Providing Trauma Informed Care for Homeless Youth: 
A Supervisor’s Guide
Introduction

Homeless street youth have become part of the landscape in most large American cities. Though the prevalence of youth homelessness is difficult to measure, researchers estimate that between 1.3 and 2.1 million youth experience homelessness each year.\(^1\) Though their backgrounds are diverse, research suggests that most of these youth have experienced early and multiple traumatic events. As a result of their trauma, homeless youth experience significant mental health problems, including depression, anxiety disorders, PTSD, suicidal ideation, attachment disorders, and substance abuse disorders. Trauma responses for young people are shaped, at least in part, by their age, gender, ethnicity, and sexual orientation, and by their cognitive abilities.

While most homeless youth experienced potentially traumatic events before they left home, many of them are re-traumatized once they arrive on the street. They can be victimized by criminals and street predators or by the same individuals that they have sought out for protection and support. For many youth, this repetition of victimization leaves them feeling even more powerless and diminishes their expectations for a life without violence and abuse. For this reason, homeless youth often enter our services with great caution and sometimes with the belief that we might also cause them harm. Helping staff at homeless youth serving agencies to understand this fear and mistrust can help create more responsive and safer healing environments.

In spite of this exposure to potentially traumatic events, many homeless youth are remarkably resilient, particularly if they have access to a positive, caring, adult. Even if they didn’t have a trusted adult to turn to in their childhood, even a brief relationship with one caring adult can make a difference.

Importance of Supervision for Direct Care Staff

This supervision guide was crafted for clinical supervisors working with direct care staff. Direct care staff are the heart of any homeless youth serving agency. Regardless of the title - youth worker, childcare worker, resident assistant, resident advocate, or case manager - direct service staff have the most day-to-day contact with homeless youth in drop-in centers, emergency shelters, or transitional living programs. This supervision guide is designed to support agencies in their efforts to help these staff members understand youth behavior in the context of trauma. One of the occupational hazards of working with traumatized individuals is the secondary trauma that can be experienced by the helper. In order to build the capacity of staff, reduce compassion fatigue, and ensure the delivery of high quality services, it is imperative that staff receive trauma-informed clinical supervision. The benefits for the staff, the agency, and ultimately the youth are substantial.

\(^1\) Foster, L.K. *Estimating California’s Homeless Youth Population* (October 2010), California Homeless Youth Project, California Research Bureau.
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Core Competencies
Direct care staff working with homeless youth need to:

Understand trauma, chronic trauma, and complex trauma and their impact on child/adolescent growth and development;
Understand adolescent high-risk behaviors in the context of trauma;
Understand the unique experience of trauma for gay, lesbian, bisexual, and transgender youth;
Understand the role of culture on a young person’s experience of a potentially traumatic event and the impact of historical/intergenerational trauma on young people;
Understand the ARC model (Attachment, Regulation, and Skill Competency) and how it can be used as a framework for homeless youth;
Understand and demonstrate competency in implementing Psychological First Aid for Youth Experiencing Homelessness;
Understand the need for and demonstrate competency in implementing trauma informed consequences;
Understand the importance of self care for staff;
Demonstrate knowledge of boundaries and limit setting;
Demonstrate skills in using SPARCS language and skills (MUPS, SOS, mindfulness, etc);
Demonstrate knowledge of strength-based approaches;
Understand the causes and consequences of youth homelessness and the unique barriers to engaging and retaining homeless youth in mental health services;
Understand principles of harm reduction.

How to Use this Guide
This supervision guide was designed to be used by supervisors at runaway and homeless youth serving agencies. We expect that the supervisors will use their own experiences in the field and adapt modules to the needs of their staff and the dynamics of individual groups. While these modules are presented in a particular order, supervisors can feel free to implement them in any order or combination. Resource information about ARC, SPARCS, and other key concepts are listed in the back.

