Literature Review:
A Trauma-Informed Approach to Working with Vulnerable Youth Online

Faisa Mohamud
Research Assistant
University of Toronto

Betsy Milne
Research Assistant
University of Toronto

Faye Mishna
Professor
University of Toronto
Margaret & Wallace McCain Chair in Child & Family

June 2020

Table of Contents

Introduction

The mental health of Canadians has been significantly negatively impacted by the COVID-19 pandemic (Angus Reid Institute, 2020). In April, half of the 1,900 Canadians surveyed by the Angus Reid Institute reported that their mental health has worsened, with 10% reporting that it has worsened "a lot" (Angus Reid Institute, 2020). During this time when Canadians are being told to stay home, a Statistics Canada web panel survey found that "one in 10 women is very or extremely concerned about the possibility of violence in the home" (Government of Canada, 2020a). More specifically, young women between the ages of 15 and 24 "were significantly more likely to report that they were very or extremely anxious about the possibility of violence in the home" (Government of Canada, 2020b). Kids Help Phone has seen a 112% increase in demand for services, with 24% of this increased demand related to physical violence in the home, further highlighting the vulnerability of Canadian youth (Miller, 2020). Compounding this vulnerability, the sudden switch to digital technologies has further increased the potential for cyber-based violence (Blanchfield, 2020) and cyber dating violence, whereby abusive partners can control, stalk, or discredit their partners over texts, social media, or mobile Apps (Ragavan et al., 2020). As physical distancing measures have disrupted the social supports and services that help to reduce this violence (Ragavan et a., 2020), there is an increasing need to find alternative strategies to support vulnerable youth.

In April 2020, the Ontario government provided $12 million of emergency funding for the expansion of online and virtual mental health supports in April (Government of Ontario, 2020). While offering online support services may eliminate or reduce barriers to access for some individuals during COVID-19, it is important for service providers to maintain an awareness that the home environment is not a safe space for all service users (Dimond et al., 2011), physically and/or emotionally. Moreover, not all service users will be able to access or participate in online supports due to limited resources or lack of privacy (Tran et al., 2020). Marginalized youth living in "socially toxic" environments characterized by systemic barriers, such as community violence, discrimination and poverty, may experience symptoms of trauma, such as emotional distress and feelings of helplessness, which are likely further exacerbated by the current health pandemic (Bulanda & Byro Johnson, 2016). Given the mental health implications of COVID-19 for young Canadians thus far, it is increasingly important to consider how trauma-informed online services can be made accessible to vulnerable youth.

Trauma-Informed Care

Adults who have experienced childhood trauma make up the majority of individuals who seek or require support from clinical services (Knight, 2015). The growing knowledge on the commonality of trauma impacting the lives of individuals who access mental health and social support services has resulted in a shift towards agencies and programs becoming "trauma-informed" (Bulanda & Byro Johnson, 2016). Trauma-informed care is guided by core principles, including trauma awareness, safety, trustworthiness, collaboration, and connection (BC Provincial Mental Health and Substance Use Planning Council, 2013; NCTSN, 2008; SAMHSA, 2014). Trauma-informed services incorporate an awareness of the prevalence and impact of trauma on clients into all aspects of service provision (BC Provincial Mental Health & Substance Use Planning Council, 2013; Levenson, 2017). Furthermore, the practice of trauma-informed care involves service providers recognizing that service users may have experienced trauma in their lives and understanding the various ways through which they may cope with the trauma (Levenson, 2017; Miller, 2019).

Being trauma-informed prepares service providers to situate clients' presenting problems within the context that clients may have had prior experiences with trauma, and to focus on developing a safe and supportive relationship and environment (Knight, 2015). Central to trauma-informed care is the principle that services take place in physically, emotionally and culturally safe environments for both clients and service providers (BC Provincial Mental Health & Substance Use Planning Council, 2013; NCTSN, 2008; SAMHSA, 2014). Specifically, applying a cultural lens to trauma-informed care is important since understanding trauma and approaches to healing is informed by cultural contexts (Bulanda & Byro Johnson, 2016). Organizations can establish safety and trustworthiness by hosting service users in calm and non-threatening physical spaces, and through incorporating predictability and consistency into service delivery (BC Provincial Mental Health & Substance Use Planning Council, 2013; SAMHSA, 2014). Importantly, service providers can foster choice and collaboration by viewing the helping relationship as a collaboration, which combines their professional knowledge with clients' expertise about their own lives (Levenson, 2017; Tompkins & Neale, 2018). Power can be shared by working together to establish goals and treatment plans and engaging clients in program evaluation (BC Provincial Mental Health & Substance Use Planning Council, 2013; Chadwick Trauma-Informed Systems Project, 2013).

