1-5-2023

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Child and Adolescent Social Work Journal
https://doi.org/10.1007/s10560-022-00910-z

Implementation and Outcomes of the Trauma Ambassadors Program: A Case Study of Trauma-Informed Youth Leadership Development

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Accepted: 7 December 2022

Abstract

Community-based programs serve a critical need for vulnerable youth and families. In recent years, researchers and practitioners have urged programs to adopt a trauma-informed care (TIC) approach to address adversity in young people's lives. The purpose of this article is to describe the implementation and outcomes of the Trauma Ambassador (TA) Program, a pilot youth leadership program guided by a community-university partnership that utilized a TIC approach in an underserved East North Philadelphia neighborhood. Fourteen youth engaged in interactive trainings to build their understanding of trauma and develop practical tools to support encounters with individuals with trauma histories. Focus groups and individual interviews were conducted to better understand program implementation and outcomes. Rich data emerged that identifies a myriad of ways that youth and their community might benefit from a program like the one described. The program successfully impacted participants, as TAs recognized their own trauma and were motivated to help others who may have trauma histories. This program provided quality youth development experiences, particularly with respect to trauma-informed care, and results support taking a holistic, healing-centered approach to foster well-being for youth and adult mentors.

Keywords Trauma-informed care · Youth empowerment · Community-based programs · Out of school time · Adverse childhood experiences

Research on the prevalence of trauma and adversity, mental health disorders, substance use and abuse, and youth suicide suggests that an alarming number of adolescents in the United States are in crisis (Office of the Surgeon General, 2021). Urban youth, and particularly minoritized youth in low-income urban communities, report elevated rates of trauma exposure, including direct and indirect witnessing of community and domestic violence, which contribute to trauma symptoms indicative of post-traumatic stress (Ginwright, 2015; Harden et al., 2015; Kulick et al., 2017).

Despite the disproportionate and growing need for care, adolescents who experience poverty, violence, and other forms of marginalization are the most under-served demographic in our health and behavioral health systems (Evans et al., 2019). While true historically, the COVID-19 pandemic has increased the need for behavioral health services as well as imposed new barriers to access for marginalized and minoritized youth (Samji et al., 2022; Stewart et al., 2021). Community-based and out-of-school time (OST) programs can serve a critical need for youth and families—providing access to therapeutic resources and promoting positive development and empowerment—especially when youth have limited access to quality mental health services (Fredricks & Simpkins, 2012; Olson-McBride & Page, 2012; Pedersen & Seidman, 2005). In recent years, researchers and practitioners have urged programs to adopt a trauma-informed care (TIC) approach to address adversity in young people's lives (Frondren et al., 2020). TIC, which centers a person's individual experiences in treatment rather than applying general treatment approaches based on diagnosis (SAMHSA, 2014), has the potential to improve quality of care and health outcomes for trauma-impacted patients in

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Published online: 05 January 2023

health and behavioral healthcare settings (SAMHSA, 2014; Hostetter et al., 2016). To date, however, limited research has examined the efficacy of the TIC approach in the context of community-based youth development.

This paper describes the implementation and outcomes of the Trauma Ambassadors Program, an innovative youth leadership program that aimed to grow awareness among the youth ambassadors about the prevalence and impact of trauma while offering these young leaders healing opportunities. The youth who participated as Trauma Ambassadors (TAs) reside in an East North Philadelphia neighborhood that has experienced disproportionate levels of stress and trauma (Dafilou, 2017). For example, according to 2017 data from the North Philadelphia Latino Community Health Needs Assessment, 24.6% of residents living in Philadelphia live below the poverty line as compared to 40.2% of residents in East North Philadelphia. Additionally, residents in these neighborhoods experience higher rates of housing and food insecurity, domestic and community violence, and physical and mental illnesses when compared to their Philadelphia counterparts (Dafilou, 2017). The program employed a TIC approach that included psychoeducation (i.e., teaching youth about the prevalence and potential impact of trauma and stress on individuals, families and communities), supportive opportunities to process their own experiences and integrate them into a positive vision for their futures, and education and training that helped youth to grow their interpersonal and professional skillsets so that they might support and positively impact their peers, families and communities.

Trauma, Adversity, and Service Utilization Among Minoritized Adolescents

It is well documented that trauma and Adverse Childhood Experiences (ACEs)—e.g., abuse, neglect, and household dysfunction such as parental incarceration—are linked to a range of negative physical and behavioral health outcomes in adulthood (Felitti et al., 1998). Unaddressed ACEs are linked to several leading causes of death (e.g., cancer, heart disease), and based on substantiated cases alone, the estimated economic burden in the US for child maltreatment is $428 billion (Peterson et al., 2018). Experiencing multiple ACEs can lead to toxic stress, in which the body's prolonged stress response adversely affects brain architecture and subsequent health (National Scientific Council on the Developing Child, 2014). For example, children who experience 4 or more ACEs are 7 times more likely to self-identify as alcoholics and are at increased risk to experience a mental health crisis (Baglivio et al., 2015; Felitti et al., 1998). Even before the COVID-19 pandemic, mental health challenges were the leading cause of disability and poor life outcomes in young people, with up to 1 in 5 US children ages 3 to 17 with a reported mental, emotional, developmental, or behavioral disorder (Perou et al., 2013). Recent increases in certain mental health symptoms have highlighted the urgent need to address our nation's youth mental health crisis. Between 2009 to 2019, the proportion of high school students reporting persistent feelings of sadness or hopelessness increased by 40%, and between 2007 and 2018, suicide rates among US youth ages 10–24 increased by 57% (Curtin, 2020; Ehlman et al., 2020). Early estimates from the National Center for Health Statistics suggest there were tragically more than 6600 deaths by suicide among the 10–24 age group in 2020 (Curtin, 2020; Curtin et al., 2021).

It is also clear that the prevalence of mental health challenges varies across subpopulations, and further, that youth from marginalized and oppressed communities experience both individual and collective trauma. In fact, youth of Black, indigenous, Latino, mixed race, and Asian descent (Nygreen et al., 2006; Turney, 2020) report higher levels of exposure to adverse experiences (e.g., uninhabitable living conditions, low wages, incarceration, interpersonal violence), all of which are factors for trauma, physiological, and psychological distress due to racism and classism (Yusef et al., 2022). Shawn Ginwright (2018) argues that categorizing these experiences solely as individual rather than collective trauma fails to capture the deep impact of collective harm on the community. Growing evidence suggests that exposure to community trauma, including racial trauma, has adverse effects on the health and wellbeing of marginalized ethnic groups regardless of whether it is experienced directly or indirectly (Davidson et al., 2013; Liu et al., 2020). Studies examining collective trauma specifically—the recollections or psychological reactions to terrible events that happened to a group or society (Hirschberger, 2018)—suggest that media exposure can impact trauma symptoms among members of a shared cultural group (Galovski et al., 2016), and repeated media exposure to these events can contribute to acute stress (Tynes et al., 2019). For example, unprecedented spikes in sadness and anger followed the widespread media attention to the killing of George Floyd, an unarmed Black man killed by police officers (Eichstaedt et al., 2021). Although both White and Black Americans reported more severe anxiety and depression symptoms in the week following Floyd's death, Black Americans experienced a significantly larger increase in symptom severity (Eichstaedt et al., 2021).

