ESSENTIAL ELEMENTS OF A TRAUMA-INFORMED JUVENILE JUSTICE SYSTEM

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Mental Health and Juvenile Justice Collaborative for Change

National Center for Mental Health and Juvenile Justice

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Mental Health and Juvenile Justice Collaborative for Change

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HOUSEKEEPING ITEMS

- We are using WebEx technology for this presentation. If you experience technical issues during the webinar, please use the chat feature to ask for help.
- This webinar is scheduled for 90 minutes and will include three presentations.
- To submit questions, please use the Q&A feature. If time allows, the presenters will respond to questions at the end of the webinar.
- The recording of this webinar, along with the PowerPoint slides and new content on trauma and the juvenile justice system, will be posted on the Collaborative for Change website cfc.ncmhjj.com.

TRAUMA AND JUVENILE JUSTICE

- Each year, millions of children are exposed to violence in their homes, schools and communities
- Left unaddressed, these experiences can lead to mental and substance use disorders, school failure, increased risk taking, and delinquency
- Majority of youth in the juvenile justice system have experienced traumatic events and serious adversity
- To achieve better outcomes for these youth, juvenile justice professionals should:
  - understand the role exposure to violence plays in the lives of these youth
  - develop policies that reflect this knowledge
  - employ interventions that address the traumatic stress

TODAY'S WEBINAR

- Provide an overview of:
  - Evidence-based strategies for identifying and responding to youth in need of trauma-informed services
  - Opportunities to foster a more trauma-informed juvenile justice staff
  - Mechanisms for integrating a trauma-informed model into juvenile justice policies and practice

PRESENTERS

- Julian Ford, Professor, Department of Psychiatry at UConn Health
- Keith Cruise, Associate Professor, Department of Psychology at Fordham University
- Chris Branson, Assistant Professor of Psychiatry at Mount Sinai School of Medicine, Mount Sinai St. Luke's Hospital

TRAUMA INFORMED JUVENILE JUSTICE SYSTEMS: OPPORTUNITIES AND CHALLENGES

Julian D. Ford, Ph.D.
University of Connecticut School of Medicine, Center for Trauma Recovery and Juvenile Justice

YOUTH IN THE JUVENILE JUSTICE SYSTEM

- 60-90% estimated to have trauma histories
  - Girls: 33-50% have been sexually assaulted/abused
  - Both Genders: ~50% have been traumatically assaulted

- 10-27% in U.S
  - Girls = Boys in risk of developing PTSD
  - PTSD two to eight times greater prevalence than for youth who are not involved in the Juvenile Justice System

TYPES OF POTENTIALLY TRAUMATIC VICTIMIZATION

- -Sexual abuse
- -Physical abuse
- -Neglect
- -Emotional abuse
- -Verbal abuse
- -Bullying
- -Dating Violence
- -Witnessing Murder
- -Community Violence
- -Hate Crimes
- -Loss of Home

-War
-Torture
-Terrorism
-Rape/Sexual Coercion
-Kidnapping
-Assault/Mugging
-Robbery
-Ethnic Cleansing
-Property Destruction
-Witnessing Family Violence
-Repeated Out of Home Placement

MULTIPLE TYPES OF TRAUMATIC VICTIMIZATION

- Nationally representative sample of 2,030 U.S. children, 22% had 4+ types of victimization in past year (Finkelhor, Ormrod, and Turner, 2007)
- Nationally representative sample of 3351 U.S. teens, 8% had on average 5-10 (of 24 possible) types of victimization lifetime (Ford, Elhai, Connor, & Frueh, 2010)
- Polyvictimized children and youth are at a high risk for delinquency, substance abuse, depression

THE TOLL THAT POST-TRAUMATIC SURVIVAL COPING TAKES ON POLY-VICTIMIZED CHILDREN'S LIVES

- Delinquent affiliations, attitudes, acts (including gang membership)
- School absence, suspension, dis-engagement, retention, drop-out
- Sensation seeking and coping via substance use, other risky behavior
- Depression, shame, hopelessness, self-as-damaged, self-harm, suicide
- Volatile, enmeshed, victimizing and /or enabling /rescuing relationships
- High risk of contact with law enforcement and juvenile justice

BEHAVIOR/EMOTIONAL PROBLEMS ASSOCIATED W/ TRAUMATIC POLY-VICTIMIZATION: COMPLEX PTSD

- -Reactive Aggression
- -Delinquency
- -Delinquent Peer Affiliations
- -School Problems/Failure
- -Impulsivity
- -Oppositionality
- -Defiance
- -Withdrawal/Isolation
- -Addictions
- -Non-suicidal Self-harm
- -Reckless/Extreme Risk Taking

