A Balanced and Restorative Approach to Treating Trauma in the Juvenile Justice System

John P. Seasock Psy.D., Specialist/Consultant
Renaissance Psychological and Counseling Corporation Inc.
email: johnpseas@aol.com

Kimmy Mullik, Deputy Chief Juvenile Court Office
Carbon County Pennsylvania
email: kmullik@carboncourts.com

Workshop Goals

- 1. Participants will be informed about the current emotional, cognitive and behavioral difficulties juvenile offenders experience when attempting to recover from traumatic experiences.
- 2. Participants will be educated on the victim-offender-victim cycle perpetuated by traumatic experiences.
- 3. Participants will be able to identify the multiple clinical and supervision difficulties and pitfalls that arise when providing integrated trauma treatment to offending youth.
- 4. Participants will learn how to effectively provide a balanced and restorative trauma informed forensic treatment model designed for use with juvenile offenders.

Traumatic Reaction Among Youth

- Can be characterized by any number of experiences that cause significant anxiety or distress. These include experiencing, witnessing, or being confronted with physical, verbal, and emotional abuse or other event that involved actual or threatened death or serious injury to the youth or someone else. The reaction of youth experiencing traumatic stress is often characterized by intense fear, helplessness, or horror. Types of trauma may include community violence, domestic violence, medical trauma, natural or man-made disasters, neglect, physical abuse, psychological maltreatment, school violence, sexual abuse, and terrorism. (APA, 2000; NCTSN, 2005).
Prevalence of Trauma in Youth

- 4 in 10 children in America say they experienced a physical assault during the past year, with one in 10 receiving an assault-related injury.
- 2% of all children experienced sexual assault or sexual abuse during the past year, with the rate at nearly 11% for girls aged 14 to 17.
- Nearly 14% of children repeatedly experienced maltreatment by a caregiver, including nearly 4% who experienced physical abuse.
- 1 in 4 children were the victim of robbery, vandalism, or theft during the previous year.
- More than 13% of children reported being physically bullied, while more than 1 in 3 said they had been emotionally bullied.
- 1 in 5 children witnessed violence in their family or the neighborhood during the previous year.


Prevalence of Trauma Reactive Youth

- Approximately 25% of children and adolescents will have experienced at least one traumatic event by the age of 16 (Costello, 2002).
- Studies have shown that experiencing trauma at an early age increases the risk of substance abuse later in life.
- Adolescents who abuse substances are at a significantly higher risk for experiencing trauma and developing Post-Traumatic Stress Disorder.
- Teens experiencing both traumatic stress and substance abuse problems also suffer greater impairments in psychological, social, physical, and academic functioning (Giacomia et al., 2000).

Trauma in Juvenile Justice Populations

- More than 80% of juvenile justice-involved youth report experiencing trauma.
- Many have experienced multiple, chronic, and pervasive interpersonal trauma.
- Complex Trauma is prevalent with average of 6 independent traumatic experiences being the norm.
- 50% of youth entering into the Juvenile Justice System meet the criteria for Post Traumatic Stress Disorder.
Trauma in Juvenile Justice Populations

- 93% of children in detention report exposure to adverse events. These adverse and potentially traumatic events include accidents and serious illnesses, physical abuse, sexual abuse, neglect, traumatic loss, domestic and community violence.
- Girls reported greater exposure to all adverse events, sexual abuse and traumatic loss.
- Millions of children are exposed to violence in their homes, schools, and communities. Left unaddressed, these experiences can lead to mental health and substance use disorders, school failure, increased risk taking, and delinquency.


