



# Organizational Trauma Assessment Report

Fairfax County Juvenile & Domestic  
Relations District Court

*Research and Development Unit*

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# Executive Summary

This report is the third follow-up assessment from the Trauma-Informed Organizational Assessment initially conducted in 2016. Since the initial survey, the Trauma-Informed Organizational Assessment has been administered every other year. The survey findings from 2020 suggested the implemented strategies from previous assessments resulted in overall improvements across all domains. This survey, completed in 2022, assesses the effectiveness of strategies being used and if/where there is continued need for improvement.

The survey assessed eight core domain areas of a trauma-informed juvenile justice system:

1. Staff knowledge and training around working with traumatized clients
2. Availability of trauma-informed mental health services (screening, assessment, interventions)
3. Client and family physical/psychological safety
4. Staff physical/psychological safety
5. Staff secondary traumatic stress prevention
6. Perceived fit of trauma-informed practices with the organization's mission and current practices
7. Collaboration and coordination of care across units with other relevant service providers and systems
8. Staff usage of trauma screening (STRESS, ACE, and/or MAYSI) – *new domain for 2022 assessment*

JDRDC staff responded at slightly higher rates in 2022, with 122 completed assessments for a response rate of 40%. The higher response rate is likely a result of the surveys primarily being administered in person rather than online, and JDRDC having fewer agency employees than before. Years of experience was fairly evenly distributed ranging from less than one year to 35 years in the field, with slightly more staff indicating 11-20 years of experience. The average was 15 years.

Key findings from the 2022 Assessment are as follows:

- Results from the 2022 survey reversed many prior upward trends.
- Declines were seen across questions relating to staff training in trauma-informed practices (TIP) (Domain 1), with the largest decline in staff indicating that they've received training to work with traumatized clients.
- The availability of trauma-informed services within JDRDC (Domain 2) was identified as the area with the greatest need for continued improvement.
- In Domain 4, fewer staff compared to 2020 agreed that the unit is a safe place to work, and more staff agreed that they feel unsafe around their clients.
- Questions surrounding staff secondary trauma symptoms and prevention (Domain 5) indicated areas in need of attention. The largest decline was in staff agreeing they knew where to seek help at work if experiencing signs of STS. In line with this figure, less than 50% of staff indicated that their unit provides training, supervision, or other resources to prevent staff STS.
- Buy-in surrounding trauma-informed practices (Domain 6) seems to be waning. There were declines in staff who believed TIP is a priority for leaders and administrators and that TIP leads to better outcomes.
- Questions surrounding collaboration and coordination of care (Domain 7) indicated areas in need of attention. Compared to 2020, more staff agreed that information-sharing and coordination of care was a major challenge for their unit.
- For the first time, staff were asked about their usage of trauma screening tools (Domain 8). Agreement was just over 50% for all questions in this domain.

The surveys also offered an opportunity for staff to provide open-ended feedback on the agency's current implementation of trauma-informed practices and suggest future areas of improvement. Researchers evaluated these comments for common themes. Most comments focused on a need for more training and a renewed focus on safety within units.

The Trauma Team and Trauma Champions will develop a revised charter with recommendations to address areas in need of improvement based on the results of the 2022 survey. However, they plan to work through a Building Resilient Teams workbook to help with secondary traumatic stress and burn out, as well as possibly crafting additional messaging within the agency to help increase staff buy-in of TIP.

# Introduction

The following report summarizes the 2022 results of the Trauma-Informed Juvenile Justice Organizational Self-Assessment (TIJJ; Branson, 2015) of the Fairfax County Juvenile and Domestic Relations District Court (JDRDC). This tool assesses eight domains essential to an effective trauma-informed organization as defined by the National Child Traumatic Stress Network and the U.S. Department of Justice. The domains include: (1) staff training in trauma-informed practices; (2) availability of trauma-informed mental health services; (3) promoting client and family safety; (4) promoting staff safety; (5) preventing staff secondary trauma; (6) perceived fit of trauma-informed practice with your agency's mission and existing practices; (7) collaboration and coordination of care across units and service systems; and (8) staff usage of trauma screening (STRESS, ACE, and/or MAYSI)<sup>1</sup>.

JDRDC completed an initial survey in 2016 assessing JDRDC's current use of, and readiness to implement, trauma-informed practices and policies. The initial report suggested strengths in client and family safety, staff safety, and perceived fit of trauma-informed practice. Conversely, it expressed staff training in trauma-informed practices, availability of trauma-informed services, secondary trauma prevention, and collaboration and coordination of care as areas in need of attention.

At the completion of the initial report suggestions were made to improve the areas of weakness which focused on:

1. System-wide training and ongoing consultation for front-line staff on specific skills for working with trauma-affected clients.
2. Increasing the accessibility and availability of evidence-based, trauma-focused treatment for youth offenders and their families.
3. Developing system-wide strategies to support staff wellness and prevent secondary trauma/burnout.

In response to these recommendations, JDRDC implemented several strategies and initiatives. JDRDC emphasized the self-care of staff, offering the Cost of Caring training to all staff which addresses secondary traumatic stress prevention and self-care education. Secondly, Healthy Minds Fairfax (formerly Systems of Care) included a plan to increase the number of local therapists trained in evidence-based, trauma-focused treatments in their blueprint. Efforts are ongoing and will continue through 2020. Next, county-sponsored training efforts are underway to increase access to pro-bono treatment from local providers. Finally, JDRDC Trauma Champions began in late 2017 as a way to offer additional resources to front-line staff, including training and ongoing consultation on specific skills for working with trauma survivors.

The survey was conducted again by JDRDC in 2018 and the same procedures were followed; staff strengths and weaknesses were identified, and recommendations were provided. Continued need for improvement was identified around staff's understanding of how trauma-informed practices fit within their unit. To address these concerns, JDRDC continued to offer trauma training to employees, including a two-day training (Illuminations) specific to the impact of trauma on clients, families and workers, continued opportunity for the Cost of Caring training, and a hands-on experience to understand the effects of trauma on the brain development of children (The Brain Architecture Game).

Following the implementation of these strategies, a second follow-up assessment was conducted in 2020 to assess their impact and addressed if/where there was room for improvement. This report is a third follow-up assessment, conducted in 2022. Overall agency results are discussed below with comparisons between 2016, 2018, 2020, and 2022. Unit-specific results and analysis are provided in Appendices A-H.

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<sup>1</sup> Domain 8 was a new addition beginning in 2022.

# Survey Response Rate

All current agency employees were invited to complete the survey (N=305). This includes staff employed at the initial assessment and staff more recently joining JDRDC. Trauma Champions administered the surveys in-person at staff meetings for each unit/program. An online version utilizing Opinio was also available for all staff. One hundred and fifty-five employees responded to the surveys for a 51% response rate; however, 33 responses were excluded from the analyses because they were deemed invalid (i.e., staff member gave the same response for every item and/or staff members turned in surveys that were less than 25% complete). Therefore, this report is based on 122 completed surveys<sup>2</sup>. Some surveys had missing information for one or more questions but are still included in the analyses as not every question pertained to all respondents. The following tables summarize respondent characteristics.

Table 1: Response Totals by Unit

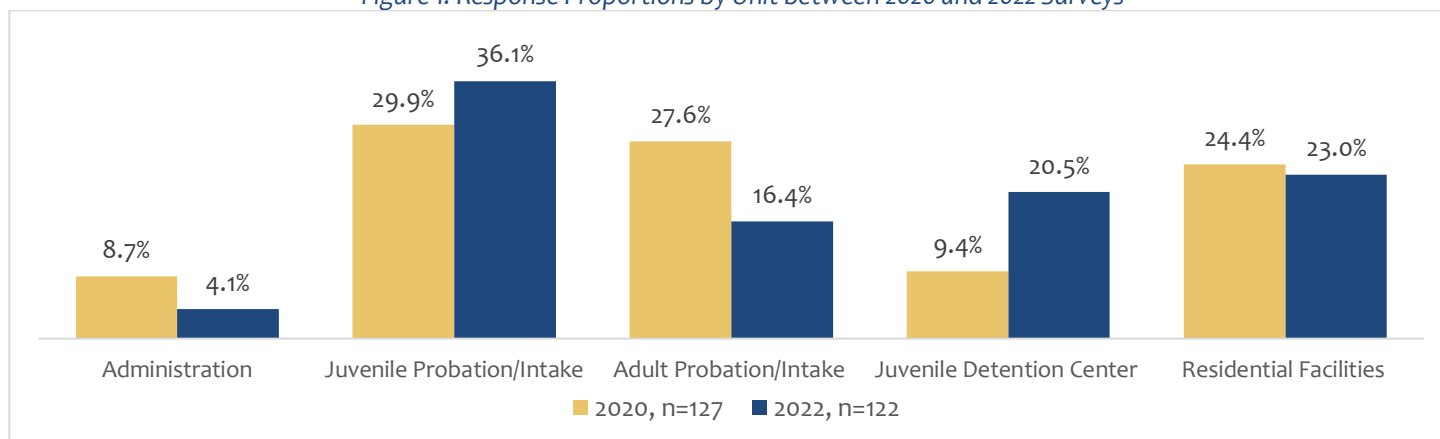
Unit	Number	Percent
Administration	5	4.1%
Juvenile Probation/Intake	44	36.1%
Adult Probation/Intake	20	16.4%
Juvenile Detention Center	25	20.5%
Residential Facilities	28	23.0%

The breakdown for the five units is as follows:

- **Administrative Services:** Senior Administration, Human Resources, Finance, Research Services, Victim Services, Language Access, Special Initiatives
- **Juvenile Probation/Intake:** Central Intake Services, Supervised Release Services, North County Probation, South County Probation, Center County Probation, Assessment Unit
- **Adult Probation/Intake:** Community Corrections, Domestic Relations
- **Juvenile Detention Center**
- **Residential Facilities:** BETA, Stepping Stones, Foundations, Shelter Care II

The total number of employees responding to the 2022 survey decreased 3% from 2020, and 52% from 2018, with the largest decreases seen in responses from Administration and Adult Probation/Intake. These two units did not offer the survey at in-person staff meetings, which likely contributed to the decline in respondents. Overall decreases in the number of respondents can also be partially attributed to staff attrition over the last two years. Even with a decrease in total responses, proportions between Juvenile Probation/Intake and Residential Facility units were comparable to previous years. Responses from the Juvenile Detention Center and Juvenile Probation/Intake increased 108% and 16% respectively, potentially due to the renewal of survey administration during staff meetings (see Figure 1).

Figure 1: Response Proportions by Unit between 2020 and 2022 Surveys



<sup>2</sup> An additional survey was excluded as there was no indication of which unit the respondent was from.

Nearly 30% of staff responding to the survey identified themselves as Juvenile or Adult Probation Officers (see Table 2). Detention Staff represented 15% of all survey responses, an increase from 2020. Unit Supervisors also represented 14% of all survey responses, a decrease from 2020. Agency Leader/Administrator and Family/Individual Counselor had the least representation for the 2022 survey, accounting for 3% and 2% respectively. In addition, 61% of staff had more than 11 years of experience with the agency, while a quarter of respondents have only been with the agency for 5 years or less (see Table 3).