Sinha and Rosenberg (2013) have shown that collective experiences of poverty, oppression, and violence result in a universal expression among youth. And yet, despite this disproportionate exposure to individual and collective trauma and the disproportionate need for services, youth from historically marginalized and oppressed communities are less likely than their White counterparts to engage voluntarily in conventional mental health services, even after controlling for income, education, access, and need (Alvarez et al.,

2021; Broman, 2012; Kim et al., 2020). Indeed, children and adolescents growing up in poverty are two to three times more likely to develop mental health conditions than peers with higher socioeconomic status (Reiss, 2013). Particularly alarming in recent years is that suicide rates among Black children (below age 13) have been increasing rapidly, with Black children nearly twice as likely to die by suicide than White children (Bridge et al., 2018).

ACEs can be prevented, and when they do occur, concrete steps can be taken to help youth heal (NJ ACES Funders Collaborative, 2019). Unfortunately, less than two-thirds of young people with mental health problems and their families access any professional help, citing barriers related to individual, social factors, and finances (e.g., being underinsured) (Radez et al., 2020; Sadler et al., 2018). In 2016, of the 7.7 million children with a treatable mental health disorder, about half did not receive adequate treatment (Whitney & Petersen, 2019). Research indicates that stigma is a chief obstacle to consuming and receiving satisfactory mental health services, particularly among racial and ethnic minority groups. Racial minority populations, who already face prejudice and discrimination due to their group membership, can experience double stigma when confronted with the effects and impact of mental illness. For example, double stigma can involve lower socioeconomic status, distrust of health care systems, and providers characterized by inadequate cultural competence, communication failures, and conscious and unconscious stereotyping. The shame and stigma associated with mental illness contributes to greater utilization of primary care, emergency services, and informal resources in the community (Bradford et al., 2009). As such, trauma-informed community-based programs can serve a critical need for youth and families (Fredricks & Simpkins, 2012; Olson-McBride & Page, 2012; Shin et al., 2021).

Trauma-Informed Care and Positive Youth Development

Providing quality community-based OST (Out-of-School Time) programming for youth has been and continues to be a priority among researchers and practitioners (Lerner et al., 2013; Lynch et al., 2016). In communities of Color, a growing number of programs have targeted positive youth development through youth empowerment strategies (Ortega-Williams et al., 2020; Zimmerman et al., 2018). In general, youth empowerment programs involve young people as partners and participants in the decision-making processes that determine program design, planning, and/or implementation. With the support of caring adults and mentors, programs engage young people in program leadership as a characteristic of their involvement in safe, positive, and structured activities. These empowerment practices allow youth to take leadership roles in program development, health promotion, community organizing, and research by emphasizing the power of young people to define their circumstances, the direction of programming, and the degree to which adults are actively involved as allies (Delgado & Staples, 2008; Morton & Montgomery, 2011). Limited research has examined the impact of youth empowerment programs (YEPs), but preliminary evidence suggests that they can facilitate positive outcomes for youth (self-efficacy, positive identity development, capacity for constructive interpersonal relations), as well as lower negative behavioral outcomes (teen pregnancies, school suspensions, arrests), and are worthy of further investigation (Bulanda & Johnson, 2016; Zimmerman et al., 2018).

In recent years, some youth programs have tried to integrate TIC principles to consider the community context, an omission that has been problematic in communities where youth are more frequently exposed to trauma and adversity, including racism, classism, chronic poverty, and neighborhood violence (Dafilou, 2017). TIC—a gold-standard framework for clinical programs that serve communities where the experience of trauma is pervasive—has catalyzed important shifts in the provision of care. Moreover, TIC has the potential to reduce barriers to help-seeking while facilitating early access to quality mental health services for young people, especially in underserved communities (Hargreaves et al., 2019; Park et al., 2011). In theory, providers who practice within this framework realize the high prevalence and potential impact of trauma within the community, recognize the signs and symptoms of trauma, enact policies and practices that are responsive to the community's trauma-related needs, and remain vigilant about practices and policies that may retraumatize (SAMHSA, 2014).

Psychoeducation, an element of evidence-based trauma interventions whereby a clinician teaches youth and their families about the potential impact of trauma on the brain and body, has emerged as a practice by peer educators (Harden et al., 2015). Psychoeducation is a supportive tool that facilitates a greater understanding of symptoms that emerge in the aftermath of trauma exposure and provides information that trauma symptoms are normal, often transient, and that recovery after trauma exposure is possible (Cohen & Mannarino, 2008; Wessely et al., 2008).

One innovative trauma-focused youth empowerment program, Truth N' Trauma (TNT), was developed and implemented in a predominantly African American Chicago community heavily impacted by community violence (Harden et al., 2015). Youth interested in violence prevention were recruited to serve as peer educators and worked with program staff to develop their own version of a trauma training after completing an initial training. The youth-oriented curriculum included modules on trauma-informed practice (content about culture and identity, trauma basics,

resilience) and techniques to address trauma from a community perspective. A program evaluation suggested that youth experienced TNT as a virtual community facilitating positive change in empowerment-related characteristics (self-improvement, creativity, cooperation with others, the ability to work hard, and the ability to gather data to use in solving problems in the community). In addition, participants incorporated and personalized the trauma-informed practice perspective from the training and experienced important learning about themselves, including how to understand and respond to their experience of violence exposure. Based on the study results, researchers recommended that more programs engage youth through empowerment practices that emphasize positive youth development and trauma informed practices, including psychoeducation, as well as opportunities to advocate, engage and lead their families, peers, schools, and communities in addressing violence.

The Trauma Ambassadors Program

In the current study, a community-based organization (the Center) serving a low-income, predominantly Hispanic (80%) neighborhood in East North Philadelphia, received a grant from the Philadelphia Collaborative for Health Equity to provide a non-clinical OST intervention for minoritized, trauma-impacted youth that would support individual and collective healing and inspire youth to become leaders and advocates within their communities. The Jefferson Trauma Education Network (J-TEN), a trauma-informed workforce development and community impact hub that draws on the interprofessional expertise of university faculty, along with regional and national partners with the goal of improving outcomes in the Philadelphia region and beyond, was a subcontract on the grant, with grant funds allotted to support faculty and staff effort.

