

Developing a Trauma-Informed Health Education Program for Youth Who Are Incarcerated

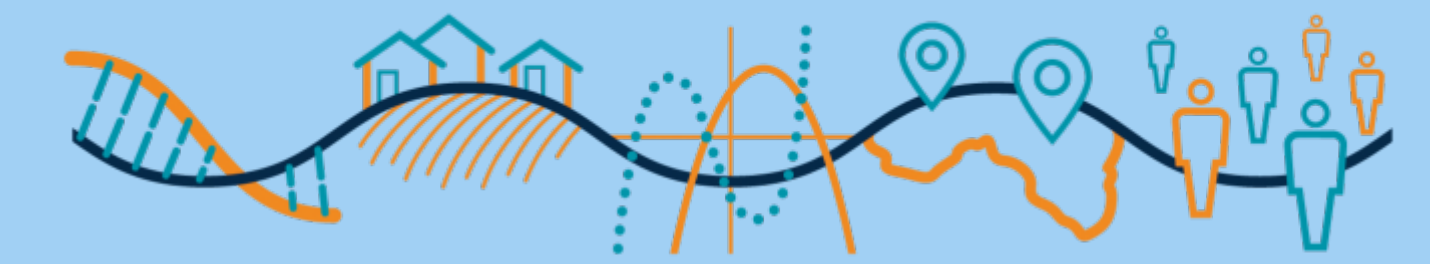


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Background

Periods for Peace (PfP) is a reproductive health curriculum that was originally developed in 2018 by students at Case Western Reserve University, Hannah Clarke and Geneva Magsino, for youth in various settings internationally (three communities in Sierra Leone and one community in Senegal). Topics included puberty, menstrual hygiene, sexual health, gender-based violence, and navigating healthy interpersonal relationships. The Student Run Health Clinic (SRHC) at Case Western is interested in adapting this curriculum for youth who are incarcerated at the Cuyahoga County Juvenile Detention Center (CCJDC). The purpose of this practicum was to determine how to best adapt and implement the curriculum at the CCJDC. I conducted a literature review on evidence-based practices for teaching reproductive health and mental health to incarcerated youth. Based on the findings of my literature review, I created mental health modules to supplement the existing Periods for Peace curriculum. I also created a training module for teachers on trauma-informed approaches to teaching sexual/reproductive health.

Population

The target population is youth who are incarcerated at the Cuyahoga County Juvenile Detention Center. Both male and female youths would be involved in the Periods for Peace curriculum. Girls ages 9 years or older and boys ages 10 years or older would be involved. The teachers of the PfP curriculum will be health professional students from Case Western Reserve University in the Medicine, Nursing, and Physician Assistants programs. They would be recruited on a volunteer basis and trained in the curriculum by PfP representatives.

Learning Objectives

1. Identify best practices for providing health education to adolescents including special populations (Juvenile Detention Center and refugee population).
2. Identify the mental health needs of students in the juvenile justice system.
3. Create developmentally appropriate mental health education modules for adolescent students as well as the teachers at the CCJDC.

Activities

1. Conducted a literature review on evidence-based practices for teaching reproductive health and mental health to incarcerated youth and adolescents in the general population
2. Participated in two webinars about trauma-informed sex education and mental health education for adolescents.^{1,2}
3. Engaged in discussions about adolescent education, trauma, sexual health, mental health, and what “trauma-informed” means in practice
4. Wrote two modules about depression and mental wellness
5. Wrote a training module for teachers on trauma-informed sex education in incarcerated youth
6. Wrote the introduction section for the IRB protocol for implementing Periods for Peace at the CCJDC

Trauma-informed approach for teaching youth who are incarcerated

Training lesson for teachers of Periods for Peace

What is trauma?

- No single definition
- SAMHSA definition: individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual (or close caregiver) as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individuals' functioning and mental, physical, social, emotional, or spiritual well-being
- It doesn't have to be emotionally or physically harmful.
- It's more about the threat and how brain perceives that threat
- The brain responds to threats with a stress response (ex. cortisol)
- Chronic exposure to a threat leads to an overactive stress response and can lead to anxiety disorders and other mental illnesses

Types of trauma

- Acute – single traumatic event
- Chronic – repeated traumatic event
 - Ex. an abusive relationship
- Complex – multiple concurrent traumatic event
 - Ex. sex trafficking by care giver – dealing with trauma of being exploited by caregiver plus the trauma of being sex trafficked.
- Generational – familial or communal cycles of violence
 - Ex. a child experiences violence and then inflicts same violence on own children
- Historical- racism, oppression, health inequities that are enacted through states, systems
 - Ex. slavery, Tuskegee, Holocaust

Trauma and PTSD in justice-involved youth

- Many incarcerated youths have mental health disorders such as ADHD, PTSD, major depressive disorder, anxiety disorders, and a history of suicidal ideation/suicide attempts
- One third of incarcerated youth are victims of physical abuse
- 12% are victims of sexual abuse
- The rate of PTSD in justice-involved youth are up to 8 times higher than the general population of adolescents

Sample slides from the “trauma-informed approach” teacher training module.