Trauma-Informed Approaches in Working with Youth

The literature on trauma-informed approaches in working with youth emphasizes the importance of incorporating the core principles of trauma-informed care into service delivery (Bulanda & Byro Johnson, 2016; Miller, 2019). Bulanda and Byro Johnson (2016) report that youth with trauma histories "tend to overestimate risk to their psychological and physical safety and are thus at risk for being triggered" (p. 306). It is therefore recommended that service providers engaging in trauma-informed practice with youth intentionally create safe spaces and ensure that services are strengths-based (Bulanda & Byro Johnson, 2016).

When working with underage populations of youth/children, service providers must "balance the safety of minors while creating spaces that are confidential for adolescents to share experiences with their provider" (Miller, 2019, p. e274). In establishing trustworthiness, it is critical that service providers obtain informed consent from the youth, which includes clearly explaining the limits to confidentiality, and that service providers honour their privacy (Miller, 2019). Similarly, in respecting youth's autonomy and partnering in decision-making, service providers can support the building of strengths and skills (Bulanda & Byro Johnson, 2016).

It is important to note that youth rarely seek support for their personal problems and they are more likely to informally seek support, for example from friends, than turn to professional supports (Alleyne-Green et al., 2015; Hedge et al., 2017; Moore et al., 2015). The stigma associated with dating violence presents a barrier for youth, as they may think it was their own fault or worry that others will assume that they some-how caused the violence (Moore et al., 2015). For youth experiencing dating violence or suicidal ideation, the fear of their family members or friends learning about their problems prevents them from seeking support (Alleyne-Green et al., 2015). Other factors inhibiting youth experiencing dating violence from accessing support include privacy concerns, negative attitudes about seeking support, low self-awareness related to needed support, and lack of knowledge about available services (Alleyne-Green et al., 2015; Ashley & Foshee, 2005; Hedge et al., 2017). Since youth are not likely to seek help, increased screening of youth for dating violence in healthcare and school settings and increasing community awareness about available youth supports could help mitigate barriers to access (Ashley & Foshee, 2005; Hedge et al., 2017; Moore et al., 2015).

Online Mental Health Services

Online therapy, also referred to as e-therapy or internet counselling, involves any type of therapeutic interaction between mental health professionals and their clients through an online setting (Morin, 2020; Rochlen et al., 2004). Online therapy can be asynchronous, such as via e-mail or text whereby communication occurs with either party having time to respond, or it can be synchronous, occurring in real time through video communications (Morin, 2020; Rochlen et al., 2004). While in-person services may seem to be the best option of service-delivery, research shows that benefits of online therapy include convenience, increased access, and decreased inhibition (Rochlen et al., 2004; Tarzia, May, et al., 2016). According to a preliminary study examining the efficacy of Talkspace, an American text-based psychotherapy service that is accessible to Canadians, 90% of service-users reported improved psychological well-being (Hull, 2015). Importantly, research indicates that the therapeutic alliance can be developed online in a manner that is comparable or equal to face-to-face therapy (Goldstein & Glueck, 2015). Bambling and colleagues (2008) report that youth accessing online counselling support demonstrated decreased emotional intensity and greater assertiveness, which positively impacted treatment because both the service providers and youth were able to communicate clearly about complex issues. Although research demonstrates that youth use the internet to search for mental health information and that they report feeling comfortable in doing so, the effectiveness of online mental health interventions for youth is not well documented (Clarke et al., 2015).