Table 2: Response Totals by Job Type

Job Title	2022 N	2022%	2020%	2018%	2016%
Agency Leader/Administrator	4	3%	5%	4%	4%
Intake Officer (Adult and Juvenile)	12	10%	8%	6%	9%
Administrative Assistant/Support Staff	6	5%	9%	12%	10%
Probation Officer (Adult/Juvenile)	35	29%	33%	24%	34%
Detention Staff	18	15%	2%	21%	12%
Residential Program Staff	16	13%	13%	11%	8%
Family/Individual Counselor	3	2%	4%	5%	8%
Unit Supervisor	17	14%	18%	8%	10%
Other	11	9%	17%	9%	5%

Table 3: Response Totals by Years of Experience

Years of Experience	2022 N	2022%	2020%	2018%	2016%
0-5 years	29	25%	16%	29%	22%
6-10 years	17	14%	16%	21%	23%
11-20 years	39	33%	37%	29%	33%
21 or more	33	28%	31%	21%	22%

# Findings

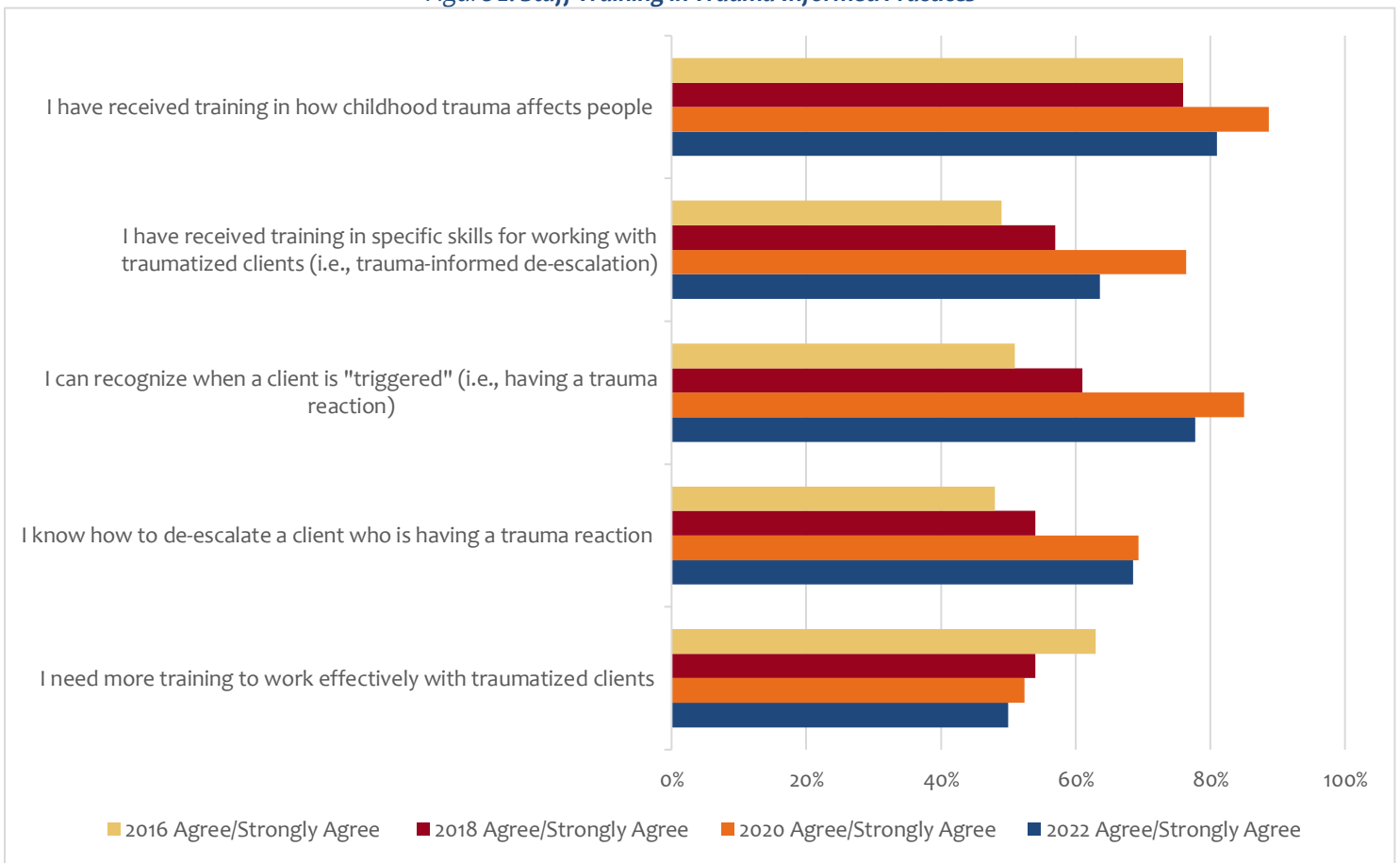
## Domain 1: Staff Training in Trauma-Informed Practices

A trauma-informed agency employs staff that understand the impact of trauma on clients and staff, can recognize a trauma reaction, and are trained in skills to respond to the sensitive needs of an individual experiencing trauma. Domain 1 evaluates whether staff believe they have received adequate training to recognize and effectively respond to an individual experiencing trauma.

Despite positive changes from 2016, agreement rates declined across questions within this domain between 2020 and 2022. There was a 13% decrease in the number of staff who indicated that they received training in specific skills for working with traumatized clients. There was also a decrease of 8% and 9% respectively in the percentages of staff who agree that they can recognize when a client is “triggered” (78%) and have received training in how childhood trauma affects people (81%). The number of staff who indicated knowing how to de-escalate a client who is having a trauma reaction remained stable from 2020 (69%).

Fifty percent of staff think they need more training to work effectively with traumatized clients, a decrease of 2% from 2020 and 13% from 2016. While still clearly an area of need, this trend suggests that training opportunities increased and/or the number of staff completing training increased compared to previous years.

Figure 2: Staff Training in Trauma-Informed Practices



## Domain 2: Availability of Trauma-Informed Services in Your Unit

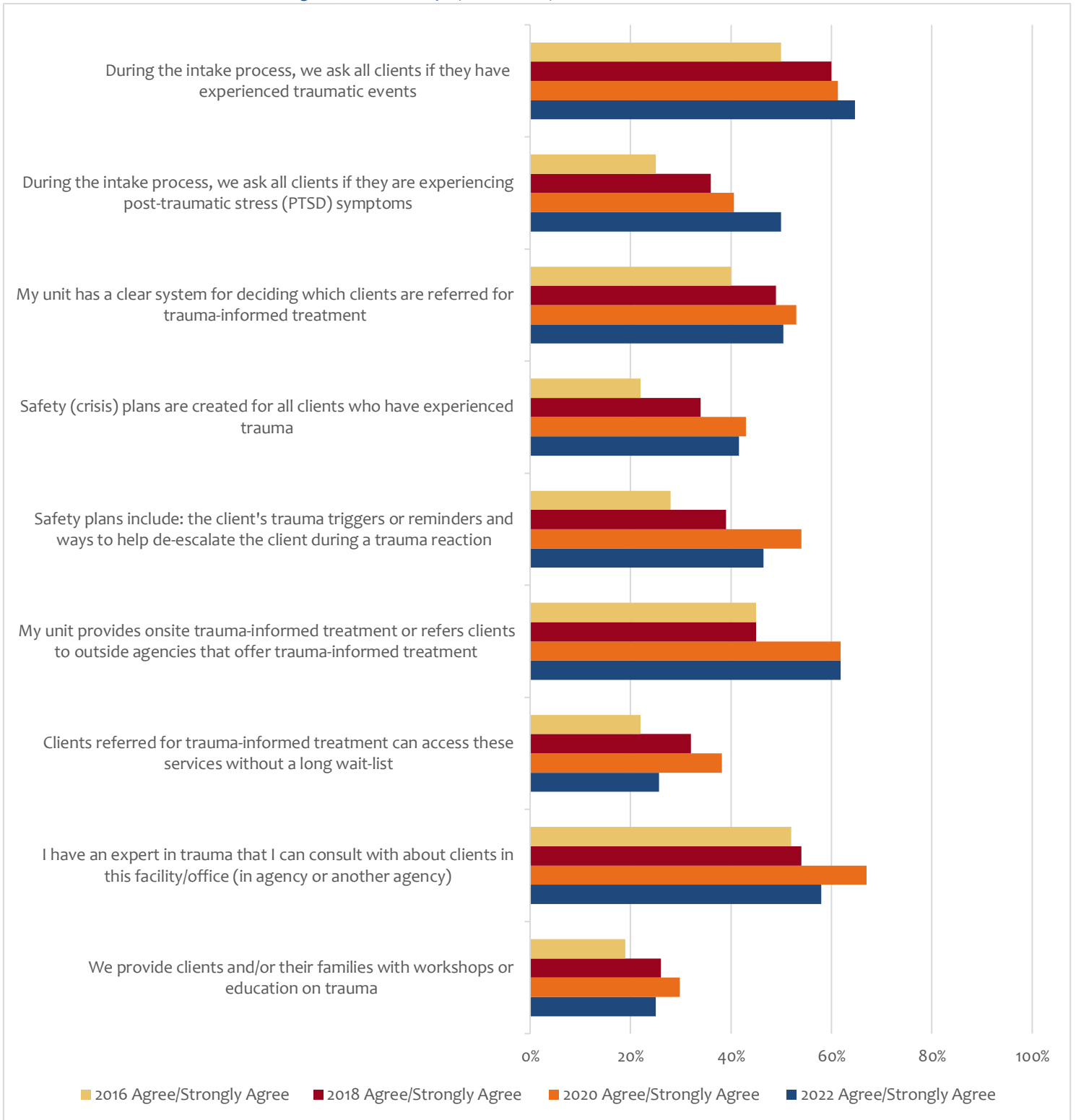
This section measures the availability of trauma-informed mental health services and other best practices associated with working with traumatized clients. This includes a universal screening process to assess the presence of trauma, the utilization of evidence-based, trauma-focused treatment, the creation of an individualized trauma safety plan, and providing education and resources about the impacts of trauma to clients and their families.

As seen in Figure 3, there has been an upward trend in agreement for this domain since 2016. However, 2022 does not follow this trend, as agreement rates decreased for nearly all questions. There was a 1%-12% decrease in agreement for seven of the nine questions in this domain, with the largest decrease in the number of staff who agree that clients can access trauma-informed care services without long waitlists. There were increases in staff who agree/strongly agree (1) their unit asks all clients if they have experienced traumatic events, and (2) their unit asks all clients if they are experiencing PTSD symptoms. The proportion of staff who agree/strongly agree that their unit provides onsite trauma-informed care or refers clients to outside agencies is the same compared to 2020 (62%).

Agreement is still low-moderate for topics included in this domain, and there are four questions with agreement below 50%. This suggests a need for continued improvement in this domain, especially for providing clients and/or their families with workshops or education on trauma and ensuring that clients can access trauma-informed care services without a long waitlist.



