Understanding Trauma in the Context of Juvenile Justice Systems

A Q&A with Dr. Isaiah Pickens of the National Center for Child Traumatic Stress

These questions were submitted as part of Q&A session during a National Center for Mental Health and Juvenile Justice webinar on Understanding Trauma in the Context of Juvenile Justice Systems, supported by the Office of Juvenile Justice and Delinquency Prevention as part of the Defending Childhood State Policy Initiative. Time did not allow all submitted questions to be answered during the webinar. Those that weren’t answered live are listed below. A recording, transcript, and slides from this webinar are available at: http://www.ncmhjj.com/resources/understanding-trauma-context-juvenile-justice-systems/

Q: Can you share an approach to prevent the continuous extreme abuse from occurring in communities where it is most prevalent?
A: The Recommendations from the Attorney General’s National Task Force on children exposed to violence include several recommendations to create safe and nurturing homes and to address community violence. The report can be accessed at https://www.justice.gov/defendingchildhood/cev-rpt-full.pdf.

Q: Please discuss options to share with parents to help prevent abuse from happening to children
A: Abuse can occur in the home for several reasons. One of the main reasons is because parents have a limited skill set for disciplining children and/or limited understanding of the impact of abuse on children. Increased understanding of children social-emotional development, incorporating positive reinforcement as a behavior management strategy, and helping parents better regulate their emotional response to situations. When abuse is suspected from a spouse or individual other than the parent then parents should inquire directly about suspected abuse using open-ended questions and engaging in healthy monitoring of children when it is not readily clear that abuse is occurring. A host of resources are available from the National Child Traumatic Stress Network: http://www.nctsn.org/resources/public-awareness/national-child-abuse-prevention-month#q1

Q: How would anyone ever go back & change these ingrained attitudes influenced by trauma?
A: It can be difficult to tackle attitudes that promote feelings of shame, worthlessness, or extreme anger caused by trauma, but healing often begins by helping individuals understand the impact trauma has
had on their perspective of themselves and worldview. Treatment provides support for this process by helping a person with ingrained perspectives caused by trauma learn new skills to manage traumatic stress reactions and shift worldviews. The National Child Traumatic Stress Network’s 12 Core Concepts for Understanding Traumatic Stress Responses in Families provides deeper insight into changing these attitudes: [http://nctsn.org/resources/audiences/parents-caregivers/what-is-cts/12-core-concepts](http://nctsn.org/resources/audiences/parents-caregivers/what-is-cts/12-core-concepts)

Q: Please share how to best provide care for children who have reoccurring trauma caused by the environment
A: One of the first tasks of a trauma-informed approach is to re-establish a sense of safety. This can be difficult in neighborhoods where community violence and other traumas are pervasive. Bolstering children’s resilience by supporting their ability to problem solve through stressful situations, learn skills to cope with overwhelming emotions, and creating healthy outlets for them to express feeling unsafe and receive social support are ways adults can support youth who have experienced trauma. Additionally, being aware of traumatic stress reactions and seeking support such as professional treatment instead of responding to these stress reactions solely as “bad behavior” will help youth manage ongoing stress and traumatic experiences in their lives. Find more resources related to community violence here: [http://www.nctsn.org/trauma-types/community-violence](http://www.nctsn.org/trauma-types/community-violence)

Q: Can this information be shared with other professionals (school, therapy, medical) and natural supports? This is valuable information for understanding these youth.
A: Several national organizations including the National Center for Mental Health and Juvenile Justice, the National Child Traumatic Stress Network, and the National Council for Juvenile and Family Court Judges provide a host of resources to support professionals working with youth who have experienced trauma.

Q: We speak with many ex-offenders coming out of prison with PTSD due to prison life who went in prison with trauma related issue- possibly which led them to crime- how is this being addressed?
A: Many ex-offenders are at increased risks for mental health challenges, with rates of trauma exposure among juvenile offenders estimated at 90%. The chief tool used to aid ex-offenders is through the transition planning process. Generally, mental health professionals and case managers working with inmates attempt to plan their discharge by coordinating with a community based service provider agreeing to provide services for the inmate upon release. Here’s an article discussing how this practice can potentially support the mental health needs of offenders: [http://canatx.org/rrt_new/professionals/articles/OSHER%20ET%20AL.-REENTRY%20FROM%20JAILS.pdf](http://canatx.org/rrt_new/professionals/articles/OSHER%20ET%20AL.-REENTRY%20FROM%20JAILS.pdf)

