



TIP SHEET

How Can **Youth Voice** Create
Trauma-Informed Discharge Practices?





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This tip sheet was developed to help and encourage providers to embrace the value of youth voice in discharge planning procedures as a form of trauma-responsive practices to further create a trauma-informed system of care. If you are a provider of child welfare services, family member, caseworker, CASA worker, attorney, ad litem or judge, you may want to share this resource with current members and future team members involved in a youth's care.

Youth voice is a principle that incorporates a youth's voice as an equal member in all treatment decisions. Youth voice has been found to be a vital and important part of treatment to assist with engagement in services, adaptive learning skills and enhancing internal strengths. Currently, there is limited information on the best ways to incorporate youth voice into transition and discharge planning within a trauma-informed lens. To assist with gaining additional information in this area, two Upbring residential treatment centers surveyed 75 youth and summarized the themes of their voiced preferences for inclusion of youth voice in discharge planning. In addition, the information was applied to creating a procedure to help set up more structure with an individualized focus on each youth's voice and needs when needing to have discussions about discharge planning. The goal is to have a trauma-informed system of care that is trauma-sensitive and trauma-responsive in working with youth and families that have experienced trauma.

When youth voice is incorporated in all aspects of their care, youth are more motivated in reaching their goals, invested in connecting with caring adults and their surrounding support system, express more satisfaction with services and feel more hopeful about their future.

Read more about how youth voice can create trauma-informed discharge practices on the next page

The Journey of Why:

Youth Voice Survey Themes:

1. Discuss the discharge plan with youth from the start of services.

Engaging youth from the beginning helps them successfully identify and build skills needed to transition, such as establishing new or sustained community support, working on identifying and prioritizing trigger desensitization specific to their discharging environment in therapy, safety and recovery planning, setting clear expectations and establishing a flexible timeline. Youth reported that having their voice included made them feel valued and helped them develop skills for adulthood. It gives a sense of hope in providing youth a goal to work towards that can drive them to invest in treatment. Ninety-seven percent of youth in the survey reported wanting to be included in discharge planning.

2. Include youth's therapist to develop discharge plans through a trauma-responsive lens.

It's crucial to acknowledge that any discussion of changes in living environment can be traumatic for youth with a history that has resulted in them being placed in the child welfare system. Youth responses in the survey ranked including the therapist in discharge planning as the highest need among other support figures. All discharge planning should include assessing youth's strengths, engaging their community of support and working through how to discuss plans in a way that minimizes re-traumatization. Inclusion of the youth's therapist aids in better planning for the youth's individualized needs, a trauma-responsive delivery of sensitive information and ensures a strength-based collaborative approach is utilized.

3. Ask youth about the preferred frequency and method of updating the discharge plans.

Individualized treatment is a best practice for serving youth as it considers the unique strengths and areas of skill development for the youth. Providing space for youth to express preferences helps them feel valued and learn self-regulation skills. Most of the youth surveyed reported a preference for monthly updates that are face-to-face and second choice by phone. This provides a consistent and healthy way for youth to get updates and provide feedback in an appropriate manner.

The Destination of How:

Steps to incorporate youth voice discharge planning with trauma-informed services prior to having the discharge planning discussion:

1. Consider youth's emotional stability and available resources in planning with their identified support team when planning to have a discharge conversation.

It's important to ensure that youth are emotionally stable and regulated before starting a potentially triggering conversation. Working with the youth's therapist will ensure that the conversation is being done in a trauma-informed and trauma-responsive manner. If youth are not emotionally stable, then working with their therapist and medical doctors (if necessary) to stabilize them before having this conversation would be ideal. Allowing youth 48-72 hours to focus on stabilization will help them find hope and gain the ability to rationalize the planning process. The goal is to help youth learn to collaborate in appropriate ways and build realistic problem-solving skills, and not to retraumatize by triggering unhealed traumatic memories of loss, abandonment and rejection. Mental rationalization requires a regulated mental state. It's important that youth are regulated and able to rationalize to have a better response and involvement in the discharge planning conversation.

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2. Review the youth's trauma history, including loss of community and support system, prior to the meeting to ensure proper components are included and all supportive people are included in the planning.

Changing living environments, whether expected or unexpected, can be traumatic and/or retraumatizing for a person. There is a loss of known routine and support in daily living. It's important to know the youth's trauma history specifically around moving and loss. Has the youth responded well or had difficulties in the past with moving environments? Identify areas of strength and things that have worked in the past. Include the youth's identified system of support in the planning meeting.

3. Train all supportive individuals involved in youth's treatment on trauma-informed care practices and trauma-responsive interactions.

People on the youth's support team should go through trauma-informed care training and learn about the youth's trauma history, strengths and perspectives shared in planning meetings. The youth and their therapist can help identify trauma triggers and determine best ways to communicate. Including youth in these conversations helps build their self-awareness and problem-solving skills. In addition, it helps all members of the youth's support team create a safe environment by communicating needs and expectations in a healthy manner and improves the speed of youth recovering from a difficult conversation.

4. Include sections for permanency and placement plan in the discharge plan that specifically address resources required for youth to achieve their goals.

It's important to distinguish the difference between permanency and placement plans. While they can be the same, often youth have a permanency plan for ending their time in foster care or another system of care but have several different placements prior to permanency being achieved. Permanency plans involve identifying supportive people in youth's lives and making plans to maintain connections so that youth can transition outside of the child welfare system. Good plans build resilience, maintain connection to their cultural values and focus on lifelong relational permanency. Placement plans cover any places the youth transitions to before leaving the child welfare system. These are extremely helpful in establishing plans to help youth establish community connections, safety plans for the specific environments, understanding youth and caregiver needs and abilities and providing recovery paths if a crisis arises based on available resources and strengths of everyone involved.

MOVING FORWARD

Trauma-informed care acknowledges topics that can be triggering for people with histories of trauma. It's important to acknowledge that youth involved in systems of care where they have been removed from their homes and/or experienced multiple moves are at risk of being re-traumatized by discharge conversations if not handled in a trauma-responsive manner. The most ideal outcomes are best predicted by including youth voice in the discharge planning process with a plan in place to ensure they have the resources needed in the conversation and to adapt after the conversation.