods, clothing, religious supports).

- Partner with schools, early childhood programs, mental health agencies, crisis response teams, and other community agencies that are committed to culturally responsive, anti-racist, and/or LGBTQ-affirming practices. Partner with agencies and interpreters that can provide services and resources in the youth's preferred language.

Recommendation 3 for Supervisors and Staff: Supervisors and staff should engage in professional development and practices that are anti-racist and anti-oppressive, and that address disproportionality of representation in the juvenile justice system.[44]

- Seek out and participate in training and professional development on racial diversity, equity, and inclusion, particularly regarding disproportionality in the juvenile justice system. The California Evidence Based Clearinghouse has rated several models on their evidence for reducing disproportionality (e.g., Family Assessment Response, Preliminary Protective Hearing Benchcard)—become familiar with these models and their practices.[45]
- Seek out and participate in training on the needs of LGBTQ+ youth[46,47,48] using formalized resources and models. Use identity affirming language when working with youth, ensure that resources are LGBTQ+ focused and affirming, and identify LGBTQ+-affirming referrals for outside services.[49]
- For youth who are institutionalized, do not use solitary confinement to separate LGBTQ+ youth from the rest of the population or in an attempt to protect them from harassment and abuse, as solitary confinement can be detrimental to youths' mental health and isolation may not actually improve safety.
- Talk and raise awareness about diversity, equity, and inclusion. Explicitly ask staff about discrimination and racism they have experienced and seek ways to address and prevent future harm. Engage in meaningful conversations with supervisors and colleagues about racial and ethnic diversity in the workforce. These discussions should be intentional and semi-structured. Group discussions should be moderated by a leader with expertise in diversity, equity, and inclusion and should follow best practices for discussing these topics.[50]

Recommendation 4: Establish natural disaster communication protocols and plans for youth, staff, and families.

When a natural disaster occurs, there are often short- or long-term challenges with maintaining regular communication with family, friends, and other supports. Juvenile justice agencies should identify and use alternative communication and monitoring strategies, including virtual meetings, electronic communication, and telephone contact, when in-person contact with youth is not possible. Building an infrastructure, including supplying staff, youth, and families with necessary equipment, for alternative methods of communication before a natural disaster is critical for a seamless transition during an emergency.

Recommendation 4 for Administrators: Juvenile justice administrators should establish staff protocols for maintaining regular contact with youth during and after a natural disaster occurs.

- Establish formal protocols for frequent and ongoing contact with youth and families during and after a natural disaster occurs to monitor their physical and emotional risk, safety, and well-being[51] and to keep them informed about the disaster and available resources while following safety guidelines.[52]
- Build agency capacity for a seamless transition to virtual contact, visits, and services (e.g., telehealth) before a natural disaster occurs.[53] Continuously monitor opportunities for emergency and grant funding for technology supports.
- Develop electronic and printable resource libraries for staff to quickly access and provide information to youth and their parents/caregivers on natural disasters, their effects, and approaches to addressing youth physical and emotional needs.
- For youth who are on community supervision, reduce or adjust reporting requirements[54] concerning the frequency of meetings with probation or parole officers.

Recommendation 4 for Supervisors and Staff: Juvenile justice supervisors and staff should partner with youth and families to establish communication plans in the event of a natural disaster and review the plans regularly.

- Incorporate natural disaster communication plans into regular goal setting and service planning with youth and families, including contingency plans for when in-person contact is unavailable, methods for getting in touch with loved ones within and outside the home or residential setting, and alternative emergency contacts and supports when electronic communication may be limited.
- Review the natural disaster communication plan regularly or any time a placement change or other major transition occurs.
- Identify and become familiar with natural disaster-related resources for families and consider keeping printable copies of resource lists on natural disasters, their effects, and approaches to addressing youth and families' physical and emotional needs. Keep resources easily accessible to staff, youth, and their caregivers.
- For youth in institutional settings, identify creative methods and flexibility in agency operations to help them connect with family members, friends, attorneys, and other social supports during and after a natural disaster (e.g., increased access to video or phone visits,[55,56] alternative communication schedules, etc.).

Recommendation 5: Proactively identify and address staff needs related to secondary traumatic stress and well-being.

Juvenile justice staff can be directly impacted by a natural disaster and as essential workers, may be separated from their families and support systems or experience property loss and displacement. In addition, due to the nature and demand of their work, juvenile justice staff are at risk for experiencing secondary traumatic stress, burnout, and poor emotional and physical well-being.[57] Staff well-being contributes to productivity, self-compassion and compassion for others, and positive engagement with youth and families. [58,59] Juvenile justice systems must proactively identify and address staff well-being before a natural disaster occurs and make concerted efforts to monitor secondary traumatic reactions during times of emergency.[60]

Recommendation 5 for Administrators: Juvenile justice administrators should establish an organizational culture that prioritizes the physical and emotional well-being of staff and administrators.

- If staff are directly impacted by the disaster, take immediate steps to support their physical and emotional well-being by connecting them with available supports within the agency/system and in the community.

- Formalize strategies for preventing, identifying, and addressing secondary traumatic stress and vicarious trauma among juvenile justice staff and administrators by creating and implementing a workforce wellness plan[61] that promotes high-quality, trauma-informed services and reduces staff burnout and turnover.[62] Model self-care and work-life balance for supervisors and staff throughout the organization.
- Increase staff awareness of the potential impacts of working with traumatized individuals on their own well-being and emphasize the importance of prioritizing self-care (e.g., mindfulness, exercise, good nutrition, rest, social support, counseling).
- Assess staff well-being by routinely screening for secondary traumatic stress among staff (e.g., Professional Quality of Life Measure,[63] Secondary Traumatic Stress Informed Organization Assessment Tool)[64] and in the organization (e.g., Secondary Traumatic Stress Informed Organization Assessment).[65] Offer information for self-care activities, employee assistance, or obtaining external sources of support.

- Provide consistent, high-quality, reflective, and trauma-informed supervision[66] that focuses on positive and supportive professional relationships.
- Create "trauma-free zones" or "self-care rooms" to provide a space for mental and physical nourishment (i.e., snacks, water), including wellness activities (e.g., mindfulness, yoga, exercise, quiet time, time to connect with supportive colleagues) and resources on trauma, healing, and resilience for staff and administrators.

Recommendation 5 for Supervisors and Staff: Juvenile justice supervisors and staff should prioritize self-care and physical and emotional well-being in their work through regular, routine activities and practices.[67]

- Identify sources of social support and enjoyable activities outside of the workplace, such as spending time with family, spiritual/religious groups, clubs, or hobbies and make a routine for spending time engaging in them each week. The best way to make a routine into a habit is to share your intentions with someone else who can help encourage you in your goals.
- Reach out to supportive colleagues and supervisors about work-related stress, when you have a tough day, or when a case does not end well.
- Remember the importance of your work and your reason for working in juvenile justice, centering your thoughts on the beneficial aspects of your work.
- Keep an eye out for unhealthy coping methods, such as drinking too much alcohol, substance use, increased arguments or tension with family or friends, or losing too much sleep. Be aware of community resources and employee assistance programs to support you with these needs if they arise. Share these resources with a colleague who may benefit from them and follow-up to check if they were successfully connected.

Recommendation 6: Administrators should coordinate and collaborate with community and other service organizations before a natural disaster occurs to support preparedness, healing, and resilience.

To provide an effective, trauma-informed response to natural disasters, juvenile justice agencies need leadership from administrators. Partnering with community agencies and other service organizations is typically an important element of best practice in juvenile justice, and during a natural disaster, these collaborations become even more critical for mobilizing an agency-wide response quickly. When a natural disaster occurs, administrators are faced with rapidly changing landscapes and must closely monitor changes in policies, recommendations for best practices, and funding opportunities.

- Closely monitor changes in federal, state, territory, tribal, and county juvenile justice policies designed to address disaster-related challenges and to support child, youth, family, and staff well-being.
- Engage in cross-system collaboration and natural disaster planning with other national, state, and local child- and family-serving organizations, community organizations, and emergency systems (e.g., Red Cross,[68] FEMA,[69] law enforcement, schools) to coordinate a trauma-informed response.

How to respond DURING and AFTER a natural disaster or pandemic occurs

Experiencing a natural disaster can result in anxiety, stress, and fear among youth in the juvenile justice system, most of whom have already experienced some form of adversity or trauma. Natural disasters can pose new challenges, such as displacement, death or injury to a parent/caregiver or a pet, loss of possessions, or loss of contact with social supports.[70] As with all trauma, youth will experience a range of emotions and reactions to natural disasters, with many recovering and healing without ongoing formal intervention. Age, prior experiences of trauma, support from a primary caregiver and other social supports, and the severity of impact of the natural disaster are all important factors in youth response.[71]

There are several strategies and supports juvenile justice agencies can use to help youth recover. Many of these strategies will be implemented primarily by direct service supervisors and staff who work with youth on a day-to-day basis; however, in addition to mobilizing an agency-wide response, there are several specific actions administrators can take during and after a natural disaster to promote youth emotional well-being. This section outlines broad natural disaster response recommendations for administrators, followed by more specific recommendations for direct service supervisors and staff.

Recommendation 7: Administrators should continually monitor safety protocols and support staff and families to cope with uncertainty and maintain routines even if evacuation occurs.

When a natural disaster occurs, administrators are also faced with rapidly changing landscapes and must closely monitor changes in policies, recommendations for best practices, and funding opportunities.

- Encourage staff and supervisors to implement trauma-informed, resilience-focused practices to identify and ameliorate disaster-related trauma (see recommendations for supervisor and staff below).
- Monitor updates to best practices and emerging, promising approaches to addressing disaster-related trauma, in addition to existing evidence-informed approaches (see **Section 3**).

- Establish protocol and procedures for identifying and addressing primary and secondary trauma reactions among staff, particularly those regularly working in the field with youth and families.
- Monitor emergency and related funding opportunities to build agency infrastructure to respond to disaster-related needs for youth and maintain consistent service delivery (e.g., investing in telehealth, mental health training/consultation).

Recommendation 8: Supervisors and staff should use and refer to evidence- and trauma-informed training, services, and supports for children, youth, and families who experience a natural disaster.

Using evidence-informed, trauma-focused approaches to respond to youth involved in juvenile justice who experience a natural disaster is important for preventing and mitigating long-term negative impacts and for promoting healing and resilience.[72] Engaging parents/caregivers in emergency response is imperative to processing and recovering from a natural disaster. Research shows that parent and caregiver response during and after natural disasters are correlated with youth response.[73] **Because youth rely on their caregivers for information, basic needs, and support, it is important to talk with parents and caregivers about modeling calm reactions and taking their own time to process what has happened.** Supporting parents and caregivers to develop family emergency and communication plans and to learn common reactions to natural disasters, how to support themselves, and how to respond to youth in their care are all critical components to a trauma-informed natural disaster response in the juvenile justice system.

- In the days and weeks after a natural disaster occurs, use an evidence-informed approach to support youth (e.g., Psychological First Aid[74]). Before asking questions or collecting information from youth and their families, begin by establishing regular contact and engaging with youth; assessing for physical and emotional risk and safety; offering ways to provide support and comfort; and connecting the child or youth to resources for stabilization, if there is ongoing crisis (e.g., loss of family or community). For additional tips on how to respond to a natural disaster in the immediate aftermath, see the **Put It Into Practice #5** resource. For additional information on Psychological First Aid, see **Section 3** of this toolkit.

- Encourage parents and caregivers to develop awareness and skills for supporting youth in their care during and after a natural disaster. Parents/caregivers should provide factual information on what has happened and what to expect after a natural disaster. Discourage over-exposure to media about the natural disaster;[75] download the Help Kids Cope app developed by the NCTSN[76] for tips on talking to youth about natural disasters, and encourage engaging in regular routines as much as possible to instill a sense of normalcy.[77]
- Avoid using "debriefing" techniques by having youth talk about the details of the natural disaster in the immediate aftermath, as these approaches can increase risk for ongoing posttraumatic stress.[78] If a child or youth shows ongoing reactions of trauma, referral to a structured, trauma-focused intervention is warranted. See **Section 3** of this toolkit for a list of evidence-based, trauma-informed models for youth in juvenile justice who have experienced a natural disaster.

- After initial contact is made and support and stabilization services have been provided (if necessary), begin gathering information about the needs of youth. Remember to discuss practical assistance with basic needs and supports, in addition to connection with social supports, information on coping with common reactions, and linkage to outside services, if necessary. Psychological First Aid offers a number of guides, handouts, and resources for talking about coping and common reactions with youth (see **Section 3**). For additional tips for talking to youth about natural disaster, see the **Put It Into Practice** resources for this section.