Figure 3: Availability of Trauma-Informed Services in Your Unit

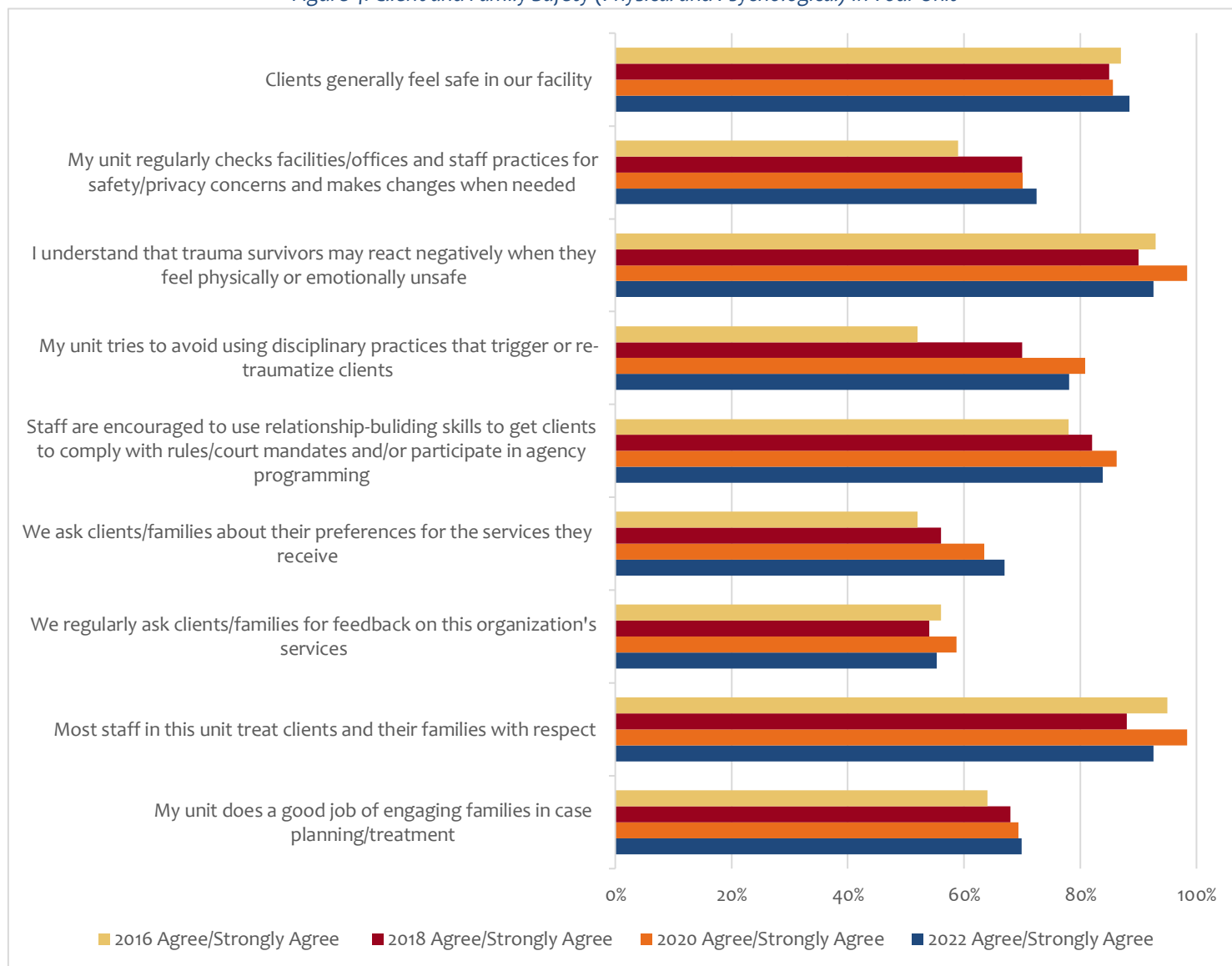


## Domain 3: Client & Family Safety (Physical & Psychological) in Your Unit

A trauma-informed program fosters a feeling of physical and psychological safety for both clients and families. This is achieved through encouraging clients and families to advocate for their preferences in services, sustaining respectful and understanding staff-client relationships, avoiding the use of coercive practices (i.e., use of physical restraints or threatening sanctions to force compliance), and ensuring the physical building promotes safety (i.e., adequate security and promoting confidentiality).

Agreement across questions in this domain remains relatively high. Four questions had minor improvements from 2020 (3% or less), while the remaining five questions showed slight declines (5% or less). The questions with the least agreement were (1) We regularly ask clients/families for feedback on this organization's services (55%) and (2) We ask clients/families about their preferences for the services they receive (67%). Nearly all staff (93%) reported understanding that trauma survivors may have negative reactions and that most staff in their unit treat clients/families respectfully.

Figure 4: Client and Family Safety (Physical and Psychological) in Your Unit

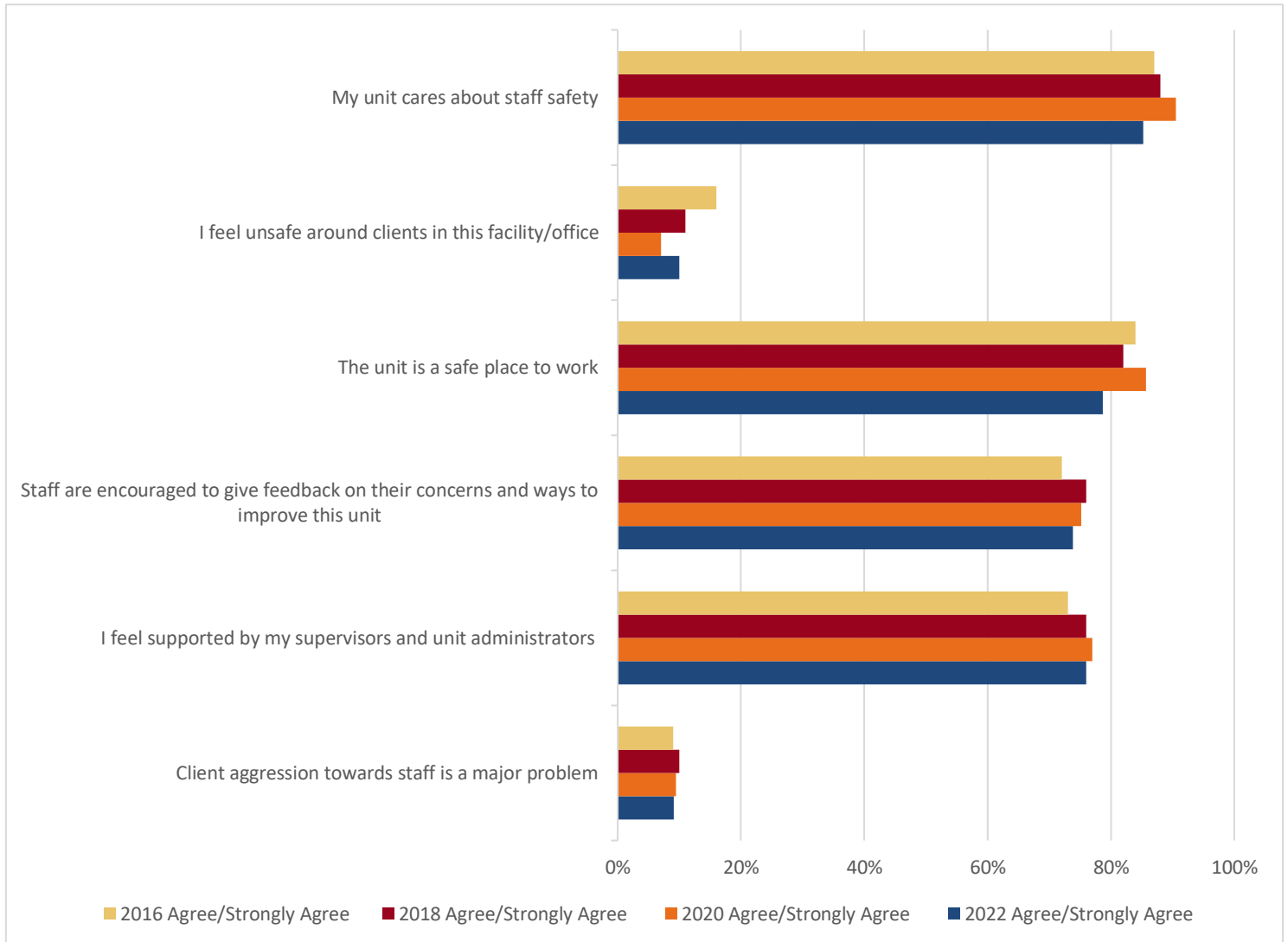


## Domain 4: Staff Safety (Physical & Psychological) In Your Unit

The perception of physical and psychological safety is just as important to staff as it is to clients and families. In a trauma-informed agency staff feel supported and heard by their supervisors and administrators and they feel comfortable and safe working with their clients. By fostering a sense of safety for staff, the agency can more readily provide safety to clients and family.

While staff showed relatively high agreement with their unit caring about staff safety (85%), declines were seen across questions in this domain. Notably, just 79% agreed that their unit was a safe place to work. This is the lowest level of agreement seen since the survey's implementation. Ten percent of staff reported feeling unsafe around clients in the facility/office (up from 7% in 2020) (see Figure 5).

Figure 5: Staff Safety (Physical and Psychological) in Your Unit

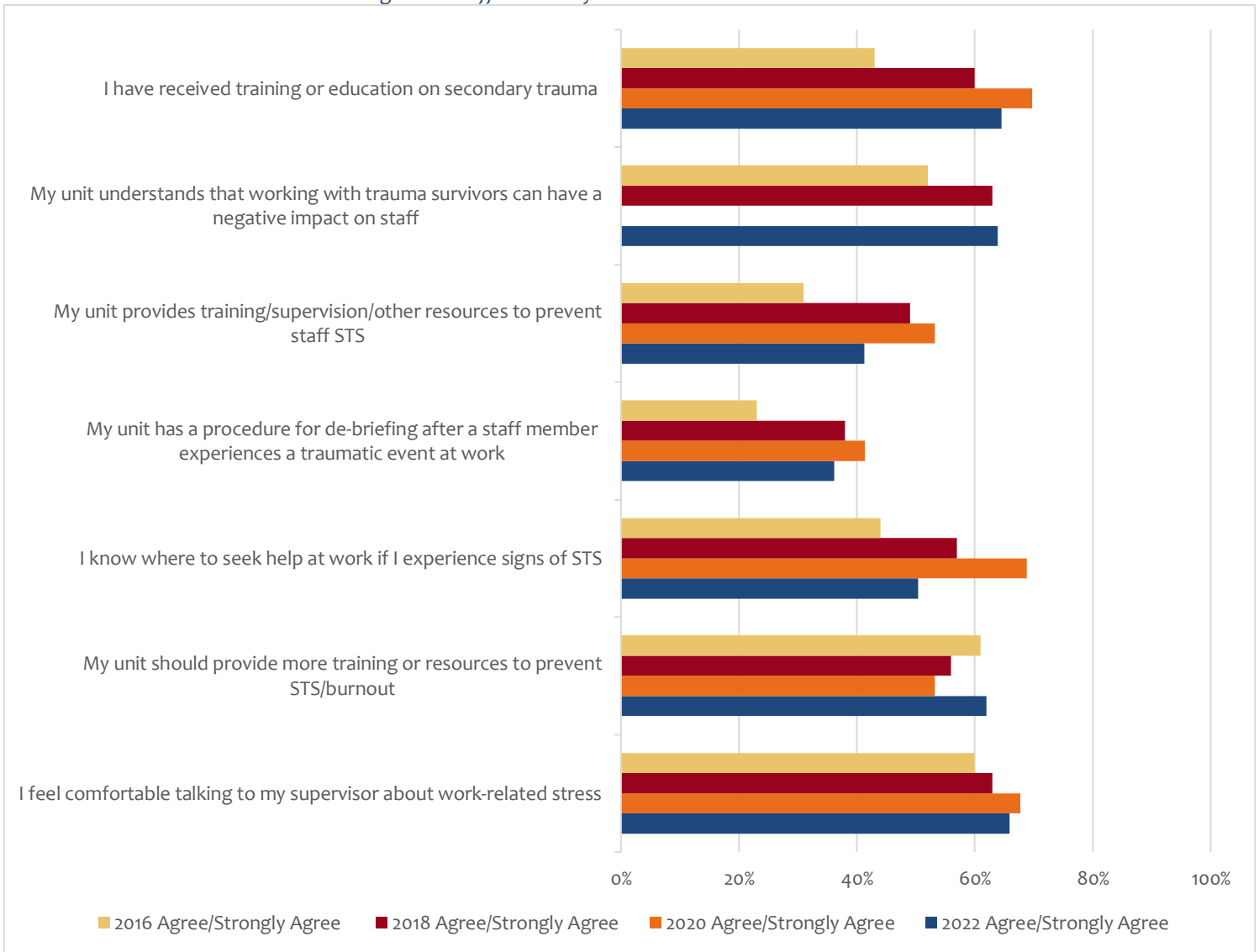


# Domain 5: Staff Secondary Trauma Prevention in Your Unit

Working in a field with such high rates of trauma can result in secondary traumatic stress (STS) for staff. Frequent exposure to traumatic stories and events can cause staff to experience STS, which is common in juvenile and criminal justice. Secondary trauma impacts personal well-being which can impact job performance and can account for high rates of turnover.

