

The Path to a Trauma Informed Juvenile Probation Department

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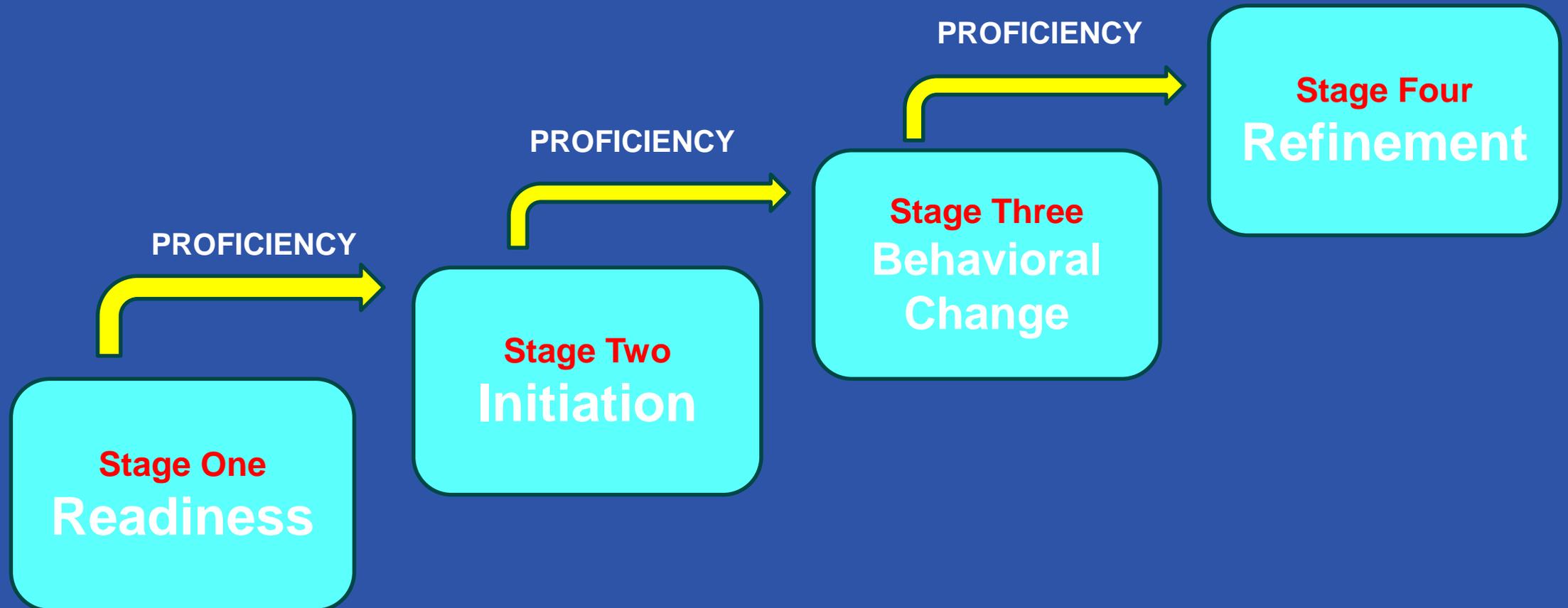
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Multiple Traumas and Losses

- 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



Stages of Implementation

Stage One: Readiness

- ✓ Intro to EBP Training
- ✓ Organizational Readiness
- ✓ Cost-Benefit Analysis
- ✓ Stakeholder Engagement

Stage Two: Initiation

- ✓ Motivational Interviewing
- ✓ Structured Decision Making
- ✓ Detention Assessment
- ✓ MAYSI-2 Screen
- ✓ YLS Risk/Needs Assessment
- ✓ Inter-Rater Reliability
- ✓ Case Plan Development

