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ARTICLE

EQ2: Empowering Direct Care Staff to Build Trauma-Informed Communities for Youth

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ABSTRACT

This article evaluates the feasibility, acceptability and initial outcomes of an innovative organizational intervention (EQ2: Empowering Direct Care Staff to Build Trauma-Responsive Communities for Youth). EQ2 is a psychoeducational training designed to build staff effectiveness in agencies that serve at-risk, trauma-impacted youth, particularly those youth involved in the child welfare and/or juvenile justice systems. EQ2 incorporates principles of trauma-informed care, mindfulness and restorative justice practices to help staff members to develop their own social and emotional regulation skills so that they can effectively model and co-regulate with youth, thereby contributing to the development of trauma-sensitive environments. Thirty-one staff members from four diverse youth-serving agencies participated in the six-session intervention delivered on-site at their programs. Preliminary results indicate that participating staff members perceived the intervention as: 1) increasing their understanding of the impact of trauma on youth behavior; 2) providing them with practical skills to proactively de-escalate crisis situations; and, 3) helping them to feel more effective in their professional roles. The data suggest that EQ2 is a promising intervention that can support positive outcomes for youth and staff, particularly in under-resourced communities.

KEYWORDS

Emotional regulation; trauma-informed practices; child welfare; juvenile justice

Practice Implications

- EQ2 addresses staffs' understanding of the effects of complex trauma on youths' social, emotional and cognitive development and functioning.
- EQ2 also builds staffs' self-regulation and social-emotional skills to promote resilience, reduce burnout and create a more trauma-responsive community.
- EQ2 appears to be a cost-effective and easily disseminated intervention that proved feasible and acceptable to agency leadership and staff.

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Introduction

There is growing recognition of the prevalence and impact of exposure to trauma among youth involved in the child welfare and juvenile justice systems (Dierkhising et al., 2013; Ford & Blaustein, 2013; Greeson et al., 2011). The experience of trauma, particularly repeated and prolonged exposure, undermines the development of self-regulatory abilities, such as the capacity to manage one's emotions, cognitions and behavior, and can also create additional adversities and contribute to involvement in risk behaviors. Trauma-exposed youth are more likely to engage in a constellation of high-risk behaviors, including aggression, substance use, and delinquency (Ford et al., 2010) that may result in residential placement.

The point at which a youth is placed in a residential program is an opportune time for intervention. However, direct-care staff who are tasked with creating rehabilitative programs for youth are likely to encounter many challenges, and the psychosocial toll experienced by providers has been well-documented (Boyas et al., 2015). Researchers have emphasized that individual (e.g., job satisfaction, commitment) and organizational factors (e.g., workload, salary, advancement opportunities) contribute to high turnover in this field (Griffiths et al., 2017). An additional source of work-related stress involves the emotional strain of working with trauma-exposed youth who have self-regulation challenges (Colton & Roberts, 2007) and whose families are often affected by complex problems (Conners-Burrow et al., 2013). Middleton and Potter (2015) also found a significant relationship between self-reported levels of vicarious trauma and intention to leave one's job among nearly 1,200 child welfare staff.

Due to the relationship between trauma and emotional dysregulation, trauma-exposed youth may display stress reactions that affect the entire youth-serving system. If staff struggle to manage challenging behaviors, it can inadvertently lead to environments that perpetuate cycles of victimization and re-traumatization (Pickens, 2016). Residential programs that do not utilize trauma-informed practices may unintentionally create settings that trigger youth and escalate their behavioral issues (Dierkhising et al., 2013; Ford & Blaustein, 2013; Pickens, 2016), leading to the revictimization of youth and the exposure of staff to secondary traumatic stress (Ford & Blaustein, 2013; Ko et al., 2008; Pickens, 2016). Researchers have noted the high levels of trauma exposure among youth in residential placement (Briggs et al., 2012) and the relationship between levels of prior trauma and the severity of clinical impairment among youth in care (Collin-Vezina et al., 2011). Research has also demonstrated that the severity of prior trauma exposure is the strongest predictor of improvement or deterioration while in residential placement (Boyer et al., 2009).

There has been an increasing focus on the need to create youth-serving systems that can effectively address these issues. Ko et al. (2008) emphasize the importance of developing and maintaining trauma-informed youth-serving systems to promote positive outcomes. The National Child Traumatic Stress Network defines a trauma-informed 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 (National Child Traumatic Stress Network, 2016).