For some women experiencing intimate partner violence (IPV), the internet can provide a safer space that reduces the fear of being judged or rejected in-person (Dimond et al., 2011). Moreover, an online approach can decrease the social risk of seeking support and increase disclosure of difficult thoughts and feelings (Dimond et al., 2011). Importantly, online interventions help to eliminate or reduce barriers to service for individuals who are fearful of accessing supports in person, who are living with disabilities, or who live in rural areas (Constantino et al., 2015; Finn & Banach, 2000; Tarzia, Murray, et al., 2016). For example, Ontario's tele-mental health service attempts to address access barriers in Ontario by providing "children and youth in rural, remote and underserved communities with access to specialized mental health" (Ministry of Children and Youth Services, 2016). This service is available in 35 communities that were identified as having the greatest need in the province and is available to children and youth who are already involved with mental health services (Ministry of Children and Youth Services, 2016).

Telephone or online support services, such as Kids Help Phone and Good2Talk offer anonymous as well as confidential phone or online counselling and do not request identifying information unless clients seek referrals (Good2Talk, 2020; Kids Help Phone, n.d.). Online mental health services available to youth in Canada, such as WES for Youth Online and LGBT Youthline, offer counselling support for youth with a variety of presenting concerns, including dating violence (LGBT Youthline, n.d.; WES for Youth Online, 2018).

Considerations in Working with Vulnerable Youth Online

It is important that service providers maintain an awareness of the ways in which the COVID-19 health pandemic has compounded inequities for youth already experiencing marginalization. Some youth may not have access to a private space in their home where they can participate in online services. Furthermore, youth may be at greater risk of their abusive family members or partners observing them as they participate (Ford-Gilboe et al., 2017). Rather than assuming that all clients have equitable access to the supports offered online, it is essential that service providers collaboratively explore which methods of online intervention are feasible for each client. Providing options for service delivery (e.g., text, video, or telephone), constitutes a strengths-based, trauma-informed approach as it offers youth personal control and collaboration in their treatment process (Agosti et al., 2013; SAMSHA, 2014). In addition, to enhance privacy, the website should have a 'quick escape' bar option to allow users to immediately exit and return to a homepage, such as Google (Hegarty et al., 2015).

A common concern regarding online therapy includes confidentiality as technology is "not a secure form of communication" (Van Sickle, 2017). Goldstein and Glueck (2015) report that establishing trustworthiness with youth "often require[s] reassurance that the same privacy rules apply" for online sessions. Youth may need to be reassured that their sessions will not be recorded, posted online, or shared with their caregivers (Seager van Dyk et al., 2020). Service providers are directed to recommend that clients use personal devices and to remind them that public computers are not private (Constantino et al., 2015; Koziol-McLain et al., 2015). Another recommendation is to inform clients that their e-mails, messages, or browser history can be viewed by anyone who has access to their personal device, including their parent(s), partner or friends (Finn & Banach, 2000). It is further suggested that youth have access to a safe and secure e-mail account for which only they have access to the password for the account (Koziol-McLain et al., 2015).

To mitigate the risk of their online activity being monitored, for example by a family member or abusive partner, it is imperative that youth are encouraged to use a trusted device and that they are provided resources about safe internet use (Glass et al., 2015). Safe internet use practices include opening a website in 'incognito mode' and deleting the browser history afterwards (Ford-Gilboe et al., 2017). Additionally, service providers should consider discussing with youth whether others have access to their mobile phone, computer or other device (Betteridge, 2012). If there is a risk that others will access their devices, service providers should consider putting in place steps to verify the identity of the youth. This might be particularly useful when switching between formats, e.g. from video chat to email correspondence with clients (Van Sickle, 2017).

In addition to assessing for barriers to access, service providers should develop new strategies to ensure the physical and psychological safety of youth. In particular, youth presenting with high-risk needs may not be appropriate for online services, unless they are concurrently connected to other supports (Hassija & Gray, 2011). As online services may be the only option during this health pandemic, because individuals are encouraged to maintain physical distance, it is essential that service providers assess for suicidality and work with youth to develop a safety plan if necessary (Ford-Gilboe et al., 2017). It is helpful for the service provider to implement a communication strategy in which youth identifies their preferred form of contact, as well as a contact person who they trust to pass on a message if the service provider cannot reach them (Koziol-McLain et al., 2015). In preparing for online service, it is necessary to support youth in identifying safe places where they can participate in the online intervention, which can be especially problematic during COVID-19. It is critical that this be a place where abusive family members or partners cannot observe the youth as they participate (Ford-Gilboe et al., 2017). To prepare for losing internet connection during online service delivery, service providers should collaborate with youth in developing a back-up plan (Hassija & Gray, 2011). Finally, to help create a feeling of safety and trustworthiness in their online sessions, service providers should give youth clear information and offer predictable sessions, check in when session content might cause distress for the youth, and incorporate a debrief at the end of each session (BC Provincial Mental Health & Substance Use Planning Council, 2013; Ford-Gilboe et al., 2017).