-Unresolved Grief

-Suicidality

-Depression

-Panic

-Obssessions/Compulsions

-Sexual Problems

-Eating Problems

-Sleep Problems

-Self-blame/hatred and Shame

-Hopelessness

THE COMMON DENOMINATOR IN ALL FORMS OF ADOLESCENT POST-TRAUMATIC BEHAVIORAL AND EMOTIONAL PROBLEMS

Chronic Survival Coping

Hypervigilance (Distrustful/On Edge)

Reactive Aggression (Overt or Covert)

Hopelessness Masked as Indifference

POSTTRAUMATIC STRESS > BRAIN SHIFTS FROM LEARNING TO SURVIVAL MODE

- Can't stop and think past immediate problem or opportunity
- Can't let go of grudges/resentments
- Can't set/stick with goals
- Can't trust, especially people who are caregivers
- Can't tell who is trustworthy, relationally promiscuous
- Too stressed/bored/tired to think clearly
- Too angry to remember to use anger management skills!

"PROS" OF TRAUMA-INFORMED JUVENILE JUSTICE SYSTEMS

- Universal precautions (before survival coping becomes permanent way of life) for:
  - Youths, Intergenerational Families, Communities
  - Adults in the System Affected by Vicarious Trauma

- Anticipatory Guidance: Practical knowledge & skills to regain/sustain safe/respectful conduct
  - Enables youths and families to self-regulate
  - Enhances workforce effectiveness, safety, retention

POTENTIAL "CONS" OF TRAUMA-INFORMED JUVENILE JUSTICE SYSTEMS

- Iatrogenic/Unintended Harm of Assessment and Treatment: trauma screening/assessment may lead to "net widening" and alienation if not followed by meaningful rehabilitation services

- Prosecution: trauma history or symptoms can be used against the youth in court decisions

- Economics: educating/equipping personnel & supervisors with knowledge/skills takes time

THE BOTTOM LINE: WHY INVEST IN TRAUMA-INFORMED JUVENILE JUSTICE SYSTEMS?

- Public Safety: Children and communities are safer
- Public Health: Children and communities healthier
- Education: Everyone accesses their learning brain
- Economics: Reducing frequency/duration and severity of youth justice system-involvement increases lifetime productivity and decreases burden of crime/violence-related costs borne by local and national government, schools, healthcare providers, businesses, and families

WHAT CONSTITUTE TRAUMA-INFORMED SERVICES FOR JUSTICE-INVOLVED YOUTH?

- Universal precautions: Screening

- Example: MAYSI-2 + Structured Trauma-Related Experiences & Symptoms Screener (STRESS)
  - 25 potentially traumatic/adverse childhood events
  - 22 PTSD Symptoms (incl. affect dysreg, dissociation)
  - 3 domains of impairment (peers, school, family)

EVIDENCE BASED AND PROMISING INTERVENTIONS FOR TRAUMATIZED YOUTH IN JUVENILE JUSTICE

- TARGET: Trauma Affect Regulation: Guide for Education and Therapy with Adolescents
  - Trauma and Grief Components Therapy for Adolescents (TGCT-A)
  - Cognitive Processing Therapy for Adolescents (CPT-A)

Trauma Affect Regulation: Guide for Education & Therapy

TARGET

ADVANCED TRAUMA SOLUTIONS, INC.

TARGET

TRAUMA AFFECT REGULATION:
GUIDE FOR EDUCATION & THERAPY

T4 — Re-Setting the Alarm in 4 Steps

T4 is an adaptation of TARGET that has been shown to be effective in group, milieu, and family interventions with justice-involved youth:

- ## Four Steps to Self-Regulation

1. Notice Alarm Reactions
2. Recognize Triggers
3. Focus (SOS)
4. Choose your Goal: Reactive or MAIN?

TARGET

TRAUMA AFFECT REGULATION:
GUIDE FOR EDUCATION & THERAPY

T4 - TARGET in 4 Steps

TARGET

TRAUMA AFFECT REGULATION:
GUIDE FOR EDUCATION & THERAPY

TARGET© Outcome Studies

Randomized Clinical Trial Effectiveness Studies

1. Frisman, L. K., Ford, J. D., Lin, H., Mallon, S., & Chang, R. (2008). Outcomes of trauma treatment using the TARGET model. *Journal of Groups in Addiction and Recovery, 3,* 285-303.