Several evidence-supported trauma-informed interventions have been developed that focus on systemic change in youth-serving organizations, such as the Sanctuary Model (Bloom, 2017), Trauma Systems Therapy (Saxe et al., 2015) and Risking Connection (Brown et al., 2012; Sidran Institute, 2015). However, the cost, time and labor required for implementation can be prohibitive for smaller and under-resourced agencies. A primary concern recognized by staff as a barrier toward implementing trauma-informed services is limited resources, both time and funding (Donisch et al., 2016). Furthermore, due to high rates of staff turnover (Kim & Kao, 2014), time-intensive trainings often need to be repeated continuously, adding to the cost burden. In addition, one study suggests that about 70% of adults serving at-risk youth have personal histories of adverse childhood experiences (Esaki & Larkin Holloway, 2013), potentially impacting their stress management capacities and responses to highly-charged situations. Furthermore, Nelson-Gardell and Harris (2003) found that a personal history of childhood maltreatment was a significant predictor of work-related secondary traumatic stress in child welfare workers. If direct-care staff have their own histories of adversity, this could affect their ability to create a trauma-responsive environment.

This article evaluates the feasibility, acceptability and initial outcomes of an innovative organizational intervention (EQ2: Empowering Direct Care Staff to Build Trauma-Responsive Communities for Youth) that incorporates trauma-informed knowledge, mindfulness-based practices (e.g., attention-training, focused-breathing exercises, and guided visualizations reinforcing session content) to increase staffs' self-awareness and regulation, and practices from restorative justice (e.g., Circles) to create an ongoing support for staff to serve as a buffer against secondary traumatic stress. The intervention includes a focus on helping staff to understand the impact of trauma on youths' behavior and improving staffs' ability to effectively respond to trauma-related responses and behaviors. A primary and additional focus, however, is an emphasis on building staff's *own* social and emotional

regulation skills to help them to proactively monitor their reactions to the highly-charged events that are typical in residential treatment programs. We believe that these skills are essential if staff are to create environments in which they can form and maintain nurturing and reparative relationships with youth, because self-regulation skills necessarily precede co-regulation skills. The program also now uses an application (app) to reinforce the use of these self-regulation and mindfulness skills.

The delivery approach is largely derived from restorative justice practices, with facilitators and participants sitting together in "Circle." Circles focus on strengthening community engagement and collaboratively identifying non-punitive approaches to managing challenging behaviors. This structural component minimizes the implied knowledge and power differentials that often exist in training formats and child welfare systems. Each session begins with staff reading aloud from first person accounts that highlight the stressors and rewards associated with caring for trauma-impacted youth. Theme-driven stories normalize staffs' experiences; follow-up questions provide a forum for self-reflection and support. Didactic material includes information on the impact of trauma on development, the responsibilities of emotion coaches, how staffs' early life experiences influence caregiving beliefs and attitudes, and interpersonal factors that contribute to reparative relationships (e.g., praise and apology).

This approach to disseminating the core psychoeducational material engages group members through shared reading and reduces the need for specialized facilitator training. The facilitator's version of the handbook is identical to the participants' with the addition of annotated notes prompting key information or follow-up questions. Games, role-plays, and quizzes elevate the interactivity and an online e-learning program using a train-the-trainer model is in development. For example, in one exercise participants read examples of staff behaviors (e.g., allowing a youth to comfort an upset staff member, a staff criticizing another staff in front of a youth). Participants collaboratively decide if the example represents a boundary violation on the part of the staff. The subtlety of the boundary violations provides opportunities for rich discussions regarding roles and limits, a process critical to creating trauma-informed cultures.

EQ2 encompasses several key components of a trauma-informed approach as outlined by Substance Abuse and Mental Health Services Administration (SAMHSA, 2014), most notably: 1) building safety; 2) increasing trustworthiness and transparency amongst staff; 3) promoting peer support; 4) enhancing collaboration and mutuality; and, 5) bolstering staff empowerment, voice and choice. EQ2 provides staff with skills to manage conflict that can arise in the milieu, to create a psychologically safer environment for staff and clients. Circles provide a forum where staff validate each other's personal experiences, building trustworthiness and peer support. EQ2 encourages collaboration and mutuality because it focuses on the importance of

reparative relationships. Additionally, because EQ2 welcomes employees from multiple levels (direct care staff, supervisors, and administrators), power differentials are reduced, another corollary of trauma-informed care. EQ2 helps to promote staff voice through the sharing of personal experiences, which normalizes the stressors inherent in direct-care work. EQ2 uses these trauma-informed principles to guide program content and process, supporting the transmission of trauma-informed practices.