Recommendation 9: Supervisors and staff should maintain close and regular contact with youth and families in the weeks and months following a natural disaster to provide them with information and support.

Providing consistent social support during and after adversity and trauma is one of the most effective ways to prevent or reduce long-term, trauma-related mental health concerns and to promote healing and resilience.[79] To effectively provide a vehicle for youth and families to share their disaster-related needs, juvenile justice supervisors and staff must initiate and maintain regular contact with youth during and after a natural disaster.

- When in-person contact is not possible, it is essential to identify alternative ways to connect with youth and help them establish and maintain contact with others in their support network, including through the use of technology[80] (e.g., telephone, text messaging, virtual meetings).
- Support and help maintain social connections[81] between youth and their families, friends, and communities to provide social support and ongoing information about their safety.
- Tailor strategies to the youth's age and developmental stage. Ensure that older children and adolescents[82] have contact with peers, siblings, caring adults, and/or other social supports.
- For youth who are in institutional settings, identify creative and flexible methods to help them connect with social supports.[83]
    - Encourage youth to connect with family members, peers, attorneys, and other social supports by offering alternative methods of communication (e.g., video visits, phone calls, emails, letter writing).
    - Allow for flexibility in agency operations related to phone or video visit allowances and communication schedules to ensure youth have access to their social supports when needed and do not revoke opportunities to connect with social supports as a form of punishment.

Recommendation 10: Recognize that certain family challenges, such as child abuse and neglect, domestic violence, and parental mental health and substance abuse problems, tend to increase during natural disasters, and be prepared to identify and respond with appropriate supports.

Research shows that violence in the home, abuse, and neglect increase during and shortly after natural disasters.[84] Proactively conducting risk and safety assessments, trauma-focused screenings, and referrals to trauma-informed, culturally responsive services and supports increases the chances that youth will recover from a natural disaster.

- Actively monitor the well-being, strengths, and needs of children, youth, and their parents/caregivers. Screen youth for adversity, separation, types and details of natural disaster exposure, and disaster-related trauma symptoms using a valid, reliable, and developmentally- and culturally-sensitive tool (e.g., UCLA Brief COVID-19 Screen for Child/Adolescent PTSD;[85] Child PTSD Symptom Scale; [86,] SAMHSA Child/Youth and Adult Assessment and Referral Tools). [87,88]

- For youth experiencing moderate levels of distress in the weeks following a natural disaster, consider using a short-term, evidence-based model to promote coping with natural disaster, such as **Skills for Psychological Recovery (SPR).**[89] See Section 3 of this toolkit for more information on SPR.
- For youth experiencing severe distress or who have not shown improvement six weeks after a natural disaster, refer them for formal evidence-based, trauma-informed treatment. For a list of evidence-based treatments that have been used with youth in juvenile justice, child welfare, and/or in response to natural disaster, see Section 3 of this toolkit.

Recommendation 11: Monitor staff well-being for signs of secondary traumatic stress and vicarious trauma, and create regular opportunities for staff to engage in self-care and to improve their work-life balance.

When a natural disaster occurs, juvenile justice supervisors and staff often experience similar stressors and events as the youth in their care. Monitoring and addressing signs of burnout and secondary traumatic stress are critical for sustaining the emotional well-being of the workforce, especially during times of emergency.

- Learn about the signs of secondary and vicarious trauma and monitor yourself for these signs during and after a natural disaster. Try using a standardized tool to check your reactions (e.g., PROQoL;[90] Secondary Traumatic Stress Scale[91]).
- Use strategies and activities to prevent or reduce trauma symptoms, such as relaxation (e.g., deep breathing, visual imagery), engaging in enjoyable activities or socialization, and processing and expressing feelings (e.g., through journaling, art, music).[92] If symptoms persist, talk to your supervisor, colleagues, or employee assistance to obtain additional support and consider reaching out to a mental health provider.

Put It Into Practice #1

Five ways to Support Youth in Juvenile Justice Who Experience a Natural Disaster

When should I use this resource? DURING and IMMEDIATELY after a natural disaster

1. Encourage adult caregivers and family members to model calm behavior

Youth tend to mirror the reactions of adults around them and will learn ideas for how to take care of themselves from what adults in their environment do. Youth in juvenile justice who have already experienced trauma before a natural disaster are more likely to be triggered by an additional traumatic event. Modeling calm behavior and being aware of trauma reminders can help youth stay calm and feel supported. Parents and caregivers may benefit from finding opportunities to take a moment for themselves, express their feelings, acknowledge that the natural disaster is a scary situation, and engage in a coping strategy to calm themselves.

2. Provide simple and accurate information about the natural disaster in a calm voice

Proactively discuss with youth in a developmentally appropriate way what has happened and what will happen next. Many youth involved in juvenile justice have experienced family separation or removal from their home, and they may be especially sensitive to additional separations from supports and loved ones. Talking openly about what to expect is important for reducing anxiety and trauma reminders.

3. Maintain regular contact between youth and social supports

Allowing youth to have regular contact with safe and supportive adults, family, and peers during and immediately after a natural disaster is important for promoting their emotional wellbeing. Consider revising policies on electronic access and ensure regular check-ins with youth – ideally, in person, or at minimum, via phone or video call.

4. Attend to physical safety

Assess for physical safety in the youth's home/residential and school environment, particularly in cases of potential structural damage, and work with youth and families or facility staff to enhance safety in the physical environment or identify other safe environments as needed.

5. Attend to emotional safety by encouraging comforting and distracting activities

Youth may benefit from doing slow breathing to calm their bodies, having a comforting object or blanket to hold, or having musical or artistic outlets. See handouts from the NCTSN for activities youth can do inside at https://www.nctsn.org/resources/simple-activities-children-and-adolescents

Put It Into Practice #2

Discussion Guide for Talking with Youth about their Disaster-Related Needs and Strengths

When should I use this resource? AFTER a natural disaster occurs, once the youth is ready

DO	DON'T
DO listen and help the child, youth, or family member sort out their thoughts and feelings in a way that they feel is most helpful.	**DON'T** offer generic reassurance ("everything will be okay"), false hope or encouragement, or promises that you cannot fulfill.
DO carefully assess for current major stressors, dangers, or other safety risks.	**DON'T** make assumptions about what is stressful or feels like a threat to the child, youth, or family member; ask them directly.
DO learn about the specific ways the pandemic has affected their personal life and their personal relationships.	**DON'T** overlook the importance of personal relationships, key supports, and important activities that a natural disaster may make more difficult.
DO acknowledge distress as understandable in the circumstances with empathy and without judgement.	**DON'T** provide overly simplistic reassurance or advice, and do not attempt to convince them to feel or think differently.
DO build on their strengths, interests, and talents to brainstorm new or different ways of coping.	**DON'T** use coping skills that focus on deficits or are not tailored to their development/age, personality, culture, and preferences.
DO identify and reinforce positive ways they interact with their support systems (including prosocial peers).	**DON'T** assume that their relationships are supportive or overlook areas of conflict or tension in their relationships.
DO identify and reinforce ways they get support participation in activities (including faith-based) that are meaningful and enjoyable to each child and youth.	**DON'T** limit their ability to draw on sources of positive support from people and activities.
DO make sure they leave every conversation you have with them with at least one action step or tool that provides a sense of progress toward supporting their well-being.	**DON'T** treat any conversation with a youth or family member as pointless or worthless—that's a big missed opportunity.
DO establish practical ways for them to maintain ongoing contact with you.	**DON'T** ignore them because you're too busy or focused on someone else—check in with them whenever you can.

Adapted from: Ford, J. (2020). Working Together in the Pandemic: Tips for Front-Line Juvenile Justice Staff. Los Angeles, CA, and Durham, NC: National Center for Child Traumatic Stress.

PRACTICE 3

Put It Into Practice #3

Questions for older children and youth about their strengths and needs

When should I use this resource? DURING and AFTER a natural disaster occurs

Directions: Juvenile justice staff who work directly with youth and families can use this discussion guide to ensure youth have a voice in identifying their own strengths and needs in four key areas during and after a natural disaster: information and resources, social connections, physical safety and wellness, and emotional safety and wellness. The questions listed in each area are examples that may be useful but are not an exhaustive list and other questions may be added as needed. **Before you begin:** Review the DOs and DON'Ts for talking to youth in juvenile justice about natural disasters.

Information & Resources

Example questions for youth

- Is there anything you want to know about [natural disaster/pandemic]?
- Is there anything you want to know about how the services you receive from [juvenile justice agency] may be different [natural disaster/pandemic]?
- What types of support would help you during [disaster/pandemic]? (*Prompts: food, clothing, housing, financial assistance, education, employment, mental health or substance abuse treatment*)
- What other information or supports might you need during [disaster/pandemic]?

Social Connections

Example questions for youth

- How are things going at home? (Prompts: biological, foster, and/or kinship home)?
- How are your family members doing? (*Prompts: biological, foster, and/or kin*)
- How are your friends doing?
- Are you getting the support you need from family and friends? If not, what do you need?
- Are there family members or friends that you need help getting in touch with?

Physical Safety & Wellness

Example questions for youth

- How are you feeling physically? Are you having health concerns? If so, what?
- How well are you taking care of yourself? (*Prompts: exercise, sleep, nutrition, self-care, hobbies, medical care, mental health care*)
- Are your basic needs being met? (*Prompts: having enough food, safe housing, enough money, access to education/employment, medical care, and mental health care*)
- Is there anything that is making you feel physically unsafe right now? If yes, what's making you feel unsafe? What would you need in order to feel safe?

Emotional Safety & Wellness

Example questions for youth

- How are you feeling about the [name of disaster/pandemic)?
- It's common to feel stressed, worried, irritable, or depressed when there's a natural disasster or pandemic. Are you having any of those feelings? If so, tell me about what you're feeling.
- Some people use more alcohol or drugs during a natural disaster or pandemic due to stress. Is this a concern for you?
- Are you getting the emotional support you need?
- What type of emotional support would be helpful to you?
- What's going well for you? Are there ways [juvenile justice agency] can help you continue to do well?

Juvenile Justice Resource Library #1:

Recommendations for Promoting Healing and Resilience Among Youth Involved in Juvenile Justice who Experience Natural Disasters

- **American Bar Association:** Considering Childhood Trauma in the JJ System
- **The Annie E. Casey Foundation:** Creating Trauma-Sensitive Communities
- **Annie E. Casey Foundation:** Leading with Race to Reimagine Youth Justice
- **Annie E. Casey Foundation:** Lesbian, Gay, Bisexual and Transgender Youth in the Juvenile Justice System
- **Annie E. Casey Foundation:** Transforming Juvenile Probation: A Vision for Getting It Right
- **National Child Traumatic Stress Network:** Trauma Among Girls in the Juvenile Justice System
- **National Child Traumatic Stress Network:** Trauma-Informed Court Self-Assessment
- **National Council of Juvenile and Family Court Judges:** The Essential Elements for Providing Trauma-Informed Services for Justice-Involved Youth and Families
- **Urban Institute:** Bridging Research and Practice Project to Advance Juvenile Justice and Safety

Section 2: Promoting Healing and Resilience After Natural Disasters for Youth Involved in Juvenile Justice

This second section of the toolkit provides foundational concepts and research on the impact of trauma from natural disasters and how the use of trauma-informed care (TIC) in the juvenile justice system before, during, and after a natural disaster can support healing, resilience, and equitable outcomes for all children, youth, and families after a natural disaster.

Both natural disasters and other types of experiences common for youth involved in juvenile justice (e.g., exposure to violence and separation from caregivers) constitute forms of adversity that can be traumatizing.[93] When adversities accumulate over time—as is a common experience for youth involved in juvenile justice—going through a natural disaster places youth at especially high risk for trauma and related hardships, such as mental and physical health problems, difficulties forming healthy relationships with others, difficulties learning, and limited educational and occupational success.[94,95] Black, Latinx, American Indian, Alaska Native, and LGBTQ youth are overrepresented in juvenile justice. Thus, juvenile justice systems must use an anti-bias, anti-racist approach that is also trauma-informed and resilience-focused to have an effective disaster response.[96,97,98,99] In addition, related services for youth involved in juvenile justice must address the specific needs of each youth and family, accounting for their age and developmental stage, racial and ethnic background, sexual orientation, and gender identity.

Given the extent of trauma, loss, separation, and other adversities among families involved in state, county, tribal, and territory juvenile justice systems, juvenile justice staff and administrators must be proactive in preventing and mitigating trauma from natural disasters. As a foundation for best practice, trauma-informed care is increasingly recognized as an effective approach to promoting healing and resilience in the juvenile justice system.[100] This means that juvenile justice agencies must explicitly implement TIC as part of their disaster response plans, while actively resisting practices that retraumatize youth in their care during contact with law enforcement, court processes, residential placements, and probation/parole.

