

Trauma in Dual Status Youth: The Tie that Binds the Systems Together

Keith Cruise, PhD, MLS

Associate Professor

Co-Director, Clinical-Forensic Specialization

Department of Psychology

Fordham University



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SAMHSA – The 4 “Rs” of a Trauma Informed Approach

- **Realization**

- *Everyone in the organization has an awareness and understanding of the effects of trauma*

- **Recognition**

- *Everyone in the organization recognizes the signs of trauma*

- **Response**

- *Everyone in the organization change language, behavior and policies in consideration of the effects of trauma on youth*

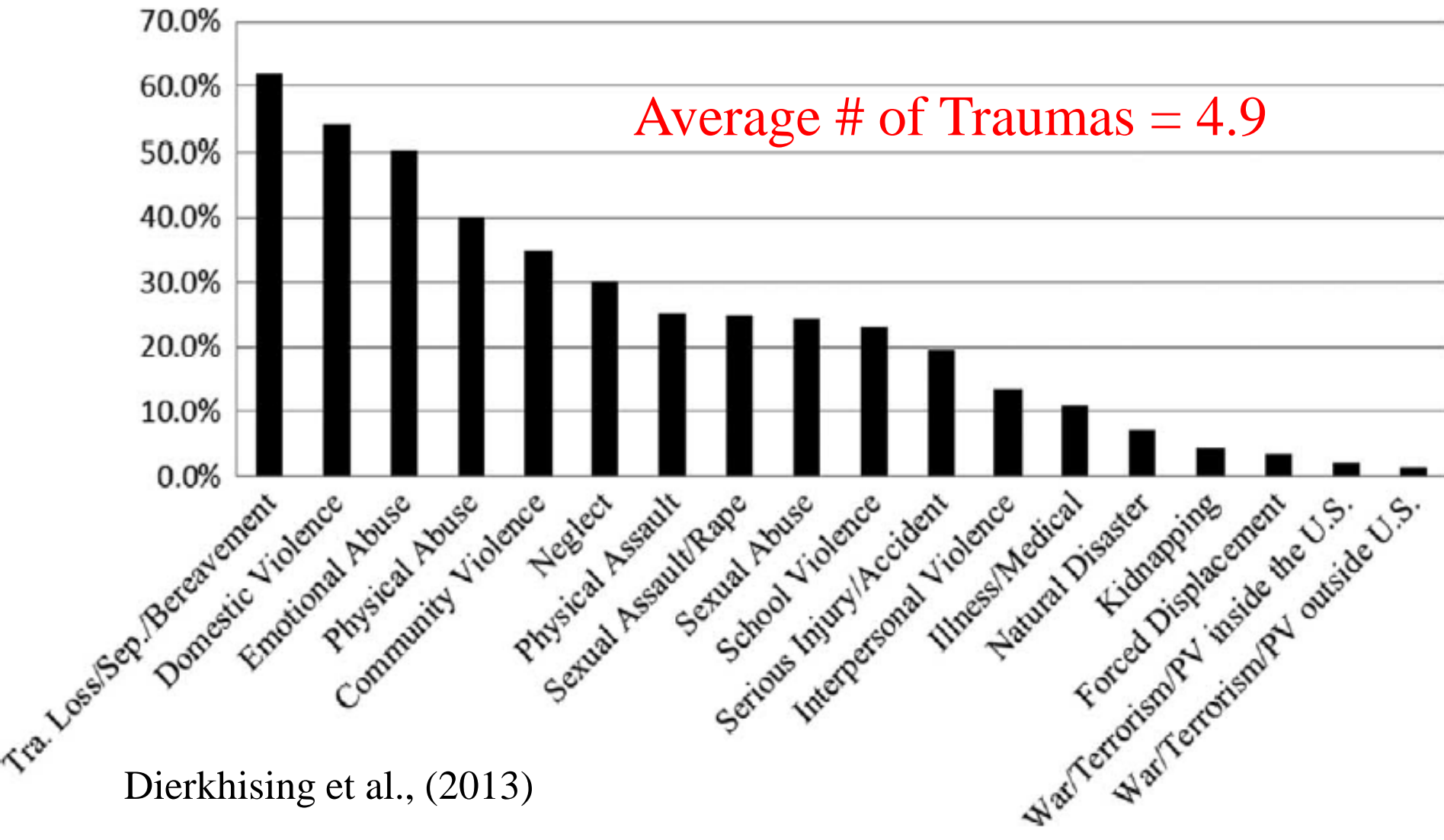
- **Resist Re-traumatization**

- *Everyone in the organization strives to avoid re-traumatizing youth*

Traumatic Event Exposure in Child Welfare Samples (Kisiel et al., 2014)

- In a sample of 16,212 children and adolescents entering child welfare
 - 45.7% neglect
 - 29.3% family violence
 - 24.7% traumatic grief/separation
 - 20.3% physical abuse
- 29.9% of youth had documented histories of violent interpersonal trauma (sexual, physical, family violence)