Together, J-TEN and Center stakeholders conceived of, developed, and implemented the Trauma Ambassadors (TA) Program, which provided local teens with trauma psychoeducation and an array of experiences to support their capacity to understand and articulate the effects of trauma in their lives, as well as in the lives of those around them. By improving community-level awareness about the causes and consequences of trauma, the program aimed to develop resiliency and assets among community members, create a local support system to address traumatic experiences, and enable the community to heal and grow together. Although not originally designed as a research evaluation, a focus group, and an individual follow-up interview with both a Center staff member and a youth TA provided valuable insights about the potential impact and outcomes of such a program, as well as visioning for future initiatives.

Method

Program Description

The TA program was implemented January through December 2020 and required a deep partnership between J-TEN and the Center throughout the process. Program leaders included two Hispanic women from the Center and two women from J-TEN who identify as White, non-Hispanic (both were recent graduates of Thomas Jefferson University's master's degree program in Community and Trauma Counseling). Hopeworks, a non-profit organization in Camden, NJ deeply invested in the trauma movement across the region, and a long-time collaborator and partner of the authors, was another sub-contract on the grant, paid by the grantee (the Center) for staff effort to support the project. Hopeworks' Youth Healing Team, a specially trained group of Camden youth skilled at providing TIC workshops for community members, served as consultants and trainers on the project. The Youth Healing Team represents an exemplar program where youth take a lead role in their healing as they are trained about trauma and adverse childhood experiences and then teach others in their community. The Youth Healing Team provided a trauma training to the TAs, and further offered consultation and feedback as the TAs developed their own trauma presentations for community members. IRB approval was obtained from the host institution. TAs were not paid for participation in this study but were compensated by the Center for their time engaging in training development and implementation. Compensation was not contingent on study participation.

Participants and Procedures

TAs were recruited from the Center's youth leadership program, which prepares youth for college and careers, and to serve as mentors for neighborhood children. Fourteen youth (10 male, 4 female) participated in the TA program. All were Hispanic and ranged in ages from 13 to 20-years-old. Most of the group spoke Spanish as their primary language and English as a second language, with varying degrees of English fluency.

Trainings and Presentations

During the first month of the program (January through February 2020), the Youth Healing Team conducted two 90-min, interactive trainings in English with the TAs. Bi-lingual Center staff were present to support youth to meaningfully integrate novel concepts. To work effectively with community members, the TAs had to build their understanding

of trauma and develop tools they could use in their everyday practice when they encounter individuals with trauma histories. In addition, it was important for them to develop a more sophisticated understanding of the psychobiology of trauma—specifically, to understand both why trauma happens and what happens when people and families experience trauma. The first training provided by the Youth Healing Team (Level 1—Beginner) reviewed ACEs (Adverse Childhood Experiences) and how they affect the life trajectory. It also introduced a trauma-informed framework to change the question from *"What's wrong with you?"* to *"What happened to you?"* (Bloom, 2007). This perspective shift aimed to contribute to more effective methods to engage students with trauma histories (e.g., developing safety and self-care plans, holding community meetings), and the training focused on making sure that TAs were prepared to implement these tools. The second training (Level 2—Advanced) built on the Level 1 foundation to help TAs understand why youth experiencing trauma exhibit certain behaviors, using accessible psychobiology and interactive activities to explain the evolutionary and biological forces involved. Discussions included activities and information about brain structure, the evolutionary history of the brain and our stress response, and individuals' responses to chronic and toxic stress.

Following the two trainings, the TAs worked with J-TEN and Center leaders to develop their own trauma presentation for community members. Unfortunately, this process started March 2020 when the COVID-19 pandemic forced the project to shift to online meetings and further impacted engagement by youth. For the first two months, the group met bi-weekly via Zoom to engage in team-building and small group discussions about the impacts of COVID-19, as well as what they learned in the trainings. Each meeting included a standard opening and closing, consisting of a starter reflection question, a breathing exercise, and a journal prompt. The group then discussed target topics to help increase their understanding of how trauma responses show up in themselves, in family members, and in other peer and community groups. Topics included the depiction of mental illness in the media, stigma and how to decrease stigma around seeking help, and how language can reinforce stigma for people who have experienced trauma. Sessions also focused on self-care, including the practice of novel coping skills, and exploring the root causes of anger. Youth were invited to find examples of videos or graphics that use trauma-informed language and discuss them with group members. The TAs also used session time to identify target topics and learning objectives for the presentation they would develop and deliver for community members. Table 1 provides the topics discussed and a brief description of each topic. These topics were also addressed in the trainings the TAs developed for the community.

From June to August, the program had bi-weekly virtual meetings that focused primarily on developing the community presentation around the four topic areas in Table 1. The TAs decided to use a known Marvel character, Wolverine, to illustrate their learning. In doing so, they were able to translate complex ideas about trauma and make these concepts relatable to a community audience, and especially adolescents. From late August through December, program leaders met with TAs 1–2 h every week to prepare for the community presentation. These meetings involved check-ins to encourage connection among team members, and discussions of different sections of the presentation. Because all youth participants were attending virtual school during the day and were now forced to be online for OST programming, the program leaders incorporated a variety of approaches including whole group discussion, small group work and independent reflection exercises. In addition, starting mid-October, the program leaders worked with students individually to prepare for the final presentation. In November and December, the TAs completed two virtual presentations,

Table 1 Trauma ambassador training topics

Topic	Description
Neurobiology of trauma	Different regions of the brain (brain stem, limbic system, cortex) and their basic functions. Potential impact of trauma on the developing brain. Behaviors as a mode of communicating brain states (i.e., fight, flight, freeze behaviors indicate a lower brain state while empathy and problem solving indicate the cortex is online and functioning)
Definitions	Trauma, adverse childhood experiences (ACEs), stress trauma-informed care
Self-care & safety	Safety as a pre-requisite for health and healing Types of safety (relational, physical, social, etc.) Self-care strategies as a means of mitigating the impact of trauma and stress on the individual
Trauma-informed	Regulate, Relate, Reason (Perry & Dobson, 2013)
Communication strategies	Use of "I" statements
	Active listening skills
	Withholding judgment and honoring feelings
	Recognizing own and others' emotional states

one for partners of the Center and one for general audiences broadcasted on Facebook Live. Figure 1 is a slide used in the TA's Facebook Live presentation for community members. It illustrates how the TAs creatively used Wolverine as a teaching tool in their training. They first taught the audience about how stress and trauma can impact the different regions of the brain and a person's functioning, then they showed a movie clip of Wolverine and asked the audience to reflect on what they learned in the context of the scenario shown.