2. Ford, J. D., Steinberg, K., & Zhang, W. (2011). A randomized clinical trial comparing affect regulation and social problem-solving psychotherapies for mothers with victimization-related PTSD. *Behavior Therapy, 42,* 661-578.

3. Ford, J. D., Steinberg, K., Hawke, J., Levine, J., & Zhang, W. (2012). Randomized trial comparison of emotion regulation and relational psychotherapies for PTSD with girls involved in delinquency. *Journal of Clinical Child and Adolescent Psychology, 41,* 27-37.

4. Ford, J. D., Chang, R., Levine, J., & Zhang, W. (2013). Randomized clinical trial comparing affect regulation and supportive group therapies for victim-ization-related PTSD with incarcerated women. *Behavior Therapy, 44,* 262-276.

TARGET Juvenile Justice Secure Mental Health Program Field Study

- 74 JJ youth inpatient mental health secure facility consecutive admits (25% minority; 89% male). 5 units randomized: TARGET v. Usual Care

- TARGET (implemented January 2008) -> 50% fewer dangerous incidents, 50% less use of seclusion, no change in use of physical disciplinary responses

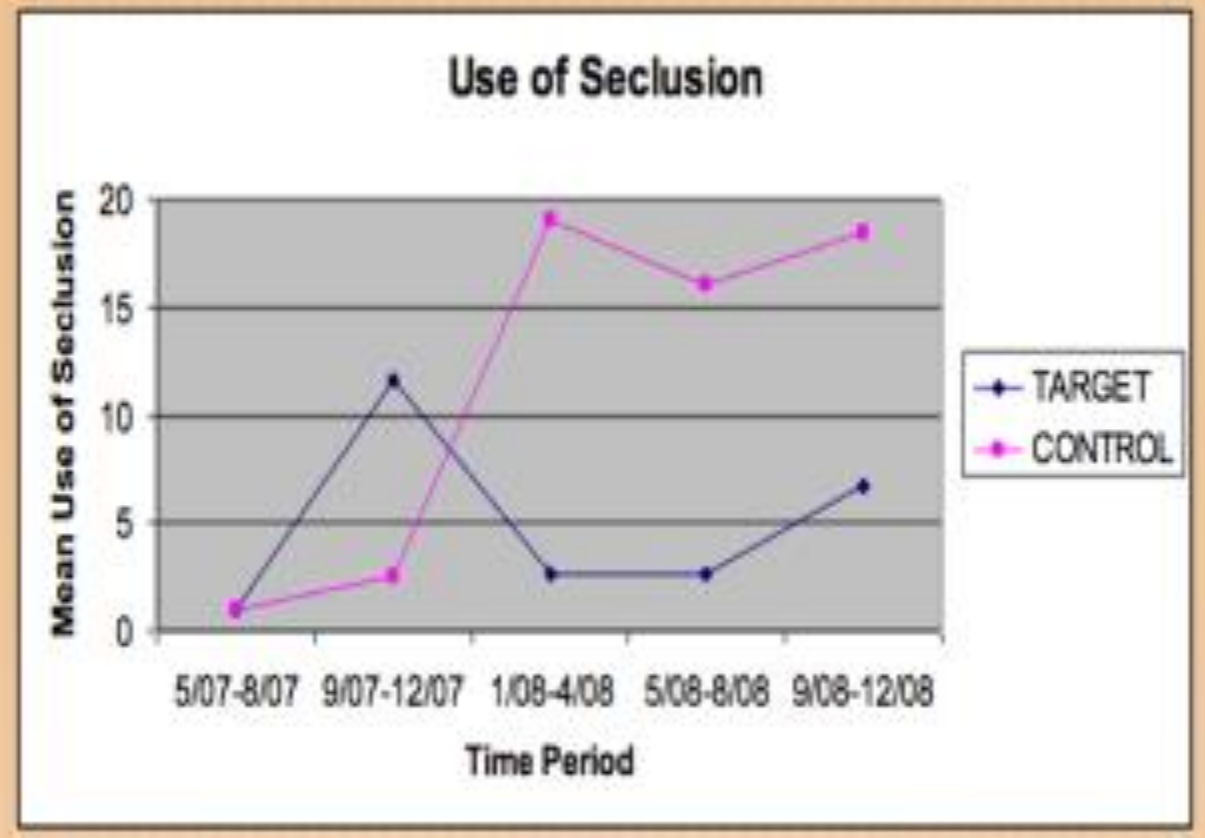
- Versus: Usual Care -> 300-400% increase dangerous incidents, seclusion, physical disciplinary responses

- TARGET > UC ($p<.01$-$.05$) reduced depression, higher hope/self-efficacy and satisfaction with services.