Conclusion

Applying the principles of trauma-informed care to working with vulnerable youth online can support service providers in assessing barriers to access and ensuring that services can be accessed confidentially and safely (SAMSHA, 2014; Seager van Dyk et al., 2020). This is particularly pertinent during COVID-19. Canadians report their mental health worsening and young women between the ages of 15 and 24 are more likely to worry about the possibility of experiencing violence in the home (Government of Canada, 2020b). The existing literature on trauma-informed care in working with youth generally and online can inform the ways in which services providers support this population during the current pandemic.

References

Alleyne-Green, B., Fernandes, G., & Clark, T. T. (2015). Help-seeking behaviors among a sample of urban adolescents with a history of dating violence and suicide ideations. *Vulnerable Children and Youth Studies*, *10*(1), 1–11. https://doi.org/10.1080/17450128.2014.945629

Agosti, J., Conradi, L., Halladay Goldman, J., and Langan, H. (2013). *Using trauma-informed child welfare practice to improve placement stability breakthrough series collaborative: Promising practices and lessons learned.* Los Angeles, CA and Durham, NC: National Center for Child Traumatic Stress.

Angus Reid Institute. (2020, April 27). *Worry, gratitude & boredom: As COVID-19 affects mental, financial health, who fares better; who is worse?* http://angusreid.org/covid19-mental-health/

Ashley, O. S., & Foshee, V. A. (2005). Adolescent help-seeking for dating violence: Prevalence, sociodemographic correlates, and sources of help. *Journal of Adolescent Health*, *36*(1), 25–31. https://doi.org/10.1016/j.jadohealth.2003.12.014

Bambling, M., King, R., Reid, W., & Wegner, K. (2008). Online counselling: The experience of counsellors providing synchronous single-session counselling to young people. *Counselling and Psychotherapy Research*, *8*(2), 110–116. https://doi.org/10.1080/14733140802055011

BC Provincial Mental Health and Substance Use Planning Council. (2013). *Trauma-informed practice guide*. http://bccewh.bc.ca/wp-content/uploads/2012/05/2013_TIP-Guide.pdf

Betteridge, L. (2012). Practice notes: Communication technology & ethical practice: Evolving issues in a changing landscape. *Perspective.*

Bulanda, J., & Byro Johnson, T. (2016). A trauma-informed model for empowerment programs targeting vulnerable youth. *Child and Adolescent Social Work Journal*, *33*(4), 303–312. https://doi.org/10.1007/s10560-015-0427-z

Chadwick Trauma-Informed Systems Project. (2013). *Guidelines for applying a trauma lens to a child welfare practice model* (1st ed.). San Diego, CA: Chadwick Center for Children and Families. Retrieved January 27, 2017, from http://www.chadwickcenter.org.

Clarke, A. M., Kuosmanen, T., & Barry, M. M. (2015). A systematic review of online youth mental health promotion and prevention interventions. *Journal of Youth and Adolescence*, *44*(1), 90–113. https://doi.org/10.1007/s10964-014-0165-0

Constantino, R. E., Braxter, B., Ren, D., Burroughs, J. D., Doswell, W. M., Wu, L., Hwang, J. G., Klem, M. L., Joshi, J. B. D., & Greene, W. B. (2015). Comparing online with face-to-face HELPP intervention in women experiencing intimate partner violence. *Issues in Mental Health Nursing*, *36*(6), 430–438. https://doi.org/10.3109/01612840.2014.991049

Dimond, J. P., Fiesler, C., & Bruckman, A. S. (2011). Domestic violence and information communication technologies. *Interacting with Computers*, *23*(5), 413–421. https://doi.org/10.1016/j.intcom.2011.04.006