Data Collection

Following the presentations, all TAs were invited to participate in a focus group. A recruitment flyer was sent to all TAs and their guardian to inform them of the research study procedures. A member of the J-TEN team and a Center leader conducted individual informed consent sessions via Zoom with TAs under the age of 18 and a guardian and with TAs 18 years or older. Nine consent sessions were completed, and seven TAs consented to the research study (three under the age of 18 and four who were 18 years or older). Two of the TAs and their guardians decided not to participate in the research study and did not complete informed consent. Specific reasons for declining were neither asked nor obtained. Four of the nine TAs who consented (Hispanic males ages 13, 16, 18, and 19) attended the focus group. Follow-up emails were sent to the three youth who consented but did not attend the focus group to attempt to schedule a second focus group, but follow-up attempts were unsuccessful. The focus group was held for 90 min. Because all youth participants had sufficient English fluency, the focus group was conducted in English.

After reviewing the focus group audio file, the research team determined that more information was needed to gain a holistic view of the TA program and its outcomes, and to inform visioning for any future programs. The research team decided to invite one TA and one of the Center leaders for a follow-up interview. The TA (Hispanic male) was invited because of his likelihood to participate (he demonstrated a consistently high-level of engagement) and because of the insight he evidenced throughout the program. The Center leader (an African American female who joined midway through the program) was asked to participate so that additional information on the impact of the program could be gleaned from the perspective of a Center leader who was directly involved in supporting TAs throughout most of the program. Both participants consented to participate in individual interviews with J-TEN staff.

The focus group and individual interviews took place via Zoom and were audio recorded. The audio recordings were transcribed by a third-party transcription company. Video Zoom files were not downloaded and were deleted from the research staff Zoom account.

Focus Group

Focus group discussions targeted youths' experiences in the program related to the program's value and impact. Participants were asked to reflect on a series of guiding questions represented in Table 2.

Center leaders were interested in understanding the TA's motivation toward developing specific life skills, and further, whether the program supported self-growth. To this end, TAs were next introduced to Google Jamboard, a digital

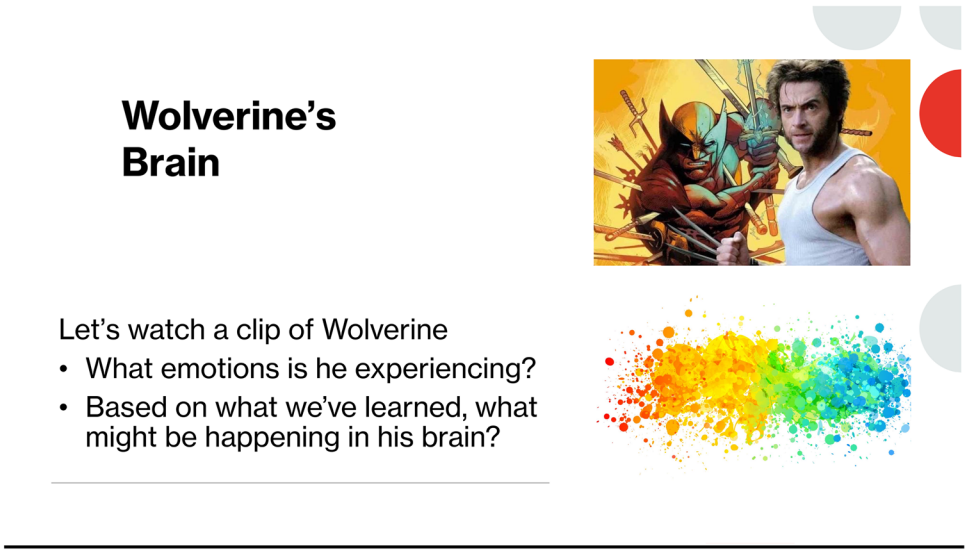

Fig. 1 Sample slide from TA community training

Table 2 Focus group protocol

Q1: What has changed in your life, if anything, (personally, family, community…) because of your engagement in this program?
Q2: In what ways, if any, did this project help you feel more invested in each other and in your community?
Q3: Knowing what you know now, how would you design an ideal program for youth to train their community on the impact of trauma?

whiteboard that allows multiple individuals to collaborate in real time. They were shown 11 different life skills (conducting research to develop a project, public speaking, problem solving, communicating, planning a project, making a difference in the community, being a leader in my community, resolving conflicts, managing stress, recognizing injustice, and advocating to combat injustice) and were asked to rank the life skills in order of value or importance to them, placing the most important one on the far-left side of the screen. After all TAs added their rankings to the Jamboard, they were asked to explain their three highest rankings and three lowest rankings. Next, TAs were asked to reorder the life skills and rank their top three and bottom three in terms of their current confidence level in those areas. Once again, they were asked to explain their three highest and lowest rankings. The final prompt for the focus group was to give two or three words/phrases about how the TA program impacted them in terms of self-growth.

Interviews

During individual interviews, participants ($n=2$) were asked to reflect on nine guiding questions represented in Table3.

Data Analysis

Coding

The focus group and interview audio recordings were transcribed by a third-party transcription service.

Codebook Development and Analysis

Interviews served as the unit of analysis and were coded to explore content. The data from the focus group ($n=1$) and individual interviews ($n=2$) were independently open coded by two researchers (AG, HC). HC is a psychologist and AG is a public health professional, and both have extensive experience coding and analyzing qualitative data pertaining to community-based research projects. The focus group and individual interviews were coded together because the individual interviews were added after completion of the focus group to the methodology to gather a more holistic view of the impact of the TA program.

Using a line-by-line reading of the interview transcripts, team members (AG and HC) developed the codes (Assarroudi et al., 2018). This iterative approach allowed the research team to identify and organize common thoughts between participants (Nowell et al., 2017). The team consistently met throughout the coding process to resolve discrepancies and ensure saturation was being met (meaning, later interviews did not generate new codes) (Saunders et al., 2018). Open coding was then reviewed with the study team and the initial codebook was developed (Table 4 in Appendix). Each code was given an explicit definition to ensure coding accuracy (Glaser & Strauss, 1967). The data was organized into three overarching codes: (1) Individual and Collective Trauma, (2) Relationships Matter, and (3) Program Impact and Value.

Table 3 Interview protocol

1.How did you get involved with the Center?
2. What is your understanding of and experience with the TA program?
3. How did you get involved with the TA program?
4. What has been your involvement in the TA program?
5. What did you know about trauma when you first got involved in the TA program?
6. Is there anything that you understand differently about trauma after having participated in the TA program? If so, what?
7. Were there any experiences you had in the TA program that were particularly positive? If yes, can you share?
8. Were there any experiences you had in the TA program that you would say were not so good/positive? If yes, can you share one of those?
9.What would you say are the most important things that you got out of the TA program?

Results

Results were based on qualitative data from the focus group, as well as interviews with one TA and program leader. It is important to note that the TA who was interviewed for this project represented the primary data source for the focus group, as he was the only TA to provide responses consistently for each of the prompts. In the presentation of our results, we integrated findings across the focus group and interviews to provide a holistic program view—from the perspectives of a youth TA and program leader—of key areas to consider in the development and implementation of trauma-informed youth empowerment programs within underserved communities. First, data supports that program participants and leaders have likely experienced and/or witnessed individual and collective trauma. Additionally, participants underscored the importance of safe, supportive relationships with adults. And finally, rich data emerged that identifies a myriad of ways that youth and their community might benefit from a program like the one described.