TARGET

TRAUMA AFFECT REGULATION:
GUIDE FOR EDUCATION & THERAPY

Use of Seclusion



TARGET

TRAUMA AFFECT REGULATION:

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TARGET CT Juvenile Detention Study

- 394 Juvenile Detention admissions (75% minorities; 91% male; 21% full/partial PTSD)
- 50% receive TARGET 50% receive Usual Services

- For each group TARGET session received in the first week:
  - 54% fewer dangerous incidents in 2-week stay ($p < .001$)
  - 72 minutes less seclusion in 2-week stay ($p < .001$)

- Recidivism decreased ($p < .001$) in TARGET vs. Usual Services

TARGET
TRAUMA AFFECT REGULATION:
GUIDE FOR EDUCATION & THERAPY

TAKE HOME MESSAGE

- Attorney General's Task Force on Children Exposed to Violence Recommendations for Juvenile Justice Systems
- Make trauma-informed screening, assessment, and care the standard in juvenile justice services.
- Develop and implement policies in every school system across the country that aim to keep children in school rather than relying on policies that lead to suspension and expulsion and ultimately drive children into the juvenile justice system.
- Help, don't punish, girls, LGBTQ youth, youth of color, and child victims of sexual trafficking who enter justice systems.

TRAUMA SCREENING AND ASSESSMENT IN JUVENILE JUSTICE

Keith Cruise, PhD, MLS
Associate Professor, Co-Director, Clinical-Forensic Specialization, Department of Psychology, Fordham University

OVERVIEW

- Distinguish screening from assessment
- Describe current trauma screening practices
- Provide examples of promising practices in screening/assessment

TRAUMA-INFORMED PERSPECTIVE AND LINKAGE OF JJ

- Routinely screen for trauma exposure and related symptoms
- Partner with families to reduce the potential traumatic experiences of justice involvement
- Collaborate across systems to enhance continuity of care
- Create a trauma-responsive environment of care
- Reduce racial and ethnic disparities and address disparate treatment of minority youth

NCTSN; Dierkhising, Ko, & Goldman, 2013

SCREENING

- Used with every youth at the initial point of system contact (e.g., detention, probation-intake)
- Identifies youths who might have the characteristic in question (e.g., mental health disorder)
- Sorts youth into two categories
  - Very unlikely to have behavioral health needs
  - Another group that might have behavioral health needs, so….assess
- In the context of risk, screening will provide a cursory risk level without explanation about what is driving the youth's behavior

ASSESSMENT

- Follow-up on youth "screened in," to make decisions about individualized need for interventions such
  - Mental Health Treatment
  - Substance Abuse Treatment
  - Trauma-specific Treatment

- Assessments are used for service delivery and treatment planning – post-disposition, custody settings, aftercare

Trauma Screening	Trauma Assessment
Universal	Targeted
Cost-effective	Comprehensive
Descriptive	Diagnostic
Can be conducted by non-clinicians	Requires a trained mental health professional
Can be implemented at initial system contact	Involves referral for psychological assessment
Used to determine whether referral for assessment is indicated	Used to formulate a case conceptualization and treatment plan, monitor progress, evaluate outcomes, and detect/prevent adverse reactions
Can guide trauma-informed and trauma-responsive programming and procedures	

(Kerig, Ford, & Olafson, 2014)

GOOD SCREENING PRACTICES ARE . . .

- Based on a tool designed for use with the population (e.g., juvenile justice youth)
- Have research support of "reliability" and "validity" of scores/decision-rules
- Administered and scored based on standardized procedures to support uniformity in system response
- Conducted at intake
- Supported by policies that facilitate communication and protect confidentiality of results

(Williams, 2007)

WHY SCREEN FOR TRAUMA?

- Number and type of potential traumatic event exposures has important implications for behavioral and mental health functioning (Becker & Kerig, 2011; Kerig et al., 2009; Stimmel et al., 2013)

- There are limitation to reliance on the MAYSI-2 TE scale in identifying youth at risk for PTSD (Kerig et al. 2011)

- Follow-up data from detained youth suggest only a small percentage (< 10%) received community-based treatment despite high rates of disorder (see Teplin et al., 2013)

THREE DIMENSIONS OF TRAUMA SCREENING/ASSESSMENT

- Decision Steps
  - Trauma-informed screens should flag youth in need of further comprehensive assessments
  - The more comprehensive assessment should then determine the need for trauma-specific interventions