The Hollywood Homeless Youth Partnership has developed a series of web-based modules designed to help orient and train direct care staff. We believe that these modules can provide a core foundation for staff and complement this guide. These modules include:
• Adolescent Development
• Adolescent Risk Behaviors-Self Injurious Behaviors and Suicide
• Adolescent Risk Behaviors-Sexually-Related Risks
• Adolescent Risk Behaviors- Substance Abuse
• Gay, Lesbian, Bisexual, Transgender and Questioning Youth
• Legal and Ethical Issues
• Resiliency
• Runaway and Homeless Youth
• Trauma and Runaway and Homeless Youth
All the modules are free and can be accessed at http://hhyp.elearning.networkofcare.org.
<table>
<thead>
<tr>
<th>Module Table of Contents</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Module 1: The Significance of Trauma for Homeless Youth</td>
<td>6</td>
</tr>
<tr>
<td>Module 2: Normal Responses to Trauma and Chronic Stress</td>
<td>14</td>
</tr>
<tr>
<td>Module #3 Definitions of Trauma, PTSD, Complex Trauma, and the ARC Framework</td>
<td>18</td>
</tr>
<tr>
<td>Module #4 What does complex trauma look like?</td>
<td>42</td>
</tr>
<tr>
<td>Module #5 Trauma and Brain Development</td>
<td>46</td>
</tr>
<tr>
<td>Module #6 Trauma and Attachment</td>
<td>51</td>
</tr>
<tr>
<td>Module #7 Self Regulation and MUPS</td>
<td>60</td>
</tr>
<tr>
<td>Module #8 Competencies</td>
<td>62</td>
</tr>
<tr>
<td>Module #9 Self Care</td>
<td>67</td>
</tr>
<tr>
<td>Module #10 Psychological First Aid for Youth Experiencing Homelessness</td>
<td>72</td>
</tr>
<tr>
<td>Module #11 Trauma and Substance Abuse</td>
<td>75</td>
</tr>
<tr>
<td>Module #12 Mindfulness and SOS</td>
<td>87</td>
</tr>
<tr>
<td>Module #13 Trauma Informed Consequences</td>
<td>104</td>
</tr>
<tr>
<td>Module #14 Helping or Harming</td>
<td>112</td>
</tr>
<tr>
<td>Module #15 Post Traumatic Growth</td>
<td>116</td>
</tr>
<tr>
<td>Resources and References</td>
<td>127</td>
</tr>
</tbody>
</table>
Module 1: The Significance of Trauma for Homeless Youth

Activities

1. Introduction
2. PowerPoint Presentation
3. Discussion
4. Summary

Handouts/Supplies

• NCTSN Culture and Trauma Brief (downloadable from www.hhyp.org)
• PowerPoint #1
• PowerPoint Handout (optional)

Objectives

• Participants will learn about the prevalence of trauma in homeless youth populations around the country
• Participants will identify the connection between early traumatic experiences and long-term physical and mental health issues
• Participants will recognize the disproportionate trauma experienced by gay, lesbian, bisexual, and transgender youth

Introduction

There is a lot in the literature about homeless youth and trauma. We thought it would be useful to review some of that literature so that you can see if the national data appears consistent with what you have observed.

Content - PPT #1

Power Point Presentation (and/or handout)

• National and local data (if available) about homeless youth and trauma

Discussion Questions

What other pathways to the street do you see in our community? Was any of this data surprising? What information stuck with you? Any thoughts about why the rate of PTSD is so low in some of the studies?

Summary

As you can see from this data, homeless youth are highly impacted by trauma. These past traumatic events and their on-going vulnerability to re-victimization impacts on their ability to connect with helping adults and take advantage of available services.

Resources

Significance of Trauma for Homeless Youth

The Literature

- It is estimated that between 1 million to 1.6 million youth experience homelessness each year (National Alliance to End Homelessness, 2006).
- A large body of research developed over the past two decades documents the high levels of exposure homeless youth have to potentially traumatizing events.

Pathway to the Street – System Involvement

Johanna is 17 ½ years of age. She was involved in the foster care system for most of her life. She was removed from her home at age five due to physical abuse and neglect. From age 5-9 she was in 5 different foster homes, and in one instance “almost adopted.” She was reunified with her mother for a short time but was removed again at age 11 because her mother started using drugs. Following this, Johanna lived with an aunt, uncle, 3 more foster placements, and most recently group homes and shelters. She has “AWOL’d” numerous times and ended up on the street.

As we all know, young people end up on the street for a variety of reasons. We are going to look at a few different types of scenarios and talk about the types of trauma that these young people experienced.

What types of trauma has Johanna experienced? (separation from family, different caretakers, mom being unavailable due to substance use, physical abuse/neglect)

What other types of trauma do youth that have been involved in the system often experience?
### Pathway to the Street - Immigration

Francisco is a 16-year-old from Honduras who just arrived to Los Angeles after a 3-month journey from his homeland. He came to the United States in order to “help his family out”. On his way to the US, he witnessed the murder of another young person who was pushed off a train he was traveling on.

What types of traumatic experiences has Francisco experienced? (separation from family, witnessing a murder)
Is this scenario familiar to you? What other types of trauma do youth who have immigrated experience?

### Pathway to the Street – Community Violence

Fernando grew in a neighborhood notorious for gang activity. He joined the gang at the age of 14 because he knew that was the only way to survive in his neighborhood. Recently (at age 16), he became very worried about his safety in his neighborhood and he ran away. He is concerned that members of his old gang (or their rivals) will find him.

How often do you see this type of scenario (youth running away from gang or community violence)?
What types of traumatic experiences do young people in Fernando’s situation often report?

### Pathway to the Street - Abuse

Jessica, age 14, recently ran away from home because she felt threatened by her stepfather. Jessica was residing with her mother, and younger sister, Stephanie, age 11 prior to her stepfather moving in. Her stepfather initially seemed “pretty cool” when her mother was dating him but then he started looking at the girls in a “creepy” way shortly after the couple married. Jessica ran away after her stepfather came into her room in the early morning and “tried to touch her.”

Many young people on the street report abuse in their homes. Aside from the experience of being touched by her stepfather, what types of trauma do girls like Jessica often report? How would this be different from boys in a similar situation?
Many young people report being rejected by family and friends because of their sexual orientation or gender identity. What types of trauma do these youth experience?