Shown below in Figure 6, 65% of staff have received training or education on secondary trauma. While this is a slight decline from 2020, it is 27% higher than 2016. Despite this, 62% of staff still think their unit should provide more training or resources to prevent secondary traumatic stress/burnout. This is up from 53% in 2020. There were declines from 2020 (2-19%) across the remaining questions within this domain. Most notably, the level of staff agreeing that they knew where to seek help if experience signs of STS declined from 69% to 50%. This trend is echoed in the 12% decline seen in staff agreeing that their unit provides training/supervision/other resources to prevent staff STS and the 5% decline staff indicating their unit has a procedure for de-briefing after a staff member experiences a traumatic event at work. Both latter questions had under 50% rates of agreement for 2022.

Figure 6: Staff Secondary Trauma Prevention in Your Unit



\*The second question, “My unit understands that working with trauma survivors can have a negative impact on staff,” was missing on the 2020 survey.

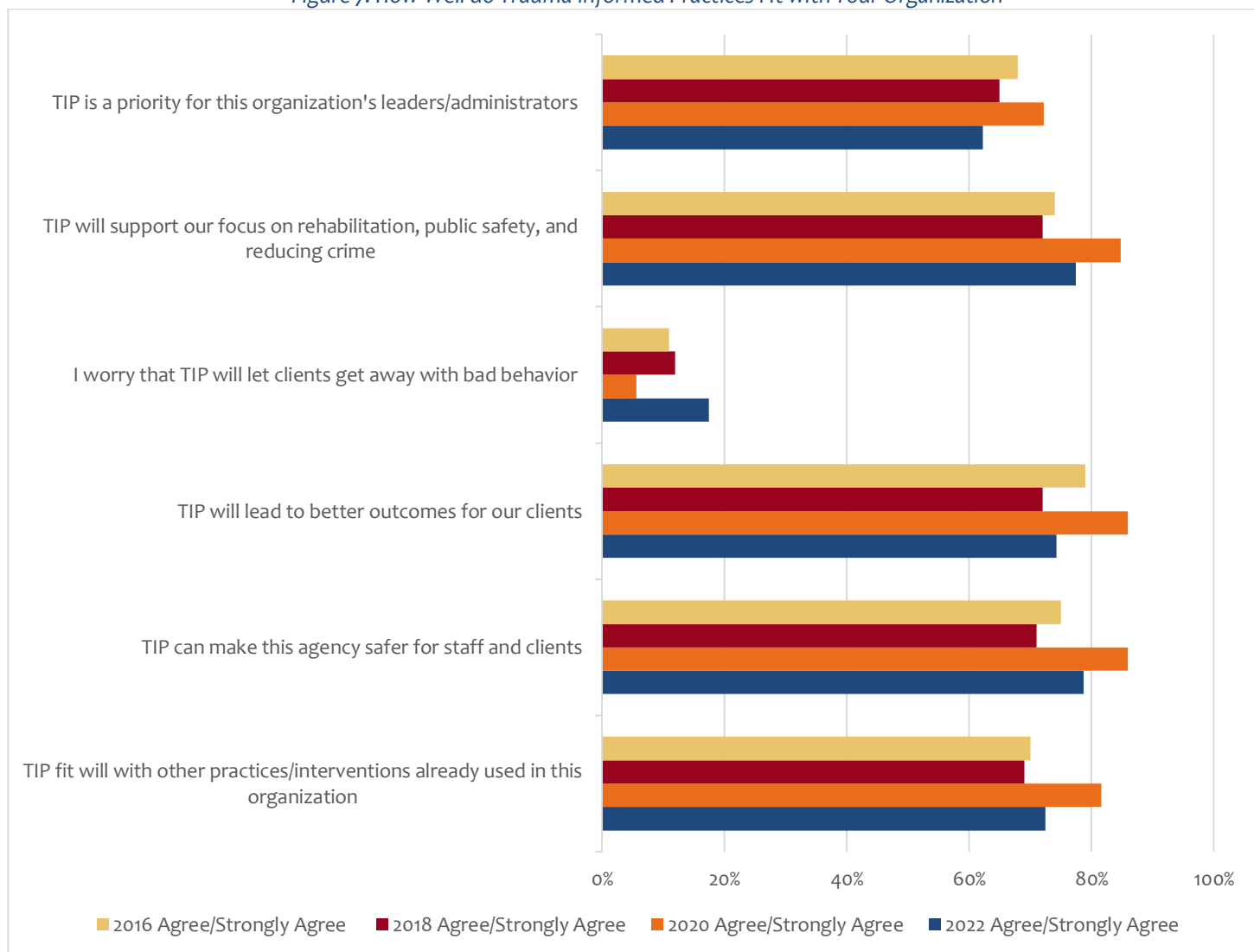
## Domain 6: How Well do Trauma-Informed Practices Fit with Your Organization?

A trauma-informed approach can contradict the traditional culture of the criminal justice system. To successfully implement a trauma-informed juvenile justice system, staff at every level must be committed to the shift in culture. This domain assesses whether staff believe a trauma-informed approach fits with the agency’s mission, structure, and existing practices.

Despite showing mostly decreases in agreement since 2020, staff still reported positive responses to nearly all questions in this domain, with 62% believing Trauma Informed Practices (TIP) is a priority (see Figure 7). Staff agreement in expressing concern that TIP will let clients get away with bad behavior increased by 12 percentage points compared to 2020. After more positive responses in 2020, all 2022 responses have not moved in the desired direction but are a slight improvement from most of the 2018 and 2016 responses.

Despite largely positive trends from 2016 to 2020 for questions within this domain, indicating increasing buy in from staff, 2022 results did not continue this pattern. Just 74% of staff agreed that TIP will lead to better outcomes for our clients. This is down from 86% in 2020. Additionally, there was a 10% decline in staff believing that TIP was a priority for the organization's leaders/administrators (72% in 2020 to 62% in 2022). Eighteen percent of staff indicated they worry that TIP will let clients get away with bad behavior, a 12% increase from 2020.

Figure 7: How Well do Trauma-informed Practices Fit with Your Organization

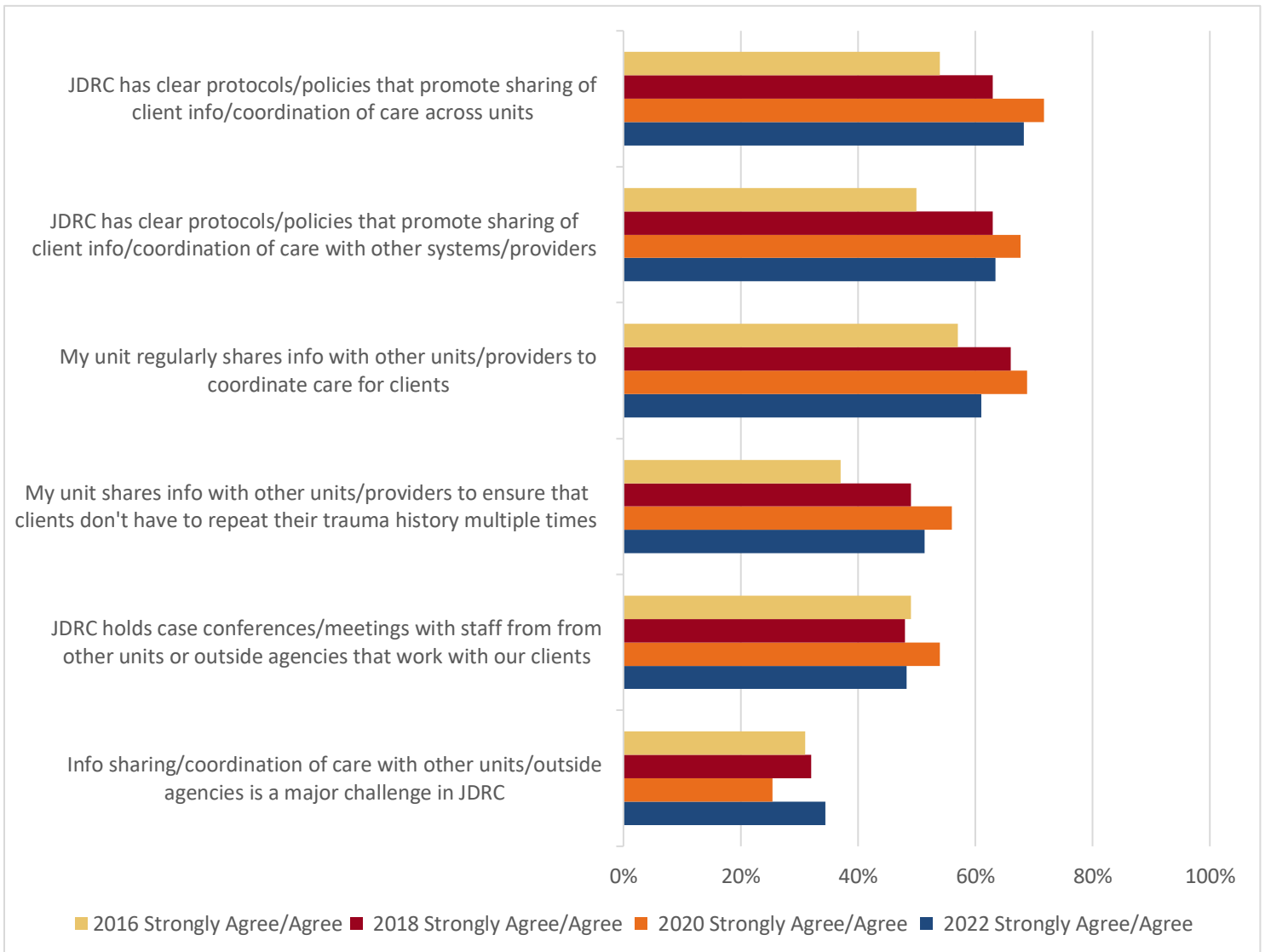


## Domain 7: Collaboration & Coordination of Care

Individuals encountering the criminal justice system tend to be involved with multiple agencies (i.e., child welfare agencies, mental health services). A trauma-informed agency should work collaboratively with other agencies to successfully, and legally, share pertinent client information, assist with treatment or service planning, and to minimize the opportunity for re-traumatization for the client by sharing trauma histories multiple times. Organizations should establish clear protocols for cross-system information sharing that upholds legal requirements and ensures client confidentiality, which is vital to a trauma-informed organization.

Overall, agreement rates decreased across nearly all questions regarding collaboration and coordination of care for 2022 (see Figure 8). Despite the declines, most staff still agree that JDRDC has clear protocols/policies that promote coordination of care across units (68%) and with other systems/providers (63%). Similarly, 61% of staff agree that their unit regularly shares information with other units/providers to coordinate care for clients (down from 69% in 2022). Less than half (48%) of staff indicated that JDRDC holds case conferences/meetings with staff from other units. Lastly, 34% of staff agree that info sharing/coordination of care with other units/agencies is a major challenge in JDRDC. This is a 9% increase from 2020, and an all-time high since the Organizational Trauma Assessment began.

