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

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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
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

Average # of Traumas = 4.9

Dierkhising et al., (2013)
Among trauma-exposed youth, a subgroup acknowledge exposure to multiple types of victimization (Finkelhor, Ormrod, & Turner, 2007).
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)
## Identifying Dual Status Youth with Trauma-Related Problems

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

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