Individual and Collective Trauma

The program was implemented in a community of Philadelphia that has historically lacked robust trauma resources. This community is one in which many residents experience a range of traumatic and stressful life experiences. The program leader noted:

> Definitely from what I have experienced and also heard, mainly heard, folks in [neighborhood], which is where [community organization] is located, both young people and older people have experienced really tough lives systemically speaking. This area is very under resourced, high in poverty, high in crime and emphasis on lack of resources. And a necessity for food, a necessity for access to computers and notebooks and a lot of the advantages that other students may experience with more privileged backgrounds. So there is a lot of factors of class, a lot of factors of recent immigration or their parents have recently immigrated. A lot of factors of addiction. [Neighborhood] has the… highest rates of overdose. And there is just a lot of layers of systemic problems that would have and are currently contributing to trauma. [TA Program Leader (Interview)]

TAs also expressed concern about youths' exposure to traumatic and stressful life experiences:

> School shootings, mass murders, pandemics, anything that is—that can hurt someone doesn't mean that it cannot hurt teenagers or kids. I've seen kids where they—I've seen one—not I've seen, I've heard of kids through gossip where I learned that they witnessed, as a kid they witnessed their own parents murder… And we tend to just say, well, it happened, what are we going to do about it? [Trauma Ambassador (Interview)]

When asked about the type of information TAs shared with her, the program leader highlighted individual and family-level stressors:

> So a few of the, so one of the youth that I spoke to was kind of struggling with a partner he was seeing and trying to figure out how to make it work with Covid and also with different age ranges and familial backgrounds. Kind of just navigating relationship, romantic relationship. Another one of the teens was kind of the bread maker for his family. His dad was going through a lot, has been long-term going through a lot of kind of experiences with alcohol. And so a lot of the financial hardship was being placed on him. And unfortunately, [Center] had to close teaching in person so one of his stable jobs was to be teaching and actually, he aged out of that as well. So, there wasn't really the financial piece coming in. And let's see, another one of our students, he actually, he was one of our students had just taught himself English and is really doing great but also, still struggled with it. Was in college, trying to navigate that and the slides and all that… And also, one of my other students, he was held back a year, so having to retake classes. I'd say maybe three of them, I knew they were financial. I knew that there were familial problems of all sorts happening at home. [Program Leader (Interview)]

Relationships Matter

Across the conversations, the program leader and TAs highlighted the importance of developing strong relationships. The program leader expressed that, in the process of preparing the TAs for their presentations, she was able to cultivate relationships and facilitate the development of important skills:

> I think that an unforeseen growth was how much our one-on-one time contributed to our relationship and motivated them to do more in a group setting. It was me just navigating a virtual way of processing through this and so I didn't realize how important it would be to develop that one-on-one time on Zoom in order to make the group settings run smoother and be more intentional… I was able to work on the students that were working on individual slides. So, I was able to kind of develop a relationship, closer relationship with

the teams on an individual basis. [Program Leader (Interview)]

When reflecting on her ability to connect with TAs, she highlighted her prior knowledge and experience with trauma:

I have taken a plethora of psychology classes and also undergone therapy myself. So, I definitely had a basis knowledge. Granted that being said, I had forgotten a lot of the neurological science behind it. So, that was definitely a refresher. Then I'd say, I definitely, I feel like I still like learned a lot of pieces myself. Then when working with the students just kind of learning how to talk about these conversations, it was really special. [Program Leader (Interview)]

In addition, the program leader noted unique challenges when trying to navigate multiple roles with TAs:

It was my second time working with teens and so also figuring out how to navigate that as a young teacher and so like I said before, trying to create those boundaries but also trying to create a trust relationship where they feel like they can come to me. But also, not being too cool so they walk all over me. A lot of the leadership things I think were still new to me. But on the other hand, I think that they confided in me because they saw me as a young person who might be going through [similar things].
And then in the group setting, I think it came with these flaws because I think maybe she saw me as more of a peer than a boss in the setting of supervisor because then she would chat me and be like, "Oh, no. When do I start?" Or "Oh, I'm going to be late," on multiple occasions. And so then it was hard because we had to create more boundaries upon expectation. But that being said, I was the only one she was talking to so it was another sticky situation. [Program Leader (Interview)]

A TA also pointed to the importance of the safe, supportive relationships he found at the Center that enabled him to garner increased benefits from the TA program:

It was through the help of not only my girlfriend, my family, and my friends. It was also because of [center] because even though they didn't really know what was going on they did try to help me out as much as possible. At the time I didn't think that strangers would be so kind to me about that. So that's why I tend to see [center] as that kind of beacon of hope because it's a place where you'd expect that they would judge but they actually don't. Actually it's not like that you would expect them would judge, but it's that you have the fear you would be. I kind of fell in love that group. I started being more active I tried to work with them more. I tried to be more efficient. I even talked to my boss at the time [name] if she did for college advice. I asked for anything because I wanted to progress. I wanted to keep going. I took a year break to get myself together and then now we're here. I got a job that's going to finish before college, and I'm going to be going to college for three years, and then after that we'll see. [Trauma Ambassador (Interview)]

Program Impact & Value

Participants shared perspectives on the value and impact of the TA program. First, they offered that the program provided opportunities for youth to enhance their professional skills, and more specifically, public speaking. A TA shared:

I basically learned a lot of really good skills, especially public speaking because that was really one of my least strongest skills at the time… [Trauma Ambassador (Focus Group)]

He goes on to express pride in his and others' growth in this area:

The first time we did it [presented publicly], we were very, very anxious. Because we never presented in front of people before. We studied a lot, we mixed up things a lot. Little by little, we got back into the, back in sync and a lot of people really liked it. [Trauma Ambassador (Interview)]

Participants also had the opportunity to collaborate on a novel training. Together, the TA team conceived of, planned for, developed, and delivered a series of trainings to different community audiences. This process allowed for the honing of important professional skills, and resulted in positive feelings for the youth, as described by this TA:

We first brainstormed. We had, we were like, we had to see what the basic idea was going to be. The basic idea was to separate them into four categories. So there's the introduction to trauma, how the, how the brain works while in trauma, how to help against trauma, and then resources to help with that trauma. After that, we divided ourselves into different sections to find that information. I was very excited and that, and it got to the point where I sometimes went into other groups to, I guess, help out. But in reality, I was just being brilliant… And then we started combining all the work that we have done slowly. And then after we all combined it, we came to the idea of superheroes theme. So we changed it up a bit. We incorporated the idea of each person playing their superhero in their name when they were