Stage Three: Behavioral Change

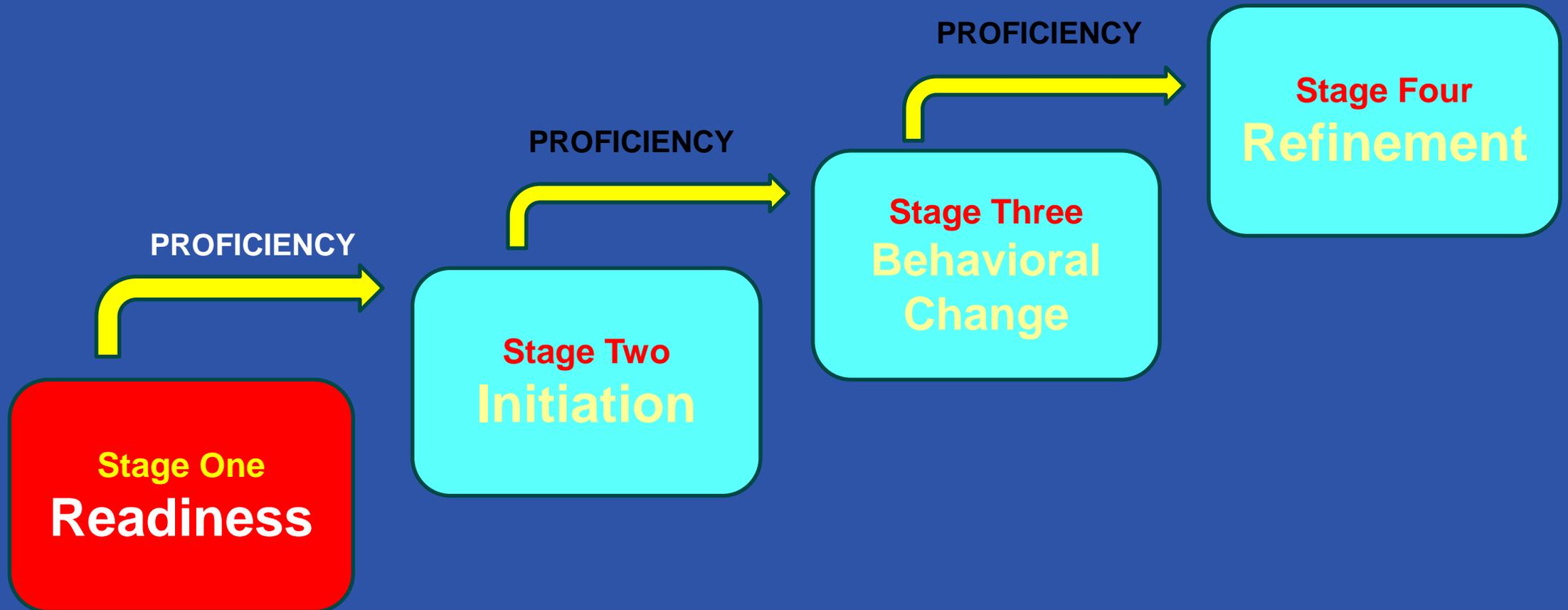
- ✓ Skill Building and Tools
- ✓ Cognitive Behavioral Interventions
- ✓ Responsivity
- ✓ Evidence Based Programming and Interventions
- ✓ Service Provider Alignment
- ✓ Standardized Program Evaluation Protocol (SPEP)
- ✓ Graduated Responses

Stage Four: Refinement

- ✓ Policy Alignment
- ✓ Performance Measures
- ✓ EBP Service Contracts

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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



A Culture Shift: A Sweeping Scope of Change

- ✓ 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



In a Group of 25 People:

Kaiser Permanente

Florida JJ

Household Dysfunction

•Substance Abuse	27%	27%
•Parental Separation /Divorce	23%	81%
•Mental Illness	19%	10%
•Battered Mother	13%	83%
•Incarcerated Household Member	5%	60%