Figure 8: Collaboration and Coordination of Care

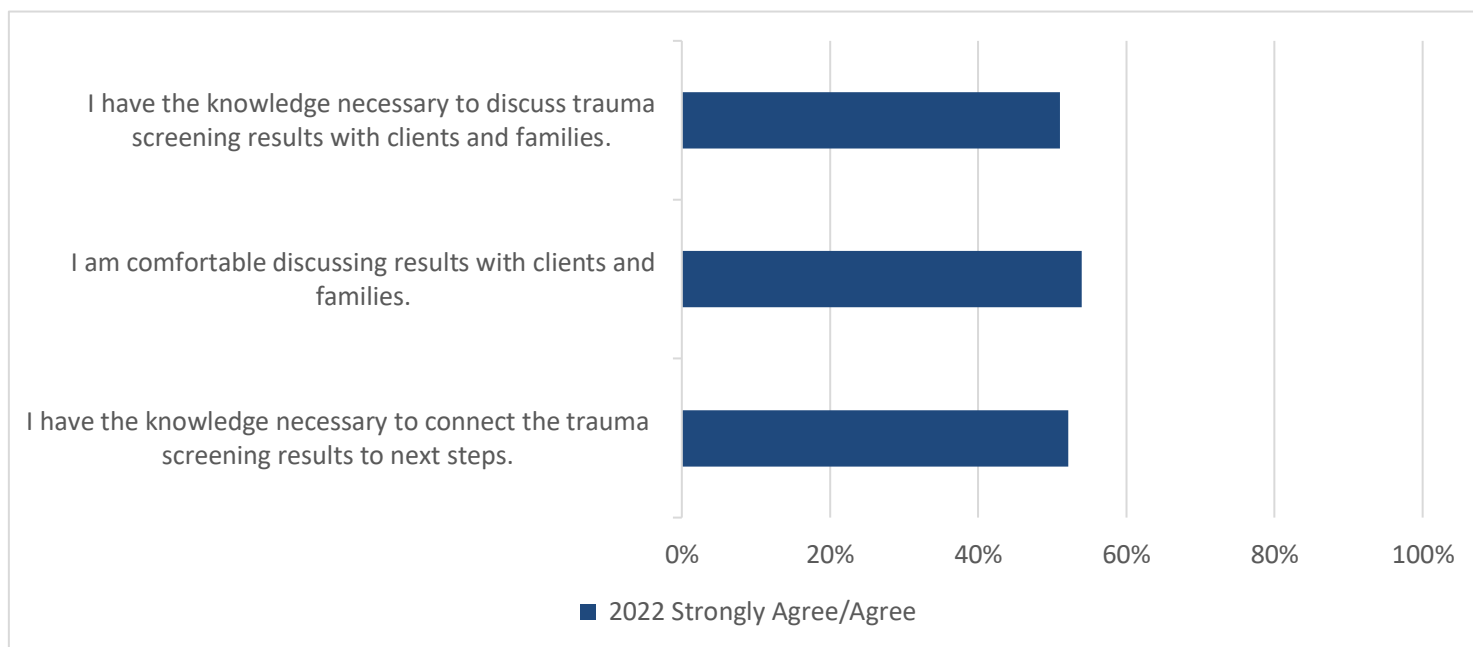


\*Raw data from the 2016 report is unavailable, so estimates are provided in Figure 8 for 2016.

## Domain 8: Staff Usage of Trauma Screening

A trauma-informed program should routinely screen individuals involved in the criminal justice system for traumatic stress symptoms that may contribute to their offending and impact their success in court-ordered programming. Staff who conduct trauma screenings (STRESS, ACE, and/or MAYSI) must be able to accurately interpret the results of the screening tool, explain the results of the screening to clients and families, and determine what actions need to be taken based on the results of the screening (e.g., trauma-informed services). Three questions were added to the Organizational Trauma Assessment through collaboration with the Research Team and Trauma Team to better assess our implementation and use of these screening tools.<sup>3</sup> As seen in Figure 9, the responses to this question fall around 50% agreement for each area in this domain, indicating room for improvement in these areas.

Figure 9: Staff Usage of Trauma Screening



<sup>3</sup> 2022 is the first year that Domain 8 is included in the Organizational Trauma Assessment.

# Staff Feedback

Staff were offered the opportunity to provide feedback in the “Comments” sections of the assessment. Of the 122 completed surveys, a total of 21 staff (17.2%) provided written feedback. Most of the comments called for more training, more focus on client, family, and staff safety, and more focus on Secondary Traumatic Stress (STS) and staff burnout. The breakdown of themes and the frequency reported are presented below.

Table 4: Staff Comment Trends

Comment	Frequency
<p><b>Need for more specific and frequent trauma training</b></p> <p><i>“Staff need more training on how to handle trauma residents, and better ways to handle extreme cases of trauma.”</i></p> <p><i>“Trauma training should be annual. Mental Health and First Aid training should be considered as well. We also need more access to trauma workshops/conferences (w/ outside providers, etc.)”</i></p> <p><i>“When I started working here, I was stunned to learn that the staff was unaware of trauma related issues w/ the LGBTQ+ community. Our POll's were not aware that LGBTQ+ teens are 3x more likely to commit suicide and were surprised when I told them. Our unit is not equipped to help LGBTQ+ clients if we don't know these basic things about their risk of harm.”</i></p>	7
<p><b>Need to improve client, family, and staff safety (physical and psychological)</b></p> <p><i>“We have some major gaps in our safety protocols. We had a reported active shooter situation (that turned out to be a suicide) where no protocols were followed, and staff had no direction. This has not been addressed or rectified. We need better guidance about this type of situation.”</i></p> <p><i>“There needs to be more attention paid to staff when there are traumatic experiences with our clients.”</i></p> <p><i>“Staff should not repeat residents' medical history or inform residents of confidential information. Same goes for information pertaining to staff.”</i></p>	4
<p><b>Need to address STS and Burnout</b></p> <p><i>“I am hopeful that mandatory changes will be made in taking "stress" in the workplace more seriously. It seems that this topic is not taken seriously.”</i></p> <p><i>“Agency leadership should take better care of employees with secondary trauma.”</i></p> <p><i>“Staff are burnt out from new ways to deal with these types of residents.”</i></p>	3



# Summary

The purpose of this organizational assessment was to evaluate how JDRDC implemented trauma-informed care across the agency. The previous report conducted in 2020 showed improvements across all 7 initial domains compared to 2018. The present report, conducted in 2022, is the third follow up to the initial 2016 report.

Several questions have had steady increases in agreement with each iteration of the survey since the initial survey in 2016. Specifically, these include: asking all clients if they have experienced traumatic events during the intake process, that their unit does a good job of engaging families in case planning/treatment, asking clients/families about their preferences for the services they receive, and that their unit regularly checks facilities/offices and staff practices for safety/privacy concerns and makes changes when needed. The most notable increase this year was for asking all clients if they are experiencing post-traumatic stress (PTSD) symptoms, which increased from 41% of respondents who agreed or strongly agreed in 2020 to 50% in 2022. Additionally, agreement has consistently declined for needing more training to work effectively with traumatized clients, with 50% of respondents in agreement with that statement.

However, many previous upward trends were reversed in the 2022 Assessment. Notably, there were declines in agreement that staff received training to work with traumatized clients, that their unit was a safe place to work, that staff know where to seek help at work if they are experiencing signs of Secondary Traumatic Stress (STS), and that their unit provides resources to prevent staff STS. Additionally, buy-in surrounding TIP seems to be waning, as fewer staff felt such practices lead to better outcomes and were a priority for leadership. There was an increase in agreement that staff feel unsafe around their clients in their unit, and that information-sharing and coordination of care with other units or outside agencies is a major challenge in JDRDC. Staff were also asked about their usage of trauma screening tools for the first time. Agreement was just over 50% for all questions in this domain, with the lowest agreement in staff indicating that they have the knowledge necessary to discuss trauma screening results with clients and families. Feedback comments from staff focused on increasing trauma training, improving client, family, and staff safety, and addressing STS and staff burnout.

Similar to 2020, the availability of trauma-informed services within JDRDC was identified as the area with the greatest need for continued improvement. Additionally, specific areas for improvement within domains 2, 5, and 7 were identified<sup>4</sup>:

## Domain 2:

- Creating trauma-informed safety (crisis) plans for all clients who have experienced trauma
- Making sure safety plans include the client's trauma triggers or reminders and ways to help de-escalate the client during a trauma reaction
- Making sure clients can access trauma-informed services without long waitlists
- Providing clients/families with workshops or education on trauma

## Domain 5:

- More training or resources to prevent secondary traumatic stress (STS)/burnout
- De-briefing procedures for staff who experience a traumatic event at work

## Domain 7:

- Holding case conferences/meetings with staff from other units or outside agencies that work with our clients

At the time of this report, specific recommendations to target these areas for improvement have not yet been finalized. A detailed plan to address these areas of interest will be reflected in the revised charter that the Trauma Team and Trauma Champions will develop. To address STS and Resiliency, the Trauma Team plans to work through a Building Resilient Teams workbook with Juvenile Intake as a part of a targeted intervention with pre-and post-assessments. To address the decrease in staff buy-in of TIP, additional messaging may be required within the agency.

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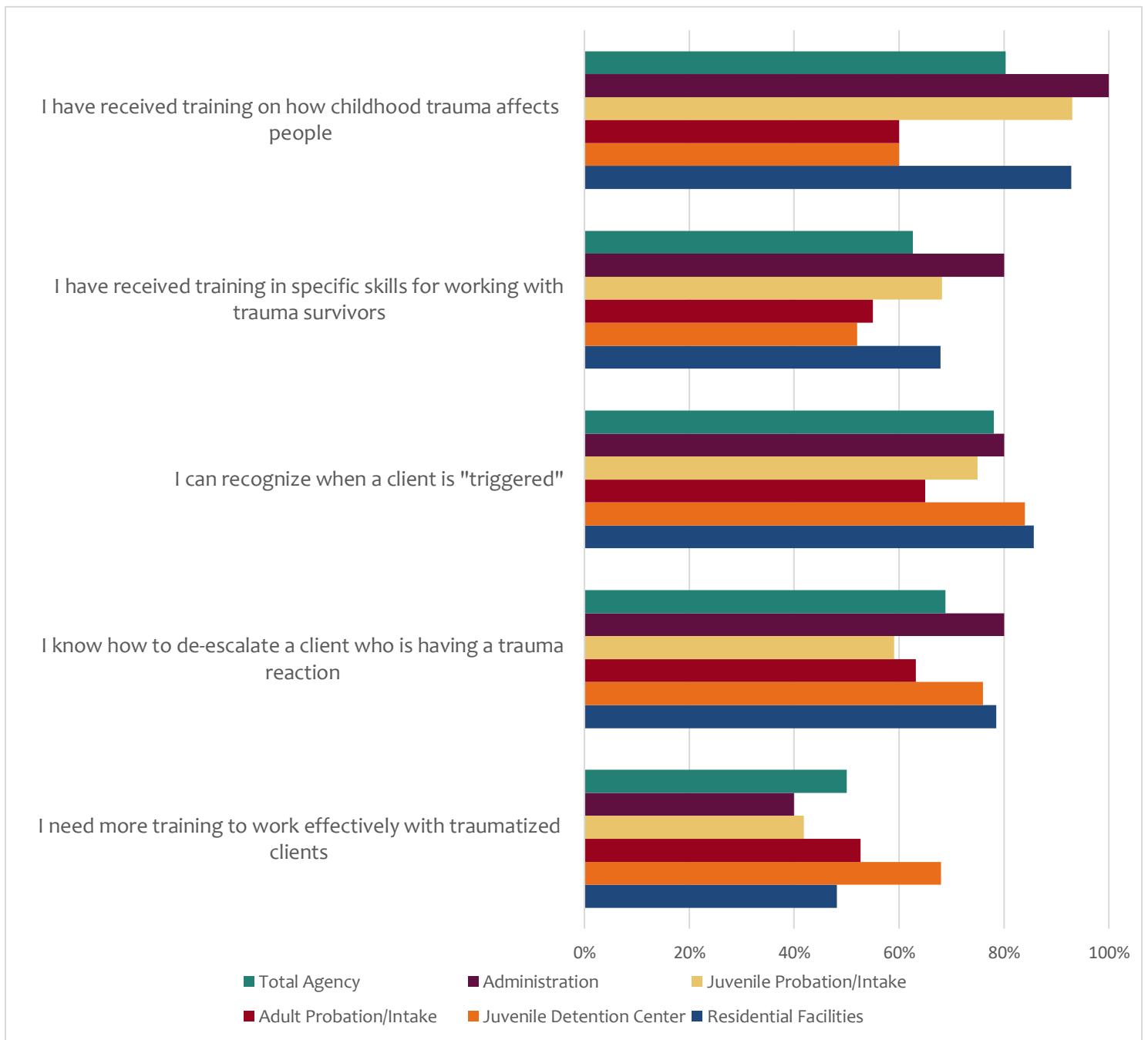
<sup>4</sup> These areas include: the statements that less than 50% of staff agreed with, for questions in which we want agreement to be high, and the statements that more than 50% of staff agreed with, for questions in which we want agreement to be low.