The good news is that, with the right supports, all youth have the capacity for resilience following exposure to adversity or trauma, [101] including natural disasters.[102] Juvenile justice agencies and systems are best equipped to help young people recover and thrive after natural disasters when they incorporate the best evidence to date on trauma, healing, and resilience into their policies and daily practices.

What are trauma and grief, and how do they impact children and youth?

Over half of all children and youth in the United States, approximately 35 million individuals under 18, experience trauma.[103] ***Trauma*** occurs when a youth or adult perceives an event or set of circumstances as overwhelmingly frightening, harmful, or threatening, whether emotionally, physically, or both.[104] It is one possible outcome of childhood exposure to adversity, not an inevitable consequence. ***Grief*** occurs when there has been a death of a loved one or when other losses occur.[105]

Some youth and families experience trauma and grief as a result of natural disasters. For example, up to 30 percent of youth who have lived through a natural disaster develop long-term mental health challenges, including posttraumatic stress disorder (PTSD).[106,107] This statistic highlights the importance of taking proactive steps to prevent the re-traumatization of young people with a history of abuse and neglect when a natural disaster occurs. Natural disasters can cause youth who have previously experienced trauma to experience re-traumatization, the re-experiencing of prior trauma—consciously or unconsciously—which can also interfere with healing and recovery from prior trauma.[108,109]

It is important to understand what trauma is and how youth respond to trauma in its different forms. SAMHSA highlights three "Es" that help define trauma and individual reactions to it. [110] They include the events and circumstances that may lead to trauma, the nature of the experience, and the potential effects of trauma (see Figure 3).

Figure 3. SAMHSA's Three "Es" of Trauma

Event(s) and circumstances

- May include the actual or extreme threat of physical or psychological harm or severe, life-threatening neglect for a child that imperils healthy development.
- These events and circumstances may occur as a single occurrence or repeatedly over time.

Experience of the event(s)

- Helps to determine whether it is a traumatic event.
- A particular event may be experienced as traumatic for one individual and not for another.
- How the individual labels, assigns meaning to, and is disrupted physically and psychologically by an event will contribute to whether or not it is experienced as truamtic.
- Traumatic events by their very nature set up a power differential where one entity (whether an individual, an event, or a force of nature) has power over another. They elicit a profound question of "why me?" The individual's experience of these events or circumstances is shaped in the context of this powerlessness and questioning.
- Feelings of humiliation, guilt, shame, betrayal, or silencing often shape the experience of the event.

Effect

- The long-lasting adverse effects of the event are a critical component of trauma.
- These adverse effects may occur immediately or may have a delayed onset.
- The duration of the effects can be short to long term.
- In some situations, the individual may not recognize the connection between the traumatic event and the effects.
- In addition to more visible effects, there may be an altering of one's neurobiological make-up and ongoing health and well-being.

Source: Figure adapted from Substance Abuse and Mental Health Services Administration (SAMHSA). (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach.* HHS Publication No. (SMA) 14-4884. Rockville, MD: Author (pp. 7-8).

Childhood trauma can negatively impact multiple areas of development and functioning, including brain development, cognition, physical health, emotional well-being, the quality of relationships with others, mental health, and behavior[111,112,113] such as:

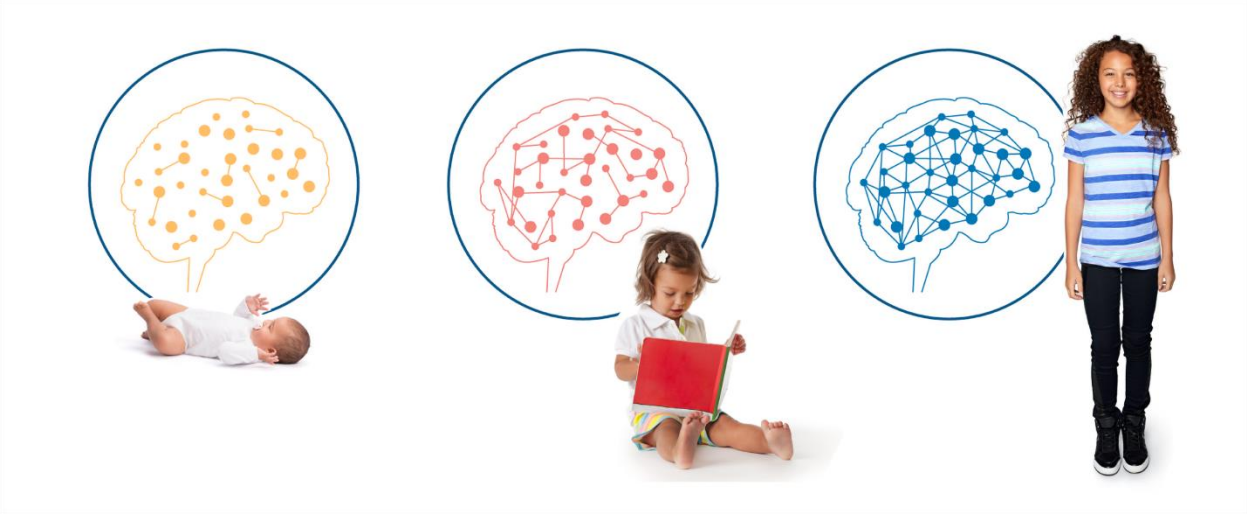
- Internalizing problems (e.g., anxiety, depression)[114]
- Externalizing problems (e.g., tantrums, aggression, attention-deficit/hyperactivity disorder or ADHD), and poor self-regulation).[115,116]
- Posttraumatic stress disorder (PTSD) (less than 5 percent)[117]
- Insecure attachments with caregivers and difficulty forming healthy relationships with others[118,119]
- Physical health problems[120]
- Difficulties with learning[121]
- Poor performance in school and at work[122]

Advances in brain science have been especially useful to understanding the effects of trauma on youth development and functioning. For example, when trauma occurs during sensitive periods of brain development (e.g., the first few years of life), youth are at higher risk for smaller brain volume, overreaction or underreaction to stress, poor connection and coordination between regions of the brain, and negative effects on gene expression (i.e., whether genes are turned on or off).[123]

Trauma also can negatively impact a youth's ability to regulate emotions. Studies show there are three major parts of the brain involved in a response to trauma[124]:

1. **Brain stem,** or the "reptilian brain," which is in charge of basic functions;
2. **Limbic system**, which processes emotion and relationships; and
3. **Cortex** or the "thinking" part of the brain.

When all three parts of the brain work together successfully, youth are able to regulate their emotions. But trauma increases the likelihood that these parts of the brain disconnect, leading a youth's emotions to take over. For example, if a child or youth has experienced trauma, the "alarm" center of the brain in the limbic system may be triggered even when danger is not present. This overreaction by the body's stress response system is referred to as "flipping your lid."[125] To learn more about this concept and how to talk to children, youth, and parents and other caregivers about trauma's impact on the brain, watch this brief video with psychologist Dr. Dan Siegel.



Source: Image from: Office of Head Start, Early Childhood Learning and Knowledge Center (n.d.). *Child development: Brain building*. https://eclkc.ohs.acf.hhs.gov/school-readiness/article/child-development-brain-building

How do trauma and grief impact youth in the juvenile justice system?

To support healing and resilience among youth during and after natural disasters, it is essential that juvenile justice staff, supervisors, and administrators understand how trauma and grief impact the lives of youth in their care and how to address their related needs.

When a natural disaster occurs, youth in the juvenile justice system must cope with multiple adversities that accumulate over time. Not only do they often have a history of adversity, but many youth served by juvenile justice also experience endure:

- Separation from family, home, school, and community;
- Death of loved one(s);
- Multiple out-of-home placements;
- Domestic violence;
- Challenges resulting from parental mental health needs and/or substance abuse;
- Poverty;
- Community violence.

In other words, a natural disaster can be especially difficult for youth in the juvenile justice system due to an accumulation of adversity in their lives.[126] A build-up of severe and pervasive traumatic events of an interpersonal in nature that often begin early in life (e.g., abuse or neglect, substance abuse and mental health problems in the family)—is referred to as **complex trauma**.[127] Complex trauma is common for youth involved in juvenile justice[128] and places them at especially high risk for behavior problems, difficulty forming healthy relationships with caregivers and others, and mental health problems, which decrease the chances that a youth is successful in important life domains, such as home, school, and work. Some youth who experience the death or loss of a loved one may have ongoing challenges and have difficulty remembering their loves one in a positive way. Youth may have trauma reactions following a death that was sudden, unexpected, or anticipated (e.g., due to illness).[129]

Complex trauma places a child or youth at especially high risk for behavior problems, difficulty forming healthy relationships with caregivers and others, and mental health problems, which decrease the chances that a child or youth is successful in important life domains, such as home, school, and work. [130]

How do natural disasters affect youth?

Childhood exposure to natural disasters is widespread.[131,132] More than half of families and nearly 14 percent of all children and youth in the United States have experienced a natural disaster.[133] Furthermore, climate change has increased the frequency and severity of natural disasters across the globe, with rates of climate-related disasters tripling in the last 30 years.[134]

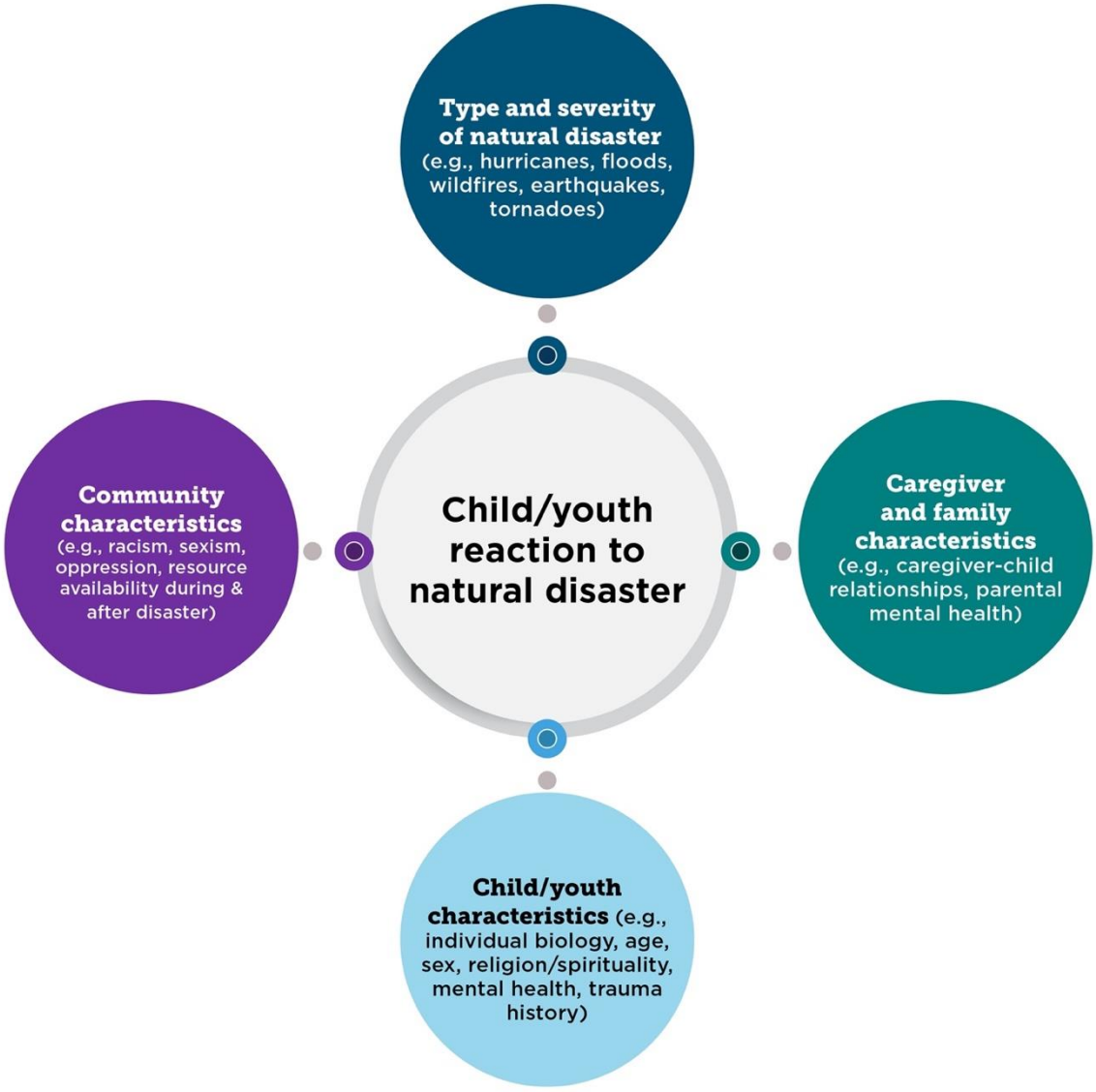
While natural disasters cause immediate distress for nearly everyone involved, many youth recover relatively quickly and return to pre-disaster levels of functioning, while others struggle with serious challenges.[135] In fact, a higher proportion of youth develop mental health problems after a natural disaster than adults, including traumatic stress reactions and posttraumatic stress disorder (PTSD).[136,137] This may occur through direct physical or psychological harm or indirectly, when important people in children's lives are affected, such as a parent/primary caregiver, sibling, educator, or mental health provider.[138,139] Youth may be separated from their caregivers, homes, belongings, and communities; some are injured and/or witness others being injured or killed; and many endure long periods of stress, fear, and grief. [140] Those with prior histories of adversity and trauma tend to have more significant reactions to natural disasters than those without ongoing or a prior history of adversity.[141,142]