In this paper, we describe the process of implementing EQ2 in four youth-serving agencies and use qualitative and quantitative analyses to provide preliminary evidence of the feasibility and acceptability of this curriculum. We explore the specific challenges that direct-care staff experience in dealing with trauma-exposed youth, and their perception of the extent to which these stressors impacting their work. We will also examine initial outcomes of the intervention by exploring staffs' perceptions of the ways in which EQ2 impacted their attitudes, skills and work practice, thereby creating a platform for the delivery of trauma-informed care.

Method

Implementation Context

Our project received funding from the Boston Foundation (an Open Door Grant) to support the development and implementation of EQ2 at four agencies that serve trauma-impacted youth. Partner agencies were recruited based on referrals from state child welfare administrators and through outreach to local youth-serving organizations. The partner programs served diverse populations. Three were residential (a short-term crisis stabilization program, a program for adolescent mothers under the auspices of the state's child welfare agency and a treatment program for adolescent males with behavioral issues). The remaining program was a community-based, work-training program for adolescents and young adults with histories of court or gang-involvement. As previously noted, the study was an exploratory program evaluation focused on assessing implementation and preliminary outcomes. Prior to collecting any data, we obtained approval from the research department of each of these community-based agencies, and followed all recommended procedures regarding informed consent, data protection and confidentiality. We subsequently entered a new partnership with an agency whose IRB has approved the identical research protocol.

Prior to implementation at each site, the EQ2 program team (consisting of two Ph.D. level psychologists and one master's level staff member) conducted a planning meeting with the clinical director to: 1) determine the most effective way to introduce EQ2 to program staff; 2) discuss the optional program evaluation component; 3) review programmatic needs and potential

implementation barriers; and, 4) plan logistics, with attention to the challenges in delivering services in residential programs that require continuous staff supervision. The program team conducted weekly follow-up contacts with each director to obtain feedback and address any logistical and/or clinical issues. For instance, in one agency, staff identified a scheduling issue (the EQ2 group immediately followed a shift change, leaving staff without time to complete their personal responsibilities) and the start time was adjusted accordingly.

The intervention was delivered by one of the study authors in three of the partner sites. The fourth site designated an internal psychologist to facilitate the intervention, who received ongoing training from the project team. The intervention was rolled out sequentially at the four programs over a six-week period in the fall of 2017. All staff members at the partner agencies were invited by their clinical directors to participate as part of agency training, except for one program (a large multiservice agency), which limited enrollment to newly hired staff due to logistical constraints. There was variability in group composition across the other three sites, but each included representation of staff from different organizational levels. Staff members did not receive incentives for participation, but the intervention was presented as an important component of staff development, which likely increased participation rates. Prior to the intervention, EQ2 facilitators asked participants if they would be willing to participate in the optional voluntary program evaluation of the project.

Sessions ranged from 60 to 90 minutes. Given the scheduling constraints in residential programs due to continuous staffing/monitoring needs, we were cognizant of the need for flexible scheduling and collaborated with the clinical directors to adjust the material to the time allotted. In two sites, it was determined in consultation with the directors, to hold the groups on a bi-weekly schedule, alternating EQ2 groups with their regularly scheduled staff meetings. This afforded the facilitators a chance to discuss with participants how the EQ2 practices were being implemented between sessions and explore areas where additional support was needed.

To increase implementation fidelity across sites, group facilitators kept checklists tracking completed components within each session. Across sites, the six sessions of the intervention were conducted in their entirety with no substantive omissions or modifications. In instances in which the facilitator modified the program, alternative practices were substituted, or the content was delivered at another time prior to the next session. In addition to this feedback, weekly conference calls with the project team were held to discuss possible adaptations over the course of the intervention. In one instance, after staff in one partner agency expressed reluctance to engage in the mindfulness practices, we utilized shorter, more structured sensory-based activities, which have been shown to be effective for individuals with high trauma exposure (Treleaven, 2018). In another agency with particularly strict

time constraints, we omitted the resiliency-building material from the EQ2 session and helped the clinical director to identify ways in which she could incorporate this information into their weekly staff meetings.