# Appendices: 2022 Findings by Unit

Positions were divided into five different units:

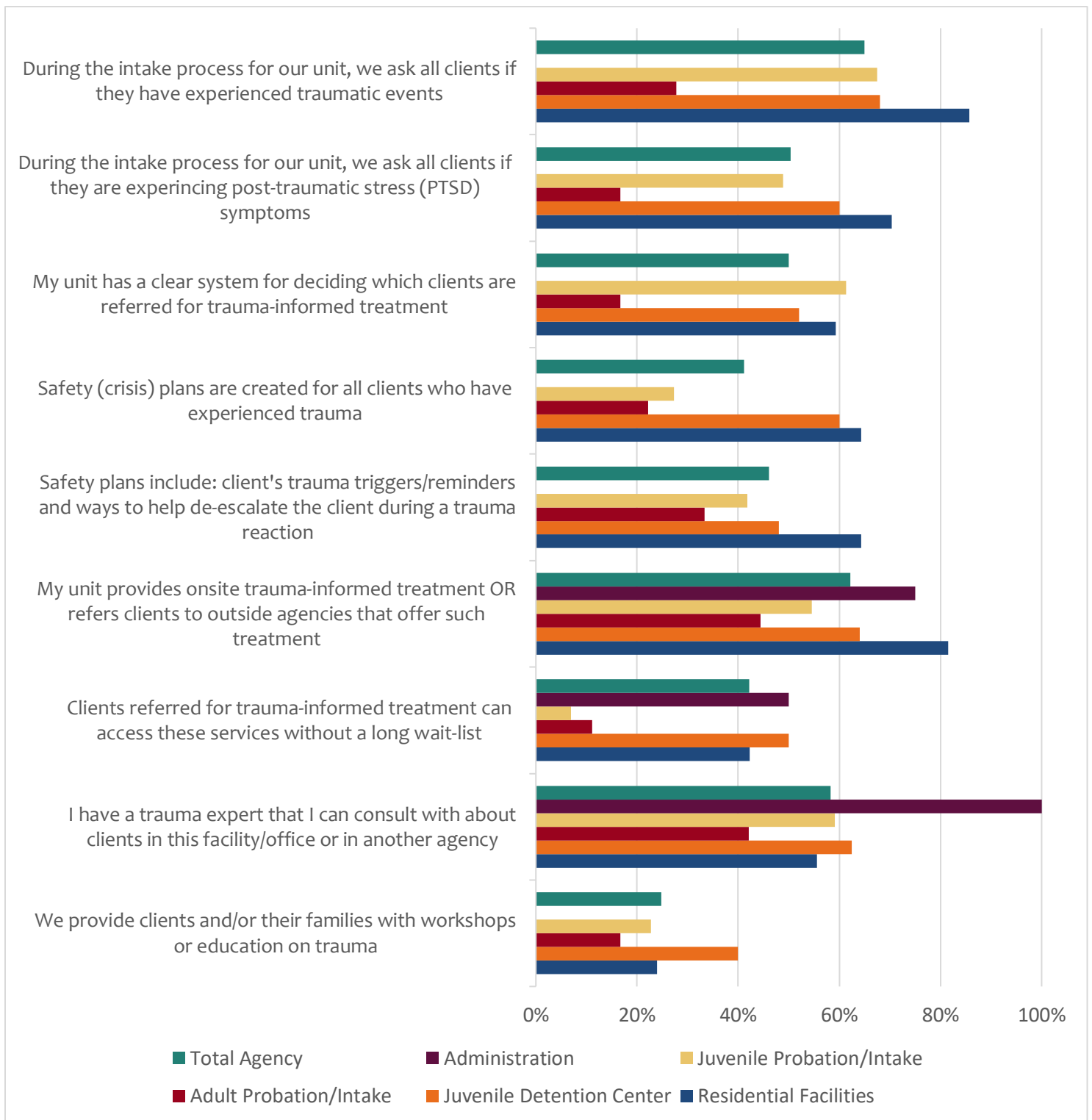
- **Administrative Services (n=5):** Senior Administration, Human Resources, Finance, Research Services, Victim Services, Language Access, Special Initiatives
- **Juvenile Probation/Intake (n=44):** Central Intake Services, Supervised Release Services, North County Probation, South County Probation, Center County Probation, East County Probation, Assessment Unit
- **Adult Probation/Intake (n=20):** Community Corrections, Domestic Relations
- **Juvenile Detention Center (n=25)**
- **Residential Facilities (n=28):** BETA, Stepping Stones, Foundations, Shelter Care II

## Appendix A: Unit Responses for Domain 1 - Staff Training in Trauma-Informed Practices



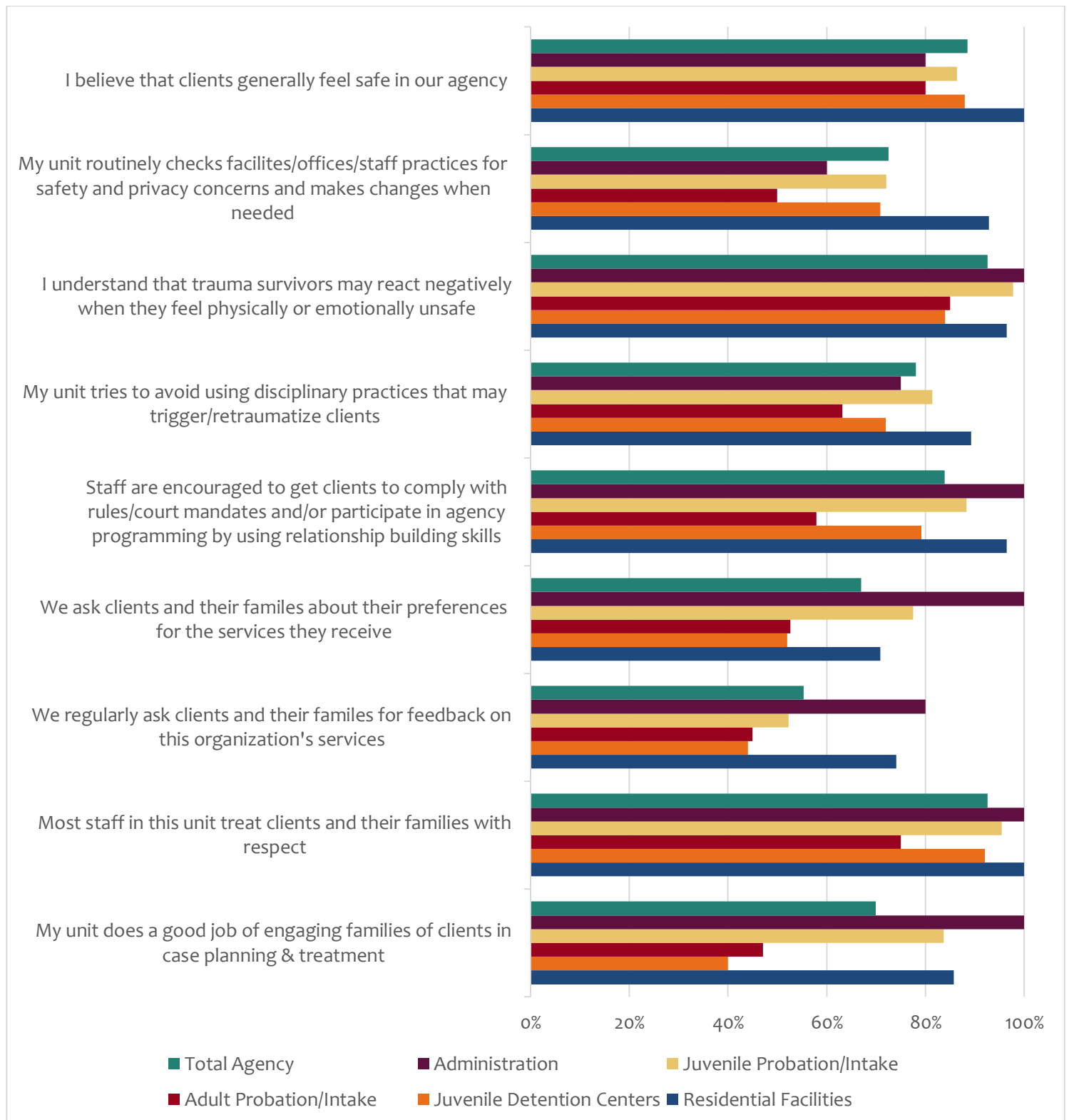
**Differences Across Units in 2022:** Probation/Intake and Juvenile Detention Center staff were least likely to agree (60% for both) that they received training on how childhood trauma affects people. They were also least likely to agree (just over 52% for both) that they have received training in specific skills for working with trauma survivors. Juvenile Detention Center staff were more likely to agree (68%) that they need more training to work effectively with traumatized clients. Compared to the 2020 report, less staff agreed across all units that they received training in specific skills for working with trauma survivors. Every unit (except Administration) showed a decrease in agreement in receiving training in specific skills for working with trauma survivors. All units (except Juvenile Detention Center) also showed less agreement in needing more training to work effectively with traumatized clients. This is potentially related to job duties as Juvenile Detention Center staff provide direct services to clients and are more likely to be faced with clients having a trauma reaction, thus more likely to feel the need for additional training.