Although the evidence is still emerging in youth response to COVID-19, pandemics can also result in similar or related types of adversity, stress, and trauma as other types of disaster. A review of the literature on the impacts of natural disasters on children and youth[143] shows that certain children and youth are more susceptible to physical, mental health, and learning difficulties in the long-term when they:

- Were severely injured or ill due to the natural disaster or a family member has experienced significant injuries or illness;[144]
- Endured other forms of trauma after the natural disaster;[145]
- Experienced multiple events that are dangerous or life-threatening during the disaster;[146]
- Experienced a death of a loved one or pet;[147,148]
- Believed there was a direct threat to their life or a family members' life during the disaster;[149]
- Experienced multiple adversities after a disaster;[150]
- Missed school for an extended period of time or had to drop out;[151]
- Are at greater risk for property loss and personal impact after the natural disaster (i.e., due to poverty, systemic racism, and oppression);[152,153]
- Had a family member/caregiver who was a rescue worker or essential worker.[154]

Factors that contribute to youth outcomes after natural disasters include a wide range of risk and protective characteristics of the individual, family, and community, as well as the nature of the disaster[155] (see Figure 4 below).

Figure 4. Factors Contributing to Youth's Reaction to a Natural Disaster



Adapted from: Lai, B. S., & La Greca, A. (2020). *Understanding the impacts of natural disasters on children*. Washington, D.C.: Society for Research in Child Development. https://www.srcd.org/sites/default/files/resources/FINAL_SRCDCEB-NaturalDisasters_0.pdf

During natural disasters, conditions can shift rapidly, depending on the nature of the event (e.g., flooding during a hurricane; displacement due to a wildfire) and the local, state, and federal response (e.g., whether there is a formal Disaster Declaration that allows public officials to use emergency resources to protect life, property, and public health). Given the often unpredictable and shifting conditions of natural disasters, frequent and ongoing communication with youth and their caregivers is necessary to assess their well-being and needs as they shift, and to provide appropriate, trauma-informed supports along the way (see below for a detailed description of **trauma-informed care**).

Natural disasters can share similar characteristics (e.g., limited warning or predictability, property destruction, injury and loss of life, displacement from home, school, and community) but may nevertheless have different impacts on youth. In general, those who experience secondary adversities from natural disasters tend to have more significant difficulties adjusting in the long-term.[156] **Secondary adversities** are additional negative experiences that are generated from a natural disaster, such as illness or injury, loss of property or possessions, death of loved ones or pets, financial hardships, or long-term displacement or relocation.[157] Preparing for a natural disaster before it occurs and engaging in safe evacuations can help buffer youth from negative impacts and secondary adversities.

How do impacts on children and youth vary by the nature of a natural disaster?

Natural disasters are environmental events that can take multiple forms, including:[156]

- Hurricanes, typhoons, or cyclones
- Tornadoes
- Floods
- Landslides, mudslides, avalanches
- Tsunamis
- Windstorms, derecho, haboob, dust storm
- Winter storms, blizzards, hailstorms
- Droughts
- Wildfires
- Earthquakes

How does the impact of natural disasters and other types of trauma vary by age and developmental stage?

The developmental timing of trauma exposure can impact brain development and the likelihood of developing mental health problems.[158] Youth of different ages and developmental stages respond to trauma in different ways. They may regress (lose skills previously acquired or returning to earlier behaviors from an earlier stage), develop physiological symptoms, or express their distress through their emotions and behaviors. For examples of common trauma reactions at each age and developmental stage, see Table 1.

Table 1. Common trauma reactions by age and developmental stage

Age/Developmental Stage	Common Regressive Reactions	Common Physiological Reactions	Common Emotional and Behavioral Reactions
Infants and young children	• Bedwetting in a child who was previously toilet trained • Thumb-sucking • Greater fear (of darkness, animals, monsters, strangers)	• Loss of appetite • Overeating • Indigestion and other digestive problems	• Nervousness • Anxiety about being away from parents or other primary caregivers • Irritability and disobedience

Age/Developmental Stage	Common Regressive Reactions	Common Physiological Reactions	Common Emotional and Behavioral Reactions
School-age	• Clinginess with parents or other primary caregivers • Crying or whimpering • Requests to be fed or dressed	• Headaches • Complaints of visual or hearing problems • Sleep problems and nightmares	• School phobia • Social withdrawal • Irritability and disobedience
Adolescence and young adulthood	• Competing with younger siblings for attention from parents or other primary caregivers • Failure to perform chores and fulfill normal responsibilities • Resumption of earlier behaviors and attitudes • Decline in previous responsible behavior	• Headaches • Complaints of vague aches and pains • Overeating or loss of appetite • Skin problems • Sleep problems • Digestive problems	• Loss of interest in activities • Poorer school performance • Disruptive behavior • Mistrust of authority • Increase or decrease in physical activity • Depression • Isolation • Antisocial behavior • Risky behavior

Source: Substance Abuse and Mental Health Services Administration (SAMHSA). (2018). Disaster Technical Assistance Center Research Bulletin: Behavioral Health Conditions in Children and Youth Exposed to Natural Disasters. Rockville, MD: Author.

Research shows that the earlier in life trauma occurs, the higher the likelihood is that youth will experience maladaptive outcomes. This is largely due to the negative impacts of trauma on the youth's developing brain and on parenting/caregiving quality. The brain develops rapidly in early childhood, forming over 1 million neural connections per second, and it is during this period that trauma can have the most potential to influence brain structure and functioning.[159] In addition, young children are highly dependent on their caregivers for their survival and well-being. Traumatic conditions that lead to disturbances in caregiving can be especially damaging to children in the early years.[160] Furthermore, the younger a child is, the more likely he or she is to be abused or neglected.[161] Many youth involved in juvenile justice have adversity and trauma histories that began early in childhood.

Adolescence is a stage of development during which experience also has a strong influence on the brain. Therefore, youth are more vulnerable to trauma during this period.[162] More significant mental health problems often begin to emerge during this time, as well.[163] Moreover, some youth enter juvenile justice formally with family supports and emerge formally as adults (18 or older) without families available to support them. Similarly, youth involved in juvenile justice who were also in the child welfare system (i.e., crossover youth) may emerge after having aged out of child welfare services. Youth released from care or juvenile justice placement need tailored supports, including building skills for independent living, housing challenges supports, expanding social networks, identifying long-term resources, and connecting to more intensive adult-focused supports for those who need it (e.g., mental health treatment). Consistent engagement and partnership with such youth who have experienced adversity and trauma, and whose plans for transition may be delayed or derailed by a natural disaster, is critical for long-term emotional and physical well-being.

Finally, youth who are not achieving expected developmental milestones, such as individuals with disabilities, may experience particularly high levels of stress and trauma due to cognitive or emotional limitations (e.g., a youth with autism who has difficulty managing unexpected situations; a youth who does not have the cognitive ability to understand what has happened or what to do).[164]

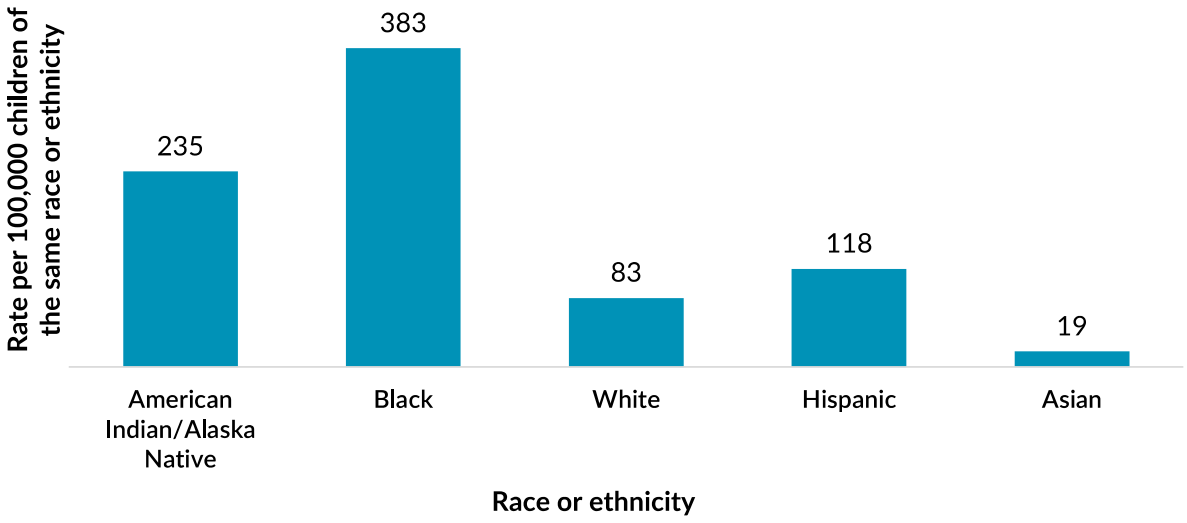
How does the impact of natural disasters and other forms of trauma vary by race and ethnicity?

Research on the mental health of people of color after a natural disaster is limited, but findings to date show that racial and ethnic inequities in the United States increase the vulnerability of youth and families of color to natural disasters.[165] For example, African American and Latinx people are more likely to be exposed to natural disasters due to disparities in socioeconomic factors such as housing conditions, poverty, and mobilization resources for evacuation.[166]

Higher rates of exposure to natural disasters among youth of color may be due to factors such as lack of access to disaster education and planning,[167] mistrust of government,[168] lower likelihood of evacuation,[169] less financial stability,[170] and structural racism that leads to a higher proportion of families of color experiencing poverty and living in poor quality housing and hazardous areas (which are not able to meet safety standards against harm).[171] Thus, services to meet youths' basic needs (e.g., shelter, food, shelter) during and after a natural disaster, which affect mental health outcomes, are particularly important for survivors who experience these and other inequities.[172]

Certain groups of youth are at particularly high risk for experiencing trauma while in the juvenile justice system. For example, youth of color—particularly Black, Hispanic, and Native American youth—are disproportionately represented in the United States' juvenile justice system due to systemic inequities in law enforcement contact, rates of institutionalization, and biases in decision-making processes. These youth are also more likely to have experienced trauma from structural racism and historical trauma.[173,174,175,176] Taken together, research in this area indicates that young people of color who are involved in the juvenile justice system during a disaster are often forced to cope with disproportionate exposure to trauma and adversity. They may also require more intensive supports to ensure equitable life outcomes.

Figure 5. American Indian, Alaska Native, and African American youth are disproportionately represented in juvenile detention and correctional/residential facilities



Source: Kids Count Data Center. (2020). *Racial, Ethnic Disparities Persist in Number, Rate of Young People Residing in Juvenile Justice Facilities*. The Annie E. Casey Foundation. https://datacenter.kidscount.org/updates/show/260-racial-and-ethnic-disparities-of-young-people-residing-in-juvenile-justice-facilities

How does the impact of natural disasters and other forms of trauma vary by gender identity and sexual orientation?

Few researchers have studied the effect of gender, gender identity, or sexual orientation on post-disaster outcomes. Existing research suggests that girls are more likely than boys to develop depression, PTSD, and substance use disorders after a natural disaster and therefore, are more likely to require mental health supports.[177,178]

The impact of natural disasters on LGBTQ+ youth may differ compared to youth who are heterosexual and cisgender. Social isolation, distrust of authority figures due to prior experiences of discrimination, non-affirmation of gender by service providers (e.g., access to bathrooms or safe places to sleep), refusal by first responders to recognize LGBTQ+ relationships or certain gender identities, homelessness, and harassment and violence can compound disaster-related trauma.[179,180]

What do youth need during and after a natural disaster?

