The Path to a Trauma Informed Juvenile Probation Department

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Multiple Traumas and Losses

• Most youth involved with the juvenile justice system have experienced multiple traumas, often beginning in early childhood, and recurring over a long period of time.

• Many experienced trauma at the hands of those who were supposed to protect them.

• This chronic trauma can derail physical, emotional, and social development. Chronic trauma influences the way youth think, feel, behave, and interact with others. It influences the way they see the world.
Juvenile Justice System Enhancement Strategy
Four Stages of Implementation

Stage One
Readiness

Stage Two
Initiation

Stage Three
Behavioral Change

Stage Four
Refinement
### Stages of Implementation

<table>
<thead>
<tr>
<th>Stage One: Readiness</th>
<th>Stage Two: Initiation</th>
<th>Stage Three: Behavioral Change</th>
<th>Stage Four: Refinement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intro to EBP Training</td>
<td>Motivational Interviewing</td>
<td>Skill Building and Tools</td>
<td>Policy Alignment</td>
</tr>
<tr>
<td>✓ Organizational Readiness</td>
<td>✓ Structured Decision Making</td>
<td>✓ Cognitive Behavioral Interventions</td>
<td>✓ Performance Measures</td>
</tr>
<tr>
<td>✓ Cost-Benefit Analysis</td>
<td>✓ Detention Assessment</td>
<td>✓ Responsivity</td>
<td>✓ EBP Service Contracts</td>
</tr>
<tr>
<td>✓ Stakeholder Engagement</td>
<td>✓ MAYSI-2 Screen</td>
<td>✓ Evidence Based Programming and Interventions</td>
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<tr>
<td></td>
<td>✓ YLS Risk/Needs Assessment</td>
<td>✓ Service Provider Alignment</td>
<td></td>
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<td></td>
<td>✓ Inter-Rater Reliability</td>
<td>✓ Standardized Program Evaluation Protocol (SPEP)</td>
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<td></td>
<td>✓ Case Plan Development</td>
<td>✓ Graduated Responses</td>
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2014
Formed Trauma Workgroup
A juvenile justice organization is trauma-informed...

When it establishes—at every level in the organization—a culture that:

(1) recognizes the adverse effects of trauma on youth, families, and staff;

(2) requires and supports operational practices that consistently prevent further traumatization; and

(3) supports healing and recovery of all trauma-affected individuals in the organization
The change involves all aspects of program activities, setting and atmosphere (more than adding new services)

The change involves all groups: administrators, supervisors, line staff, consumers, families (more than direct service providers)

It involves changing to a new routine, a new way of thinking and a new way of acting (more than new information)
Challenges to Implementation

- Staff Buy-in
- Perceived loss of power can be threatening
- Change is difficult
- Expenditures of agency resources: training costs, administration and staff time
Staff Trauma Training Highlights
## Household Dysfunction

<table>
<thead>
<tr>
<th></th>
<th>Kaiser Permanente</th>
<th>Florida JJ</th>
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</thead>
<tbody>
<tr>
<td>Substance Abuse</td>
<td>27%</td>
<td>27%</td>
</tr>
<tr>
<td>Parental Separation /Divorce</td>
<td>23%</td>
<td>81%</td>
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<tr>
<td>Mental Illness</td>
<td>19%</td>
<td>10%</td>
</tr>
<tr>
<td>Battered Mother</td>
<td>13%</td>
<td>83%</td>
</tr>
<tr>
<td>Incarcerated Household Member</td>
<td>5%</td>
<td>60%</td>
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</table>

## Abuse

<table>
<thead>
<tr>
<th></th>
<th>Kaiser Permanente</th>
<th>Florida JJ</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychological Abuse</td>
<td>11%</td>
<td>35%</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>28%</td>
<td>34%</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>21%</td>
<td>19%</td>
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</table>

## Neglect

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<thead>
<tr>
<th></th>
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<th>Florida JJ</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional Neglect</td>
<td>15%</td>
<td>35%</td>
</tr>
<tr>
<td>Physical Neglect</td>
<td>10%</td>
<td>15%</td>
</tr>
</tbody>
</table>
The Learning Brain
The Survival Brain

- Hypothalamus
- Pituitary gland
- Amygdala
- Hippocampus
Fight, Flee, or Freeze (to protect)

- Hypothalamus
- Hippocampus
- Breathing rate increases
- Heart rate and blood pressure increase
- Release of adrenaline and cortisol
The “Overactive Alarm”

Amygdala becomes “irritable”, increasingly sensitive to triggers.

Triggering stimulus

Prefrontal Cortex
Frontal lobes shut down or decrease activity to ensure instinctive responding.

Thalamus
Ability to perceive new information decreases.

(Restak, 1988)
Development’s Missing Stairs

When children endure multiple traumatic events over long periods of time they are especially likely to have multiple gaps in their development.
Impact of Abuse on Learning

• 30% of abused children have some type of language or cognitive impairment

• Over 50% of abused children struggle in school. Including poor attendance and misconduct

• Over 22% of abused children have a learning disorder

• Approximately 25% of abused children will require special education services

(National Child Traumatic Stress Network)
Trauma Triggers

Things, events, situations, places, sensations, and even people that a youth consciously or unconsciously connects with a traumatic event.
Potentially Traumatizing Events in JJ Settings

• Seclusion
• Restraint
• Routine room confinement
• Strip searches/pat downs
• Placement on suicide status
• Observing physical altercations
• Fear of being attacked by other youth
• Separation from caregivers/community
Common Diagnoses
Given to children/adults with histories of childhood trauma:

- Attention deficit hyperactivity disorder
- Oppositional defiant disorder
- Conduct disorder
- Bipolar disorder
- Reactive attachment disorder
- Major Depression

These diagnoses generally do not capture the full extent of the developmental impact of trauma.
Coping Strategies

A coping strategy is a behavior individuals use consciously or unconsciously to tolerate adversity, disadvantage, or disability without correcting or eliminating the underlying condition.

