Case Planning for Youth with Traumatic Event Exposures and Trauma Reactions

Keith Cruise, PhD, MLS
Associate Professor
Co-Director, Clinical-Forensic Specialization
Department of Psychology
Fordham University

Kari Harp
Program Director
Probation Systems Reform
RFK National Resource Center for JJ
RFK Children’s Action Core

RFK Probation Systems Reform Symposium: Advancing Practice, Changing Lives
April 8, 2016
Workshop Objectives

- Prevalence of Trauma Exposure and Trauma Reactions in JJ Youth
- Screening & Assessment / Group Discussion
- Risk/Needs Assessments & Trauma
- Case Vignette and Case Planning
- Resource Review
History of exposure to at least one potentially traumatic event is common (approximately 90%) among detained youth (Abram et al., 2004; Ford et al., 2008)

Types of endorsed traumas are similar across male and female youth (except domestic violence & sexual abuse > females than males) (see Dixon et al., 2005; Kerig et al., 2009)

Threatened with a weapon, physical assault, witnessing a violent crime are reported at high rates (between 30 to 60%) (Abram et al., 2004; Ford, Hawke, & Chapman, 2010)
Traumatic Event Exposures from Justice-Involved Subgroup NCTSN Core Data Set

Average # of Traumas = 4.9

Dierkhising et al., (2013)
Diversity of Event Exposure in Detained Male Youth (Stimmel, Cruise, Ford, & Weiss, 2014)

- Witnessed Community Violence (65%)
- Traumatic Loss of a Loved One (50%)
- Experienced Community Violence (47%)
- Seeing a Dead Body (26%)
- Bad Accident/Painful Medical Procedure (18%)
- Witnessing Family Violence (15%)
- Experiencing Family Violence (9%)
- Sexual Abuse (4%)
An event exposure . . .

- Exposure to actual or threatened death, serious injury, or sexual violence in one or more of the following ways
  - Direct experience
  - Witnessing events happening to others
  - Learning that events happened to a close family member or friend
  - Experiencing repeated or extreme exposure to aversive details of traumatic events
1 Month of Symptoms

- B = Intrusive Recollections (distressing memories)
- C = Avoidance (avoiding thought/memories)
- D = Negative Alterations in Thoughts or Mood (self/others, emotions)
- E = Arousal and Reactivity (reckless/self-destructive behavior)
Post Traumatic Stress Symptoms and Associated Mental Health Problems in the Justice-Involved Subgroup NCTSN Core Data Set

- Intrusive Recollections
- Avoidance
- Arousal
- Arousal
- Negative Alteration in Thought/Mood
- Arousal

Overall PTSD | Criterion B | Criterion C | Criterion D | CBCL Ext | CBCL Int | Academic Problems | Substance Use | CW Involvement

Legend:
- UCLA PTSD RI
- CBCL
- Associated Risk Factors
Prevalence Rates of PTSD

- Lifetime rates vary from 11.2 to 50.0% in juvenile delinquent samples (Erwin et al., 2000; Steiner, Garcia, & Matthews, 1997)
  - 6.3 to 7.8% in community samples (Kessler et al., 1995)

- Past year rate of 11.2% with no difference by gender or race among youth in detention (Abram et al., 2004)
  - 3.5% in community samples (Kessler et al., 1995)

- Comorbidity is the rule (40% of youth with trauma history diagnosed with at least one other mood, anxiety or disruptive behavior disorder (D’Andrea et al., 2012)
  - 93% of detained youth with PTSD met criteria for at least one comorbid disorder (Teplin et al., 2013)
## Screening & Assessment
*(Kerig, Ford, & Olafson, 2014)*

<table>
<thead>
<tr>
<th>Trauma Screening</th>
<th>Trauma Assessment</th>
</tr>
</thead>
<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>
</tr>
<tr>
<td>Can be implemented at initial system contact</td>
<td>Involves referral for psychological assessment</td>
</tr>
<tr>
<td>Used to determine whether referral for assessment is indicated</td>
<td>Used to formulate a case conceptualization and treatment plan, monitor progress, evaluate outcomes, and detect/prevent adverse reactions</td>
</tr>
<tr>
<td></td>
<td>Can guide trauma-informed and trauma-responsive programming and procedures</td>
</tr>
</tbody>
</table>
Group Discussion

- What screening tools are currently used in your jurisdiction to address behavioral health needs?
- What risk/needs assessments are currently used in your jurisdiction?
- How are screens and risk/needs assessments used to guide case planning?
- How is information about traumatic event exposure and current trauma reactions being gathered in your jurisdiction?
Risk/Needs Assessment in Practice

- Use of risk assessment tools in juvenile forensic evaluations is becoming common practice (Viljoen, McLachlan, & Vincent, 2010)

- Dynamic risk factors added incremental validity to static/historical factors in predicting violent and non-violent recidivism (Vincent, Perrault, Guy, & Gershenon, 2012)

- Juvenile probation officers can achieve acceptable inter-rater agreement supporting documentation of risk estimates in the field (Vincent, Guy, Fusco, & Gershenon, 2012)
Adolescents are often “multi-problem” youth with overlapping risks and mental health problems yet remain “moving targets” (Borum & Verhaagen, 2006; Ford et al., 2009; Grisso, 1998; Hayes, 2009; Teplin et al., 2013)

The utility of risk assessments is connected to translating results into effective risk and strengths formulations and case plans (see Douglas, Hart, Webster, & Belfrage, 2013; Hart & Logan, 2011, Viljoen et al., 2012)
Trauma Informed Tools?