Youth are more likely to heal from complex trauma and exhibit resilience in the face of a natural disaster when the environments with which they interact most often are responsive to their specific needs. Juvenile justice settings, child welfare settings, schools, mental health agencies, courts, and other community-based services can increase young people's chances of resilience by communicating directly with youth and their parents/caregivers about their immediate and longer-term needs.

Each youth and family has their own strengths and needs during an natural disaster, which requires probation/parole officers and other front-line staff to maintain frequent contact with them to assess their status using approaches that are feasible at that time, such as conducting visits virtually for youth living in the community. Research and practice show that talking to youth and their parents/caregivers about specific areas of strength and need are especially useful for promoting healing and resilience.[181]

Juvenile justice settings, child welfare agencies, schools, mental health agencies, courts, and other community-based services can increase young people's chances of resilience to the combined effects of adversity, trauma, and natural disasters by continually communicating with youth and their caregivers about their immediate and long-term needs.

To determine key areas of need for system-involved youth who experience a natural disaster, Child Trends engaged in several **research-based** activities to better understand the perspectives of youth, juvenile justice administrators, and the scientific literature (for further information on the methods used, see **Introduction**). Interviews were conducted with adults over age 18 who were involved in juvenile justice and/or child welfare as youth during different types of natural disasters (Anchorage, Alaska; Santa Barbara, California; Baton Rouge, Louisiana; and Puerto Rico). Key needs identified by youth during these focus groups and interviews are shown in Figure 6 and detailed below.

Figure 6. Four needs identified by system-involved youth, during and after a natural disaster

Information and resources

First, youth need sufficient information and resources. Youth wanted more information about the natural disaster, what to expect, and anticipated impacts on their lives. They wanted more consistent communication about the event delivered calmly by adults in charge of their care. Youth reported that not being provided adequate information about the event and its consequences, as well as exposure to staff who were stressed and overwhelmed, increased their anxieties and worries. Overall, youth wanted more structure and support from the adults in their environment for them to manage their own stress and feelings.

Social connections

Youth reported feeling socially isolated and stated a clear desire to have stronger social connections during a natural disaster. For example, they wished they had more regular contact with supportive family members and adults, including biological, kinship, and foster family members. This was especially important during times that the natural disaster imposed barriers that made it difficult to locate and reach loved ones. In some instances, separation from social connections occurred because youth or family members were displaced from their community. In other cases, in-person visits and contact with staff were reduced or limited. And in still other cases, individual family members and friends lacked access to the equipment necessary to allow for virtual visits when in-person visits were limited or not allowed. Several cross-over youth in community supervision also wanted more intensive formal supports from a caseworker. For example, some youth recalled that check-ins with a caseworker did not occur regularly during a natural disaster, a period of time when they desired more frequent contact.

Physical safety and well-being

Youth reported concerns about physical safety of their residences, buildings, and classrooms in the immediate aftermath of a natural disaster, particularly after earthquakes, where aftershocks may continue for days or weeks after the initial quake. Youth reported differences in safety measures between residential or congregate housing and private foster homes, which impacted youth's feelings of physical safety when transitioning between homes.

"More information about what is happening would help a lot. It's a lot scarier when you don't know what's going on. Everyone's freaking out about it, but you don't know what they're freaking out about. I was confused. Why are you running and dragging me along? I'm [an adult now], and I [still] remember every single part that happened."

-YOUTH FORMERLY INVOLVED IN JUVENILE JUSTICE AND/OR CHILD WELFARE

"Communication was a big issue because I felt they were cutting off a lot of our communication by taking our phones. For those who have family or a support system outside, who needed to stay in contact when they're feeling down or low or going through something, that probably was one of the biggest issues."

-YOUTH FORMERLY INVOLVED IN JUVENILE JUSTICE AND/OR CHILD WELFARE

"Before I left [my residential placement], they made sure everyone was safe. They bolted the pictures and stuff on the walls so it wouldn't fall off. But when I transitioned to a foster home, they didn't do that."

-YOUTH FORMERLY INVOLVED IN JUVENILE JUSTICE AND/OR CHILD WELFARE

Emotional safety and well-being

Youth shared different experiences with receiving support for their emotional safety and wellness during and after a natural disaster. Few youth received support from formal services, such as a mental health provider or counselor. Some youth living in the community relied on informal sources of support from foster siblings, case managers, or foster parents, but there was inconsistency in the supports they received. Some youth who were experiencing acute stress symptoms were dismissed or encouraged to move on without giving adequate time and space to process the events and provide reassurance. When consistent, nurturing supports were available, however, they were extremely important and helpful to the emotional safety and wellness of system-involved youth during a natural disaster.

What protective factors promote healing and resilience after natural disasters?

Everyone in a juvenile justice agency and system has a role to play in promoting healing and resilience among youth after a natural disaster. Resilience and recovery are common, and the chances increase when children and youth have the right supports in place. For example, 2-3 years after Hurricane Katrina, over 72 percent of children exhibited signs of positive development after exposure to a natural disaster.[182]

Protective factors are characteristics of an individual, family, or broader environment that are associated with ***resilience***. Resilience is not an individual trait that one does or does not have, but rather a process of positive adaptation to adversity. Protective factors increase the chances of resilience in the face of hardships, as opposed to risk factors, which are associated with negative outcomes of exposure to adversity (see Table 2).[183] Respect for one's racial, ethnic, and gender identity, as well as sexual orientation, is also essential to resilience among young people, as is respect for their voice and choice about what happens to them during and after a natural disaster.[184] For youth involved in juvenile justice who may already experience fewer protective factors at home, school, and in the community, promoting and enhancing these factors is essential to healing.

"Just having people you think are supposed to be there for you, contact you. It would be reassuring that they cared, and that would help us out emotionally. Like you're not alone, you know? Just to show us there are people out there to tell us we'll be okay. I think that would be very helpful."

-YOUTH FORMERLY INVOLVED IN JUVENILE JUSTICE AND/OR CHILD WELFARE

Table 2. Psychosocial Protective Factors at the Individual, Family, School, and Community Level

Individual children or youth	Family	School	Community
Nurturing and sensitive caregivers	Nurturing by family, care of vulnerable members	Nurturing by school community, disability services	Social capital, care of vulnerable members
Close relationships, trust, belonging	Close relationships, trust, belonging, cohesion	Close relationships, trust,	Social connections, trust, belonging, cohesion

Individual children or youth	Family	School	Community
		belonging, cohesion	
Self-regulation, executive function skills	Skilled family management	Skilled school leadership	Skilled governance, collective efficacy
Agency; active coping	Active coping	Active coping	Community action
Problem-solving and planning	Family problem-solving and planning	School problem-solving and planning	Collaborative community problem-solving, planning
Hope, optimism	Hope, optimism	Hope, optimism	Hope, optimism
Sense of individual meaning and purpose	Sense of family meaning, purpose, family coherence	Sense of school meaning, purpose, and coherence	Sense of community meaning, purpose, and coherence
Positive views of self, self-efficacy	Positive views of family	Positive views of school	Positive views of community
Positive habits, routines	Family routines, traditions, celebrations	School routines, traditions, celebrations	Community routines, traditions, celebrations
Bodily/biological resources (e.g., good health, regulation)	Material resources (e.g., clothing, food, shelter, safety)		Community resources (e.g., clean water, safety, health, mental health care)
Cultural and religious guidance, rituals, traditions, belonging, hope, meaning, and purpose[185]			

Source: Adapted from Masten, A. S., & Motti-Stefanidi, F. (2020). Multisystem resilience for children and youth in disaster: Reflections in the context of COVID-19. *Adversity and Resilience Science*, *1*, 95-106.

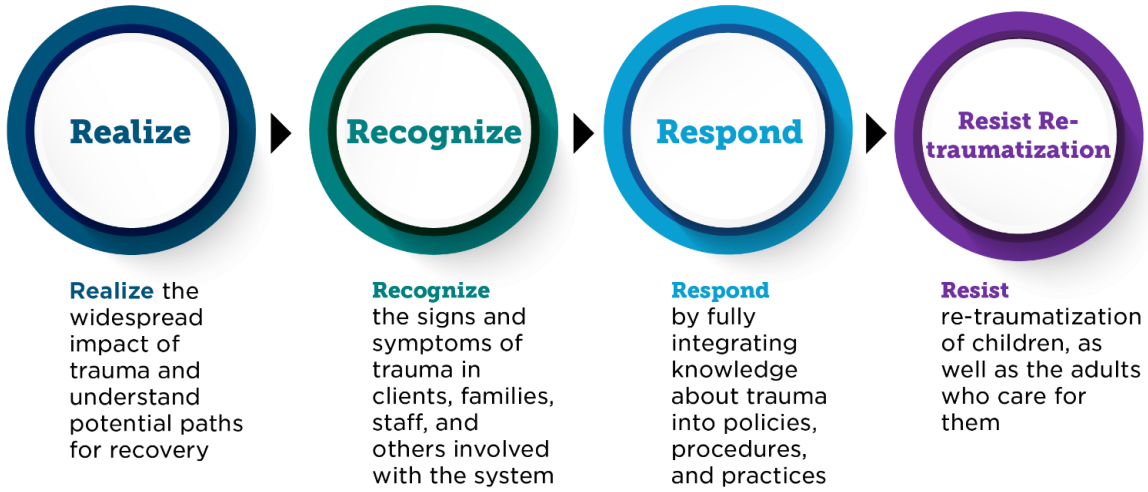
What is trauma-informed care and how does it support healing and resilience after natural disasters?

Ensuring that all youth have equitable access to services to meet their basic physical and mental health needs after a natural disaster is necessary, but insufficient for effectively supporting their healing and resilience. Juvenile justice administrators and staff must engage in a wide range of trauma-informed activities to increase the chances that youth impacted by disaster-related trauma recover and thrive. An important first step is to ensure that all staff and administrators understand the impact of natural disasters on youth. Research shows that state, territory, county, and tribal juvenile justice agencies can be most effective in preventing and mitigating trauma and promoting the mental health of the individuals they serve when they help build protective factors by offering trauma-informed care (TIC).[186,187]

TIC has been defined in a variety of ways, but SAMHSA developed one of the most widely used definitions. This definition is based on four assumptions—"the 4Rs"—which are described below and shown in Figure 7.

A program, organization, or system that is trauma-informed **realizes** the widespread impact of trauma and understands potential paths for recovery; **recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and **responds** by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively **resist re-traumatization**.[188]

Figure 7. SAMHSA's Four Rs of Trauma-Informed Care



Source: Adapted from Substance Abuse and Mental Health Services Administration (SAMHSA). (2014). SAMHSA's concept of trauma and guidance for a trauma-informed approach. HHS publication no. (SMA) 14-4774. Rockville, MD: Author.

This definition distinguishes TIC from trauma-specific treatment, emphasizing a systemic approach that "is inclusive of trauma-specific interventions, whether assessment, treatment or recovery supports, yet it also incorporates key trauma principles into the organizational culture."[189] In addition, SAMHSA emphasizes **six key principles**[190] to which organizations must adhere to support recovery from trauma and adversity.

1. **Safety:** Throughout the organization, staff, and the people they serve, whether children or adults, feel physically and psychologically safe; the physical setting is safe and interpersonal interactions promote a sense of safety. Understanding safety as defined by those served is a high priority.
2. **Trustworthiness and Transparency:** Organizational operations and decisions are conducted with transparency with the goal of building and maintaining trust with clients and family members, among staff, and others involved in the organization.
3. **Peer Support:** Peer support and mutual self-help are key vehicles for establishing safety and hope, building trust, enhancing collaboration, and utilizing their stories and lived experience to promote recovery and healing. The term "peers" refers to individuals with lived experiences of trauma. In the case of children, this may be family members of children who have experienced traumatic events and are key caregivers in their recovery. Peers have also been referred to as "trauma survivors."
4. **Collaboration and Mutuality:** Importance is placed on partnering and leveling power differences between staff and clients and among organizational staff, from clerical and housekeeping personnel to professional staff to administrators, demonstrating that healing happens in relationships and in the meaningful sharing of power and decision-making. The organization recognizes that everyone has a role

to play in a trauma-informed approach. As one expert stated: "One does not have to be a therapist to be therapeutic."