Youth with trauma histories can experience a number of symptoms clustered into three broad categories:

- 1) Re-experiencing the traumatic event through intrusive thoughts or dreams of the event, or intense psychological distress when exposed to reminders of the event (aka Trigger)
- 2) Persistent avoidance of thoughts, feelings, images, or locations that remind the adolescent of or are associated with the traumatic event
- 3) Increased arousal, such as hypervigilance, irritability, exaggerated startle response and sleeping difficulties (APA, 2014)

- It is not uncommon for teens that have experienced traumatic events to turn to alcohol or drugs to cope with the symptoms of PTSD.
- Youth may find that initially alcohol and/or drugs seem to alleviate their distress, either through the increased pleasurable sensations or through the avoidance of intense emotions that may follow stressful experiences.
- However, substance use often perpetuates a cycle of avoidance and can make it more difficult to recover.
Youth who are using substances may exhibit symptoms such as:

- 1) Failing to fulfill major obligations at work, home, or school, or use of substances when it is physically hazardous
- 2) Legal, social, or interpersonal problems
- 3) Severe substance abuse can warrant a diagnosis of substance dependence. This occurs if substance use leads to tolerance, withdrawal symptoms, problems cutting down on consumption and other major difficulties (APA, 2014)

Youth Trauma and Substance Use

For many adolescents, early experimentation eventually progresses to abuse of or dependence on—illicit drugs or alcohol.

- 1 in 5 American adolescents between ages 12-17 engages in abusive/dependent or problematic use of illicit drugs or alcohol.
- Individuals who have experienced trauma are at an elevated risk for substance use disorders.

Trauma ➔ Risk Factor ➔ Substance Use

The prevalence and severity of traumatic stress reactions among juvenile justice-involved youth, caregivers, families, professionals, and providers, necessitates a system-wide response to prevent, identify, address, and minimize further traumatic stress.
Intake and Assessment of the Juvenile Offender

Mental Health and the Juvenile Offender

- Justice-involved youth have elevated rates of psychiatric disorders; recidivism higher in youth with mental health disorders (Wasserman et al 2010)
- Over 76% of youth in secure detention qualified for mental health diagnosis (Blowery, K. & Coccoza, J 2007)
- 28 - 43% of justice-involved youth have special education disabilities (Mallett C. 2011)
- Prevalence of psychiatric disorder increases with system penetration (Wasserman et al 2010)
- PTSD specifically found to be associated with increased recidivism (Kerr, P. K., & Becker, S. P. 2010)

Intake and Assessment

- Current intake process for the Juvenile Justice System should contain assessment of the juveniles' strengths, weaknesses, current risk factors, traumatic experiences, mental health disorders, substance abuse concerns, family problems, educational problems, learning disabilities, developmental disabilities, suicidal ideation, homicidal ideation, social deficits, interaction in the community, involvement with gangs, prostitution, truancy, homelessness, poverty, parental conflicts, oppositional behavior.
Intake and Assessment

- Intake can be overwhelming to everyone involved.
- Standardized practices assist in the process but has its flaws.
- Intake personnel require extensive training for "initial screenings and intake"
- Trauma experience or reaction in the life of the juvenile offender is often an afterthought or is lost within the wealth of information gathered.

Under Identification of Trauma

- Justice-involved youth are not benefiting from advances in trauma screening and intervention. (Yord et al, 2012)
- Most Juvenile Justice settings use the MAYS-2.
  - Identifies emergent risks
  - Overlooks internalizing symptoms, trauma exposure
  - No ability to link between trauma and other mental health problems (Brewer et al, 2012)
  - Can misidentify sexual offenders, fire-setters.
- Trauma exposure and PTSD underestimated without focused, structured instrumentation (Rawles et al, 2012)
- The field is constantly evolving and growing.

<table>
<thead>
<tr>
<th>Source</th>
<th>Validated Assessment Instruments for Traumatic Stress, Substance Abuse and Co-occurring Disorders</th>
<th>Description</th>
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For information on the development of cognitive and behavioral assessment (Cassidy et al, 2012) See: www.assessmentinfo.org
Few evaluators are proficient in the multiple areas of need among youth with co-occurring disorders. Ex: Substance abuse providers, may not have the knowledge necessary to identify the impact of trauma exposure on youth functioning and its interaction with substance use; and they may not have experience or training in using trauma-informed interventions.