## Appendix B: Unit Responses for Domain 2 - Availability of Trauma-Informed Services in Your Unit



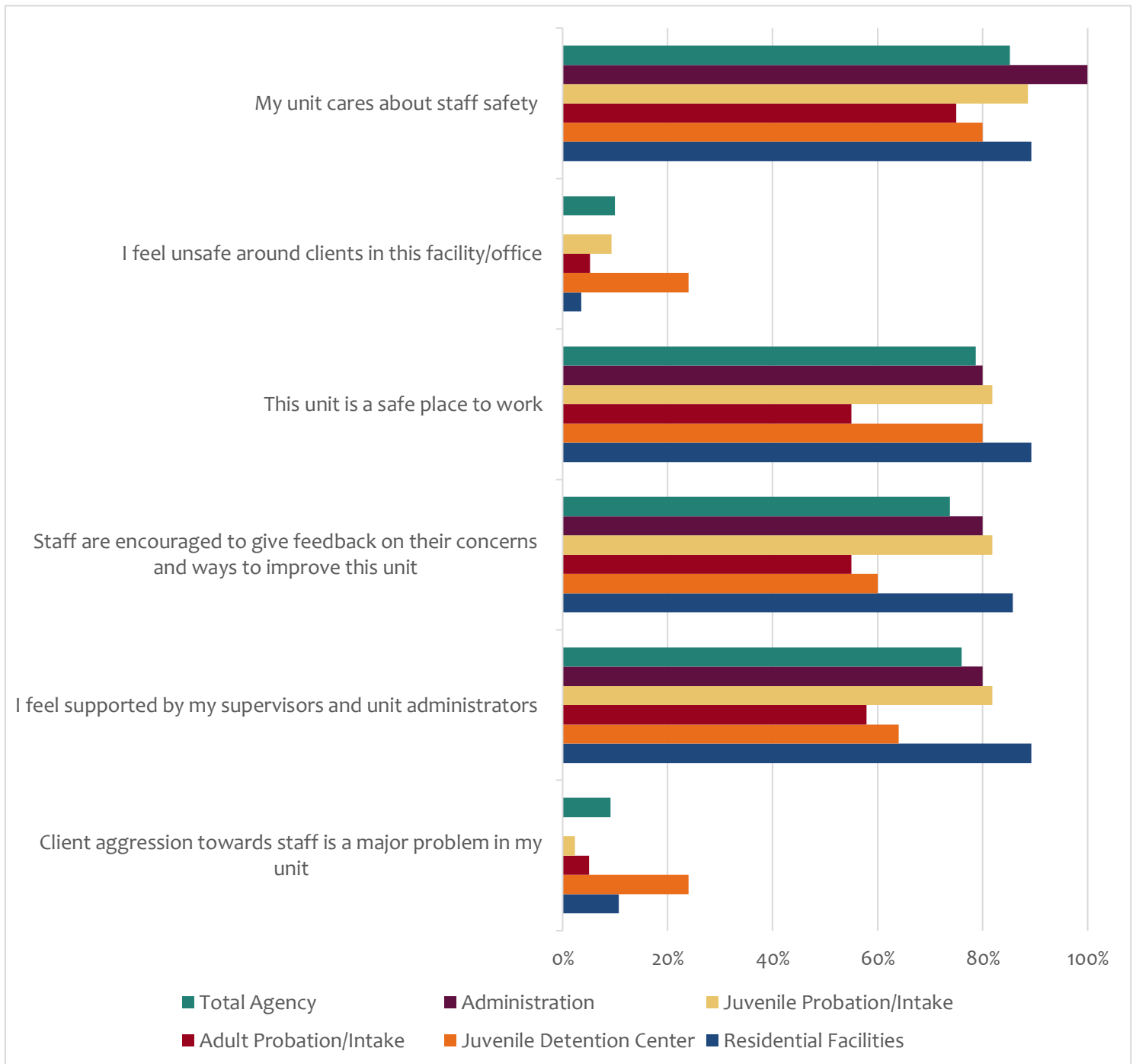
**Differences Across Units in 2022:** Similar to the 2020 assessment, Adult Probation/Intake agreed the least on nearly all areas in this domain. Their highest agreement was 44% of staff indicating that their unit provides onsite trauma-informed treatment or refers clients to outside agencies that offer such treatment, which is a 4% increase from 2020. Just 7% of Juvenile Probation/Intake staff indicated that clients can access trauma-informed treatment without a long waitlist, which is a 31% decrease from 2020. Juvenile Probation also showed decreases in agreement for every question in this domain compared to 2020.

## Appendix C: Unit Responses for Domain 3 - Client and Family Safety (Physical & Psychological) in Your Unit



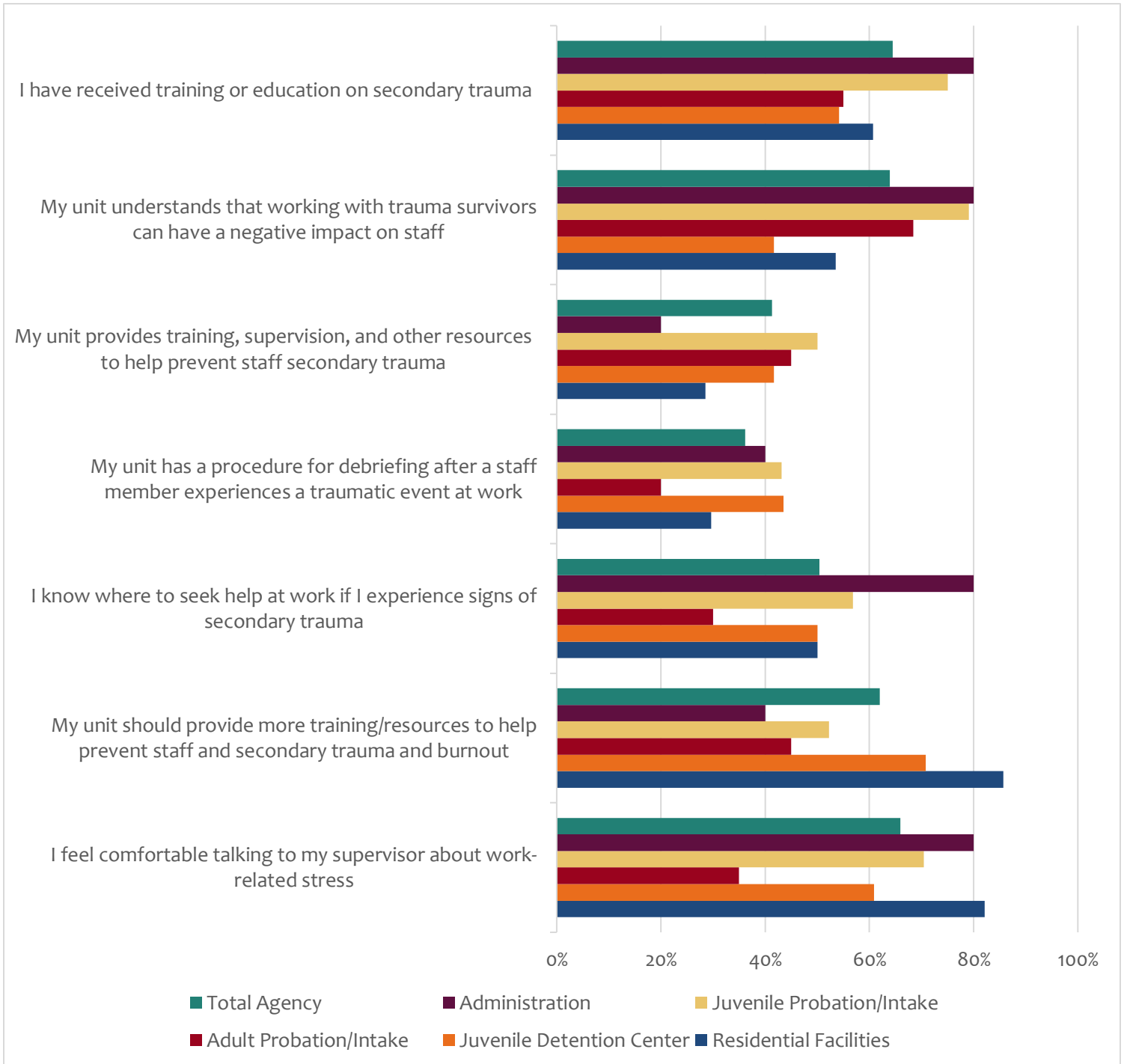
**Differences Across Units in 2022:** Residential Facilities had the highest agreement in nearly all categories. Administration also had high agreement in several categories; however, as mentioned before, calculations for this unit are based on a small sample, with more missing responses than usual for this domain. Adult Probation/Intake and Juvenile Detention Center staff showed the lowest agreement across nearly all categories.

Appendix D: Unit Responses for Domain 4 - Staff Safety (Physical and Psychological) in Your Unit



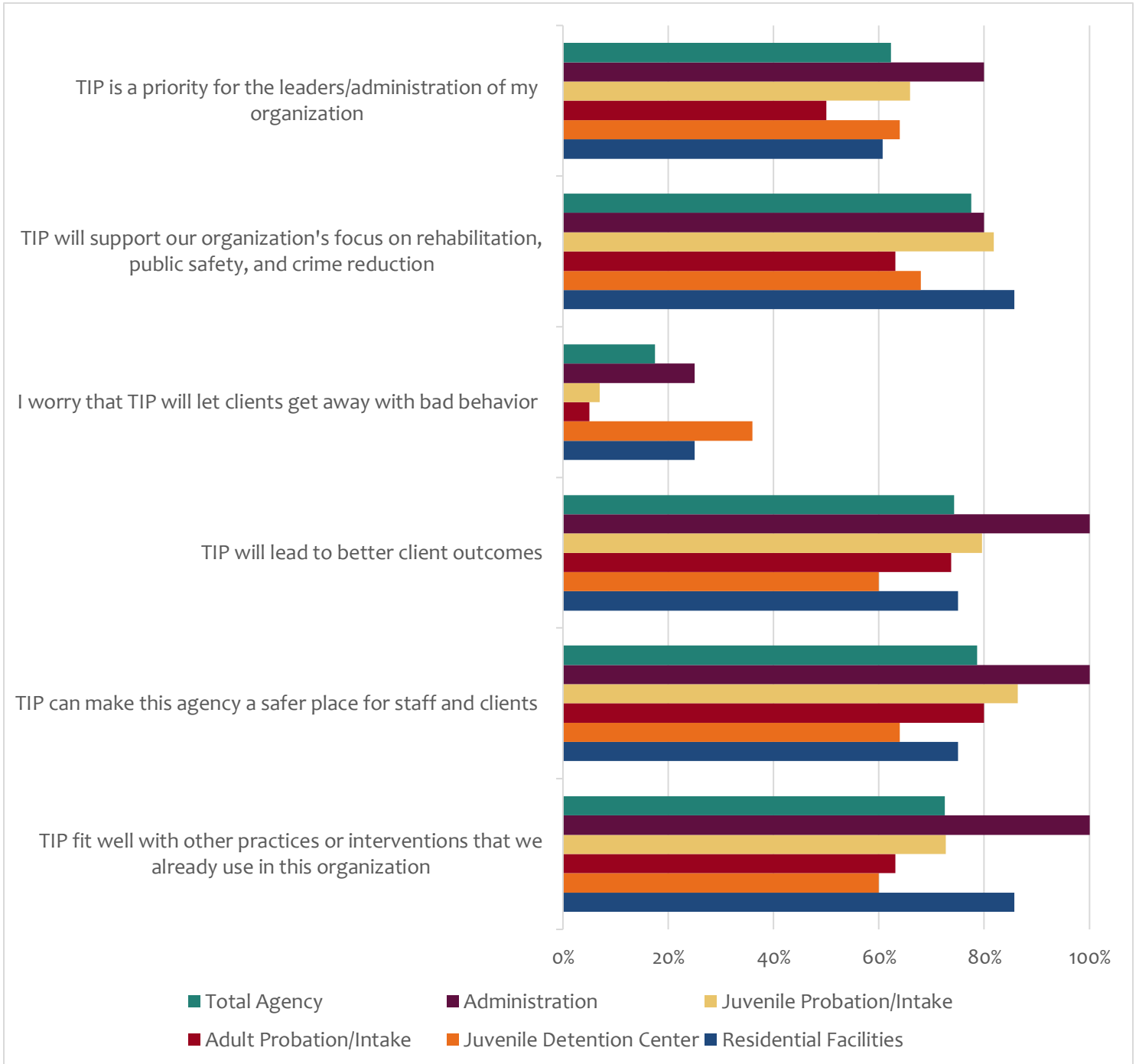
**Differences Across Units in 2022:** Adult Probation/Intake and Juvenile Detention Center staff tended to respond to this domain more negatively than the other units, with Juvenile Detention Center staff showing the most agreement in feeling unsafe around clients (24%) and that client aggression towards staff is a major concern (24%). Adult Probation/Intake reported the lowest agreement in all other categories. Notably, 55% agreed that this unit is a safe place to work, a decrease of 31% compared to 2020, and reflects trends seen in 2016 and 2018. Residential Facilities staff tended to respond more positively to questions in this domain, with 89% of staff agreeing that their unit is a safe place to work and that they feel supported by their supervisors and unit administrators.