- Dimensions
  - Exposure to potentially traumatizing events
  - Whether youth displays current symptoms consistent with PTSD
  - Whether youth meets formal diagnostic criteria for PTSD

(Kerig, 2013)

TRAUMA EXPOSURE "SCREENS"

- Adverse Child Experiences Scale (ACES)
- Rapid Assessment of Pediatric Psychological Trauma (RAPPT)
- Traumatic Events Screening Inventory for Children (TESI-C)
- Juvenile Victimization Questionnaire (JVQ)
- Childhood Trust Events Survey (CTES)
- MAYSI-2 Traumatic Experiences Scale (MAYSI-2 TE)

POSTTRAUMATIC STRESS SYMPTOM "SCREENS"

- UCLA PTSD Reaction Index for Children/Adolescents – DSM-5
- Structured Trauma-Related Experiences and Symptoms Screener (STRESS)

SOME IMPORTANT CONSIDERATIONS

- Event exposure screens will have limited utility (e.g., no link to PTSD symptoms); may not cover the range of exposures relevant to justice-involved youth
- Just because "Screen" is in the name does not mean there is relevant research testing the tool as a screen
- Exposure + Symptoms tools more often tested as brief assessments – not screens

QUESTIONS TO CONSIDER WHEN IMPLEMENTING TRAUMA SCREENS IN JJ

- What is the goal of screening?
- What is the system's readiness to implement screening?
- Who will see the screening and how will information be utilized?
- What capacities are available for post-screening clinical consultation?
- What resources are available for comprehensive assessment referrals?

TRAUMA TRAINING FOR JUVENILE JUSTICE PROFESSIONALS

Christopher Branson, PhD
Center for Child Trauma & Resilience, Mount Sinai School of Medicine

OVERVIEW

- Essential elements of a trauma-informed JJ system
- Rationale for focusing on Workforce Development
- Areas of focus for workforce development
- Available models
- Tips and Potential Barriers
- Real-life Case Example: NYC

WHAT MAKES A SYSTEM TRAUMA-INFORMED? SAMHSA'S 4 R'S

- Realizes the impact of trauma on clients and staff
- Recognizes the signs of trauma
- Responds to client and staff trauma
- Resists Re-traumatizing

WHY FOCUS ON WORKFORCE DEVELOPMENT?

- To achieve the 4 R's, we need all juvenile justice professionals to be knowledgeable about child trauma
- Many common practices in juvenile justice system may re-traumatize youth & families →worse outcomes
- Staff well-being contributes to positive youth outcomes

AREAS TO COVER IN STAFF TRAINING

- Knowledge and skills
- Impact of trauma on youth development & delinquency
- Trauma triggers
- Recognizing signs of trauma reactions
- Safety planning/de-escalation
- Skills for working with traumatized youth
- Vicarious Trauma

AVAILABLE TRAINING MODELS

- Think Trauma
- TARGET 1,2,3,4 (T4)
- THRIVE TIAA
- STAIR
- Sanctuary
- ARC

CONSIDERATIONS & CHALLENGES

- Train all but tailor based type of agency & staff
- How to support staff learning/implementation of trauma-informed practices beyond the initial training?
- New policies to support creation of trauma-informed agencies/systems
- Gaining staff buy-in
  - Trauma-informed practices may appear to conflict with traditional "law and order" mindset
  - "Flavor of the month"

CASE EXAMPLE: BRINGING TRAUMA-INFORMED CHANGE TO NYC

- 5 agencies (probation, corrections, drug court, 2 diversion programs)
- Staff Training:
  - ALL STAFF - Think Trauma
  - FRONT-LINE STAFF – T4 for engaging/de-escalating youth
  - INTAKE STAFF - Trauma screening/assessment
  - CLINICAL STAFF - Trauma-informed group therapy (TARGET)
- Work with Leaders on trauma-informed policy changes to:
  - Reduce/replace harsh disciplinary strategies
  - Prevent Vicarious trauma
- Next Steps – target court staff
  - NCTSN Judge's Bench Card & Attorney resource

TRAUMA-INFORMED PRACTICE IN ACTION

- Scenario #1: Probation officer discussing youth non-compliance with court mandates
- Scenario #2: Judge and Prosecutor trying to engage youth in discussion
- Scenario #3: Correctional officer trying to de-escalate agitated youth

CLOSING THOUGHTS

- Trauma-informed care is coming to JJ!
- Trauma-informed care offers benefits for all stakeholders
- Need for systems-wide approach

FOR QUESTIONS OR ADDITIONAL INFORMATION

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