If searching for resources in your community, it is likely best to connect with the transition planning team at the prison that will soon discharge the inmate and/or connect with probation services or court services to identify resources within your community. An example of a transitional planning resource in California is: [http://www.cdcr.ca.gov/Parole/Mental-Health-Services-Continuum-Program.html](http://www.cdcr.ca.gov/Parole/Mental-Health-Services-Continuum-Program.html)
Q: Strategies for helping schools to be patient with children who are hyper aroused and lack coping skills? They often threaten this child with additional trauma of an out of home placement. Any suggestions would be appreciated.

A: There is significant momentum for creating trauma-informed schools. In situations similar to the one you describe, it feels natural to think of punitive measures to control the youth’s behavior but often this results in short-term adherence to requests and triggering traumatic stress reactions. Five key tips that my team developed for teachers to create a safer class environment for managing traumatic stress reactions in the classroom include:

1. Set expectations from the beginning of the school year and each day by establishing rules and creating a structure that helps the student feel safe.
2. Identify triggers (trauma reminders) and stress reactions. Do your best to remove those that help the student learn how to manage them.
3. Create a calming/safety zone that includes signs of different emotional responses for the student to identify when getting upset and directions/tools for self-soothing (i.e. breathing exercises, progressive muscle relaxation, stress balls, weighted blankets, coloring etc.)
4. Practice calming behaviors in non-crisis situations and refer to these calming behaviors when a youth is first triggered (before the student is in crisis).
5. Create a safe environment for communication by explaining that your intent is to keep the child safe before communicating penalties for their behavior.

For more resources for educators, visit the National Child Traumatic Stress Network’s Educator’s Toolkit: http://www.nctsn.org/resources/audiences/school-personnel/trauma-toolkit

Q: Could you speak trainings for staff managing vicarious trauma.
A: A two-hour component of the Think Trauma Training provides specific strategies on vicarious trauma and corrections fatigue. Learn more about this program here: http://www.nctsn.org/products/think-trauma-training-staff-juvenile-justice-residential-settings Additionally, the Office for Victims of Crime Training and Technical Assistance Center offers a 2-day interactive training on Compassion Fatigue/Vicarious Trauma. Learn more here: https://www.ovcttac.gov/views/TrainingMaterials/dspCompassionFatigueTraining.cfm

Q: What are the main funding sources that were bundled together for the "Defending childhood state policy initiative?" Were VOCA funds used?
A: The three state teams have looked at several different funding streams as part of their efforts. The most common funding stream focused on across the three states is Medicaid. State have also looked at existing child welfare funding streams, the role of private health insurance, and budgets that support training efforts across professions. While none of the current states are focused on VOCA funds, new federal guidance on VOCA funding defines children exposed to violence as children who have been
subject to child abuse. This explicit inclusion of children exposed to violence provides an enormous opportunity to use VOCA funding to meet a wide range of direct service needs of these youth, as well as opportunity to support the training and interagency coordination necessary to effectively serve this population.

Q: What are the long term effects of trauma on clients that have been sexually abused and have abandonment issues that have been diagnosed with PTSD

A: While people can respond in a variety of ways when experiencing any trauma, we do see increased rates of self-harm behavior, dissociation, depression, and substance use when sexual abuse and the resulting traumatic stress reactions are untreated. Additionally, feelings of shame, guilt, and anger are common responses an individual can have in the aftermath of sexual abuse. Learn more about sexual abuse here: http://www.nctsn.org/trauma-types/sexual-abuse

Q: Any comments or recommendations for School Resource Officers dealing with youth whose families may have had traumatic experiences with law enforcement?

A: A recent movement among the law enforcement community is to provide training for SROs related to trauma and other developmentally-sensitive issue related to the youth they protect. A great training is “Training Principles of Policing the Teen Brain” provided by Strategies for Youth. Learn more here: http://strategiesforyouth.org/for-police/training/. The National Center for Mental Health and Juvenile Justice also offers an Adolescent Mental Health training for School Resource Officers.