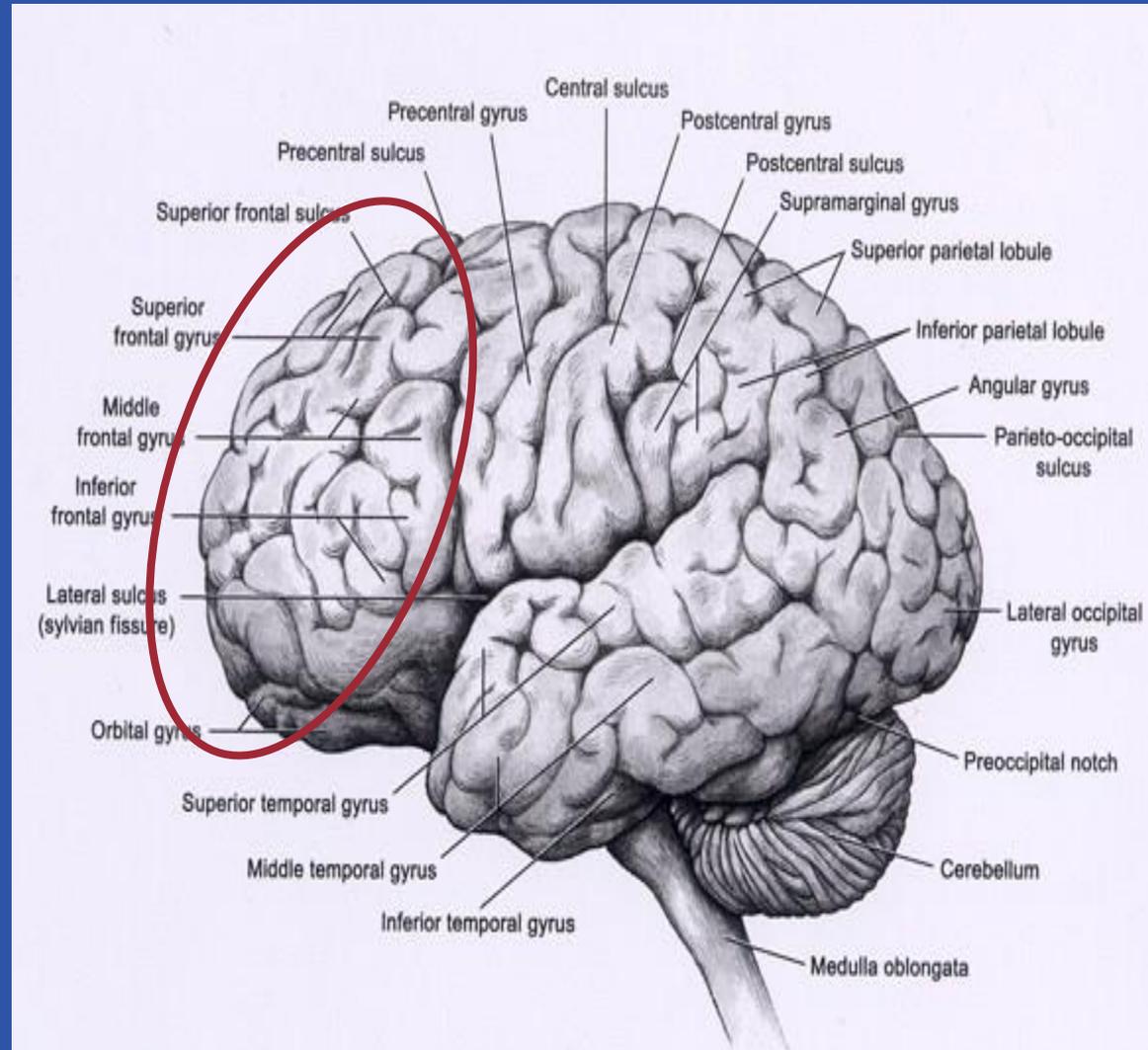
Abuse

•Psychological Abuse	11%	35%
•Physical Abuse	28%	34%
•Sexual Abuse	21%	19%

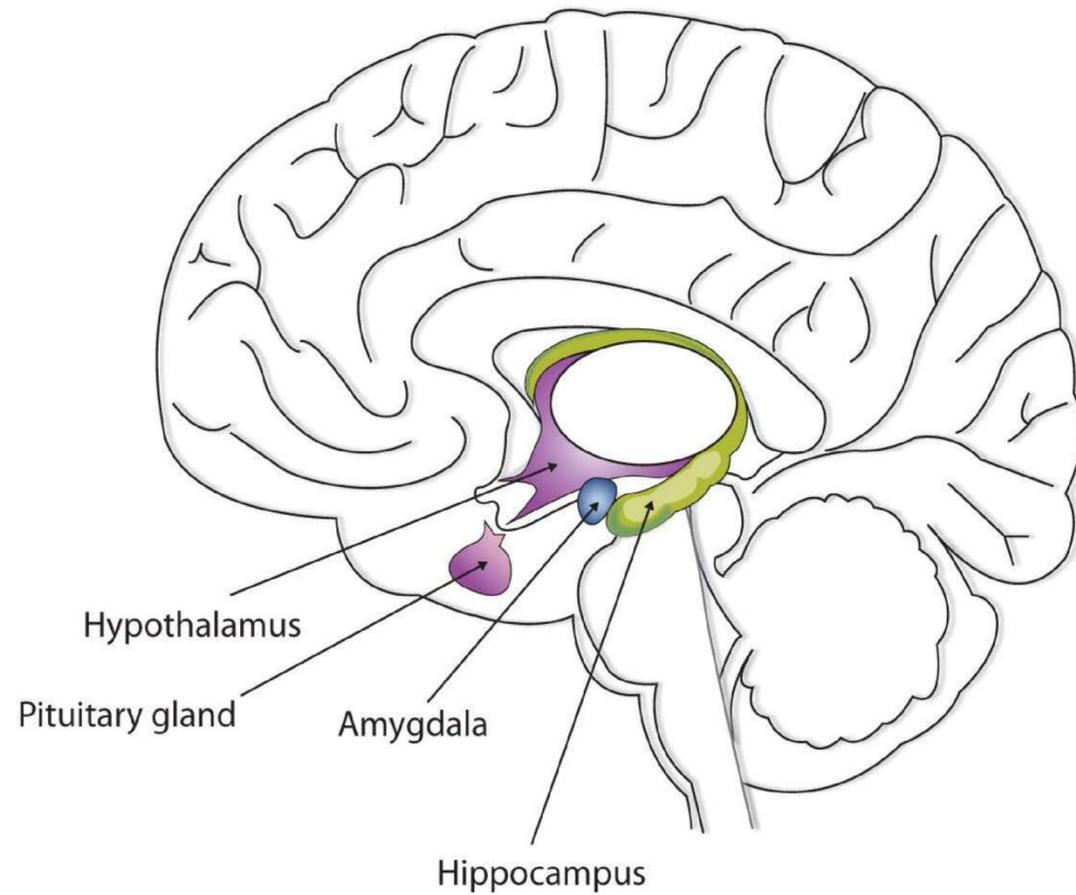
Neglect