Methods

1. Literature review was conducted by searching PubMed and EBSCOhost Web CINAHL using the key words: “Juvenile delinquency OR juvenile justice system or juvenile detention or detention or incarceration OR juvenile offenders OR juvenile justice OR juvenile delinquency or juvenile offenders or youth offenders AND sexual health OR sexual health education OR sexual health education or sex education.”
2. Only studies that included an educational intervention about sexual health or mental health were included. Initially, only studies conducted in juvenile detention centers were included. However, there was limited research on mental health education in this setting, so the criteria were broadened to include the general population of adolescents.
3. Study quality was evaluated based on the context/purpose of the studies, the description of the participants, how the intervention was implemented, the outcome measures used, and how the data were analyzed.

Results

Nine studies were identified in the literature review: four related to sexual health curricula, and five related to mental health curricula. Both males and females were included in the studies with an age range of 10-21 years old. However, there was a male predominance in the studies conducted in juvenile detention centers and a female predominance in the studies about mental health programs in secondary schools. Studies about sexual and reproductive health curricula took place in juvenile detention centers in the U.S. (1 in Chicago, 2 in Cleveland, and 1 in Texas). Trauma-informed practices were shown to be effective in sexual health education in system-involved youth.³ Studies about mental health curricula took place in public and private secondary schools internationally (3 in Norway, 1 in Nigeria, and 1 in the Netherlands). Mental health curricula that focus on how to achieve and maintain mental well-being have been shown to be effective in improving mental health literacy. Overall, most of the studies found that health literacy improved with the interventions, but stigma and attitudes were more difficult to change. The studies were also limited by lack of long-term follow-up after the intervention.

Deliverables

1. Literature review about reproductive/sexual health and mental health education interventions for incarcerated youth and adolescents.
2. Mental health modules to be added to existing Periods for Peace curriculum
3. Training module for teachers of Periods for Peace about the trauma-informed approach
4. IRB protocol for Periods for Peace implementation at the CCJDC: “Exploring changes in knowledge and attitude towards sexual and reproductive health in at-risk youth using the Periods for Peace case-based learning curriculum”

Lessons Learned

1. Given the high prevalence of trauma and PTSD in this vulnerable population and that sexual and reproductive health curricula can cover very sensitive topics, Periods for Peace (PfP) should focus on how to implement a trauma-informed approach to sexual education in detention centers.
2. Being “trauma-informed” means that teachers are cognizant that incarcerated youth have high rates of trauma and PTSD and that classroom behaviors might be a reflection of this trauma. Therefore, teachers of PfP should be trained in trauma-informed practices.
3. In addition to discussing signs and symptoms of depression and common mental health illnesses, the PfP curriculum should also teach students about healthy coping mechanisms for when they feel stressed or triggered by subject material.
4. Part of having a trauma-informed approach should include having a formal mental health curriculum that teaches students to recognize symptoms of trauma/mental illness and to practice healthy coping mechanisms.

Public Health Implications

1. This project identifies and addresses a research gap in mental health literacy programs for incarcerated youth
2. To date, there have been no published studies that integrate sexual health with mental health education programs in incarcerated youth. PfP would be the first of its kind to include these topics together in the same curriculum.
3. This project addresses the unmet sexual health and mental health needs of incarcerated youth and proposes a solution to decrease rates of unintended pregnancy, STIs, and depression in this population.

References and acknowledgements

1. Capraro, K. (2012). Break Free from Depression [Webinar]. Boston Children's Hospital. <http://www.openpediatrics.org/curriculum/break-free-depression>.
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3. Combs KM, Aparicio EM, Prince DM, Grinnell-Davis C, Marra L, Faulkner M. Evidence- based sexual health programs for youth involved with juvenile justice and child welfare systems: Outcomes across settings. *Children and Youth Services Review*. 2019;100:64- 69. doi:10.1016/j.chldyouth.2019.02.032

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