Creating a Trauma Informed Juvenile Justice Practice and System

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Central Illinois Juvenile Justice Task Force
June 29, 2017
Disclosure

I, Julian D. Ford, am co-owner of Advanced Trauma Solutions (ATS), Inc., Sole Licensee of the University of Connecticut for the TARGET© Treatment/Training Model
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., 33-37% in Australia, Japan develop *post-traumatic stress disorder* (PTSD)
  - 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
- Witness to Murder
- Community Violence
- Hate Crimes
- War
- Torture
- Terrorism
- Rape/Sexual Coercion
- Kidnapping
- Assault/Mugging
- Robbery
- Ethnic Cleansing
- Property Destruction
- Witness to Family Violence
Polyvictimization is Highly Prevalent in Child Welfare and Juvenile Justice Populations


- Juvenile Detention sample of 1959 U.S. teens/pre-teens: **41%** were poly-victims (Ford, Grasso, & Hawke, in press)
<table>
<thead>
<tr>
<th>Types of Behavioral Health Problems Associated with Traumatic Poly-victimization</th>
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<tbody>
<tr>
<td>- Reactive Aggression</td>
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<tr>
<td>- Delinquency</td>
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<td>- Delinquent Peer Affiliations</td>
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<tr>
<td>- School Problems/Failure</td>
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<tr>
<td>- Impulsivity</td>
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<td>- Oppositionality-Defiance</td>
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<td>- Withdrawal/Isolation</td>
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<td>- Addictions</td>
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<td>- Non-suicidal Self-harm</td>
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<td>- Reckless/Extreme Risk Taking</td>
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<td>- Unresolved Grief</td>
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<td>- Suicidality</td>
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<tr>
<td>- Depression</td>
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<tr>
<td>- Panic</td>
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<tr>
<td>- Obsessions/Compulsions</td>
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<tr>
<td>- Sexual Problems</td>
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<tr>
<td>- Eating Problems</td>
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<tr>
<td>- Sleep Problems</td>
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<tr>
<td>- Self-blame/hatred and Shame</td>
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<tr>
<td>- Hopelessness</td>
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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 Survival Coping – A Learning Brain Shifts to Survival Mode

• Can’t stop and think, or think past the immediate problem or threat
• Can’t let go of grudges/resentments
  • Can’t set/stick with goals
• Can’t trust, especially caregivers
  • Can’t tell who is trustworthy
• Can’t remember to use anger management, skills, especially when very angry!
The Toll that Post-Traumatic Survival Coping Takes on Poly-victimized Children’s Lives

- School absence, suspension, disengagement, retention, drop-out
- Delinquent affiliations, attitudes, acts (including gang membership)
- 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
Essential Elements of TI JJ

1. TRAUMA-INFORMED POLICIES AND PROCEDURES
Juvenile justice organizations are safer and more effective when they adopt trauma-informed policies and procedures at every level.

2. IDENTIFICATION/SCREENING
Carefully timed traumatic stress screening should be the standard of care for youth in the juvenile justice system.

3. CLINICAL ASSESSMENT/INTERVENTION
Trauma-focused clinical assessment, treatment, and behavioral health services should be the standard of care for all youth identified through the screening process.
Essential Elements of TI JJ

4. PROGRAMMING/STAFF EDUCATION
Trauma-informed education, resources, and programs should be the standard of care across all stages of the juvenile justice system.

5. SECONDARY TRAUMATIC STRESS
Juvenile justice administrators and staff at all levels should recognize and respond to the adverse effects of secondary traumatic stress in the workplace in order to support workforce safety, effectiveness, and resilience.

6. PARTNERING WITH YOUTH AND FAMILIES
Trauma-informed juvenile justice systems should ensure that youth and families are engaged as partners with the workforce in all juvenile justice programming and therapeutic services.
Essential Elements of TI JJ

7. CROSS SYSTEM COLLABORATION
Cross system collaboration is essential to providing trauma-exposed youth with continuous integrated services.

8. ADDRESSING DISPARITIES
Policies/practices that inadvertently or intentionally lead to racial, ethnic, gender, gender-identity, or economic disparities are harmful to youth, families, and staff and must be eliminated from all juvenile justice systems.

9. ADDRESSING NEEDS OF DIVERSE GROUPS OF YOUTH
Trauma-informed juvenile justice systems address the specific needs of all sub-groups of youth, including girls, boys, LGBTQ youth, and youth of different ages and intellectual and developmental capacities.

10. ENSURING SAFETY FOR ALL YOUTH, FAMILY & STAFF
Every juvenile justice program should ensure the physical and psychological safety of all youth, family and staff.
How Do Trauma-Informed Services Benefit Juvenile Justice Systems?

• **Universal precautions:** Screening enables youth & staff understand how trauma-related survival coping leads to (preventable) behavior problems.