•Emotional Neglect	15%	35%
•Physical Neglect	10%	15%

The Learning Brain



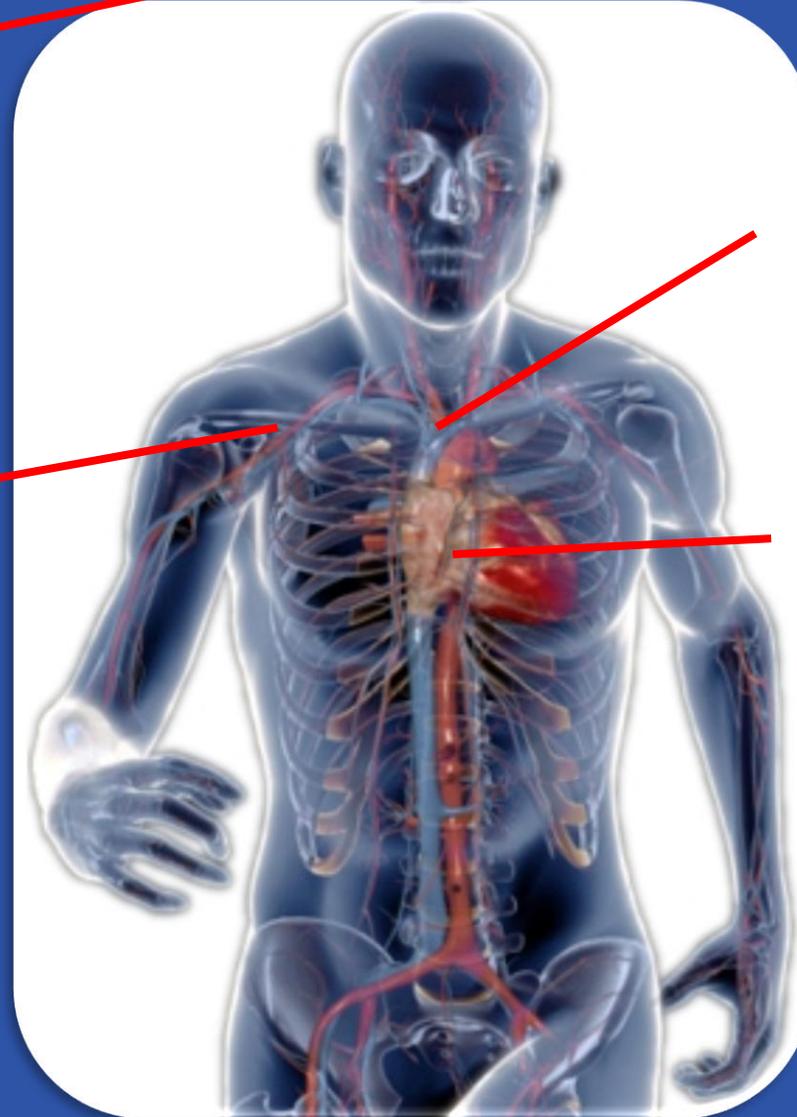
The Survival Brain



Fight, Flee, or Freeze (to protect)