> in SoCal. And after that, we added activities, like answering questions… well, actually one truth and two lies. We did introductions. We did a bunch of stuff to make sure that they [the audience] felt that they were involved. After that, we tested it out. We made sure that there were no spelling errors, that we had the stuff that we needed. And then after every single meeting, every single presentation, we had a meeting on how to do it better the next time. So slow, sometimes we would tweak something. Sometimes we would add things we will say, sometimes we took out things we would say. And then the final product basically blew a lot of people's minds. And not literally, hopefully. But, yeah, I was just glad that it worked out so well. Because it was something I really felt like I poured a lot of work into… [Trauma Ambassador (Interview)]

Participants made specific reference to the importance of the psychoeducation component of the program, where youth learned about the impact of trauma, stress and adversity on development, behaviors, and overall functioning. A TA shared that learning about trauma helped him to better understand his own emotions and how to cope more effectively with stress:

> So for self-growth, I've really gotten better at dealing with stress a lot, even though I earlier talked about how I was still a little bit hesitant on how to deal with stress in a sense, but I was able—I kind of felt like I was better dealing with my emotions, my anxiety, my stress and kind of—it kind of helped me get myself together in a sense. And because of the understanding of how trauma worked, I was able to understand how the—my own trauma basically impacted me and how I wasn't really letting go, and I finally was able to let go of all those insecurities, all that trauma that I basically passed by. [Trauma Ambassador (Focus Group)]

Additionally, learning about trauma enhanced his ability to communicate with others, most notably his parents, about hard things, and how this served as a springboard to a deeper, more attuned relationship:

> … I was able to basically talk to my parents about trauma itself, and to my surprise, it actually helped them understand why I was feeling—why I passed through all that, why I was feeling the way I felt. In a sense, it kind of gave us a little bit of growth and it helped us bond a little bit more because of all those times that we had to deal with that trauma. [Trauma Ambassador (Focus Group)]

This novel understanding further enhanced insight and self-compassion. The TA notes:

> But when I started studying it [trauma], I realized that I had trauma. I was surprised because I didn't think any of the stuff that I dealt with was trauma until I realized that I had the symptoms of being traumatized or something, and the more I learned the more I realized how common trauma really was and how I felt and realized that it's not being treated the way it's supposed to. It's something that you know exists, but you don't want to pay attention to. [Trauma Ambassador (Interview)]

Learning about trauma and its impact inspired youth to want to share this information with others. To do so, TAs developed their own trainings for other community stakeholders embedding key learnings into a presentation and generating opportunities for their audience to engage with the material and with each other. In preparation for a training to be provided to adolescents in the community, the TAs used a known Marvel character, Wolverine, to illustrate their learning. In the following quote, while the TA demonstrates the ability to simplify and make accessible difficult information, he also provides evidence of his own deeper understanding of the impact of trauma on the individual and the community, as well as seemingly newfound empathy for perpetrators of violence and abuse:

> Our main character that we chose was Wolverine because at the time, we felt like Wolverine was the most traumatized person due to the fact that he had to witness a lot of atrocities just because he was there conveniently. He saw—basically, he saw a lot of people die and it slowly traumatized him to the point where at times he would go out in rage. And in his rage, he will sometimes hurt the people he swore to protect. So in a way, he was kind of—something to show that that's what people who don't really pay attention to their trauma can feel. They can feel rage, they can feel like nobody wants to help them, they could feel that—they basically feel alone. [Trauma Ambassador (Interview)]

Once the TAs were able to recognize trauma in themselves and others and were learning how to teach others about trauma and its impact, they began to recognize that they were equipped with novel skills to address their own trauma and that within their community. The following in an insight shared by the TA, who expresses the need to maintain a focus on the individual's perception of the experience rather than inserting one's own perspective or judgment:

> One of the things that you should try to never do is to incorporate yourself into their trauma. You have to keep that trauma as an individual trauma. Because the moment you say, "Oh yeah, I've dealt with that too. This is how I did it." It—you're basically—in a way, you're kind of basically invalidating the trauma. You are saying that you overcame it and that him—

and that that person not being able to overcome it is weak. And nobody wants to feel weak. [Trauma Ambassador (Interview)]

He goes on to say:

But the whole idea was to tell them that every individual deals with things differently. So we can never know how they actually feel until they tell us. So it's to show that not every trauma is the same and then not all of people's experiences are the same. So it kind of helps them understand that their trauma is their trauma, not everyone else's trauma. [Trauma Ambassador (Interview)]

Here, the TA is sharing that while communities can experience a collective trauma, not all individuals in the community will respond the same way. He offers that trauma is subjective, and supportive interventions should focus on the individual perspectives and experiences.

Certain frameworks or tools used to teach about trauma resonated strongly with TAs. One TA shared a novel set of skills he learned in the trainings that support his approach with individuals who have experienced trauma. He references the 3 Rs (Perry & Dobson, 2013) and shares how he uses these as guideposts for supportive interactions with others:

So what you try to do is the three Rs, it's called regulate, relate, and reason. When you regulate, you basically put them in a—you try to put them in a place where they feel comfortable, where they feel safe, where they feel that they can actually relax. Try not to say, "Calm down, take a deep breath," try to do the motions with them, with the person. Make sure you're with that person as well. If they don't feel comfortable with you, try to get somebody they feel comfortable with because in—because I see a lot of people try to help. But if that person is not comfortable with you, you're actually making it worse. Sometimes, the best thing to do is step back and let somebody else deal with it. So it's very tricky to see how to—what your reaction should be. But once you regulate, you relate so you—this is the part where you don't speak. You just listen, you listen to what they have to say through its entirety. And once they're done, you can talk to them, you can reassure them that they're safe, you can make sure that—you can tell them that you are there for them. And once they've calm down after that, they will go to reason. We would—if they did something bad, we would explain to them what happened and why it was bad. If they did—if it was something traumatic or something that was hurting that person as a victim, we would try to explain that they're safe now and they're not in danger. [Trauma Ambassador (Interview)]

In addition to offering new skills and competencies, the TA program provided participants with hope for their own futures. The TA shares a fresh perspective that while achieving health and healing from trauma might be a long journey, both are possible:

It's important to have a healthy body but a healthy body is nothing without a …healthy mind. They're both connected in some way shape or form and they both have to be worked on. It takes time, it takes effort, and it will feel like you're like not making progress, but you actually are because it's not a matter of seeing the progress, it's a matter of feeling the progress. It's like taking exercise, there's exercises for the brain, exercises for the body. If you do those constantly, you'll have a healthy mind and a healthy body… it's important to acknowledge that you're trying and that's the point, you have to keep trying, trying and trying until what you want becomes now. [Trauma Ambassador (Interview)]

The TA recognized important changes within himself, and also witnessed positive changes in his peers as a result of the program. Here he speaks hopefully about the growth that can be achieved in the aftermath of trauma:

