

ADVANCING INCLUSIVITY IN TRAUMA-INFORMED RESIDENTIAL SERVICES AND STAFFING

**Kaitlyn Marie Wilson, LICSW, Mandy Habib, Psy.D.,
Victor Labruna, Ph.D., & Joseph Spinazzola, Ph.D.**



An earlier version of this resource was originally featured in the October 2019 edition of the New York State Trauma-Informed Network Newsletter



SYSTEMIC BARRIERS IN RESIDENTIAL TREATMENT FOR MINORITIES

It is well known that racism, economic inequality, and systemic exclusion have created disparities in access to housing, quality health care, and academic, employment, and community opportunities for minority populations. These disparities correlate with increased homelessness, poverty, unemployment, child abuse and neglect, and mental health disorders. Minority populations are also at higher risk for child welfare and juvenile justice involvement, out of home placement and treatment disruption. Inequality often continues within mental health treatment, where minorities must often contend with limited or no access to culturally-specific or inclusive forms of intervention.

Longstanding systemic and structural barriers to equality and inclusivity permeate Western civilization and can be detected in every form of contemporary social services. Trauma-informed residential services for youth or adults are no exception to this reality. However, to decrease placement disruptions and promote successful completion of residential treatment for minority populations, it is vital that interventions within residential programs consider the cultural and diverse needs of all clients, including the impact of experiencing systemic inequalities.

GIVING VOICE TO FRONT-LINE STAFF

The primary intervention inherent to all residential treatment facilities is the milieu itself. Ideally, the milieu provides a cohesive, multidisciplinary caregiving environment to develop and promote healthy, normative behavioral and emotional expression. To meet this ideal, the caregiving system must be representative of clients' own values, as well as their behavioral and emotional norms. It must also prevent or decrease the likelihood that the organizational structure mirrors systemic inequalities. Typically, in residential programs, higher-leveled staff



members wield the most power but are least representative of the clients' own cultural identifications, norms, and values. In contrast, frontline staff are often the most diverse and representative of the client population and have the greatest opportunity for meaningful interface and intervention with clients but hold the least voice or power.

It is critical that on-the-ground staff:

- are consistently afforded a voice in program-related decisions,
- engage in treatment plan meetings for clients,
- have equal opportunity to attend staff events and trainings,
- are provided opportunities to give feedback related to policies and procedures based on their experiences,
- have equal opportunities for professional growth, and
- are encouraged to create and implement cultural practices aligned with the needs, clinical or otherwise, of clients.



However, these voices must also have willing ears, and staff who identify as majority should strive to be comfortable listening to and speaking about diversity and inequality and supporting change.

INCLUSIVITY AND CULTURAL SENSITIVITY ARE NECESSARY FOR SUCCESS

Residential programs that are successful in supporting clients' diverse clinical and cultural needs often:



- invite community partners from clients' own communities to participate in programming,
- have diverse staff members (in both level and culture),
- engage clients in interventions, and
- incorporate culturally specific adaptations of treatment modalities.

Such programs often build interventions into traditional activities, such as braiding circles, dance and music events, athletic activities, and utilize culturally-specific interventions, such as spirituality groups, to promote connection and growth. Likewise, assessment processes will undoubtedly provide a more accurate measure of treatment barriers and progress if they incorporate outcome instruments that measure success based on the norms of the clients' culture and that evaluate whether their cultural needs and preferences have been incorporated into treatment.



In sum, promoting treatment success for populations who have experienced disparity, systemic exclusion, and discrimination requires openness on the part of residential programs, leadership, and staffing to recognize, reflect upon, and engage in intentional, systematic, and ongoing efforts to dismantle structures, revise policies, redress implicit practices, and transform outdated organizational cultures that intentionally or unintentionally perpetuate disempowerment of minority clients and personnel.

REFERENCES

Chow, J. C., Jaffee, K., & Snowden, L. (2003). Racial/ethnic disparities in the use of mental health services in poverty areas. *American journal of public health, 93*(5), 792–797.

Complex Trauma in Urban African American Children, Youth, and Families March 2017.
National Child Traumatic Stress Network.

James, S. S., Zhang, J. J., & Landsverk, J. (2012). Residential Care for Youth in the Child Welfare System: Stop-Gap Option or Not? *Residential treatment for children & youth, 29*(1).

Downloadable copies of many of these articles as well as more in-depth information and resources about the topics and treatment approaches referenced in this document can be found throughout this website: www.complextrauma.org



This resource was made available through The Foundation Trust
www.foundationtrust.org