5. **Empowerment, Voice, and Choice:** Throughout the organization and among the clients served, individuals' strengths and experiences are recognized and built-upon. The organization fosters and believes in the primacy of the people served, in resilience, and in the ability of individuals, organizations, and communities to heal and promote recovery from trauma. The organization understands that the experiences of trauma may be a unifying aspect in the lives of those who run the organization, who provide the services, and/or who come to the organization for assistance and support. As such, operations, workforce development, and services are organized to foster empowerment for staff and clients alike. Organizations understand the importance of power differentials and ways in which clients, historically, have been diminished in voice and choice and are often recipients of coercive treatment. Clients are supported in shared decision-making, choice, and goals setting to determine the plan of action they need to heal and move forward. They are supported in cultivated self-advocacy skills. Staff are facilitators of recovery rather than controllers of recovery. Staff are empowered to do their work as well as possible by adequate organizational support. This is a parallel process as staff need to feel safe, as much as people receiving

6. **Cultural, Historical, and Gender Issues:** The organization actively identifies and addresses cultural stereotypes and biases (e.g., based on race, ethnicity, sexual orientation, age, religion, gender identity, geography, etc.); offers access to gender responsive services; leverages the healing value of traditional cultural connections; incorporates policies, protocols, and processes that are responsive to the racial, ethnic and cultural needs of individuals served; and recognizes and addresses historical trauma (e.g., through professional learning and development, incorporation of historical trauma into service delivery).

Source: Substance Abuse and Mental Health Services Administration (SAMHSA). (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach.* HHS Publication No. (SMA) 14-4884. Rockville, MD: Author (pp. 7-8).

What are the essential elements of a trauma-informed juvenile justice system?

Implementing TIC in juvenile justice agencies means that all staff and administrators understand the impact of trauma, are knowledgeable about the most effective pathways for healing and resilience, and have the knowledge and skills to meet the specific needs of all youth. Research suggests that juvenile justice agencies can help youth heal and thrive by using TIC. The National Child Traumatic Stress Network (NCTSN) and colleagues [191] have defined a **trauma-informed child and family service system** as:

> "… one in which all parties involved recognize and respond to the impact of traumatic stress on those who have contact with the system including children, caregivers, and service providers. Programs and agencies within such a system infuse and sustain trauma awareness, knowledge, and skills into their organizational cultures, practices, and policies. They act in collaboration with all those who are involved with the child, using the best available science, to maximize physical and psychological safety, facilitate the recovery of the child and family, and support their ability to thrive."

"I think it is a culture shift. And the more it's built-in and integrated into the everyday practices, the more it's just going to be natural to effectively respond to a traumatic event, whether it's an individual event or more a widespread pandemic."

-STATE ADMINISTRATOR

The NCTSN and partners also identified **eight essential elements of a trauma-informed juvenile justice system.**[192] These same elements can be applied to other youth service settings seeking to understand and address childhood trauma, such as child welfare, education, and mental health, among others.

8 Essential Elements

of a Trauma-Informed Juvenile Justice System

1. **Trauma-informed policies and procedures:** Trauma-informed policies and procedures make juvenile justice organizations safer and more effective by ensuring the physical and psychological safety of all youth, family members, and staff and promoting their recovery from the adverse effects of trauma.

2. **Identification/screening of youth who have been traumatized:** Carefully timed traumatic stress screening is the standard of care for youth in the juvenile justice system.

3. **Clinical assessment/intervention for trauma-impaired youth:** Trauma-specific clinical assessment and treatment and trauma-informed prevention and behavioral health services are the standard of care for all youth identified as impaired by posttraumatic stress reactions in the screening process.

4. **Trauma-informed programming and staff education:** Trauma-informed education, resources, and programs are the standard of care across all stages of the juvenile justice system.

5. **Prevention and management of secondary traumatic stress (sts):** Juvenile justice administrators and staff at all levels recognize and respond to the adverse effects of secondary traumatic stress in the workplace in order to support workforce safety, effectiveness, and resilience.

6. **Trauma-informed partnering with youth and families:** Trauma-informed juvenile justice systems ensure that youth and families engage as partners in all juvenile justice programming and therapeutic services.

7. **Trauma-informed cross system collaboration:** Cross system collaboration enables the provision of continuous integrated services to justice-involved youth who are experiencing posttraumatic stress problems.

8. **Trauma-informed approaches to address disparities and diversity:** Trauma-informed juvenile justice systems ensure that their practices and policies do address the diverse and unique needs of all groups of youth and do not result in disparities related to race, ethnicity, gender, gender-identity, sexual orientation, age, intellectual and developmental level, or socioeconomic background.

There is no single approach to trauma-informed care. JJ agencies can use the information above—particularly the 4 Rs, the Eight Essential Elements, the four needs identified by youth formerly involved in the juvenile justice and/or child welfare system, and the tools in this Toolkit—to develop a plan to address trauma using a comprehensive, systemic approach. The evidence strongly suggests that offering ongoing professional development on trauma, healing, and resilience to both agency leaders and staff, as well as using evidence-informed interventions to address childhood trauma related to natural disasters, will enhance agency efforts to support youth and families who have been exposed to a natural disaster. **Sections 1 and 3** provide information on interventions and overall recommendations for state, county, tribal, and territory juvenile justice system to prevent and mitigate disaster-related trauma.

Additional tools for partnering with children, youth, and families to promote their well-being before, during, and after a natural disaster in Section 2 include the **Resource Library** and **Evidence-at-a-Glance**. **Section 3** of the Toolkit describes evidence-informed interventions for incorporating trauma-informed care (TIC) into state, county, tribal, and territory child welfare systems to prevent and mitigate disaster-related trauma.

Resource Library #2:

Trauma, Healing, and Resilience After Natural Disasters and Pandemics

- **Adverse Childhood Experiences (ACEs)** [video] (Centers for Disease Control and Prevention, 2020) https://youtu.be/8gm-lNpzU4g
- **Age-related Reactions to a Traumatic Event** [caregiver resource] (National Child Traumatic Stress Network, 2010) https://www.nctsn.org/resources/age-related-reactions-traumatic-event
- **Essential Elements of a Trauma-Informed Juvenile Justice System** (National Child Traumatic Stress Network, 2015) https://www.nctsn.org/sites/default/files/resources//essential_elements_trauma_informed_juvenile_justice_system.pdf
- **Human Rights Campaign. Working with the LGBT community: A cultural competence guide for emergency responders and volunteers** (Washington, D.C.: Human Rights Campaign) https://assets2.hrc.org/files/assets/resources/EmergencyResponders_-_LGBT_Competency.pdf
- **Trauma-Informed Strategies for Supporting Youth in the Juvenile Justice System during COVID-19** (Child Trends, 2020) https://www.childtrends.org/wp-content/uploads/2020/09/JJCOVID_ChildTrends_September2020.pdf
- **Resources for Supporting Children's Emotional Well-being During the COVID-19 Pandemic** (Child Trends, 2020) https://www.childtrends.org/publications/resources-for-supporting-childrens-emotional-well-being-during-the-covid-19-pandemic
- **Research Roundup: Traumatic Events and the LGBTQ Community** (American Psychological Association, 2019) https://www.apaservices.org/practice/ce/expert/traumatic-events-lgbtq
- **SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach** (Substance Abuse and Mental Health Services Administration, 2014) https://ncsaJJ.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf
- **Understanding the Impacts of Natural Disasters on Children** (Society for Research on Child Development, 2020) https://www.srcd.org/research/understanding-impacts-natural-disasters-children
- **What is a Trauma-informed Child and Family Service System?** (National Child Traumatic Stress Network, 2016) https://www.nctsn.org/resources/what-trauma-informed-child-and-family-service-system

Juvenile Justice Evidence-at-a-Glance #1:
Healing and Resilience After Natural Disasters

- **175 million youth across the globe experience natural disasters**, including floods, cyclones, droughts, heatwaves, tsunamis, severe storms, and earthquakes.[193] Approximately 14 percent of all children and youth in the United States have experienced a natural disaster. [194]

- Children and youth who experience natural disasters and secondary adversities are more likely to develop mental health problems than adults, such as
    - Depression
    - Anxiety
    - Traumatic stress symptoms
    - Posttraumatic stress disorder (PTSD)[195]
    - Grief
    - Suicide.[196]

- Some youth are more vulnerable to the physical, mental health, and learning difficulties after a natural disaster, including those who:
    - Were severely injured or ill due to the natural disaster or a family member has experienced significant injuries or illness;[197]
    - Endured other forms of trauma after the natural disaster;[198]
    - Experienced multiple events that are dangerous or life-threatening during the disaster[199]
    - Experienced the death of a loved one or pet;[200,201]
    - Believed there was a direct threat to their life or a family members' life during the disaster[202]
    - Experienced multiple adversities after a disaster;[203]
    - Missed school for an extended period of time or had to drop out;[204]
    - Were at greater risk for property loss and personal impact after the natural disaster (i.e., due to poverty, systemic racism, oppression); [205,206]
    - Had a family member/caregiver who was a rescue worker or essential worker.[207]

- **All youth have the capacity for healing and resilience following exposure to a natural disaster**. [208] Protective factors that support resilience to natural disasters include, but are not limited to:
    - Close relationships, trust, belonging
    - Self-regulation, executive function skills
    - Problem-solving and planning
    - Hope, optimism
    - Sense of individual meaning and purpose
    - Positive views of self, self-efficacy
    - Positive habits, routines, activities
    - Skilled school leadership
    - Positive views of family
    - Culture and religion
    - Family routines, traditions
    - Trauma-informed social service agencies and systems, schools, and communities

Put It Into Practice #4:

Organizational Self-Assessment

How trauma-informed is your agency, organization, or system?

When should I use this resource? BEFORE a natural disaster occurs

In preparation for supporting healing and resilience among youth impacted by natural disasters and pandemic, juvenile justice staff and administrators can begin by conducting an organizational self-assessment to identify agency's strengths and needs related to becoming a trauma-informed juvenile justice system. This activity will work best if multiple people in different roles participate and engage in discussion.

Directions: Using the elements of a trauma-informed juvenile justice system developed by the National Child Traumatic Stress Network (See **Section 2**), please complete the table below by indicating the strengths and weaknesses of your agency's approach to each element. Discuss the results, identify common themes, and develop action steps you can take to expand on agency strengths and address agency needs.

Element	Rating (please circle one answer)				Strengths	Needs	Next steps
	1 **Not at all**	**2** **Some of the time**	**3** **Often**	**4** **Always**			
1. Agency policies and procedures specifically address trauma and its effects on youth	1	2	3	4			
2. Addresses primary and secondary traumatic stress of the workforce	1	2	3	4			

Element	Rating (please circle one answer)				Strengths	Needs	Next steps
	1 **Not at all**	**2** **Some of the time**	**3** **Often**	**4** **Always**			
3. Provides trauma-informed education, resources, and programs as a standard of care across all stages of the juvenile justice system	1	2	3	4			
4. Partners with children, youth, and families	1	2	3	4			
5. Partners with agencies and systems that interact with children, youth, and families	1	2	3	4			
6. Maximizes physical and psychological safety of children, youth, and families	1	2	3	4			
7. Routinely screens for trauma-related needs of youth	1	2	3	4			

Element	Rating (please circle one answer)				Strengths	Needs	Next steps
	1 Not at all	2 Some of the time	3 Often	4 Always			
8. ***Delivers and connects youth to trauma-focused services and supports that promote well-being, healing, and resilience***	1	2	3	4			
9. ***Agency policies and practice address the diverse and unique needs of all groups of youth and do not result in disparities related to race, ethnicity, gender, gender-identity, sexual orientation, age, intellectual and developmental level, or socioeconomic background***	1	2	3	4			

Adapted from: *Walsh, C., Pauter, S., & Hendricks, A. (2020). Child Welfare Trauma Training Toolkit (3rd ed.). Los Angeles, CA, and Durham, NC: National Center for Child Traumatic Stress.* https://www.nctsn.org/resources/child-welfare-trauma-training-toolkit

Section 3: Interventions to Support Healing and Resilience Among Youth and Families Who Experience a Natural Disaster

There are several evidence-informed, trauma-focused models and interventions to support youth who have experienced natural disasters and promote healing. Many of these models and interventions share ***core components***, and thus have considerable overlap with one another in their content and approach.[209] Some models have been used specifically with children and youth involved in child welfare and/or juvenile justice. Models may vary in the timing of implementation—some are used during or immediately after the natural disaster, others are used in the intermediate or long-term.

When choosing which models and interventions to use, it is important to consider whether the model or intervention:

- **Targets the goals or outcomes valued by children, youth, and families** (e.g., providing immediate relief and referral to basic resources, reducing posttraumatic stress and other distress reactions).

- **Can be realistically implemented** given the specific child, youth, family, agency, and community context, using local resources available, and following federal, state, and county policies.

- Is appropriate for the age, race, ethnicity, gender identity, and sexual orientation of children, youth, and their families and their cultural and historical context (e.g., living in a foster home or group home, history of complex or historical trauma, cultural background).