The implementation process was consistent across the partner sites, but some distinctions should be noted, which emerged as we worked collaboratively with agency leadership to flexibly adapt the intervention to meet their needs. The most notable difference was the use of an internal facilitator at one site due to that facilitator's familiarity with the EQ2 program, the distance of the agency from the EQ2 trainers and the opportunity to assess the feasibility of having an internal facilitator. Another modification included processing didactic and reflective exercises through open discussions rather than Circles due to the large size of one group. Finally, in one agency, mindfulness exercises were led by staff so they could become familiar with the process and ultimately facilitate these practices individually and in staff meetings after the group concluded.

Participants

Participants were 31 staff members from one of the four youth-serving agencies. Thirty-five participants had originally enrolled in the project but four (11.4%) left their respective agencies prior to completing the intervention. The original sample of 35 represents all potential participants for this intervention; no staff member declined to participate or to complete the voluntary program evaluation surveys. Most participants self-identified as female (77.4%), and 22.6% identified as male. Participants self-identified ethnically as Black or African American (41.9%), West Indian/Caribbean (25.8%), Caucasian (16.1%), Latino/Latina (9.7%) and of mixed ethnicity (6.5%). The average age was 38.75 years old (SD = 12.03 years). Most participants (41.9%) had graduated from college, 22.6% had completed some college, 22.6% had completed some graduate coursework and 9.7% had a high school degree (one participant did not respond to this question). Participants were generally experienced in this field, having worked in social services for an average of 9.49 years (SD = 11.20 years, range: 0.3–20 years) and at their agencies for an average of 9.26 years (SD = 8.97 years, range: 0.3–20 years). Of note, these high standard deviations reflect our observation that most participants were either new to this field and/or agency (under one year) or very experienced (many had worked for 15+ years).

Measures

We used a combination of measures and strategies to assess feasibility, acceptability and initial outcomes of the intervention. Feasibility was assessed through tracking recruitment and retention rates and weekly attendance, as

well as follow-up interviews with program directors. Acceptability and efficacy were assessed through the administration of the EQ2 survey, a brief questionnaire consisting of quantitative and open-ended items; this measure consisted of pretest and posttest versions. The instrument was developed for this project because our focus was on understanding the perspectives of direct care staff on work-related stressors, as well as self-reported changes in the skills and attitudes targeted by the program. Although there are standardized and comprehensive measures to assess organizational practices around trauma-informed care, these measures appeared too broad for the purposes of this pilot project.

The pre-intervention EQ2 survey included two questions about perceived work related stress ("I am usually able to handle the stress associated with being a direct care staff," and "I find this job to be emotionally demanding at times") as well as a checklist consisting of eight types of potential work-related stressors (e.g., physical aggression by youth, challenging interactions with coworkers) developed based on the study team's experiences in working with staff in youth-serving residential programs. Staff were also asked to write in any additional stressors that they might have encountered in their work. Participants responded to five questions about attitudes that support the principles of trauma-responsive care (e.g., I have a good understanding of how a youth's past might affect his or her current behavior," "I believe that my own personal values can influence how I view a youth and his/her behavior)" and five questions that target specific skills taught in the intervention (e.g., "I use praise to motivate a youth who is struggling with his or her behavior," "I am able to turn to my coworkers for support if I am feeling stressed about work"). These items (as well as the items related to perceived stress above) were based on a 5-point Likert-type scale (1 = strongly disagree, 5 = strongly agree). We developed these variables because we hypothesized that the intervention would result in changes in the self-reported use of skills and of attitudes supporting trauma-responsive care.

The post-intervention EQ2 Survey included the identical items regarding levels of perceived stress, the use of specific skills and attitudes in support of trauma-responsive care and also included additional questions to assess acceptability and initial outcomes. Acceptability items included questions about 1) perceived relevance; 2) clarity of presentation; 3) new information; 4) overall ratings; and 5) comparisons to other trainings. Initial outcomes included questions about participants' perceptions of the ways in which the program impacted their: 1) understanding of the impact of a youth's trauma history on their behavior; 2) skills in dealing positively with challenging youth behavior; 3) skills in addressing staff conflict; 4) skills in other areas of their lives; and, 5) sense of efficacy in their professional role. All quantitative items were based on a five-point Likert-type scale (1 = Strongly Disagree, 5 = Strongly Agree). Additional open-ended questions asked participants to identify: 1) the impact on their daily

work; 2) an example of how they applied the skills that they had developed; and, 3) something that they thought they were doing well prior to the intervention but now wanted to improve upon.