A couple of practical tips include focusing on communicating your desire to keep kids safe beyond just keeping them “in line”, connect with kids in non-crisis situations to facilitate relationship building that can mitigate challenges when crises arise, and always ask “what happened to this kid” instead of “what is wrong with this kid” to help you start thinking of ways to connect with the kid and his/her family in a manner that supports developing skills to prevent the problem in the future.

Q: Would you say that cultural sensitivity is a key factor in treating trauma in children/youth?

A: Cultural sensitivity is tremendously important because it helps the recipient of support trust the person or institution offering support. Further, when we employ cultural sensitivity into our development of trauma-informed practices it can reduce the inherent power differential between the person offering support through evidence-based practices and the recipient by having the humility to acknowledge that an individual’s experience can support their healing process. SAMHSA outlines this in their trauma-informed approach as principle number 6: http://www.samhsa.gov/nctic/trauma-interventions A great intervention that integrates the experiences of Black and Latino youth is the Power Source program: http://lionheart.org/youth_at_risk/the-power-source-program/ This group-based cognitive-behavioral and mindfulness based program uses the story of youth to help guide youth to healing.
Q: Please talk a bit about trauma informed legal representation and how juvenile court attorneys in the delinquency system can infuse advocacy around trauma into their overall arguments on behalf of youth in court.
A: There are a few important trauma-informed practices attorneys can integrate into their practice. The first is to request a screening and assessment (if the assessment is deemed necessary based on the trauma) for your client to facilitate trauma-informed services and treatment when indicated. This both supports youth addressing issues that may have contributed to their criminal activity and provides options for diversion programs if that is being considered. Second is to be aware of youth traumatic stress reactions or trauma reminders/triggers. Often reactions such as “zoning out” or “skipping appointments” or “outright defiance” are perceived as disinterest or apathy when they may be traumatic stress reactions that are triggered by the type of interactions (particularly when attorneys require youth to recount traumatic experiences without acknowledgment that this may be difficult for the youth). Third, take care of yourself. Vicarious traumatization is common among attorneys and it is hard to be an advocate for someone else when you are emotionally overwhelmed or having difficulty managing your personal and professional responsibilities. The National Child Traumatic Stress Network has partnered with American Bar Association to develop a resource for attorneys related to trauma. While that resource is forthcoming, currently a resource for judges are available that may benefit attorneys as well: http://www.nctsn.org/sites/default/files/assets/pdfs/judge_bench_cards_final.pdf

Q: I think many of us listening to the webinar are on board with many of the ideas you have discussed -- what you are ideas on getting buy in from staff who do not buy into the impacts of trauma?
A: Three main ways to gain buy-in from staff: 1) show that trauma-informed practices work, 2) engage champions for trauma-informed practices in implementation, 3) make staff self-care a priority. When working in juvenile justice setting in NYC, we incorporated a train-the-trainer model in which mental health providers trained direct-care staff to provide the training. Having their colleagues train them increased buy-in and allowed the very skilled staff to share their skillset with others while being a champion for trauma-informed practices. However, it was difficult to sustain staff engagement with implementation when they were constantly inundated with crises that led to overworked staff. Prioritizing supportive supervision, professional development, and structured activities for staff to use with youth (or other clients/inmates) supports buy-in. When these two conditions are met, it makes it easier to implement trauma-informed practices with fidelity and achieve #1: show that trauma-informed practices work.

Q: Is there a cite or research source for the information about mindfulness and meditation?
A: There is a growing body of research on mindfulness impact. A recent meta-analysis by Sarah Zoogman and her colleagues shows that mindfulness is particularly helpful for youth experiencing clinical symptoms: https://mindfulnessinschools.org/wp-content/uploads/2013/09/zoogman.pdf A great
intervention being integrated in many settings is Mindfulness Based Stress Reduction (MBSR). Developed by Jon Kabat Zinn at the University of Massachusetts, it is an evidence-based approach to integrating mindfulness into your work setting: http://www.umassmed.edu/cfm/ There are several other trainings available for MBSR online and regionally that can be searched via the internet.

Q: Much of this information is applicable across all settings however could you folks consider a similar training for juveniles not committed or detained i.e. probation living in their own homes...
A: The National Center for Mental Health and Juvenile Justice published a guide to the Key Elements to Developing a Trauma-Informed Juvenile Justice Diversion Program for Youth with Behavioral Health Conditions. You can access that publication at http://www.ncmhjj.com/wp-content/uploads/2016/01/traumadoc012216-reduced-003.pdf. In addition, we will consider this request for future work on this topic.