Hypothalamus

Hippocampus

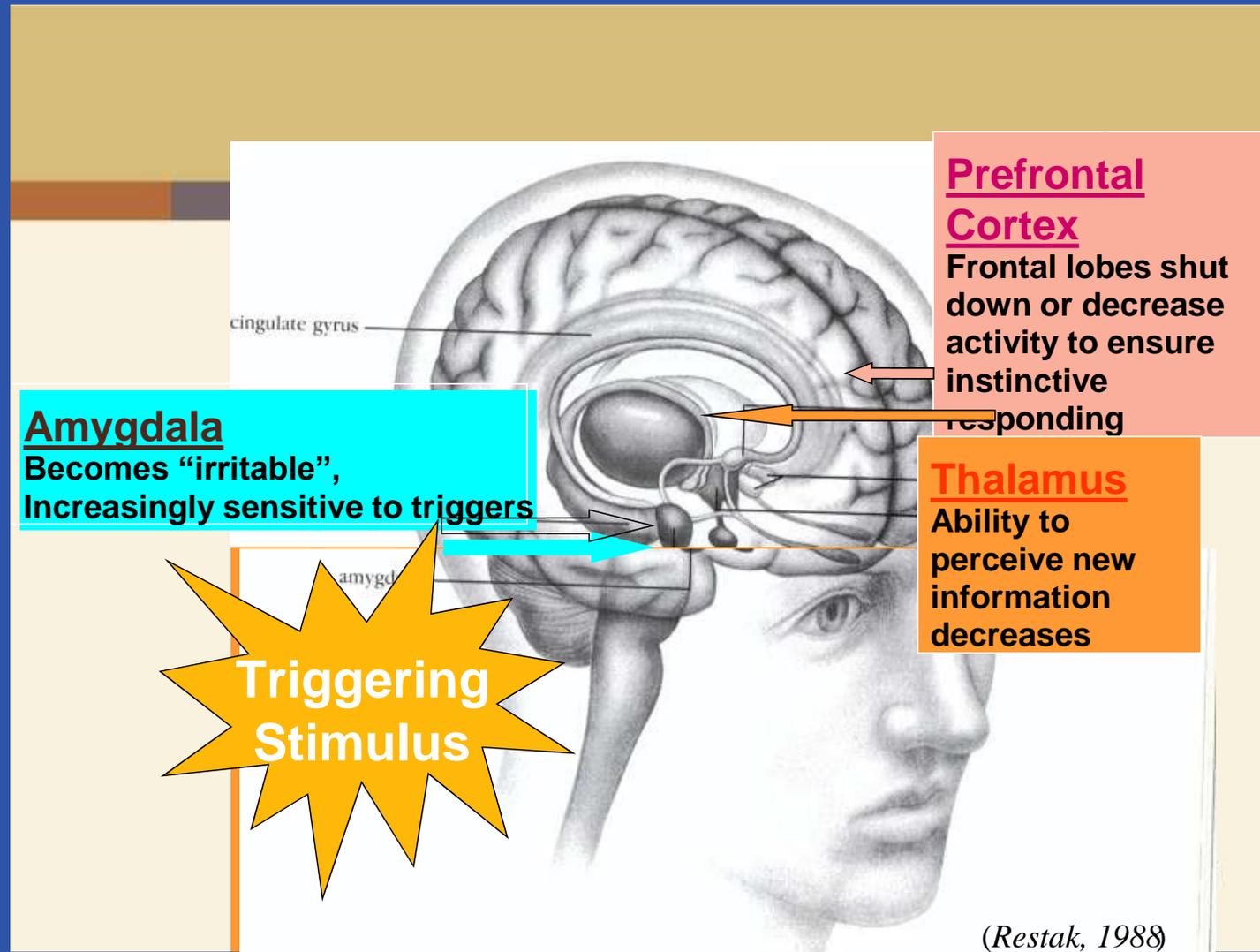


Heart rate and blood pressure increase

Breathing rate increases

Release of adrenaline and cortisol

The “Overactive Alarm”



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