- By age 13, 27.2% of the sample had experienced both violent interpersonal and non-violent attachment based trauma (emotional abuse, neglect)

Traumatic Event Exposures from Justice-Involved Subgroup NCTSN Core Data Set



Dierkhising et al., (2013)

Poly-victimization

Injury

**Community
Violence**

**Physical
Assault**

Weapon

Traumatic

Loss

- Among trauma-exposed youth, a subgroup acknowledge exposure to multiple types of victimization (Finkelhor, Ormrod, & Turner, 2007)

Emotional Abuse

Sexual Offense

Family Violence

Caregiver Perpetrator

A Case Illustration



Why is Poly-victimization Important?

- Poly-victims are at greater risk for psychosocial impairments in childhood, adolescence, and adulthood (Briere, Kaltman, & Green, 2008; Ford, Connor, & Hawke, 2009; Ford et al., 2010)
 - Increased risk for PTSD and depression (Andrews et al., 2015; Ford et al., 2011)
 - Increased risk for chronic medical diseases (Anda & Brown, 2010)
 - Four times more likely to be re-victimized (Finkelhor, Omrod, & Turner, 2007)
 - Increased risk for anger, aggression, & impulsivity (Ford, Connor, & Hawke, 2009; Ford et al., 2012)



Robert F. Kennedy
Children's Action Corps
RFK National Resource Center
for Juvenile Justice