The most important thing is that you can change. When we all had this thing where we like at the program, many of us didn't feel that we could change. Many of us were kids who felt like they didn't fit in or felt like we couldn't be anywhere else. So we tended to bond with that. But then slowly we started being more open-minded. We started being more open to new things. And slowly, we started being more ourselves. And in a way it's the same thing with trauma as well, because a lot of people thought that trauma cannot be changed or it cannot be reverted, it cannot be helped with. But trauma is definitely something that you can revert from. You can definitely help and change from that. [Trauma Ambassador (Interview)]

This recognition that healing is possible seems to inspire a deep sense of meaning and purpose for the TA (and his peers, as referenced in the quote):

And it kind of, that's why we were so invested in it too because we wanted to show that you can change. You can be somebody better, you can move on, you can do better. And we're not saying that you have to, it's like you can… the person understands that they have the ability to do what they want to do…that's what we truly believe in our hearts, that it doesn't

> matter what you've been through, what we have done, there's always a chance of redemption. There's always a chance to move forward… It's OK to change because of other people, but the best change comes when you change yourself. [Trauma Ambassador (Interview)]

While this TA expressed hope for his own and others' futures, he also shared a new motivation to use his newfound skills and knowledge to take meaningful action in support of healing others in his community. He notes that he, like so many other kids, experienced very low moments in life, and that the trauma program has offered him hope to both prevent and mitigate trauma in others. He begins with recounting an earlier pain:

> … when I was learning about trauma, I learned of ways to help that person, of ways to deal with their insecurities, and their faults, and their shortcomings to be able to help them feel like they're not a waste of space. Because that's basically how many kids, how many of my friends felt. They felt empty. And a lot of my friends told me that they, that I seemed like I felt empty. When I was on that really bummed out time, it's been, I believe two years now since that happened. And they still remember it vividly. Because to them, I looked like a ghost. To them, I looked like I was slowly disappearing. And they told me that my personality completely changed. I went from the happy-go-looking kid that always liked talking to people, to being the kid that sits down, plays a few games with their friends, and then just leaves. That's how it felt, that's how they felt. And it's something that in a way there's ways to prevent it. But it's just that we don't notice it. And we tend to just say, well, it happened, what are we going to do about it? [Trauma Ambassador (Interview)]

He then notes how this deep connection to pain and his ability to recognize trauma in others has inspired him and his peers to take needed action on behalf of others:

> That's why we wanted to spread the information [about trauma]. Because the more people that know about [trauma], the more people can teach other people about it. And the more people that are willing to teach about it, the better we will stand as a society, in my opinion. Because we'll be able to identify things that we never could before. And once that happens, we'll be able to deal with it. We'll be able to help them deal with it. And this is a very important message that I never knew I will be spreading to other people. [Trauma Ambassador (Interview)]

This sense of youth agency and motivation to act was similarly noted by the program leader, who discusses her observation that TAs were inspired to engage in conversations with their families, friends, and peers about trauma:

> And a lot of them spoke about wanting to or even starting to have conversations with their friends about what they were learning. Having conversations with their family. And kind of learning about what their family had gone through maybe spoken or unspoken and then slowly learning how to process their self-regulation with emotions. And a lot of the topics came up about just how to better yourself. [Program Leader (Interview)]

Discussion

The TA program aimed to address a critical gap in youth programming within an underserved East North Philadelphia community that has experienced disproportionate levels of stress, violence, and trauma. The program provided quality experiences contributing to positive youth development, including enhancing life skills, communication skills, collaboration, and teamwork. Additionally, the inclusion of trauma-informed practices incorporating psychoeducation and other experiences aimed at growing trauma-specific knowledge and awareness contributed to a deeper awareness of personal trauma, as well as expanded perspectives on and conceptualization of trauma, adversity, and stress. Participants in the program were able to use their newfound understanding of trauma as a tool in their own healing, and they were motivated to use it to help others in their community.

The program was initially designed to be delivered in-person at the Center but transitioned to online delivery because of COVID-19 and the forced school and community closures. The online environment—while posing challenges—allowed the program to continue, and many positive outcomes are evident. Research supports that online programming reduces barriers to services and programs, allowing greater accessibility by diverse communities (Grist et al., 2019). Additionally, though this program did not provide therapy to youth, it did provide a space for reflection on difficult experiences and material. There is burgeoning evidence that adolescents appreciate the more informal and less intimidating feel of teletherapy, they are facile with technology and prefer it as a medium for social connection, and tele-services eliminate transportation barriers that exist for many youth (Grist et al., 2019).

The forced transition to online programming posed several challenges, including a likely impact on engagement by the youth. The wavering commitment by youth may have been a result of fatigue with online platforms after having to engage in online school throughout the day. Group leaders also noted that while many TAs were vocal and engaged in person, participants were more likely to "come and go" in the online format, and fewer voices entered the space. Attrition and engagement were also likely impacted by leadership turnover. A critical youth organizer- the person who originally recruited and convened the youth- departed from the program suddenly. Unlike the person who replaced her, she was a fluent Spanish speaker and a trusted member of the community. In addition to offering the TAs a safe, supportive, and known adult presence, she was instrumental in providing needed interpretation during the training sessions. Upon her sudden departure, the program experienced higher than usual attrition.

Our findings are consistent with previous research documenting components of high-quality youth programs. Specifically, TAs and the program leader highlighted program aspects that align with domains in the Program Quality Assessment measure (Forum for Youth Investment, 2022), a rating instrument developed to evaluate the quality of youth programs and identify staff training needs. Information from the focus group and interviews confirmed that the TA program provided opportunities for: engagement (opportunities to reflect, set goals, and make plans); interaction (opportunities to partner with adults; participate in small groups, and develop a sense of belonging); access to supportive environments (staff support youth with encouragement, staff support youth in building new skills); and participatory procedures (youth have an influence on program activities).

Our findings are also aligned with previous research focused on youth programming that aims to enhance well-being and mental health for historically marginalized and oppressed youth. Ortega et al. (2020) examined the impact of organizing to address systemic inequity on youth mental health and wellbeing. Their qualitative findings suggest both restorative and healing powers associated with the sharing of personal narratives of injustice for youth. Providing space for youth to share their stories publicly contributed to increased self-worth and hope, enhanced relationships, decreased isolation, and inspired the perception that they were making a difference in others' lives. Ortega and colleagues further found that youth feel an increased sense of belonging, and they feel a greater sense of value and purpose when they are provided opportunities to serve as leaders and organizers within their community. The TA program provided a similar space for youth to reflect on and speak about the trauma and adversity they had experienced in their homes, schools, and communities, and further offered youth an opportunity to organize and lead in unique ways within their community. Our data points to similar positive outcomes for youth, including enhanced relationships, an increased sense of agency and hopefulness for their own futures, and a greater sense of meaning and purpose. These positive outcomes could also be likened to the construct of posttraumatic growth, or the positive changes that result in the aftermath of trauma (Tedeschi & Calhoun, 2013). While most studies on this concept focus on adult populations, there is increasing evidence that youth also experience posttraumatic growth across several domains- the most relevant to the youth in our study being *new personal strengths*, *relating with others*, *enhanced appreciation for life*, and believing in *new possibilities* (Laceulle et al., 2015).