Trauma treatment specialists, and mental health providers in general, may overlook signs of increasing substance use severity. They may not have a deep understanding of the process of addiction, or may not be familiar with effective strategies to strengthen youths' abilities to reduce use or abstain from substances, and therefore do not target these problems as a central part of the evaluation/intervention.

A Balanced and Restorative Trauma Informed Forensic Treatment Model

- A balanced, restorative and integrated treatment approach to the juvenile offender is the most effective method for supervision and intervention planning.

- Understanding of how the juveniles traumatic reaction influences their emotion and behavior is the key to success.
A Balanced and Restorative Trauma Informed Forensic Treatment Model

1. Ensure the physical and psychological safety of all youth, family members, and staff through the development of trauma-informed policies and procedures.
2. Identify youth who have experienced trauma through carefully timed screening.
3. Offer clinical assessment and trauma-focused intervention for completely untreated youth who have been identified as impaired in the screening process.
4. Provide trauma-informed programming and staff education on complex trauma for staff across all components of the juvenile justice system.
5. Recognize and respond to the adverse effects of secondary traumatic stress in the workplace in order to support workforce safety, effectiveness, and resilience.
6. Engage youth and their families as partners in all juvenile justice programming and therapeutic services.
7. Through case-system collaboration, ensure the provision of continuous integrated services to justice-involved youth who have experienced complex trauma.
8. Review practices and policies to ensure they address the diverse and unique needs of all groups of youth and do not result in disparities related to race, ethnicity, gender, gender-identity, sexual orientation, age, intellectual and developmental level, or socioeconomic background.

Recommended Assessment

- Traumatic Events Screening Inventory for Children (TESI-C)

- The TESI-C assesses experience of a variety of potential traumatic events including current and previous injuries, hospitalizations, domestic violence,而成性 violence, disasters, accidents, physical abuse, and sexual abuse. The revised 24-item version (also known as the TESI-PRF-R, Spence et al., 2002) is more developmentally sensitive to the traumatic experiences that young children may experience. A revised 24-item parent report version (TESI-PRR) is also available. This measure was created by staff at VA's National Center for PTSD.

- Free is good (author unknown)

The Survival Code

- This "survival code" differs from the established rules of society, and is a direct consequence of traumatic stress on emotional, physiological, and behavioral factors which place youth at increased risk of committing offenses.

- For youth who have experienced repeated violence, violation, exploitation, rejection, and abandonment in their homes, schools, and communities, safety and justice seem impossible to obtain. As a result, the belief in survival ("What do I have to do to survive?") is likely to trump legality
“Reactivity”

- Another denominator for trauma reactive youth is difficulty in effectively managing emotions, physical reactions, impulses, attention, consequential thinking (i.e., problem-solving and decision-making based on an awareness of and accurate evaluation of consequences), and involvement in interpersonal relationships (i.e., ranging from extreme isolation to enmeshment in dangerous or exploitive relationships).

“Reactivity” cont.

- Traumatized youth often have problems in school, family relationships, and with substance abuse, sexualized behaviors, risky or reckless behavior, delinquency, and running away.
- These behaviors may appear to be motivated by disregard for their own or others’ safety and well-being and the law, but actually they are attempts to cope with or prevent further traumatization.
- From the perspective of these youths’ internal realities, their excessive suspiciousness, hostility, defiance, and disconnection from relationships with others may be necessary adaptations in order to prevent further vulnerability, betrayal, and victimization.