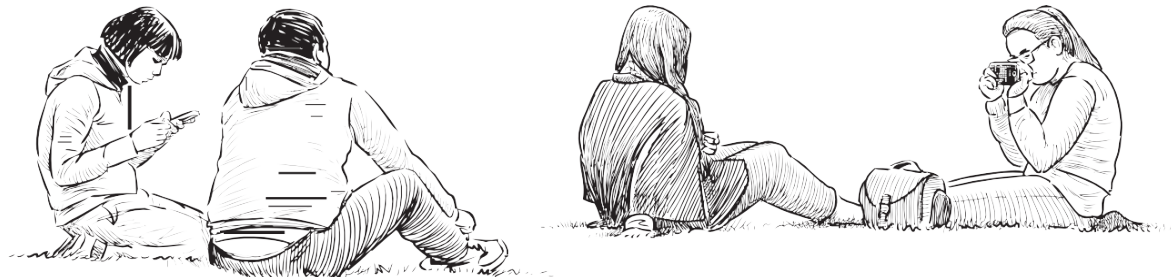
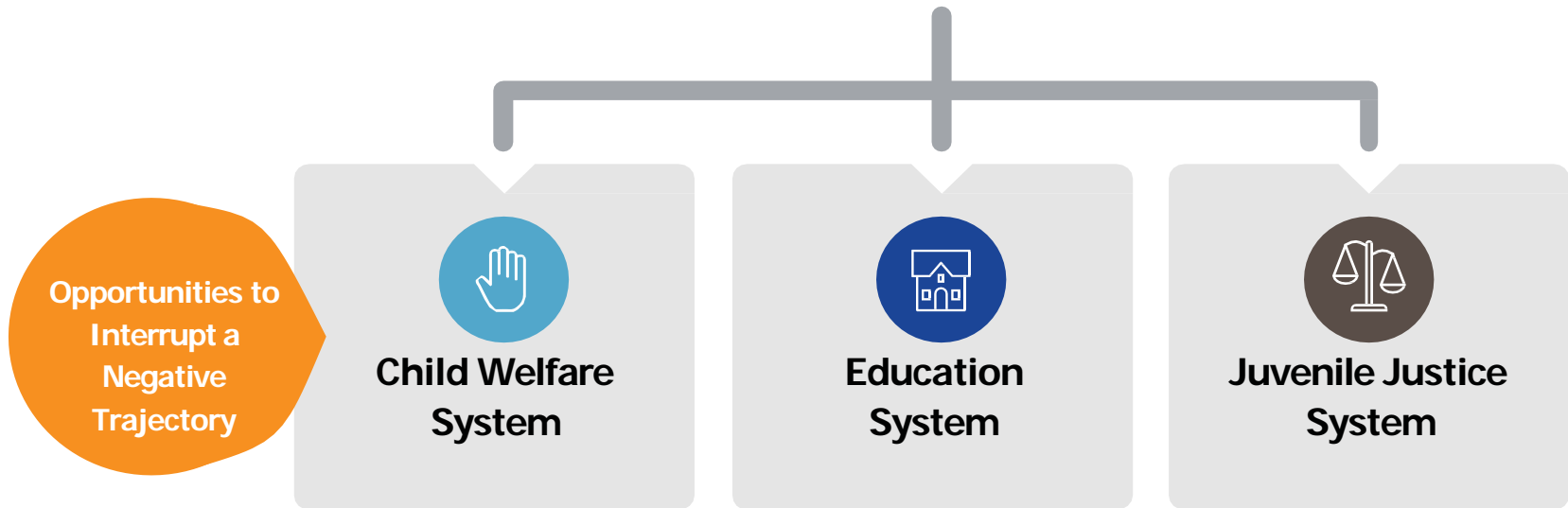
Identifying Dual Status Youth with Trauma-Related Problems

by Amy Wevodau, Ph.D., Keith Cruise, Ph.D., M.L.S., & Thomas Grisso, Ph.D.

| Trauma Screening | Trauma Assessment |
|----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| Universal | Targeted |
| Cost-effective | Comprehensive |
| Descriptive | Diagnostic |
| Can be conducted by non-clinicians | Requires a trained mental health professional |
| Can be implemented at initial system contact | Involves referral for psychological assessment |
| Used to determine whether referral for assessment is indicated | Used to formulate a case conceptualization and treatment plan, monitor progress, evaluate outcomes, and detect/prevent adverse reactions |
| Can guide trauma-informed and trauma-responsive programming and procedures | |

The Trajectory of a Traumatized Youth:

A Three System Perspective



These graphics are meant to inform, educate and prompt discussions about the specific youth behaviors the child welfare, education and juvenile justice systems may see as a result of trauma. They are also intended to highlight the individual and cross-system policies and practices that can empower systems to improve outcomes for these youth.

Six Core Components of Complex

Trauma Intervention (Complex Trauma Workgroup NCTSN; Cook et al., 2005)

- *Safety*
- *Self-Regulation*
- *Self-Reflective Information Processing*
- *Traumatic Experiences Integration*
- *Relational Engagement*
- *Enhance Positive Affect*





Contact Information

cruise@fordham.edu

718-817-3883

Center for Trauma Recovery and Juvenile
Justice

<http://www.nctsn.org/content/university-connecticut-school-medicine-center-trauma-recovery-and-juvenile-justice>

National Youth Screening & Assessment
Partners

<http://www.nysap.us/>