- **SAVRY**
  - 2 items addressing exposure to violence in the home and childhood history of maltreatment

- **YLS/CMI 2.0**
  - No items addressing trauma exposure; use of case-specific items to account for limited exposures and PTSD symptoms

- **START:AV**
  - Victimization risk estimate, 6 out of 25 items reflect trauma exposure/symptom content
The Challenges – Integrating Information About Trauma

- Risk assessment tools may identify some components but fail to signal complexity, duration, and severity of trauma reactions and responses

- Risk level may be accurate but risk formulation and management plan could be inaccurate if impact of trauma is not considered

- Trauma history without context = poorly matched treatments or placements
  - Lead to confusing “risk” and “need”
YLS/CMI Study (Holloway & Cruise, 2015)

- 147 JPOs reviewed a case vignette and rated the YLS/CMI and developed a case plan
  - Case vignette varied by gender, traumatic event exposure hx, and active PTSD symptoms
- 60% overall needs/case plan # (e.g., high need on the YLS/CMI noted as target on case plan)
- JPOs identified trauma-based responsivity items on the YLS/CMI but . . .
  - Only 3 JPOs included trauma as a case plan target
Key Questions to Consider

- What are this youth’s risks and needs?
- What needs will you prioritize on your case plan?
- How does the trauma-specific needs impact your case plan, treatment referrals, supervision strategies?
Trauma and the RNR Model

- **Risk**
  - Exposure to >5 adverse events $\rightarrow$ 345% more likely to have early onset offending trajectory (Baglivio, Wolff, Piquero, & Epps, 2015)

- **Need**
  - PTSD symptom severity $\rightarrow$ lifetime & past year delinquency (Becker & Kerig, 2011)
  - PTSD arousal symptoms $\rightarrow$ reactive aggression for male detainees (Stimmel et al., 2014)

- **Responsivity**
  - Exposure to traumatic events $\rightarrow$ Acquired CU traits (Bennett & Kerig, 2014)
  - PTSD Dissociation Sx $\rightarrow$ More emotion dysregulation (Bennett, Modrowski, Kerig, & Chaplo, 2015)
The Take Home

- RNR model is a very useful decision-making heuristic
  - Higher needs/case plan match – the lower the recidivism rate
- Structured risk/needs assessment tools help achieve better results
- Even when JPOs are trauma-informed, this does not translate into a trauma-informed case plan
- Integrating trauma screens into the decision process is one step and will require specific training and oversight to ensure trauma-informed decision-making and trauma-informed case planning
Trauma in Dual Status Youth:
Putting Things In Perspective
By Thomas Grisso, PhD and Gina Vincent, PhD
National Youth Screening and Assessment Partners

Identifying Dual Status Youth
with Trauma-Related Problems
by Amy Wevoda, Ph.D., Keith Cruise, Ph.D., M.L.S., & Thomas Grisso, Ph.D.
The Trajectory of a Traumatized Youth: A Three System Perspective

Opportunities to Interrupt a Negative Trajectory

Child Welfare System

Education System

Juvenile Justice System

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.
How Can Traumatic Stress Contribute to Delinquent Behavior?

**Event**
- Traumatic Event / Pervasive Traumatic Experiences

**Effect of Event**
- Partial Post-Traumatic Stress Disorder (e.g., shows PTSD symptoms)
- Full PTSD (e.g., diagnosed)
- Complex trauma
- Displays other traumatic stress symptoms (e.g., depression)

**Mitigating Protective Factors**
- Age
- Coping skills
- Developmental level
- External supports
- Frequency of traumatic events
- Inherent resilience
- Perception
- Supportive relationships
- Sensitivity

**Experience of Event**
- No Symptoms

**Possible Symptoms**
- Biological Processes
  - Behavioral inhibition
  - Alterations in brain structure and function
  - Alterations in neurochemistry and the HPA System
- Emotional Process
  - Emotion dysregulation
  - Emotional numbing
  - Acquired callousness
  - Experiential avoidance
- Interpersonal Processes
  - Disrupted parent-child relations
  - Disrupted friendships
  - Disrupted romantic relationships
  - Disrupted social/transactional interactions

**Possible Behaviors**
- Academic failure and/or underachievement
- Aggression
- Associates w/ at risk peers in high risk situations
- Bullying
- Chronic running
- Emotional detachment
- Defying authority
- Depressive symptoms
- Destruction of property
- Difficulty paying attention
- Difficulty processing new information
- Disengagement from school
- Distrust of others
- Distrust of authority
- Dropping out of school
- Exacerbation of learning disability
- Failing classes
- Heightened fight, flight or freeze response
- Hypervigilance
- Hypersensitivity to loudness and violence
- Impulsivity
- Inability to be soothed and comforted
- Inability to bond
- Memory challenges
- Moral disengagement and legal cynicism
- Physical regulation difficulties
- Rejection sensitivity
- Re-enactment of trauma
- Risk taking / seeking
- Social isolation
- Substance abuse
- Suicide threats
- Trauma affected sense of empathy
- Truancy
- Uncontrollable tantrums
- Violence