Traumatic Reaction can often Involve:

- Loss of trust
- Fear of the event occurring again
- Flashbacks and nightmares
- Avoidance of things that remind the adolescent of the event
- Dissociation or feelings of unreality
- Depression, guilt, and loss of interest in activities
- Problems with or changes in peers
- Disruptive behavior
- Withdrawal and isolation from others
- School avoidance
- Physical complaints
- Suicidal thoughts
- Decline in academic performance
- Sleep disturbances
- Substance use
Co-Occurring Disorders

- Substance Use Disorders
- Depression
- Anxiety Disorders/PTSD
- Sexual Dysfunction
- Eating Disorders
- Self-Injuring Behavior
- Medical Disorders
- Dissociative Disorders

Entrance into the Victim/Offender/Victim Cycle

Trauma ➔ Reactivity ➔ Probation Violation

Recognizing that incarceration is a traumatizing event for a juvenile, (detention, non-secure, residential)

Victim/Offender/Victim Cycle is often perpetuated by delinquent youth themselves due to "Survival Code"

Entrance into the Victim/Offender/Victim Cycle

Trauma ➔ Reactivity ➔ Probation Violation

The traumatized youth often wants to engage in behavior they have found to reduce their personal reaction to trauma, or avoid triggers. These skills are adaptive to a traumatic situation.

The youth need to have a sense of "control" of their environments which is in direct contrast to being under supervision, and often in direct contract to general societal rules. These skills are maladaptive and/or manipulative.
"Some Triggers"
Victim/Offender/Victim Cycle
1. Experiencing disciplinary practices (physical restraint, isolation, removal from peers, family etc.)
2. Being searched/patted down or touched physically
3. Being told "No"
4. Providing urine toxicology screens
5. Frequent changes in staffing
6. Lack of voice/control over service plans or placement
7. Restriction on movements (inability to flee anxiety situations or high risk areas)
8. Lack of privacy
9. Being held to a common standard or goal
10. Being asked a question.

Examples of Survival Coping
- "I won't be a victim again. I'll get them before they get me."
- "I don't let anyone get too close because you can't trust anyone... People are greedy."
- "I'm so far behind in school, there's no point in even trying anymore. So I just skip."
- "I can't deal with these thoughts, I just use a "cleaner" before my next urine test."
- "I don't care" from distracted student who struggle to learn the material (dissociation/"space out," preoccupied with scanning room for potential threats)
- Referring gang members for protection
- Using sexual behavior to "control" other in environment
- Using venous illicit substances to control PTSD symptoms

Survival Coping and Self Medication
- Self-medication hypothesis explains the connection between trauma exposure and substance abuse, suggesting that youth turn to psychoactive drugs and alcohol in an attempt to cope with traumatic stress or reminders of loss. Although there is much evidence to support this pathway—studies evaluating the frequency of substance abuse following trauma exposure have reported rates as high as 76%. It is also true that substance abuse can increase an adolescent's risk of trauma exposure and of experiencing traumatic stress symptoms.
Abstinence/Relapse Cycle

Address Directly How Addiction Prevents Healing from Trauma

- Makes trauma symptoms worse
- Prevents client from increasing knowledge of self
- Does not facilitate client getting needs met
- Stalls emotional development
- Isolation
- Interferes with learning tools to cope with feelings
- Eliminates/reduces control
- Impacts sleep
- Increases negative feelings related to self-worth

Integrating Treatment with Accountability

- PTSD does not go away with abstinence; in fact, it may get worse, at least initially
- Failed Urine Screenings creates complications for recovery in the for Juvenile and Justice System.
- Improvement in PTSD symptoms does not bring about abstinence from substance use
- Even if substance abuse began as self medication, it takes on a life of its own
- Separate treatment is usually uncoordinated and at worst counter therapeutic
- Integrated treatment leads to better outcomes
Treatment Must Be Integrated

- Treating just one disorder/problem in a juvenile without treating any others is ineffective
- Sequential treatment is ineffective
- Fully integrated treatment is optimal
- Simultaneous treatment is next best
- Recent evidence on integrated and simultaneous treatment (Hien et al., 2010) suggests: If PTSD symptoms decline, so do SUDs. If SUDs decline, PTSD symptoms do not. Thus, addressing SUD without addressing Trauma will be ineffective.