## Appendix E: Unit Responses for Domain 5 - Staff Secondary Trauma Prevention in Your Unit



**Differences Across Units in 2022:** Adult Probation/Intake staff reported the least positive responses across most questions within this domain. The Juvenile Detention Center and Residential Facilities expressed a high need for more training and resources to prevent staff secondary trauma and burnout. Two areas with agreement under 50% for all units were (1) having a procedure for debriefing after a staff member has a traumatic work experience and (2) providing training and other resources to help prevent staff STS. This suggests a need for continued improvement in these areas. Compared to the 2020 report, all units reported lower agreement that their unit provides training and resources to help prevent staff STS. Relatedly, nearly all units reported an increase in agreement that their unit should provide more training and resources to help prevent staff STS.

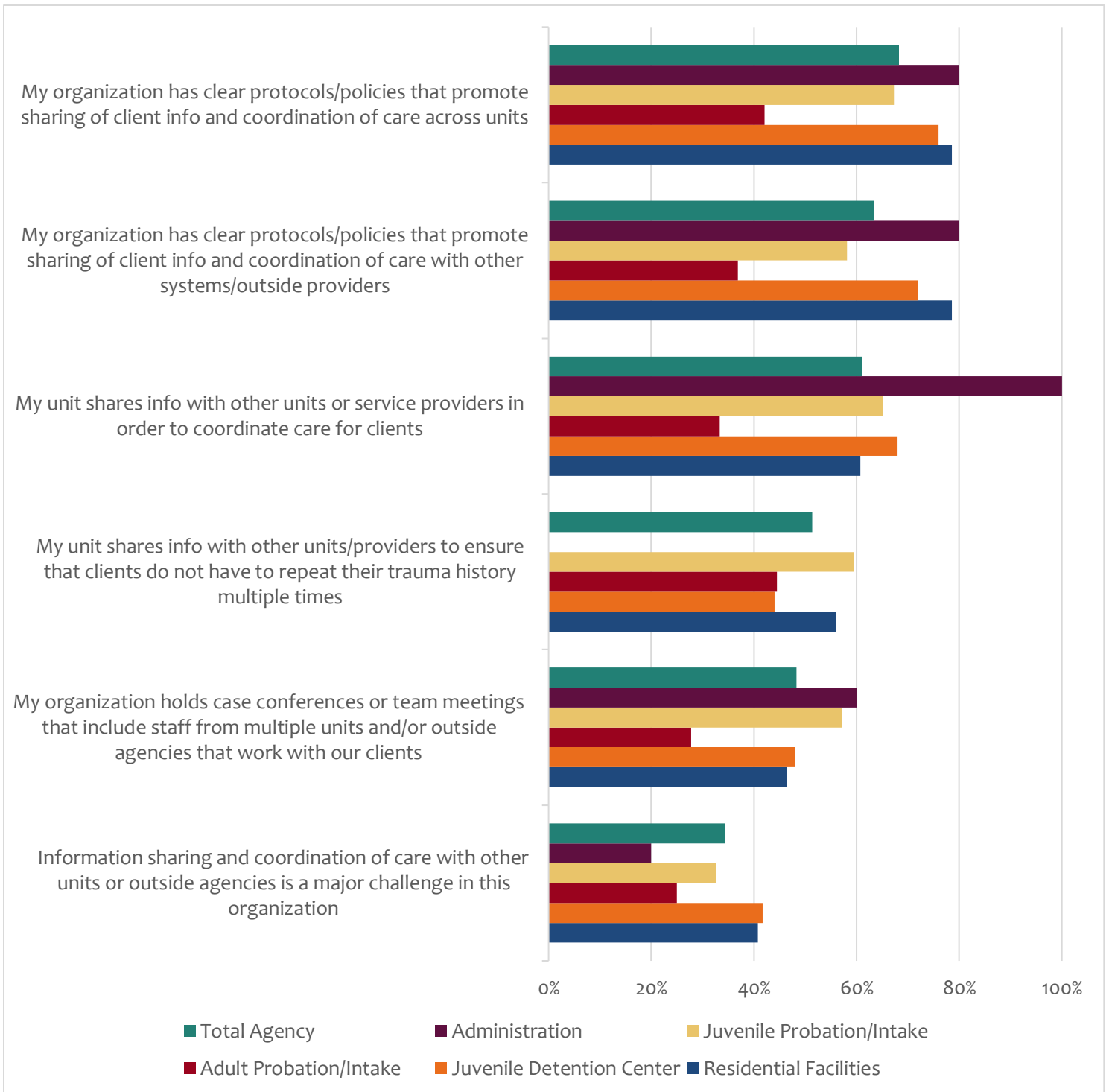
## Appendix F: Unit Responses for Domain 6 - How Well Do Trauma-Informed Practices Fit with Your Organization



**Differences Across Units in 2022:** Compared to 2020, there were decreases in agreement (7 - 12%) for every question in this domain, indicating less receptivity to trauma-informed practices than before. Juvenile Detention Center staff tended to show the least amount of agreement for most of the questions in this domain. Notably, JDC staff also showed the lowest agreement that TIP fit well with other practices in the organization (60%) and expressed the most concern that TIP will let clients get away with bad behavior (36%). Adult Probation/Intake and Juvenile Probation/Intake showed a decrease in agreement for nearly every question in this domain, with the largest changes in agreement (down 16% and 19% respectively) for TIP fitting well with other practices in their organization. Every unit except for Adult Probation/Intake showed more agreement in 2022 that TIP will let clients get away with bad behavior.

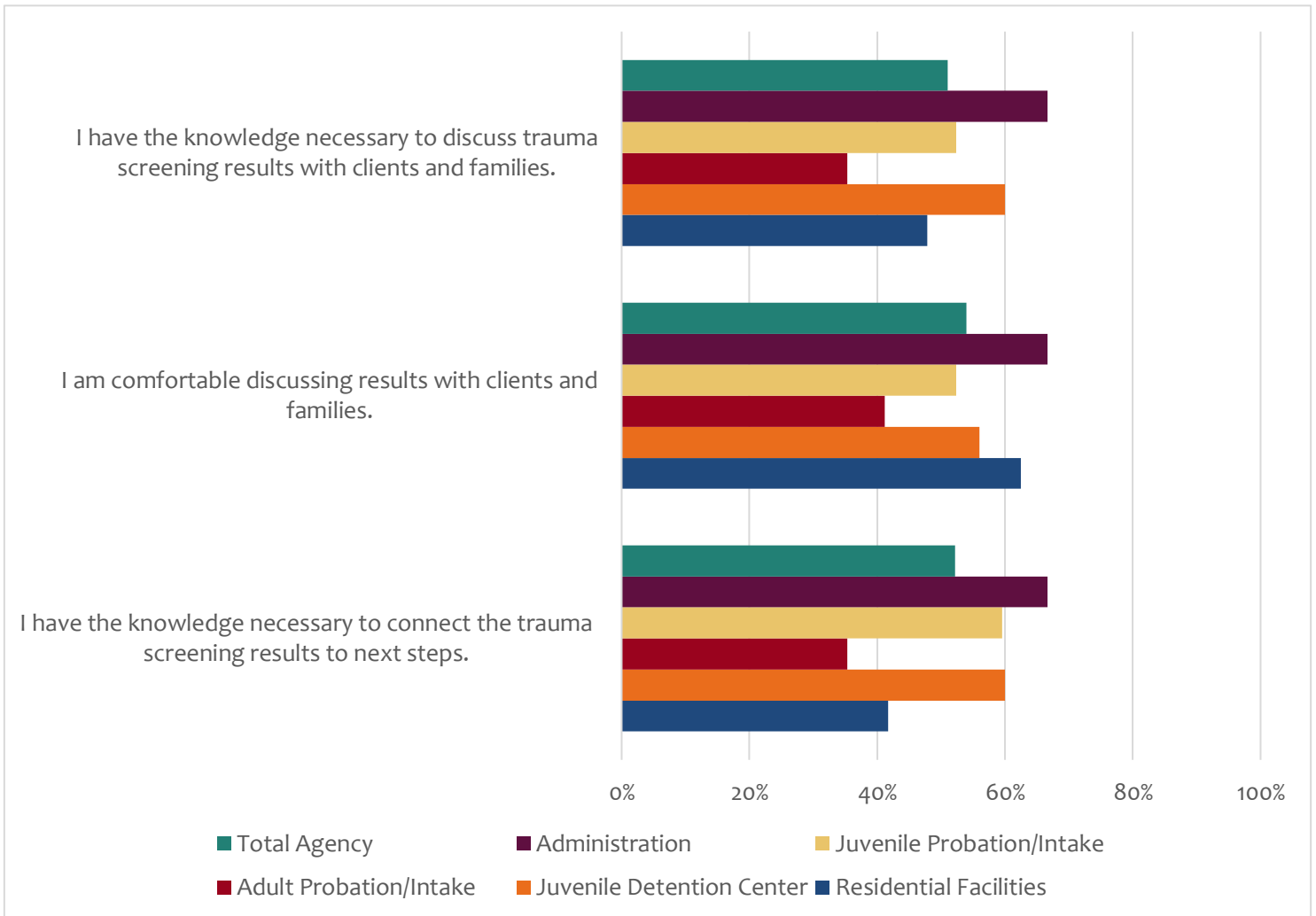


## Appendix G: Unit Responses for Domain 7 - Collaboration and Coordination of Care



**Differences Across Units in 2022:** Adult Probation/Intake showed the lowest agreement across several areas, with all of their responses to questions where we hope to see moderate to high agreement falling below 50%. Compared to 2020, all units show a decrease in agreement for nearly every area. However, Adult Probation/Intake was the only unit to show an increase in agreement (by 18%) that their unit shares info with other providers to ensure that clients do not have to repeat their trauma history multiple times. Residential Facilities and Juvenile Probation/Intake showed an increase in agreement (18% and 14% respectively) that information sharing and coordination of care with other units or outside agencies is a major challenge in their organization.

## Appendix H: Unit Responses for Domain 8 – Staff Usage of Trauma Screening



**Differences Across Units in 2022:** Administration was more likely to agree with each statement in this area. Residential Facilities staff also had high agreement (63%) that they were comfortable discussing the results with clients and families. Juvenile Probation/Intake and Juvenile Detention Center staff showed high agreement that they have they knowledge necessary to connect the trauma screening results to the next steps (60% for both). In all areas of this domain, Adult Probation/Intake showed the lowest agreement, with only 35% of staff agreeing that they have to knowledge necessary to discuss trauma screening results with clients and families.