Q: Do you recommend that a juvenile be evaluated for any trauma during intake?
A: Given the high rates of trauma among justice-involved youth, we do generally recommend evaluation in order to engage trauma-informed support early in the engagement process. However, informed consent should be provided to ensure the youth understands how their responses will be used and if any information will be shared with the court. A great resource for better understanding this process was developed by National Child Traumatic Stress Network: http://www.nctsn.org/sites/default/files/assets/pdfs/assessing_trauma_in_jj_2014.pdf

Q: What is an ideal role for the juvenile defense attorney, particularly where the symptoms of trauma are so clear and the attorney does make certain ‘promises’ of aid/assistances/resources (with good intention) in order to get the child to be able to really instruct counsel.
A: Traumatic experiences can result in traumatic stress reactions that make youth hyper-vigilant to potential threats, including dishonesty from others. It is often best to resist making promises to youth and instead authentically communicate the realistic extent of your support and empowering the youth to make the best decision. Trauma can also undermine a person’s sense of control. Ensuring that the information or options provided to youth are communicated in a developmentally appropriate manner, while being mindful of potential traumatic stress reactions and reminders best position youth to feel safe when working with the juvenile defense attorney. It is important to be an advocate for your client’s needs, but also it is helpful when attorneys can engage trauma-informed resources to provide adequate counsel for youth. Seek defense social workers, or other practitioners who are not automatically required to report to the court, who can provide screening, assessment, and treatment whenever possible. The rules of ethics dictate that the defense attorney be the gatekeeper of any information that might be potentially harmful to the client. Refer to earlier attorney question for further resources.
Q: Can you speak about the difficulty in assessment of disorders that 'mimic' PTSD-like symptoms such as ADHD or ODD, or even CD?
A: Historically, many of the behaviors exhibited by juvenile offenders have been attributed to conduct-based problems while negating the impact of traumatic life experiences on behavior (http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2538725/). There is increased awareness of this issue and screening for trauma is a common practice for the intake process of many youth. A couple of key tools to ensure this is not occurring is to have validated screening and assessment measures, explore the function of behavior and not just the manifestation of it, and use multiple informants to gather information instead of solely relying on a single source and self-report that may not accurately show how the youth is responding to their environment.

Q: Are you familiar with some of the work being done with PTSD recovery thru American Indian/Alaskan Native Sweatlodge, Smokehouse, and water Ceremonies? They have good outcomes for adults and youth.
A: I am not directly familiar with this work, but thanks for introducing it to me. At the National Child Traumatic Stress Network we do work with the Native American communities and have provided resources that are available at: http://www.nctsn.org/resources/topics/culture-and-trauma

Q: Many of the juveniles we deal with refuse to cooperate in/with recommended services: biopsychosocial evaluations, substance abuse evaluations, counseling/therapy and other treatment. How would you encourage and/or enforce their involvement/compliance with this?
A: This is very difficult, but assessment occurs in the context of a relationship. Even if the relationship is a very brief encounter, the juvenile has to trust the service provider or perceive value in the service being provided. While many are averse to positive reinforcement in the juvenile justice system, this can be a powerful tool for building a relationship while also further engaging the youth in an activity. This may involve a few extra minutes of recreation, a new responsibility that they youth was hoping to have (such as distributing the snacks when that time arrives during the day), or simply being mindful of verbal affirmations that support the youth engaging. Another important consideration is ensuring that the services are adequately explained to youth and the benefit is understood. Sometimes it is assumed that the youth will inherently understand the benefit of services, but that is not necessarily the case. Finally, using a trauma-informed approach consider flexibility with administration of services. Hyper-arousal, avoidance or a number of other traumatic stress reactions may make it difficult for juveniles to complete treatment when peers are around (so group modality may not be best initially) or have trouble concentrating for extended periods of time. Being mindful of these reactions and as much as possible helping juveniles manage them. Alternatively, it is important to have structure and clearly outline the expectations to ensure the child knows the parameters that s/he is working within and how those parameters will be enforced (with an understanding that flexibility may be required and communicated to the youth, but what is agreed upon is enforced consistently).