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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

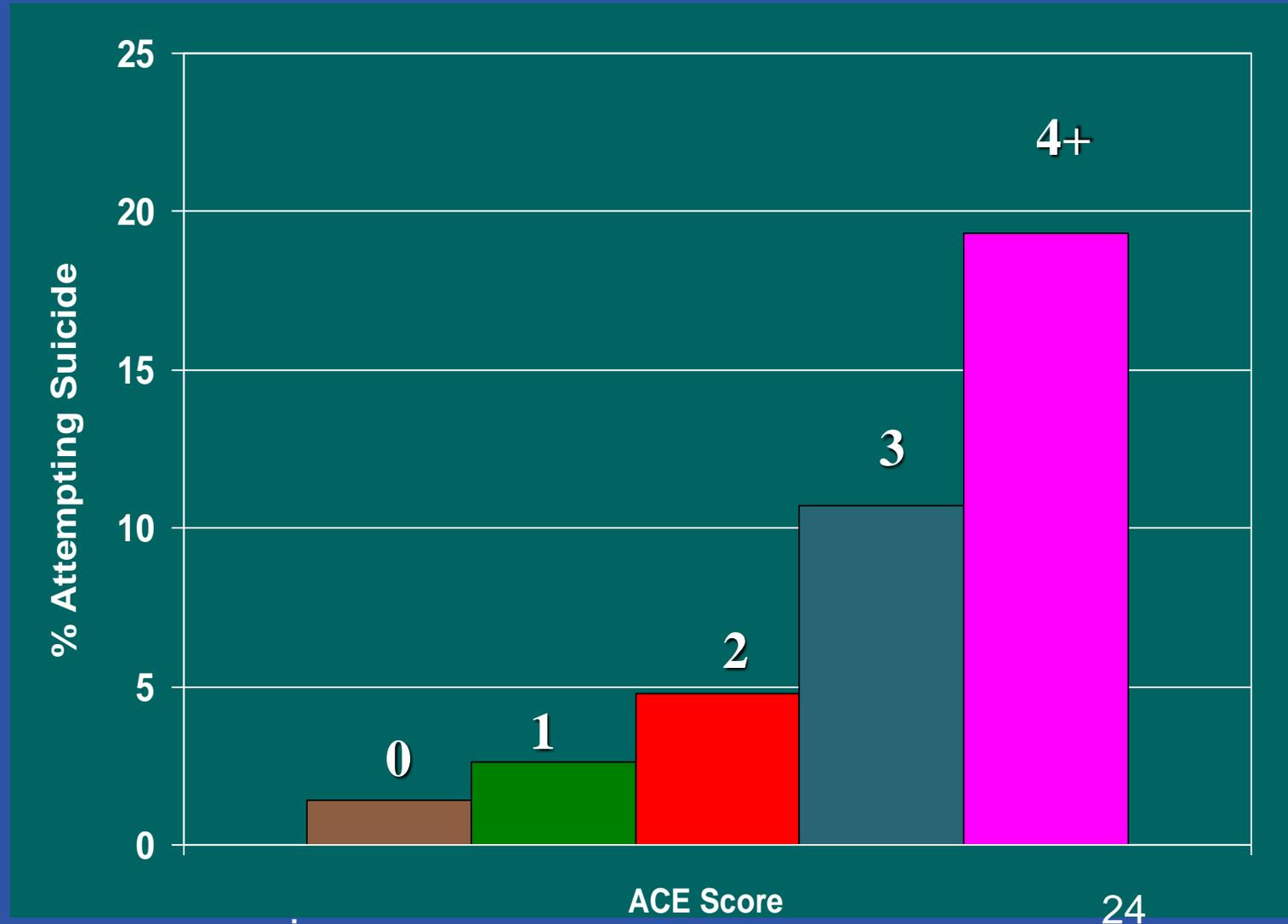
- **Can be positive or negative**
- **Are adaptive in a traumatic situation**
- **Can be maladaptive when the situation changes**