Harden and colleagues (2015) implemented and studied a youth violence prevention program, and like the TA program, incorporated trauma-informed practice principles, including the use of psychoeducation to teach youth about the impact of trauma on the individual and community. Like the participants in Harden's study, our TAs have vast experience of trauma exposure, as well as ongoing experiences of violence and trauma. Additionally, youth in both programs internalized a general understanding of trauma and how to respond, demonstrated enhanced insights about who perpetuates violence and why, and found value using their new understanding to help others.

Much like the works of Ortega et al. (2020) and Harden et al. (2015), this study also underscores the importance of adult mentorship, asserting that positive adult mentors encourage autonomy and accountability, provide opportunities for teaching and mentoring, facilitate positive youth identity development, and provide social and emotional spaces where youth safely explore aspects of their identity.

Collectively, our findings mapped on to the work of Shawn Ginwright (2018). Ginwright offers a Healing-Centered Engagement (HCE) framework as a necessary extension of the TIC movement. HCE is non-clinical, strength-based, advances a holistic view of healing, and recenters culture and identity in the healing process. The model asserts that advocacy efforts for policies and opportunities that address root causes, like lack of access to mental health care contribute to a sense of purpose, power, and control. This was evident in the words of our TAs, who provided evidence of increased insight, autonomy and hope as a result of their participation. HCE also requires attention to the well-being of the adult mentors or providers in youth-serving programs, built on the premise that provider health is central to positive community outcomes. If providers are unwell,

they cannot support others, but when providers are strong and flourishing, they can provide the kind of environment for others that promotes healing. The leader in the TA program alluded to challenges she faced navigating multiple roles and maintaining appropriate boundaries with the youth she served, a finding that is consistent with previous research on youth development programs (Chung et al., 2018). She discussed that the youth confided in her, and she pointed to the trauma-focused nature of the program as a catalyst for deeper connections, while also serving to inspire conversations about difficult experiences and emotions. Incorporating the HCE framework more fully in the planning of a program like this is suggested.

An important methodological strength of this program is that it involved a true university-community partnership, employing best practice for community-engaged research where university personnel worked alongside the community-based program leader to design and deliver the training experiences for youth. Data were elicited from multiple sources, including focus groups with TAs as well as more in-depth interviews with the program leader and TAs. These methodological strengths, coupled with the novel approach that included trauma-informed content and principles, offer important contributions to the literature on youth programming.

Several limitations are worth noting, particularly because this project was not originally designed as a research evaluation. First, results were based on a small sample size and limited data sources. Despite the limited sample, valuable information was gleaned that reflects a successful implementation of a trauma-informed resource for at-risk youth (Vasileiou et al., 2018). Second, if this project was designed as a research evaluation, it is likely that we would have obtained more data with greater specificity, including more accurate information about the degrees of English fluency of TAs, attrition and retention data, and explanations of attrition observed in the program. Finally, the approach to evaluation was limited because focus group and interviews were not designed to conduct a full program evaluation. Instead, data were collected to help the Center more fully understand the potential impact and outcomes of the TA program, as well as serve as a tool to support visioning for future initiatives; as such, questions focused mainly on program impact rather than a critique of the program approach.

As many of the issues explored in the interviews relate to the importance of addressing trauma more generally, this study provides valuable insight into what community leaders and others should consider when enacting a similarly aimed program. Moreover, this program transitioned unexpectedly to a virtual format because of the COVID-19 pandemic. One of the program leaders commented on the adverse impact this had on her ability to engage with TAs. Given this challenge, she instituted one-on-one Zoom meetings with the TAs to maintain personal connections. Given that youth may have an affinity for online programming, future studies should assess the impact of youth program implementation across in-person, hybrid, and online models. Lastly, the training program for TAs focused heavily on personal trauma and did not target community-level adversity. The program leader noted that the trauma education component of the program lacked information about community trauma and intergenerational trauma, as well as how cultures and communities protect members from the impacts of trauma. Future studies that incorporate this broader context have the potential to shape a more robust and deep reflection on trauma.

There are several critical take-aways from this work. There is ample evidence that historically marginalized and oppressed youth are the least served demographic in our health and behavioral health systems, and yet they often have complex needs associated with the trauma and stress experienced in their communities. While we work to address the barriers to care that exist for minoritized youth, we must also ensure that there are non-clinical, community-based opportunities that focus on the safety and well-being of our young people. The TAs in this study found the TA program, and especially the psychoeducation about trauma and its impact to be meaningful, even healing. Armed with new insight, knowledge, and skills the youth were motivated to engage with and teach people within and beyond their community, and they felt a renewed sense of hope for themselves and others. However, teaching this content to youth from trauma-impacted communities is inherently difficult, potentially rendering youth and leaders vulnerable as they explore difficult experiences, content, and emotions. Youth programming that seeks to introduce and explore these concepts must be developed and implemented with intention, ensuring that staff are well trained and well supported as they lead youth to new insights about themselves and their communities. Finally, youth can be powerful advocates for and drivers of community change, and yet youth are often neglected in community-level efforts. An intergenerational approach like this TA program—that incorporates the strengths and assets of adults and youth—has the potential to nurture and deepen meaningful mentorship relationships for youth, motivate them to take meaningful action to heal their community, and enhance the development of novel skills, knowledge, and insights.

Appendix

See Table 4.

Table 4 Codebook

Code	Definition
Individual and collective trauma	Quotes fall under this code if an individual discusses: Personal trauma Trauma experienced by members of the community Stories about trauma
Relationships matter	Quotes fall under this code if an individual discusses: Benefits and/or challenges of developing personal relationships Benefits and/or challenges developing professional relationships The extent to which relationships impacted their experience of the TA program
Program impact & value	Quotes fall under this code if an individual discusses: Benefits from participating or leading the program Challenges from participating or leading the program Experiences from participating or leading the program Lessons learned from participating or leading the program

Author Contributions All authors contributed to the study conception and design. Material preparation, data collection and analysis were performed by Drs. Felter, DiDonato and Chung, as well as Ms. Guth. The first draft and all subsequent versions of the manuscript were written by all authors. All authors read and approved the final manuscript.

Funding The partner agency received funding from the Philadelphia Collaborative for Health Equity to launch the TA Program. Drs. Felter and DiDonato were collaborators on the grant and received limited release time to execute the project and research study. The authors have no relevant financial or non-financial interests to disclose.

Declarations

Conflict of interest On behalf of all authors, the corresponding author states that there is no conflict of interest.

Ethical Approval This research study was approved by the Thomas Jefferson University Institutional Review Board.

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