Procedure

As noted, prior to the intervention, participants were asked by EQ2 facilitators to participate in a voluntary program evaluation of the project. Prior to the first session, all potential participants were given a one-page introductory letter explaining the purpose and duration of the project and the evaluation component. They were advised that they were being asked to complete brief and anonymous pre- and post-intervention surveys. Each participant was assigned a code to ensure anonymity and enable matching of pre- and post-intervention surveys. Prior to survey administration, staff signed a written informed consent, which detailed confidentiality and potential risks and benefits of participating. Surveys were stored in locked cabinets and later converted to password protected electronic files. Pre-intervention surveys were administered immediately prior to the first session and post-intervention surveys were completed after the final session. Post-intervention surveys were completed by a staff member who did not deliver the intervention, to avoid the impact of social desirability.

Results

Perceptions of Occupational Stress

As expected, participants described their jobs as stressful, with 87.1% agreeing or strongly agreeing that they found their job emotionally demanding (M = 4.23, SD = 0.75). Most reported exposure to multiple types of stressors (M = 4.65, SD = 0.41), with more than half (51.6%) indicating having experienced five or more distinct categories. Table 1 shows the percentage endorsing exposure to each type of the eight potential stressors included in the scale, as well as three additional categories that were self-identified by participants. This table indicates that participants were most likely to report experiencing stress due to: 1) feeling judged by supervisors or coworkers in their interactions with youth (reported by 70.9%); 2) a youth's verbal aggression (64.5%); and, 3) having to physically intervene between youth (58.1%). When asked which they considered the "most stressful", the most frequently endorsed item was physical aggression from youth (reported by 32.3% of the sample), followed by a strained relationship with a youth (reported by 19.4% of the sample). Participants were also asked to write in any additional work-related stressors that they had encountered, and 58.1% of the sample wrote in additional stressful incidents. The most commonly reported categories involved strained relationships with coworkers and/or

Table 1. Self-reported exposure to categories of occupational stressors.

Type of stressor:	n	% of sample reporting
Feeling judged by colleagues in interactions a youth	22	70.9%
Experiencing youth's verbal aggression	20	64.5%
Needing to intervene between youth who are fighting	18	58.1%
Experiencing youth's physical aggression	15	48.4%
Uncertainty around when to physically intervene with an agitated youth	15	48.4%
Feeling that a youth was intentionally trying to upset them	14	45.2%
Strained relationships with youth	13	41.9%
Conflict with coworkers and/or supervisors	11	35.5%
Being insulted by a youth in front of their supervisor	9	29%
Needing to intervene with youth in crisis	5	16.1%
Not receiving sufficient training	2	6.5%

supervisors (reported by 29.1%) and stress associated with exposure to high-risk youth behaviors (e.g., runaway youth, an adolescent who physically abused her own child), which were reported by 16.1%.

Feasibility

Project feasibility was assessed through an examination of recruitment, retention and attendance rates, and the collection of feedback from agency directors. All potential staff recruited elected to participate, although it should be noted that the program was presented as a strongly recommended staff training, which likely increased participation rates. Implementation at each site was successful, with staff and directors describing positive responses to the program.

The overall retention rate was 88.6% but it should be noted that all the staff members who left prior to completing the intervention did so because they left their positions; no participant dropped out of the EQ2 intervention itself. Attendance rates were computed by dividing the total number of potential sessions by the number of sessions attended, which yielded an attendance rate of 94%. Attendance rates varied by program, from a low of 86.7% to a high of 96.3%, but all were generally well attended. We were encouraged that two participants elected to attend group sessions on their days off because they found the material helpful both personally and professionally. The high recruitment, retention and attendance rates documented provide preliminary evidence of feasibility across diverse settings.

Acceptability

Acceptability was measured through five quantitative items, each based on a five-point Likert scale (1 = Strongly Disagree, 5 = Strongly Agree), and two open-ended items. As shown in Table 2, participants responded to questions

Table 2. Acceptability: Staffs' perceptions of the EQ2 intervention.

Item	% indicating Agree or Strongly Agree (N = 31)	M (SD)
The material in EQ2 is related to my job	96.8%	4.90 (0.47)
I learned new information from the EQ2 program	93.5%	4.42 (0.66)
Information was presented clearly in a way that was easy to relate to	96.8%	4.65 (0.54)

about the extent to which EQ2 was related to their job (96.8% Agreed or Strongly Agreed), they learned new information (93.5% Agreed or Strongly Agreed), and they felt that information was presented clearly and was relatable (96.8% Agreed or Strongly Agreed). Participants were also asked to compare the program to other trainings (83.9% stated that EQ2 was Better or Much Better than other trainings), and to rate the program overall (96.8% rated EQ2 as Very Good or Excellent).