<table>
<thead>
<tr>
<th>Pathway to the Street—Rejection by Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>John knew he was gay from the time he was young, even before he knew the word. His family is very religious so he worked hard to hide this part of himself. When he was 17, a friend asked if he was gay and John told him the truth. His family found out almost immediately and they kicked John out of the house. They told him he was going to hell for being homosexual.</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Pathway to the Street—Grandparent Caretaker</th>
</tr>
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<tbody>
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<td>Martha was raised by her maternal grandmother in Mexico since age 3 when her mother went to the US to find work. She is now 15 and just recently moved to the US to be with her mother and her mother’s new family. Since she arrived in the US, there has been intense conflict because Martha feels that her mother “tries to tell me what to do all the time, but she barely knows me.” After a particularly intense verbal altercation, Martha’s biological mom slapped her in front of everyone in the home. Martha left home and ended up in a shelter</td>
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</tbody>
</table>

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<tr>
<th>Homeless Youth and Trauma</th>
</tr>
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<td>- Experience potentially traumatic events at home (sexual and physical abuse and neglect, family conflict, and witnessing family violence)</td>
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<td>- Experience potentially traumatic events in the community (gang violence)</td>
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<td>- Experience potentially traumatic events in at-home placements (foster care system, juvenile justice system)</td>
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<td>- Experience potentially traumatic events on the street (assault, hate crimes, partner abuse, prostitution)</td>
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There has recently been more attention to girls and boys like Martha. Children that were separated at an early age from their parents and that have a difficult time with the reunion when they are adolescents. What types of trauma to girls and boys like Martha report?
Pathway to the Street –
Grandparent Caretaker

Martha was raised by her maternal grandmother in Mexico since age 3 when her mother went to the US to find work. She is now 15 and just recently moved to the US to be with her mother and her mother’s new family. Since she arrived in the US, there has been intense conflict because Martha feels that her mother “tries to tell me what to do all the time, but she barely knows me.” After a particularly intense verbal altercation, Martha’s biological mom slapped her in front of everyone in the home. Martha left home and ended up in a shelter.

Prevalence of Trauma

- 40% - 60% of homeless youth report physical abuse
- 17% - 50% of homeless youth report sexual abuse
- 21% - 53% of homeless youth have been former foster care youth

Consequences of Trauma

- Substance use and abuse
- Survival sex
- Parenthood
- Lack of independent living and pro-social interpersonal skills
- Low educational attainment
- Depression, PTSD, and other mental health issues

Ask the audience to talk about the connection between the items on this list and trauma. Up to 60% of mental health disorders in adults are associated with early traumatic experiences.
Early Trauma and Consequences

- 19% - 50% of traumatized homeless youth have been diagnosed with a serious mental health disorder
- Childhood sexual abuse and assault are related to higher suicide rates and self-injurious behavior
- Homeless youth with histories of early physical and sexual abuse present with the most severe psychopathology and are predisposed to re-victimization
- A large portion of homeless youth "self-medicate" their symptoms with multiple drugs

Lesbian, Gay, Bisexual, Transgender Youth

- 86.2% of LGBT students reported being verbally harassed at school in the last year
- Three-fifths (60.8%) felt unsafe at school because of their sexual orientation
- 73.6% heard derogatory remarks such as "faggot" or "dyke" frequently or often at school
- 44.1% reported being physically harassed
- 22.1% reported being physically assaulted at school in the past year because of their sexual orientation.
- More than half (60.8%) of students reported that they felt unsafe in school because of their sexual orientation, and more than a third (38.4%) felt unsafe because of their gender expression.
- Only 11 states and the District of Columbia protect students from bullying and harassment based on sexual orientation, and only seven states and DC protect students on the basis of gender identity/expression.

Homeless LGBT Youth - 8 City Comparison

- LGB Youth more likely to be in the custody of social services
- More likely to have attempted suicide
- More likely to have engaged in survival sex
- More likely to have families with substance use histories
- More likely to have more than 5 drinks in one sitting in last 2 weeks
- More likely to have used injection drugs

Ray (2006)
Early Trauma and Consequences

- Coexisting disorders are more likely in homeless traumatized youth
- Many youth re-experience abuse once on the street
- There are higher rates of HIV infection in homeless youth
- There is lower literacy rates among homeless youth
- Homeless youth tend to have higher drop-out rates, repeat grades, and score lower on school tests than non-homeless youth

Economic Impact

- 24.4 BILLION $$ $$ $$ $$ of direct cost (hospitalization, MH treatment, child welfare, law enforcement, judicial system expenses)
- 69.7 BILLION $$ $$ $$ $$ indirect cost (Special Ed., juvenile delinquency, adult MH, lost productivity, adult criminality)

van der Kolk 2005

Homeless Adolescents - Trauma and Stress

- Most of the youth on the street have experienced potentially traumatizing events before they became homeless
- Enormous trauma and stress associated with survival on the street
- Few resources to manage stress
- Alcohol and drugs readily available
- General resistance to mental health services due to past experiences.