Finn, J., & Banach, M. (2000). Victimization online: The downside of seeking human services for women on the internet. *CyberPsychology & Behavior*, *3*(5), 785–796. https://doi.org/10.1089/10949310050191764

Ford-Gilboe, M., Varcoe, C., Scott-Storey, K., Wuest, J., Case, J., Currie, L. M., Glass, N., Hodgins, M., MacMillan, H., Perrin, N., & Wathen, C. N. (2017). A tailored online safety and health intervention for women experiencing intimate partner violence: The iCAN Plan 4 Safety randomized controlled trial protocol. *BMC Public Health*, *17*(1), 1–12. https://doi.org/10.1186/s12889-017-4143-9

Glass, N., Clough, A., Case, J., Hanson, G., Barnes-Hoyt, J., Waterbury, A., Alhusen, J., Ehrensaft, M., Grace, K. T., & Perrin, N. (2015). A safety app to respond to dating violence for college women and their friends: The MyPlan study randomized controlled trial protocol. *BMC Public Health*, *15*(1), 871. https://doi.org/10.1186/s12889-015-2191-6

Goldstein, F., & Glueck, D. (2015). Developing rapport and therapeutic alliance during telemental health sessions with children and adolescents. *Journal of Child and Adolescent Psychopharmacology*, *26*(3), 204–211. https://doi.org/10.1089/cap.2015.0022

Good2Talk. (2020). Good2Talk. https://good2talk.ca/

Government of Canada, S. C. (2020a, April 8). *The daily — Canadian perspectives survey series 1: Impacts of COVID-19*. https://www150.statcan.gc.ca/n1/daily-quotidien/200408/dq200408c-eng.htm

Government of Canada, S. C. (2020b, April 23). *The daily — impacts of COVID-19 on Canadians: First results from crowdsourcing*. https://www150.statcan.gc.ca/n1/daily-quotidien/200423/dq200423a-eng.htm

Government of Ontario. (2020, April 2). *Ontario Increasing Mental Health Support During COVID-19*. Newsroom. https://news.ontario.ca/opo/en/2020/04/ontario-increasing-mental-health-support-during-covid-19.html

Hassija, C., & Gray, M. J. (2011). The effectiveness and feasibility of videoconferencing technology to provide evidence-based treatment to rural domestic violence and sexual assault populations. *Telemedicine and E-Health*, *17*(4), 309–315. https://doi.org/10.1089/tmj.2010.0147

Hedge, J. M., Sianko, N., & McDonell, J. R. (2017). Professional Help-Seeking for Adolescent Dating Violence in the Rural South: The Role of Social Support and Informal Help-Seeking. *Violence Against Women*, *23*(12), 1442–1461. https://doi.org/10.1177/1077801216662342

Hegarty, K., Tarzia, L., Murray, E., Valpied, J., Humphreys, C., Taft, A., Gold, L., & Glass, N. (2015). Protocol for a randomised controlled trial of a web-based healthy relationship tool and safety decision aid for women experiencing domestic violence (I-DECIDE). *BMC Public Health*, *15*(1), 736. https://doi.org/10.1186/s12889-015-2072-z

Hull, T. D. (2015). *A preliminary study of Talkspace's text-based psychotherapy*. Columbia University. https://www.talkspace.com/online-therapy/wp-content/uploads/2015/06/Talkspace-Preliminary-Research-Study.pdf

Kids Help Phone. (n.d.). *Your privacy*. Kids Help Phone. Retrieved May 30, 2020, from https://kidshelpphone.ca/service-privacy-policy/

Knight, C. (2015). Trauma-informed social work practice: Practice considerations and challenges. *Clinical Social Work Journal*, *43*, 25–37. http://dx.doi.org/10.1007/s10615-014-0481-6

Koziol-McLain, J., Vandal, A. C., Nada-Raja, S., Wilson, D., Glass, N. E., Eden, K. B., McLean, C., Dobbs, T., & Case, J. (2015). A web-based intervention for abused women: The New Zealand isafe randomised controlled trial protocol. *BMC Public Health*, *15*(1), 56. https://doi.org/10.1186/s12889-015-1395-0