Participants also responded to two open-ended questions: "What did you like best" and "What would you change" about EQ2? Responses to each item were grouped into thematic categories and we computed the percentage of participants endorsing each content category; it should be noted that these categories were not mutually exclusive. Most participants (54.8%) reported that they liked that the group discussions and Circles because of the opportunity to share with and learn from their colleagues, and about one-third (32.3%) stated that they benefitted from skills training and from case examples. Participants also reported that they felt that they developed a greater understanding of the impact of trauma on youth (12.9%), gained increased self-awareness (12.9%) and learned alternative responses to challenging youth behaviors (9.7%).

When asked what they would change, nearly half (45.2%) explicitly stated that they would not change anything about EQ2 (rather than simply leaving the item blank), and 16.1% recommended prioritizing some activities over others. Interestingly, 22.6% of staff specifically requested greater intensity of the intervention (either more time to process the material or ensuring that more staff at their programs could participate).

Initial Outcomes

We had intended to use a two-pronged approach to assess initial outcomes that would involve: 1) exploring self-reported changes in pre- and post-intervention attitudes, skills and knowledge, and 2) asking participants to consider how EQ2 impacted them. A preliminary analysis of pre-intervention data indicated that staff members rated themselves as highly knowledgeable and effective prior to the intervention. For example, 94% of participants agreed with the statement "I have a good understanding of how a youth's

past might affect his or her current behavior" and 94% agreed with the statement "I try to use active listening when working with a youth". Given the limited variability there was not a sufficient response range to conduct these pre- and post-intervention analyses. As a result, the initial outcomes data consisted of participants' perceptions of the impact of the intervention.

Table 3 displays participants' responses to the five quantitative items, which indicate that they viewed the intervention as having a pronounced impact. Each item was based on a five-point Likert-type scale (1 = Strongly Disagree, 5 = Strongly Agree). As shown in Table 3, over 90% of participants agreed or strongly agreed with the statements that: 1) EQ2 helped them to better understand how a youth's trauma history affected their behavior; 2) gave them skills to better respond to youth; 3) improved their ability to resolve conflict with other staff; and, 4) helped them to become more effective in their professional role; and, 5) applied these skills to other areas of their life.

Participants were also presented with three open-ended items which asked them to: 1) explain how EQ2 impacted their daily work, 2) provide an example of a situation where they used something that they learned in their work with a youth, and 3) identify something that they realized that they would like to improve upon because of EQ2. We utilized an inductive strategy to categorize participants' responses into five (non-mutually exclusive) thematic categories: 1) learning/sharing with colleagues (encapsulating responses in which participants reported benefitting from receiving psychoeducation and emotional support); 2) developing a greater understanding of youth and trauma (responses that explicitly noted changing one's perspective on youth behavior); 3) increasing self-awareness (responses that noted a better understanding of one's role as a staff mentor); 4) utilizing skills and course material (statements on the extent to which staff benefitted from skill-focused materials); and, 5) changing response patterns (noting ways in which one responded differently to challenging behaviors).

Table 3. Initial outcomes: Staffs' perceptions of the impact of EQ2 on their work.

Item	% indicating Agree or Strongly Agree (N = 31)	M (SD)
Helped me to step back to see how a youth's trauma history influences his/her behavior	93.5%	4.42 (0.61)
Gave me skills to help me deal positively with challenging youth behavior	96.8%	4.42 (0.55)
Gave me useful skills to help me deal positively with conflict with other staff	90.3%	4.20 (0.69)
EQ2 skills can be used in other areas of my life	80.6%	4.35 (0.97)
I think EQ2 helped me to become more effective in my professional role	93.5%	4.39 (0.61)

The percentage of staff endorsing each of these categories is displayed in Table 4. When asked how EQ2 had impacted their day-to-day work, a significant percentage reported having developed greater self-awareness (*"it reminds me to be in my right mind, don't take it personally," "being more mindful with staff and residents"*), learned specific skills (*"I recognize breathing opportunities and use cool thoughts," "I'm more intentional, I stop, breathe and choose"*) and responding differently to clients (*"I process behavior and respond to crises better,"*). Each of these categories was identified by about 25% of the sample. Participants also reported developing a greater understanding of the impact of trauma on youth (19.3%, (*"I look deeper at the underlying causes of behavior," "it helped me look at youth differently, it gave me more patience"*) and benefitting from learning from/sharing with colleagues (6%).