The good news is that most youth show signs of resilience after exposure to natural disasters and return to normal functioning without receiving formal intervention—including those receiving juvenile justice services. For a smaller number of youth, clinical services are needed, specifically youth who experience significant mental health and behavioral problems that are best addressed through formal trauma- and

grief-focused treatment with a mental health provider. Formal treatment is more likely to be needed following severe exposures, secondary adversities (e.g., severe injury/illness, other trauma and losses, housing instability), and pre-existing or co-occurring risk factors (e.g., prior trauma or mental health conditions). Making decisions about the appropriate level of support, services, and interventions following a natural disaster should follow a tiered approach, tailoring the intervention intensity to the needs of each child, youth, and family.[210]

What are the most promising and evidence-informed interventions for youth and families in the juvenile justice system who experience natural disasters?

In the response phase of a natural disaster, it is recommended to begin with a needs assessment of children, youth, and their families to determine the extent of potential exposures to trauma and loss, identify co-occurring adversities and strengths, and differentiate high-risk groups that may need intensive supports. Needs assessments can be conducted in a variety of settings (e.g., home, school, community, shelter) using a semi-structured format. In addition, using a formal screening tool for posttraumatic stress reactions and secondary adversities is also recommended. For sample screening tools for children/youth and adults, see the **Section 3 Resource Library**.

There are also several psychoeducational materials, hotlines, and apps to help support youth, families, and those working with them:

Psychoeducational Materials

- **National Child Traumatic Stress Network:** https://www.nctsn.org/what-is-child-trauma/trauma-types/disasters
- **Substance Abuse and Mental Health Services Administration:** https://store.samhsa.gov/?f%5B0%5D=audience%3A4963
- **Centers for Disease Control and Prevention:** www.cdc.gov/disasters/teens

Mobile Apps

- **Bounce Back Now App (English and Spanish):** http://bouncebacknow.org/
- **Help Kids Cope:** https://www.nctsn.org/resources/help-kids-cope
- **Transcend App:** https://www.nmvvrc.org/survivors/self-help/

Online Course

My Disaster Recovery: https://disaster.vast.uccs.edu/

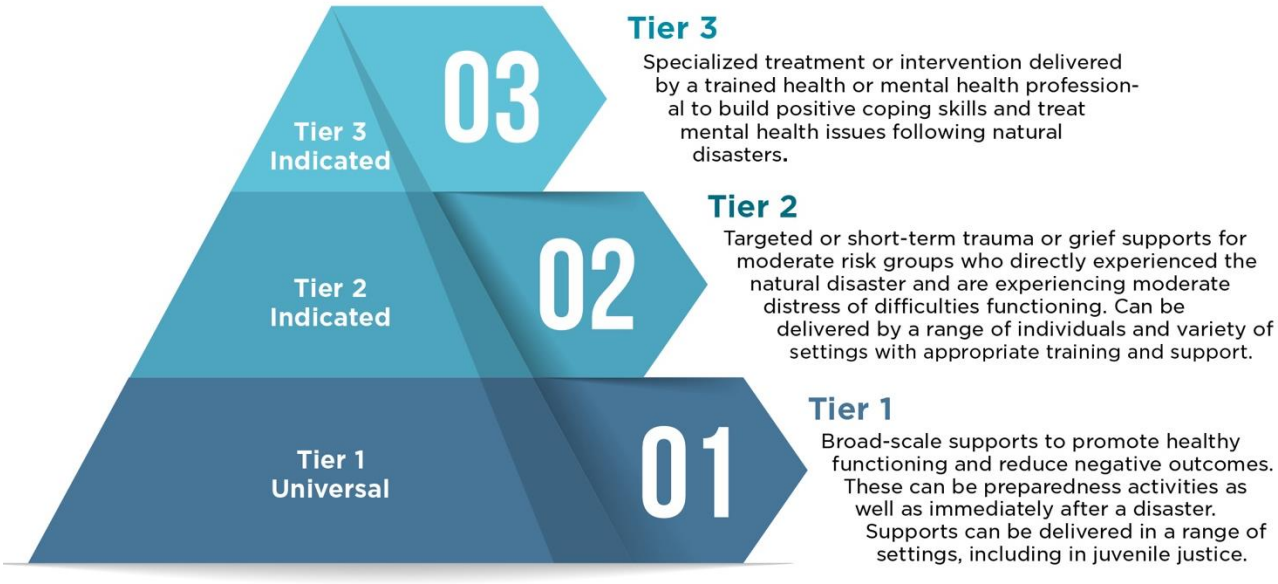
Hotlines

- **National Suicide Prevention Lifeline**, Call (800) 273-8255
- **Disaster Distress Helpline**, Call or text (800)985-5990 (For Spanish, press "2") to be connected to a trained counselor 24/7/365
- **The JED Foundation** (for emotional health and suicide prevention), Call 1-800-273-TALK (8255) or text "START" to 741-741
- **Trevor Project** (for LGBTQ+ youth), Call 1-866-488-7386 or text "START" to 678-678

There are several evidence-informed **universal and targeted interventions**[211] (see Figure 8, **Tiers 1 and 2**) designed for preventing or reducing stress reactions and increasing positive supports among youth after a natural disaster. These models can be implemented by a range of providers in a variety of settings. It is recommended that staff and administrators in the juvenile justice system should seek training in one or more of these models to be prepared to respond when a natural disaster occurs. These models are not intended to serve as mental health treatments or long-term interventions.

There are also several evidence-informed **indicated treatments and interventions (Tier 3)** that have been developed and tested for children and youth in the child welfare system who experience trauma. These treatments are designed to be used by licensed mental health professionals with adequate clinical training. Juvenile justice administrators, staff, and judges should be familiar with these evidence-informed treatments when making referrals for children and youth under their care (see Figure 8).

Figure 8. Universal, Targeted, and Indicated Interventions



Source: The National Child Traumatic Stress Network, 2021

Universal and targeted interventions (Tiers 1 and 2)

In recent years, numerous disaster behavioral health interventions for children and youth have been developed and evaluated. Although few have evaluated interventions specifically for children and youth receiving juvenile justice services, several evidence-informed universal and targeted models have been widely implemented in a various settings impacted by natural disasters. Table 3 provides intervention names, descriptions, and evidence to date for **three of the most promising Tier 1 and 2 interventions** that are appropriate for service systems that work with children and youth of any age. These interventions can be used independently or in combination to meet a particular youth or family's needs in the days and weeks following a natural disaster.

Table 3. Promising Tier 1 and Tier 2 Interventions

Intervention	Target Population(s)	Description	Evidence to date
PREPaRE Curriculum[212] (Brock et al., 2016)	School-employed mental health professionals, administrators, educators, and staff	The PREPaRE Curriculum was developed by the National Association of School Psychologists (NASP) as a crisis prevention and preparedness training curriculum for school implementation. The program consists of two workshops—one covering school-wide safety planning and another for school mental health professionals focused specifically on crisis intervention and recovery. Learn more about PREPaRE, including training opportunities at: https://www.nasponline.org/professional-development/prepare-training-curriculum/about-prepare	Results from pre-post training evaluations indicate that PREPaRE improves knowledge of trauma-informed practices among those trained. There is not yet any evidence confirming that this training translates to better child outcomes in the face of a trauma, which is more challenging to study in the midst of disasters and crises.
Psychological First Aid (PFA)[213] (Brymer et al., 2006)	Mental health and other disaster response workers who provide early assistance to affected children, youth, families, and adults as part of an organized disaster response effort. These providers may be embedded in a variety of settings, including clinics, schools, shelters, faith-based organizations, or community agencies.	Psychological First Aid (PFA) is a modular approach informed by empirical evidence on trauma-informed care to support youth, adults, and families in the immediate aftermath of disaster (i.e., within days to weeks of the event). The most comprehensive PFA guide was developed by the National Child Traumatic Stress Network and the National Center for PTSD. PFA is designed to address acute distress reactions and bolster longer-term adaptive functioning and coping. The delivery of PFA is designed for maximum flexibility to meet the needs of acute crisis settings, including intervention contact time,	PFA has widespread use and anchoring in empirically supported, trauma-informed, and cognitive-behavioral components of trauma-focused interventions and is supported by the American Academy of Child and Adolescent Psychiatry disaster parameter. Pre-post training evaluations of PFA have shown promising results for trainees, with statistically significant improvements in (a) knowledge items supportive of PFA delivery, (b) perceived self-efficacy to apply PFA interventions, and (c) confidence about being a resilient PFA provider. These evaluations have also shown

Intervention	Target Population(s)	Description	Evidence to date
		provider background (e.g., mental health, education, community programming), and delivery location (e.g., community center, home, school, residential facility). PFA has been translated into several languages and has been adapted for a range of settings. PFA has been adopted and recommended by a range of mental health experts in consensus conferences and peer-reviewed literature. It has also been included in service guidelines both for PTSD and as an early intervention for disaster survivors by the American Academy of Child and Adolescent Psychiatry and other international organizations. Learn more about PFA, including training opportunities at: https://www.nctsn.org/treatments-and-practices/psychological-first-aid-and-skills-for-psychological-recovery/about-pfa	decreased PTSD and depressive symptoms among youth treated by these trainees 10 months following the disaster.
Skills for Psychological Recovery (SPR)[214] (Berkowitz et al., 2010)	Mental health and other health workers (ideally with some prior experience in addressing traumatic stress or disasters) who provide ongoing support and assistance to affected children, youth, families, and adults as part of an organized disaster response effort. These providers may be embedded in a variety of settings, including clinics, schools, shelters, faith-based organizations, or community agencies.	Skills for Psychological Recovery (SPR) may serve as a stand-alone intervention or an extension of PFA. It was developed for the intermediate recovery phase by the National Child Traumatic Stress Network and National Center for PTSD. SPR aims to build stress management and coping skills among youth, adults, and families in the weeks and months following a disaster or other traumatic event. SPR is not a formal	In pre-post training evaluations, practitioners reported improved confidence in using each SPR intervention following training and at 6 months post-training. Based on available data, more than 6 out of 10 practitioners used an SPR intervention during the follow-up period, with each intervention used by over half of the practitioners at both 3 and 6 months. In an evaluation of SPR in Louisiana, approximately

Intervention	Target Population(s)	Description	Evidence to date
		mental health treatment. Rather, SPR is a framework for training adults in skills-based, secondary prevention. SPR can be delivered in a variety of settings, such as schools, clinics, homes, residential facilities, and community centers. Learn more about SPR, including training opportunities at: https://www.nctsn.org/treatments-and-practices/psychological-first-aid-and-skills-for-psychological-recovery/about-spr	80% of children and youth screened were referred to SPR. Among those who completed follow-up assessments, there was a significant reduction in behavioral and emotional symptoms over time after receiving services. Although youth receiving juvenile justice services were not a sub-population of focus in this study, they were served by the program. Specifically, 68% of children and youth were displaced from their homes and 25% had lived apart from their primary parent/caregiver during or after the disaster happened, with 10% being separated long-term.

Indicated interventions for natural disasters (Tier 3)

There are a variety of formal disaster behavioral health interventions for youth identified in the literature. In general, cognitive behavioral approaches have the strongest evidence in rigorous studies that compare outcomes for those who received mental health intervention compared to those who did not.[215] There is some evidence that group interventions may be equally effective as individual interventions and with better completion rates, but group treatments also require careful examination of the pros and cons of discussing trauma-related content in a group setting with peers.[216] Figure 9 shows common elements of Tier 3 (indicated) trauma- and evidence-informed interventions.

Figure 9. Common components of indicated (Tier 3) evidence- and trauma-informed interventions for children and youth who experience a natural disaster[217]

Source: Adapted from Pfefferbaum, B., & North, C. S. (2016). Child disaster mental health services: A review of the system of care, assessment approaches, and evidence base for intervention. *Current Psychiatry Reports, 18*(1), 5. doi:10.1007/s11920-015-0647-0

The **California Evidence-Based Clearinghouse for Child Welfare**[218] indexes trauma-focused interventions for reducing trauma-related symptoms among children and adolescents. Interventions are categorized in three levels: *well-supported*, *supported*, or *promising*. Categorization is based on implementation considerations (existence of a manual), methodological considerations (published randomized controlled trials, reliable outcome measures, and follow-up data collection), and evidence of positive outcomes. The **Blueprints for Healthy Youth Development**[219] is another registry of evidence-based and promising interventions focused on promoting healthy youth development.

For cross-over youth involved in both child welfare and juvenile justice, a unique feature of the Clearinghouse is that it also rates intervention applicability to child welfare (CW) populations as High (designed or commonly used to meet the needs of children and youth receiving child welfare services), Medium (designed or commonly used to serve children and youth who are similar to child welfare populations in history, demographics, or needs), or Low (designed, or commonly used to serve children and youth with little or no apparent similarity to the child welfare services population). A similar relevance rating is not available for juvenile justice populations, although several treatment models have been tested in randomized trials and are presented below. Some models have been used and evaluated specifically for natural disasters, though evidence of effectiveness for natural disasters is scarce.