“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. “

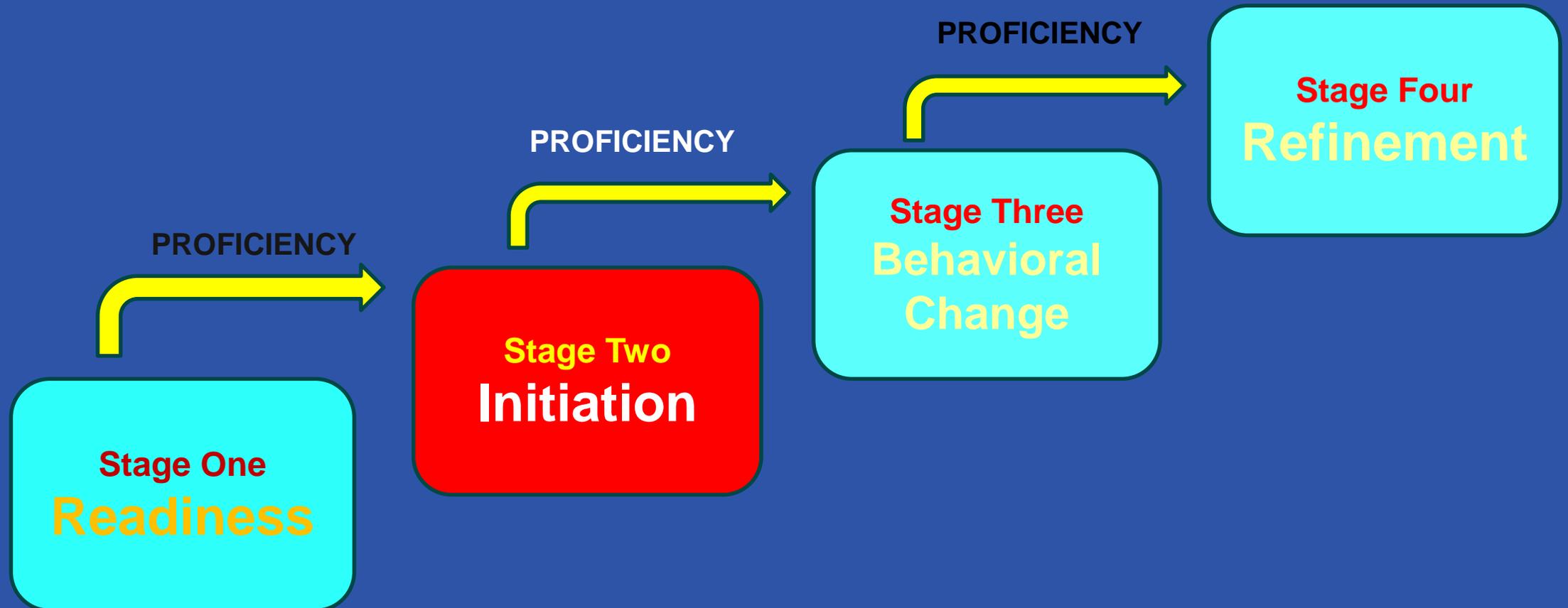
**Might drugs be used for the relief of profound anguish dating back to childhood experiences? Might it be the best coping device that an individual can find?”
(Felitti, 1998)**