Table 4 also demonstrates that participants reported the use of specific skills and concepts from EQ2 in their work. More than half of the participants (58.1%) reported that they were actively using specific skills from the intervention (e.g., *"cool thoughts when a youth ran away from me," "more active listening, it helps them feel less frustrated," "a kid tried to bait me into an argument and I used Stop, Breathe, Choose"*). A lesser but significant number reported utilizing their enhanced understanding of the impact of trauma on development (16.1%) and implementing alternative ways of dealing with challenging youth behavior (16.1%).

Finally, participants were asked to identify something they had previously thought that they were doing well but now wanted to improve upon. More than half (61.3%) said they wanted to continue to develop the skills that they learned. They also noted that they wanted to become more aware of their reactions to youth (19.3%), further develop their understanding of youth and trauma (9.7%) and respond more effectively to challenging youth behaviors (6.1%).

Taken collectively, our data provide positive evidence of the extent to which staff members viewed EQ2 as enhancing their skills, helping them to develop their understanding of their own emotional responses and those of the youth they serve, and influencing the manner in which they respond to crisis situations.

Table 4. Initial outcomes: Percentage of staff reporting a response within these thematic categories.

	Impact on work		Something you used		Something to improve	
Response Category	n	%	n	%	n	%
Learning/sharing with colleagues	2	6.5%	-	-		-
Greater understanding of youth/trauma	6	19.3%	5	16.1%	3	9.7%
Increased self-awareness	8	25.8%	6	19.3%	6	19.3%
Using skills and course material	8	25.8%	18	58.1%	19	61.3%
Changing response patterns	8	25.8%	5	16.1%	2	6.5%

Discussion

In this paper, we describe our efforts to implement an innovative program focused on supporting trauma-informed communities by increasing the skills and effectiveness of direct-care staff at agencies that serve at-risk, trauma-impacted youth. The preliminary results suggest that EQ2 is a promising staff-based intervention that can advance trauma-informed services for at-risk youth, particularly those served by programs in under-resourced communities because of the ease and flexibility of delivery and the significant impact reported by participating staff. While many efficacious trauma-informed interventions have been developed, the cost, time and labor required for training and implementation of such interventions is often prohibitive for smaller and/or financially challenged agencies, especially given high rates of staff turnover in this field. EQ2 was designed so that it can be readily implemented in a range of residential and community-based agencies. This flexible and "low-burden" intervention is relatively brief (six sessions), easily delivered on-site and can be adapted to meet the logistical constraints of the agency (e.g., timing, scheduling) and/or needs of the client population. Further, supplemental material found at the end of each of the six sections provides exercises and resources for "booster sessions" to help reinforce the concepts and skills presented during the core EQ2 groups.

In the current feasibility study, a study author led EQ2 in three of the four program sites. However, the intervention may also be facilitated by internal staff; one pilot site elected to do so, with considerable success, and in another site, future EQ2 groups will be facilitated by a senior direct care staff. Engaging direct care workers as trainers carries potential benefits, including increasing staff "buy in" and providing opportunities for staff to assume leadership roles within their agencies. These unique features make the intervention broadly accessible to youth-serving programs, including those in remote areas or with fiscal constraints.

In addition to serving as a standalone program, EQ2 may be used to potentiate the efficacy of more intensive trauma-focused and crisis intervention programs. Many trauma-focused interventions assume that staff members possess strong emotional regulation skills, and do not specifically address this in their interventions. During the pilot project, EQ2 facilitators observed that several staff spontaneously disclosed their own histories of trauma. Not surprisingly, staffs' prior experiences of adversity are likely to affect their self-regulation skills. EQ2 can help to equip staff with the self-regulation skills that are needed to actively co-regulate with trauma-exposed youth. During the intervention, two staff members made statements highlighting the importance of co-regulation: *"I was dealing with a child and I was able to stop and breathe and help myself,"* and "*When the teen started to get very riled, I was able to stay calmer and help her work through the problem."*

Our study also provides information about the unique challenges that direct care staff encounter in their professional roles. Most endorsed exposure to several types of high stress situations, and many specifically identified interpersonal stressors (e.g., a youth intentionally trying to upset them, a strained relationship with a youth, being stressed by a youth who insulted them). These data underscore the reasons why direct-care staff may struggle to create reparative relationships with trauma-exposed and emotionally dysregulated youth. In addition, most staff reported feeling that their coworkers and/or supervisors were judging their interactions with youth, suggesting that stressful interpersonal dynamics can generalize to staff relationships and adversely impact the entire program. Our findings suggest that EQ2 can help interrupt these negative dynamics and support a more rehabilitative and trauma-sensitive environment. It is noteworthy that prior to the intervention many staff reported feeling judged by their colleagues, yet identified the opportunity to learn from their colleagues as a particularly positive aspect of the program. EQ2 may provide a space in which staff can more openly discuss challenges that they experience in a supportive and validating environment.