Table 4 identifies **Tier 3 trauma-focused interventions (as categorized by the Clearinghouse) with the strongest evidence of effectiveness**. The table includes information on each intervention's relevance to child welfare and published findings related to natural disasters. Parents and other caregivers should be included in interventions whenever possible.[220] It is important to note that although some trauma-focused

interventions may not have published findings specific to natural disasters, they may still have evidence for addressing trauma-related symptoms among children and youth generally. They may have also included disaster-exposed youth in their testing.

Cultural Relevance. Relatively little attention has been given to tailoring interventions based on gender, gender identity, age, race, ethnicity, sexual orientation, socio-economic status, and culture, leading to significant knowledge gaps in these areas. Although several intervention studies have included racially and ethnically diverse samples, few interventions have been rigorously tested to assess their effectiveness with children, youth, and families across racial and ethnic groups. Culturally responsive adaptations to interventions may be needed for certain populations (e.g., localized stories and games, language adaptations for mental health concepts, flexibility in community-based delivery and format).[221] When selecting an intervention, it is important to be aware of the characteristics of the population for which the intervention has been tested versus the characteristics of the population being served. Partnering with program developers and evaluators to adapt existing models for specific cultural groups is important for targeted service delivery. The target age, modality (e.g., treatment for both parent and child), and the conditions under which it is delivered (e.g., at home or at an agency) are also important considerations for selecting an intervention that matches child and youth needs.

Table 4. Trauma-focused interventions for youth Age ≥10 and their families with evidence ratings for child welfare and published findings on natural disasters

Intervention	CW Relevance	Published Findings on Natural Disasters	Age (years)
Well-Supported			
Trauma-Focused Cognitive Behavioral Therapy	High	Yes	3-18
Eye Movement Desensitization and Reprocessing	Medium	Yes	4-18
Prolonged Exposure Therapy for Adolescents	Medium	No	8-18
Promising			
Alternatives for Families: A Cognitive Behavioral Therapy	High	No	5-17
Child and Family Traumatic Stress Intervention	High	No	7-18
Combined Parent-Child Cognitive-Behavioral Therapy	High	No	3-17
Stepped Care TF-CBT	High	No	3-12

Intervention	CW Relevance	Published Findings on Natural Disasters	Age (years)
Bounce Back	Medium	Yes	5-11
Cognitive Behavioral Intervention for Trauma in Schools	Medium	Yes	10-18
KIDNET	Medium	Yes	7-16
Cue-Centered Therapy	Medium	No	8-17
Fairy Tale Model	Medium	No	13-18
Grief and Trauma Intervention for Children	Medium	No	7-12
Risk Reduction through Family Therapy	Medium	No	13-18
Sanctuary Model (Systems Level Intervention)	Medium	No	12-20
Seeking Safety	Medium	No	13+
SITCAP-ART	Medium	No	13-18
Trauma-Focused Coping	Medium	No	9-18

Source: The California Evidence-Based Clearinghouse for Child Welfare. (n.d.). *Welcome to the CEBC: California Evidence-Based Clearinghouse for Child Welfare.* The California Department of Social Services Office of Child Abuse Prevention. https://www.cebc4cw.org/

While a similar rating system does not exist for youth who are involved in the juvenile justice system, there are four evidence-based interventions that have published findings in at least one randomized trial with youth involved in juvenile justice (Table 5). Two of these models also appear in the Clearinghouse for child welfare.

Table 5. Trauma-focused interventions for youth involved in juvenile justice, with evidence ratings for child welfare and published findings on natural disasters

Intervention	CW Relevance	Published Findings on Natural Disasters	Age (years)
Well-Supported			
Treatment Foster Care Oregon for Adolescents (formerly Trauma-Adapted Multidimensional Treatment Foster Care)	High	No	12-18
Cognitive Processing Therapy	Medium	Yes	14+
Promising			
Trauma-Grief Components Therapy for Adolescents	Medium	Yes	12-20
Trauma Affect Regulation: Guide for Education and Therapy for Adolescents	Medium	No	10-18

Source: The California Evidence-Based Clearinghouse for Child Welfare. (n.d.). *Welcome to the CEBC: California Evidence-Based Clearinghouse for Child Welfare.* The California Department of Social Services Office of Child Abuse Prevention. https://www.cebc4cw.org/

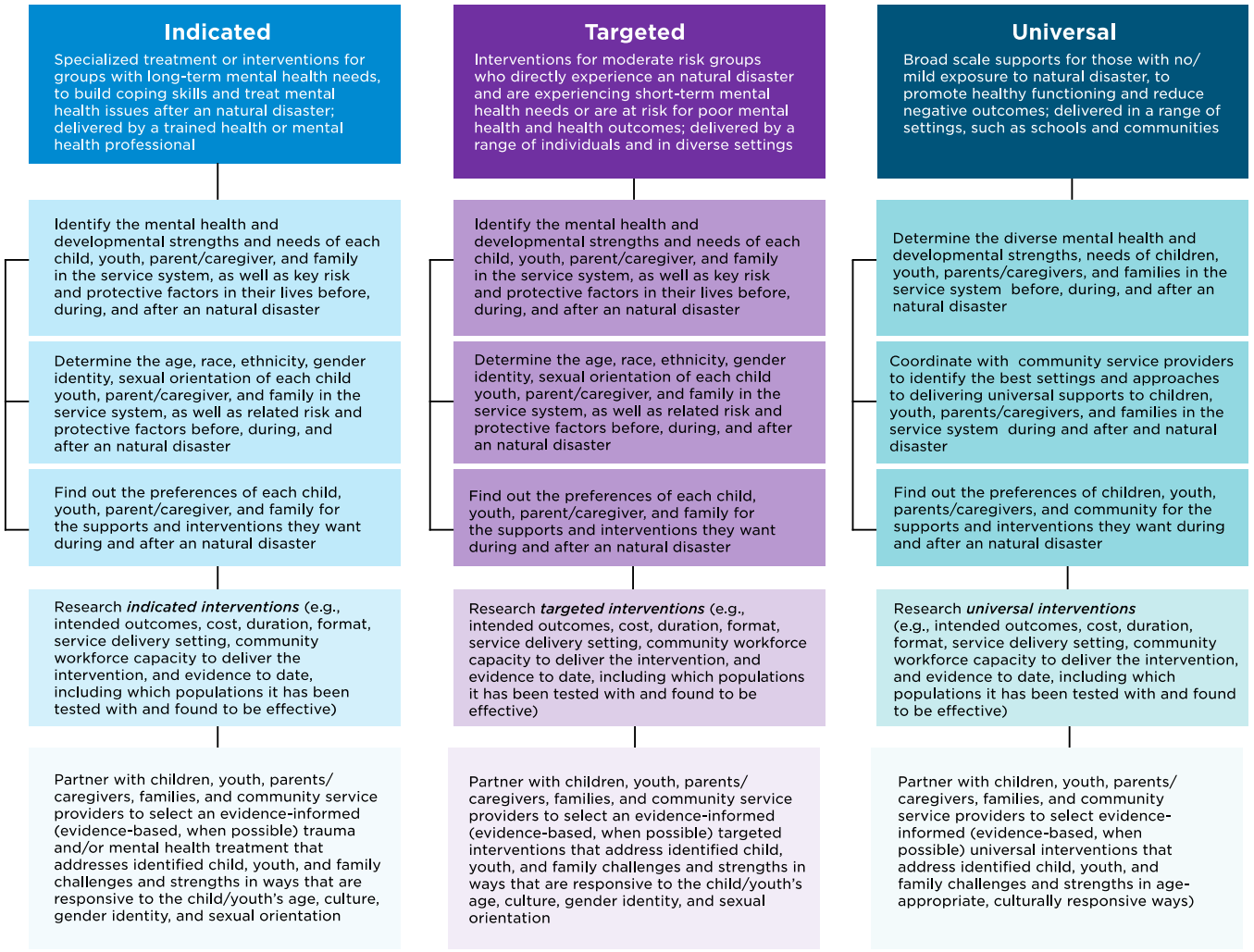
PRACTICE 5

Put It Into Practice #5:

How To Select An Evidence-Informed Intervention To Support Children And Youth Exposed To Natural Disasters

Directions: Use the following decision tree to determine which intervention, or combination of interventions, is the best fit for the children, youth, and families in your community when a natural disaster occurs.

What level of intervention does the child or youth need?



Source: The California Evidence-Based Clearinghouse for Child Welfare. (n.d.). *Welcome to the CEBC: California Evidence-Based Clearinghouse for Child Welfare.* The California Department of Social Services Office of Child Abuse Prevention. https://www.cebc4cw.org/

Juvenile Justice Resource Library #3

Interventions to support healing and resilience After Natural disasters

- **Blueprints for Healthy Youth Development:** https://www.blueprintsprograms.org/
- **California Evidence-Based Clearinghouse for Child Welfare** (Rady's Children's Hospital San Diego, California Department of Social Services, & Office of Child Abuse Prevention) https://www.cebc4cw.org/
- **Culture and Trauma** (National Child Traumatic Stress Network): https://www.nctsn.org/trauma-informed-care/culture-and-trauma
- **Psychological First Aid: Field Operations Guide (2nd ed.)** (National Center for PTSD and National Child Traumatic Stress Network, 2006) https://www.nctsn.org/sites/default/files/resources//pfa_field_operations_guide.pdf
- **PREPaRE** (National Association of School Psychologists, 2016) https://www.nasponline.org/professional-development/prepare-training-curriculum/about-prepare

  SAMHSA Disaster Technical Assistance Center Supplemental Research Bulletin: Disaster Behavioral Health Interventions Inventory (Substance Abuse and Mental Health Services Administration, 2015) https://www.samhsa.gov/sites/default/files/dtac/supplemental-research-bulletin-may-2015-disaster-behavioral-health-interventions.pdf
- **SAMHSA Child/Youth Assessment and Referral Tool:** https://www.samhsa.gov/sites/default/files/dtac/ccptoolkit/child-youth-assessment-referral-tool-exp-07312022.pdf

  SAMHSA Adult Assessment and Referral Tool: https://www.samhsa.gov/sites/default/files/dtac/ccptoolkit/adult-assessment-referral-tool-exp-07312022.pdf
- **Skills for Psychological Recovery (SPR) Field Operations Guide** (National Center for PTSD and National Child Traumatic Stress Network, 2020) https://www.nctsn.org/sites/default/files/resources/special-resource/spr_complete_english.pdf

- **Title IV-E Prevention Services Clearinghouse** (*Abt Associates*) https://preventionservices.abtsites.com/index.php/
- **Think Trauma: A Training for Working with Justice Involved Youth, 2nd Edition** (*National Child Traumatic Stress Network*): https://www.nctsn.org/resources/think-trauma-training-working-justice-involved-youth-2nd-edition
- **Trauma-informed Strategies for Supporting Children and Youth in the Juvenile Justice System During COVID-19** (*Child Trends, 2020*) https://www.childtrends.org/publications/trauma-informed-strategies-for-supporting-youth-in-the-juvenile-justice-system-during-covid-19
- **Treatment for Traumatized Children, Youth, and Families** (*Child Welfare Information Gateway*) https://www.childwelfare.gov/topics/responding/trauma/treatment/

Natural Disaster Response Resources

- **Psychoeducational Materials**
  - **National Child Traumatic Stress Network:** https://www.nctsn.org/what-is-child-trauma/trauma-types/disasters
  - **Substance Abuse and Mental Health Services Administration:** https://store.samhsa.gov/?f%5B0%5D=audience%3A4963
  - **Centers for Disease Control and Prevention:** www.cdc.gov/disasters/teens
- **Mobile Apps**
  - **Bounce Back Now App** (English and Spanish): http://bouncebacknow.org/
  - **Help Kids Cope:** https://www.nctsn.org/resources/help-kids-cope
  - **Transcend App:** https://www.nmvvrc.org/survivors/self-help/
- **Online Course**

  My Disaster Recovery: https://disaster.vast.uccs.edu/
- **Hotlines**
  - **National Suicide Prevention Lifeline**, Call (800) 273-8255
  - **Disaster Distress Helpline**, Call or text (800)985-5990 (For Spanish, press "2") to be connected to a trained counselor 24/7/365
  - **The JED Foundation** (for emotional health and suicide prevention), Call 1-800-273-TALK (8255) or text "START" to 741-741
  - **Trevor Project** (for LGBTQ+ youth), Call 1-866-488-7386 or text "START" to 678-678

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