Levenson, J. (2017). Trauma-informed social work practice. *Social Work*, *62*(2), 105–113. https://doi.org/10.1093/sw/swx001

LGBT Youtline. (n.d.). Get Support: Ways We Support. Retrieved May 30, 2020, from https://www.youthline.ca/get-support/ways-we-support/

Miller, E. (2019). Trauma-informed approaches to adolescent relationship abuse and sexual violence prevention. *Pediatric Annals*, *48*(7), e274–e279. https://doi.org/10.3928/19382359-20190617-01

Miller, J. (2020, April 12). Mental health is declining during the COVID-19 outbreak; service providers are nearing a breaking point. *The Star*. https://www.thestar.com/news/gta/2020/04/12/mental-health-is-declining-during-the-covid-19-outbreak-service-providers-are-nearing-a-breaking-point.html

Ministry of Children and Youth Services. (2016, May 17). *Ministry of children and youth services*. Ontario's Mental Health and Addictions Strategy - New Services and Supports; Government of Ontario, Ministry of Children and Youth Services, Communications and Marketing Branch. http://www.children.gov.on.ca/htdocs/English/professionals/specialneeds/mentalhealth/services.aspx

Moore, A., Sargenton, K. M., Ferranti, D., & Gonzalez-Guarda, R. M. (2015). Adolescent Dating Violence: Supports and Barriers in Accessing Services. *Journal of Community Health Nursing*, *32*(1), 39–52. https://doi.org/10.1080/07370016.2015.991668

Morin, A. (2020). *Teenagers using online therapy for treatment*. Verywell Family. https://www.verywellfamily.com/online-therapy-for-teenagers-4134833

National Child Traumatic Stress Network (NCTSN) (2008). *Trauma-informed interventions: Sanctuary Model*. Retrieved December 2, 2016, from http://www.nctsnet.org/nctsn_assets/pdfs/promising practices/Sanctuary_General.pdf.

Rochlen, A. B., Zack, J. S., & Speyer, C. (2004). Online therapy: Review of relevant definitions, debates, and current empirical support. *Journal of Clinical Psychology*, *60*(3), 269–283. https://doi.org/10.1002/jclp.10263

Seager van Dyk, I., Kroll, J., Martinez, R., Emerson, N., & Bursch, B. (2020). *COVID-19 tips: Building rapport with youth via telehealth*. https://doi.org/10.13140/RG.2.2.23293.10727

Substance Abuse and Mental Health Services Administration (SAMHSA). (July 2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach*. HHS Publication No. (SMA)14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Tarzia, L., May, C., & Hegarty, K. (2016). Assessing the feasibility of a web-based domestic violence intervention using chronic disease frameworks: Reducing the burden of 'treatment' and promoting capacity for action in women abused by a partner. *BMC Women's Health*, *16*(1), 73. https://doi.org/10.1186/s12905-016-0352-0

Tarzia, L., Murray, E., Humphreys, C., Glass, N., Taft, A., Valpied, J., & Hegarty, K. (2016). I-decide: An online intervention drawing on the psychosocial readiness model for women experiencing domestic violence. *Women's Health Issues*, *26*(2), 208–216. https://doi.org/10.1016/j.whi.2015.07.011

Tompkins, C. N. E., & Neale, J. (2018). Delivering trauma-informed treatment in a women-only residential rehabilitation service: Qualitative study. Drugs: Education, Prevention and Policy, 25(1), 47–55. https:// doi.org/10.1080/09687637.2016.1235135

Tran, N. T., Tappis, H., Spilotros, N., Krause, S., & Knaster, S. (2020). Not a luxury: A call to maintain sexual and reproductive health in humanitarian and fragile settings during the COVID-19 pandemic. The Lancet Global Health, 0(0). https://doi.org/10.1016/S2214-109X(20)30190-X

Van Sickle, C. (2017). *Practice notes: Professional and ethical: Communication technology practices and policies for a digital world*. Ontario College of Social Workers and Social Service Workers. Retrieved May 17, 2020, from https://www.ocswssw.org/wp-content/uploads/2014/11/PN-Communication_ Technology_Practices_Policies_for_Digital_World.pdf

WES for Youth Online. (2018). Online Counselling. https://wesforyouthonline.ca/online-counselling/