• **Anticipatory Guidance:** Evidence-based youth/caregiver/staff-friendly education about what youths, caregivers, attorneys/advocates, and court, law enforcement, and service providers can do together to prevent survival coping from endangering youths and their communities.
Universal Precautions: Don’t Just Identify Traumatized Youth – A Trauma-Informed Decision Protocol for Juvenile Justice Programs

• **Screening:** ACEs, Traumatic Experiences, Trauma Symptoms (PTS + Biopsychosocial Dysregulation)

• Identifying the Contribution of Adversity/Trauma & Trauma Symptoms to “Criminogenic” Risks/Needs: Enhanced Service Planning/Monitoring addresses (a) trauma-related triggers/contexts, (b) shifting from survival coping to planful self-regulation, in order to reduce recidivism and increase developmental gains
### Intensity of Supervision Needed?

- ☐ Low
- ☐ Moderate
- □ High
- ☐ Very High

### What Criminogenic or Dynamic Needs were Identified from the Risk/Needs Assessment?

<table>
<thead>
<tr>
<th>What Criminogenic or Dynamic Needs were Identified from the Risk/Needs Assessment?</th>
<th>Identify Level of Concern that the Traumatic Event is Impacting the Criminogenic/Dynamic Need*</th>
</tr>
</thead>
</table>
| | L = Low  
| | M = Moderate  
| | H = High  |

1. ☐ Low □ Moderate □ High

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### Does This Youth Need a Trauma Assessment to Better Inform Case Planning? ☐ Yes □ No

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<th>Alerts Related To Traumatic Events</th>
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| ☐ School/Academic Functioning  
| ☐ Family Relationships  
| ☐ Lifestyle (eating, recreation, smoking)  
| ☐ Substance Abuse  
| ☐ Other______________  |

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| ☐ School/Academic Functioning  
| ☐ Peer Relationships  
| ☐ Lifestyle (eating, recreation, smoking)  
| ☐ Aggression (verbal, physical, sexual)  
| ☐ Other______________  |

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Anticipatory Guidance:
Trauma Affect Regulation: Guide for Education and Therapy (TARGET ©)

• Psychoeducation about how traumatic victimization leads to survival adaptations in the brain’s stress/alarm system

• A 3-step and 7-step template for recognizing stress reactivity: to stop and think before reacting

• Skills that build on the person’s strengths and goals to focus thinking and turn down the brain’s alarm
The Brain Under Normal Stress

The Thinking Center (prefrontal cortex)

Filing Center (hippocampus)

Alarm System (amygdala)

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extreme stress / trauma

The Alarm Takes Control

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First Step to Re-Setting the Brain’s Alarm: SOS (Mental Focusing)

- **Step I: Stop, Slow Down, Sweep Your Mind Clear**
  - Notice how your body feels as you breathe in and out
  - Let your mind be a river that carries every thought away

- **Step II: Orient Yourself**
  - Focus your mind on just one thought that you choose
  - The hope, goal, or relationship that you value most in your life

- **Step III: Self Check Your Level of Alarm and Focus**
  - How Much Stress? How Much Focused Personal Control?
7 Steps to Re-Setting Adolescents’ Alarms & for Adults Working with Youths

FREEDOM steps

- **FOCUS**
  - Slow down, Orient, Self-Check

- **RECOGNIZE**
  - Stress Triggers

- **EMOTION**
  - One MAIN Emotion

- **EVALUATE**
  - One MAIN Thought

- **DEFINE**
  - One MAIN Personal Goal

- **OPTIONS**
  - Build On Your Positive Choices

- **MAKE A CONTRIBUTION**
  - Make the World a Better Place
Connecticut Juvenile Detention Field Study

- *Quasi-experimental study* 394 detention consecutive admissions (75% ethnoracial minority; 91% male; 21% full/partial PTSD), 50% receive TARGET or Usual Care

- Linear multiple regression w/covariates (e.g., site, age, gender, crime severity, mental health needs, trauma).

- 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 v. Usual Care
Use of Seclusion

Mean Use of Seclusion

- **TARGET**
- **CONTROL**

Time Period

- 5/07-8/07
- 9/07-12/07
- 1/08-4/08
- 5/08-8/08
- 9/08-12/08

Ohio Secure JJ Facilities Field Study

NCTSN The National Child Traumatic Stress Network
TARGET Individual Therapy with Delinquent Girls in Recovery from Life Stress (GIRLS) Study

- Randomized clinical trial of one-to-one TARGET vs. Relationally Enhanced Supportive Therapy (REST) with 59 delinquent adolescent girls (75% ethnoracial minority; 49% CD/ODD dx; 45% in jj residential tx)

- TARGET achieved significantly greater reductions in PTSD B & C & anxiety symptoms and PTSD cognitions with small to medium effect sizes and <10% dropout