- Can be positive or negative
- Are adaptive in a traumatic situation
- Can be maladaptive when the situation changes
“Male child with an ACE score of 6 has a 4600% increase in likelihood of later becoming an IV drug user when compared to a male child with an ACE score of 0. “

Might drugs be used for the relief of profound anguish dating back to childhood experiences? Might it be the best coping device that an individual can find?” (Felitti, 1998)
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The Attorney General’s Task Force on Children Exposed to Violence Recommendation for Juvenile Justice Systems:

Make trauma-informed screening, assessment, and care the standard in juvenile justice services.
Why Screen for Traumatic Stress?

- Identifies youth who have traumatic stress symptoms that may have contributed to their offending and may interfere with their success in court-ordered programming

- Assists in identifying youth who would benefit from referral for a comprehensive trauma assessment
Considerations for Traumatic Stress Screening

- Tools need to be reliable and valid
- Timing is tricky… should take place as early as possible but trust may improve accuracy of results
- Mandated Reporting obligations
Examples of Trauma Screening

- Youth Level of Service (YLS)  Section 3
- MAYSI-2
  TE scale: 5 questions to identify whether a youth has had greater exposure to traumatic events compared to other youths. Scores of 4 or 5 often lead to referral
- Adverse Childhood Experiences (ACES) Questionnaire
  Total Scores range from 0-10. Scores of 3-4 often lead to referral
Trauma Assessment

- Domains covered include:
  - Basic demographics
  - Family history
  - Trauma history (comprehensive, including events experienced or witnessed)
  - Developmental history
  - Overview of child’s problems/symptoms

- Includes trauma-specific standardized clinical measures to assist in identifying the types and severity of symptoms the child is experiencing

- May include assessment of caregiver stress and/or trauma and parent-child relationship
Motivational Interviewing is ...

“A collaborative, person-centered form of guiding to elicit and strengthen motivation for change.”
The “Spirit” of MI is Based on 3 Key Elements:

- Collaboration (vs. Confrontation)
- Evocation (Drawing out, Rather than imposing ideas)
- Autonomy (vs, Authority)
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PROFICIENCY
Juvenile Probation Staff Trained on Skills for Building Resilience with JJ Youth
Building the Seven Cs of Resilience

- Confidence
- Competence
- Connection
- Character
- Contribution
- Coping
- Control
The Cornerstone of Resilience...

The surest single predictor of resilience on a child is whether they have at least one... Attentive, Protective, Guiding and Nurturing relationship with a reasonably healthy adult!
Trauma Specific Treatment

- There are a number of treatment models that have been shown to be effective in reducing trauma symptoms in children and youth.
- When making referrals, look for therapists with specialized training/expertise in evidence based trauma treatment models.
- Instead of asking, “Can you treat traumatized youth?” Ask, “What models of trauma treatment are you trained in?”
Where to find lists of evidence-based trauma treatment models:

- National Registry of Evidence-based Programs and Practices (NREPP)
  http://www.samhsa.gov/nrepp

- National Child Traumatic Stress Network (NCTSN)
  http://nctsn.org/training-guidelines
Examples of Evidence-Based Trauma Treatment for Youth

- TARGET (Trauma Affect Regulation: Guide for Education and Therapy)
- SPARCS (Structured Psychotherapy for Adolescents Responding to Chronic Stress) Group treatment for teens in chronically stressful life circumstances
- SEEKING SAFETY co-occurring PTSD and substance abuse.
- TF-CBT (Trauma Focused-Cognitive Behavioral Therapy) trauma processing and resolution
- EMDR (Eye Movement Desensitization and Reprocessing) resolution of traumatic memories
- ARC (Attachment Self-Regulation and Competency) youth and families who have experienced multiple and/or prolonged traumatic stress developed.
Trauma’s Impact on Responsivity to Interventions

- Cognitive Behavioral Interventions typically require the ability to sit still, focus attention, concentrate, understand spoken/written language, remember information, generalize learning to new situations…All of these activities are performed by the “Learning Brain”
• If “Learning Brain” is frequently going off-line, the youth’s ability to benefit from these interventions will be limited

• Trauma treatment specific to getting the “Learning Brain” back on-line may enhance responsivity to other interventions

• Example: Aggression Replacement Treatment
A Work in Progress:

- Sustainability: 2 Juvenile Probation Staff completed a 6 hour ACES Community Presentation Train the Trainer program
- Trainings planned: Developmental Relationships and Engaging Families by Search Institute
- Still to Come: training to recognize and respond to secondary traumatic stress/vicarious trauma in the workplace
Imagine…

- A place where people ask…..
  “What happened to you?” instead of “What’s wrong with you?”

- A place that understands that trauma can be re-triggered.

- A place committed to supporting the healing process while ensuring no more harm is done.