Trauma-Informed Approach for the Juvenile Justice System

- Ensure that all staff as well as all youth and families have the knowledge, tools and resources needed in order to realize the impact of trauma in youths' daily lives.
- Recognize the role that trauma-related reactions and survival coping play in youths' behavioral, emotional, and legal problems.
- Respond in a manner that enhances the safety of the youth as well as the community and the youth's ability to achieve her/his full potential through developing a healthy lifestyle, skills, and relationships. And,
- Prevent re-traumatization or the triggering of trauma-related memories

Trauma-Informed Approach for the Juvenile Justice System

- Take time to build trust with youth with complex trauma. Each has a personal story to share with only a few people who have earned his or her trust. Knowing the youth's story is the crucial first step to helping that youth build a good life.
- It takes a community: everyone in the youth's family and other supportive relationships must join together in order to heal their lives and make the community safe and healing.
- Strive to make every interaction with youth an honest and respectful dialogue by setting a model for how everyone—not just the youth—can and must "walk the walk" by taking responsibility for their emotions and actions and striving to achieve social justice
Trauma-Informed Approach for the Juvenile Justice System

- Be open to alternative ways of understanding the youths’ motivations that highlight their core values, goals, and competencies instead of stigmatizing them as “incorrigible,” “unmotivated,” or “delinquent.”
- When conflict or disagreements occur, remember that it is developmentally appropriate for adolescents to be on an emotional rollercoaster and to assert their independence by debating everything others say. When adults are able to model being emotionally regulated and respectful this shows the adolescent that it’s possible to work out disagreements without anyone being disrespected or being forced to be the “loser.”
- Remember there is no “one size fits all” formula that can be applied to all complex trauma victims—the youth is an individual who needs to be known and understood as the person that they are capable of being, rather than being treated as “just another bad kid” or “just another victim.”

Trauma Informed Therapist Process

- Identify what is to occur in treatment process
- Build an alliance-establish Therapeutic Relationship
- Have compassion for youth’s experience
- Use various coping skills in one’s own life*
- Giving youth control whenever possible*
- Modeling what it means to try hard by meeting the youth halfway
- Obtaining feedback from youth
- Pay attention to counter-transference issues*
- Goal = integrate praise and accountability

Trauma Informed Therapist Process

- Maintain open and honest communication with all persons, organizations or agencies involved with the juvenile. Establish cross-system collaboration.
- Ensure that partner systems or providers also are trauma informed
- Maintain boundaries at all times.
- Be wary of Vicarious Trauma.
Trauma Informed Therapist Safety Plan Sample

- Discontinuing substance use
- Reducing suicidality
- Minimizing exposure to HIV risk
- Letting go of dangerous relationships
- Gaining control over extreme symptoms
- Stopping self-harm behaviors
- Cease Reenacted trauma (ignore needs and perpetuate pain).
- Learn how to ask for help from safe people
- Utilize community resources
- Care for their bodies

Integrated Care Four Content Areas

- **Cognitive**: CBT based – present, problem-oriented, brief, time-limited, structured, educational. Allows rehearsal of new skills such as problem-solving, cognitive control, relationship skills, self-care.
- **Behavioral**: End of each session youth identifies a weekly commitment and a plan to connect to a community resource
- **Interpersonal**: Youth are guided to notice extreme relationship dynamics that re-evolve trauma (enmeshment) and substance abuse (friends who offer substances)
- **Case Management**: some youth may require significant assistance in getting the care they need. (academic support, housing, etc.)

Current Trauma-Specific Interventions

Some well-known trauma-specific interventions based on psychosocial educational empowerment principles that have been used extensively in public system settings.

- Addiction and Trauma Recovery Integration Model (ATRIM)
- Essence of Being Real
- Building Connection®
- Sanctuary Model®
- Seeking Safety
- Trauma, Addiction, Mental Health, and Recovery (TAMH)
- Trauma Affect Regulation: Guide for Education and Therapy (TARGET)
- Trauma Recovery and Empowerment Model (TREM and H-TREM)
Conclusion

- Questions and Answers?
- Comment or Clarification.

References


