

Predictors of symptom severity and change among youth in trauma-informed residential care

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Abstract

Background

Trauma-informed residential care is an intensive intervention setting for youth, but research on its effectiveness is limited and yields mixed findings.

Objectives

The study aims were to; 1) evaluate change over time of mental health (MH) symptoms over 21 months of trauma-informed residential care, and 2) examine the influence of demographic and risk factor variables (e.g. age, gender, trauma and placement history) on baseline symptoms and treatment response.

Participants

A sample of 547 youth ages 12 to 18 in trauma-informed residential care (*M* age = 15.84 (*SD* = 1.56), 43.2% male) were examined, with notable attrition over the study period.

Method

Latent curve analysis (LCA) was used to estimate MH symptom severity at intake and change during 21 months (8 assessments total, intake and every 3 months) of care.

Results

Trauma-informed residential care was associated with significant reductions in symptoms of PTSD ($d = -0.76$), depression ($d = -0.59$), dissociation ($d = -0.60$), psychological dysregulation ($d = -0.94$), and externalizing ($d = -0.31$), but not internalizing ($d = 0.01$) problems. Females had greater symptoms at intake across multiple indicators and showed equivalent or greater treatment response than males, although both groups improved. Neither cumulative trauma nor previous placement were associated with attenuated treatment response, but trauma history was positively associated with severity of multiple clinical measures at intake.

Conclusions

Trauma-informed residential treatment can lead to reductions in clinical symptoms, even among multiply trauma-impacted youth. The extent of youth's trauma history did not negatively influence treatment response.