- REST achieved significantly greater reductions in self-reported anger increased hope - small/medium effect sizes
Advocating for Trauma-Informed Juvenile Justice Systems: Key Sources

- Attorney General’s Task Force on Children Exposed to Violence 2013 Report  Chapter 6: Rethinking Our Juvenile Justice System

- National Child Traumatic Stress Network ““Think Trauma” Toolkit and Workforce Training Curriculum for Juvenile Justice Programs

- National Child Traumatic Stress Network ““Trauma-Informed Judge’s Bench Card
Think Trauma

Trauma is Common Among Incarcerated Youth

Studies show that up to 90% of youth detained in the juvenile justice system have experienced a traumatically stressful life event (Arroyo, 2001) and the typical delinquent youth has experienced an average of 14 distinct traumas in his/her lifetime (Abram et al., 2004). Consequently, the prevalence of Posttraumatic Stress Disorder (PTSD) among delinquent youth is up to 8 times higher than in community samples (Wolpaw and Ford, 2004). Across studies of youth in residential detention, as many as 32% of boys and 52% of girls report significant levels of posttraumatic stress symptoms (Kernig and Becker, 2011). In response to the significant rates of trauma exposure and development of posttraumatic stress symptoms of youth involved in the juvenile justice system, the NCTSN has developed numerous trauma-informed tools, resources, and trainings for juvenile justice professionals.

Additional Resources at www.nctsn.org

- Special Issues: Child Trauma I & II (Juvenile and Family Court Journal, 2006 & 2008)
- Ten Things Every Juvenile Court Judge Should Know About Trauma and Delinquency (NCJFCJ; OJJDP, 2010)
- Trauma Among Girls in the Juvenile Justice System (Henshaws, Ford, Mahoney, Ko, & Siegel, 2004)
- Trauma-Focused Interventions for Youth in the Juvenile Justice System (Mahoney, Ford, Ko, & Siegel, 2004)
- Victimization and Juvenile Offending (Siegel, Ko, & Kelley, 2004)
- Assessing Exposure to Psychological Trauma and Posttraumatic Stress in the Juvenile Justice Population (Wolpaw & Ford, 2004)
- Screening & Assessment in Juvenile Justice Settings Webinar Series (www.learn.nctsn.org)

Think Trauma: A Training for Staff in Juvenile Justice Residential Settings

The most recent NCTSN product, Think Trauma: A Training for Staff in Juvenile Justice Residential Settings is a modularized, skills-based, interactive trauma-focused training curriculum for frontline residential staff who work directly with youth in detention and long-term residential/correctional facilities. The curriculum contains four, 60-90 minute modules that can be implemented continuously as an all day training or individually over time per the convenience of the facility.

Module One: ‘Trauma and Delinquency’
- Focuses on defining trauma and traumatic stress in residential youth;
- Increasing awareness of the prevalence of trauma in residential youth; and
- Understanding common behaviors exhibited in residential youth within the context of trauma.

Module Two: ‘Trauma’s Impact on Development’
- Explains the impact of trauma on multiple developmental domains (cognitive, biological, behavior, social, emotional); and
- How developmental delays have the potential to disrupt the development of both affective and behavioral regulation skills as well as attachment to others and consequently the development of a secure sense of self.

Module Three: ‘Coping Strategies’
- Reframes delinquent behavior typically exhibited in residential settings as survival coping skills/strategies and discuss the importance for adapting a trauma-informed understanding of youths’ behaviors.

Module Four: ‘Vicarious Trauma, Organizational Stress, and Self-Care’
- Explores the dynamics between traumatic stress experienced by residential youth, secondary or vicarious traumatic stress experienced by residential staff and organizational stress experienced within/by the juvenile justice system.
Challenges Facing the Juvenile Justice Workforce

Chronic Survival Coping

- High job demands, low control
- Exposure to bereavement & numbing
- Isolation and sub-group conflict
- Exposure to reactive aggression
**Training for all staff to increase their understanding of trauma (including training for new hires and refresher training)**

- Trauma-informed care principles/practices
- Impact of trauma on youth development & behavior
- Skills for identifying & responding to youth trauma reactions
- Recognize signs and triggers for traumatic stress reactions
- Family engagement/empowerment strategies
- Ways JJ involvement can trigger or re-traumatize youth
- Trauma screening and appropriate referrals to services

Trauma-Informed Juvenile Justice
Workforce Development and Support Rxs

**Ongoing supervision to ensure fidelity of practice implementation**

**Education/training, wellness/peer support, employee assistance programs to increase staff awareness of secondary trauma/PTSD symptoms/causes + for prevention (self-care, emotional regulation)**

**Create/promote physically/psychologically safe environment’**

**Trauma-informed agency/system policies, procedures, leadership**

**Develop/sustain cross-system collaboration**

**Conduct ongoing quality assurance and evaluation**