Childhood Experiences Underlie Suicide



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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 ...

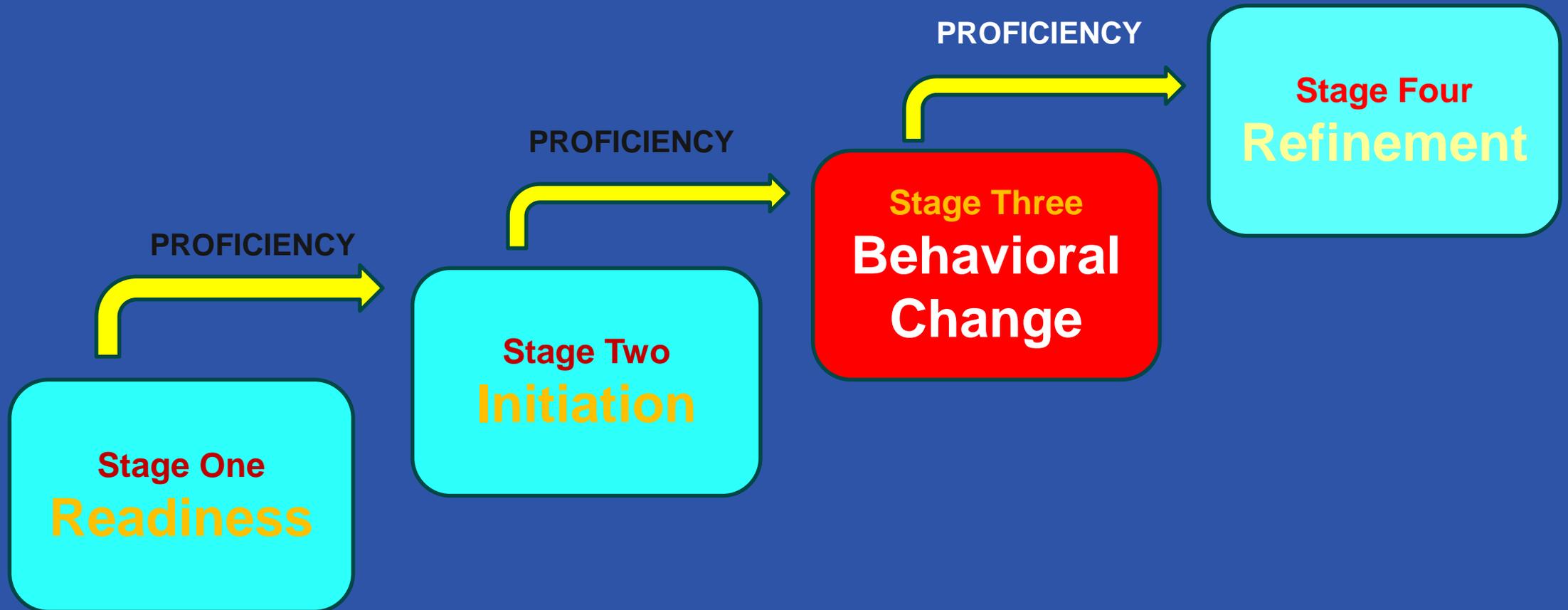
“A collaborative, person-centered form of guiding to elicit and strengthen motivation for change.”

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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2015

**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”**

Responsivity continued...

- 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.