Feasibility was demonstrated because the program was successfully implemented within four diverse agencies, as evidenced by high recruitment, retention and attendance rates, and positive feedback from agency directors. Programs were invested and provided organizational support, and planning meetings offered a forum to determine effective service delivery. Data also provided preliminary evidence of acceptability. Staff felt that the program provided them with new information that was presented in a manner that they were able to "relate to." Several staff members commented on the engaging language and visual presentation of information.

Initial outcomes data, though preliminary, was particularly rewarding. Our findings suggest that EQ2 displays many features conducive to the development of a trauma-informed environment (Baker et al., 2016; SAMHSA, 2014). Staff members stated that they learned new and relevant information and benefitted from the group discussion and process. The overwhelming majority also agreed or strongly agreed that the program had increased their understanding of the impact of trauma, taught them skills to deal with challenging youth behaviors and staff conflict, and helped them to become more effective in their professional role. They expressed an interest in further developing in these areas, noting that they wanted to enhance their awareness of youth and trauma and of their own reactions, change their response patterns and use session material to improve their skills and practice. As noted, participants rated their skills and knowledge very positively prior to the intervention, which precluded an analysis of pre- and post-intervention change. Nonetheless, following the intervention, many identified specific areas in which they had felt competent but now wanted to improve upon. Their greater receptivity suggests that the intervention

promoted a sense of appreciation for the complexities inherent in working with trauma-exposed youth.

Trauma-informed systems address the impact of traumatic stress on those who have contact with the system (including youth, caregivers and service providers) and strive to use best practices to promote physical and psychological safety and resilience. Overall, our findings suggest that EQ2 has the potential to help staff to create a more trauma-responsive environment for youth. Participants spontaneously identified the ways in which they learned cognitive-behavioral skills to deescalate conflicts, developed their understanding of the impact of trauma on behavior, increased their self-awareness and changed their behavioral responses to youth.

Given the considerable range that exists within community-based, child welfare agencies in terms of the capacity to implement trauma-informed practices and readiness for organizational change (Winters et al., 2020), effective interventions for direct care staff must take this variability into account. Acknowledging these complexities, Akin et al. (2017) writes that, "rigid adherence to work plans or practice protocols can cause initiatives to fail," suggesting that modifications based on the available resources and limitations of an agency should serve to inform implementation approaches. One of the strengths of EQ2 is its adaptability and flexibility in terms of delivery both in *how* it is implemented and by *whom*. Time constraints when it comes to staff training are a common concern for residential organizations. The ability to condense or attenuate the training blocks of EQ2 increases the flexibility trainers have in presenting and reinforcing the material. Because the program is designed to reduce the need for training expertise and increase fidelity by reading the handbook aloud, agencies can employ a wide range of trainers. In their investigation of a trauma-informed training for juvenile justice staff, Baetz and her colleagues (2019) used a trainer model that paired psychologists with direct care workers and other staff from within the system, suggesting that a cross-agency use of staff might offer the most robust outcomes.

Several limitations of the current project should be noted. This investigation is a feasibility and acceptability study, with a small sample size that limits generalizability. In addition, our efforts to work with partner agencies to customize the intervention facilitated collaborations but also resulted in some differences in implementation across the partner sites (e.g., an internal vs. external facilitator, a focus on new or experienced staff), which impacts the inferences that can be drawn. Staff members at our partner agencies reported high levels of training which may not be typical of all child welfare and juvenile justice settings. Future research is also needed that examines the impact of diverse staff representation. Our evaluation was based upon measures developed for this project and did not incorporate the use of standardized questionnaires. In addition, although

participants reported having changed their behaviors as a result of newly developed skills, we did not have an objective measure of behavioral change. Additional research is needed with larger samples sizes, which incorporates standardized, knowledge-based and behavioral assessments. Finally, as noted, a significant proportion of staff self-disclosed their own histories of trauma and adversity, and research is needed to determine whether specific interventions are needed to bolster self-regulation skills for this subpopulation of staff members to support them in their work.

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