---

**How can the Child Welfare System Respond to a Youth with These Behaviors?**

<table>
<thead>
<tr>
<th>Cross-System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff, parents, and substitute care providers receive ongoing training on the impact of trauma and provide more trauma-focused treatment.</td>
</tr>
<tr>
<td>Provide cultural competency training on the prevalence and impact of trauma for gender, sexual identity/orientation, racial and ethnic populations, and refugees.</td>
</tr>
<tr>
<td>Create a trauma-focused protocol for screening, assessing and serving youth.</td>
</tr>
<tr>
<td>Establish a service delivery system of providers that are trauma informed and subscribe to evidence-based practices.</td>
</tr>
<tr>
<td>Look for opportunities to increase prosocial activities.</td>
</tr>
<tr>
<td>Ensure school plans and records (e.g., IEPs) follow the youth through school and placement changes.</td>
</tr>
<tr>
<td>Develop and implement an individualized, trauma-informed, cross system plan that addresses the unique needs of the youth.</td>
</tr>
<tr>
<td>Assess the child’s environment for safety or support prior to implementing an intervention.</td>
</tr>
<tr>
<td>Conduct a physical health assessment.</td>
</tr>
<tr>
<td>Engage family in youth’s plan of care.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child Welfare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensure available support for parents who have experienced their own trauma history.</td>
</tr>
<tr>
<td>Establish a system that ensures placement stability and reduce youth exposure to placement disruption.</td>
</tr>
<tr>
<td>Ensure youth receives Independent Transitional Living Skills Training and is engaged in pro-social activities.</td>
</tr>
<tr>
<td>Develop a collaborative system between child welfare, education, and behavioral health.</td>
</tr>
<tr>
<td>All youth's educational needs are being met by ensuring available access to educational advocacy.</td>
</tr>
</tbody>
</table>

| Limitations on criteria for extending voluntary services to families when they are seeking voluntary services. |
| Fragmented child serving agency that does not always collaborate in ways that address what is in the best interest of the youth, but rather driven by budgetary restraints. |
| Home removals and placement disruptions due to lack of in-home trauma based supportive services that can be accessed in a timely manner and without being placed on a wait list. |
| A system that exposes a youth to multiple workers during the different stages of the case history with the Child Welfare agency. |
| Placement instability leads to a child's move from school system to school system, causing them further delays. |
| Placement instability leads to disruption in prosocial contacts/activities and consistent service providers. |

**Positive Outcomes for Youth**

- Youth is not re-traumatized due to harmful and ineffective system practices.
- Low-risk youth are diverted from the system and given the services they need to ameliorate their individual needs.
- Youth stays in school and graduates with the assistance of appropriate academic interventions (e.g., IEP) or youth transitions to alternative educational or vocational training programs that lead to a living wage job and career.
- Youth receives appropriate and individualized mental health services.
- Youth receives appropriate substance abuse services.
- Parents will enhance their ability to care for their children when addressing their own trauma histories.
- Youth is able to maintain a consistent home and school setting, thus allowing youth the ability to stabilize, connect, and attach to caretaker(s) while also reducing their chances of losing personal items/belongings as a result of moving from home to home.
- Youth are able to successfully live independently when necessary, have positive social connections, and engage in pro-social activities that allow them to become successful/productive adults.
- Youth receives culturally relevant treatment and supervision services that take into account the youth’s history of maltreatment and assist the youth in identifying triggers, protective strategies, and coping skills.
- Youth is provided with prosocial opportunities that enhance their protective capacity.
- Youth does not move into the juvenile justice systems.
- Restoration of trust in the social contract.

**Negative Outcomes for Youth**

- Families who could benefit from early intervention do not get it due to lack of clear policies and available resources.
- Lack of ongoing staff training and expertise around trauma leads to inability to accurately assess the right behaviors and access the right intervention for youth.
- Missed opportunity to keep families intact while providing intensive in-home behavior services; if services cannot be easily accessed, long wait list, or is unable to accommodate bilingual capacity.
- Child gets further and further behind academically.
Cross-System

- Provide annual training to all professional and support staff to recognize the signs and symptoms of trauma
- Provide cultural competency training on the prevalence and impact of trauma for gender, sexual identity/orientation, racial and ethnic populations, and refugees
- Create a trauma-focused protocol for screening, assessing and serving youth
- Establish a service delivery system of providers that are trauma informed and subscribe to evidence based practices
- Look for opportunities to increase prosocial activities
- Ensure school plans and records (e.g., IEPs) follow the youth through school and placement changes
- Develop and implement an individualized, trauma-informed, cross system plan that addresses the unique needs of the youth
- Assess the child’s environment for safety or support prior to implementing an intervention
- Conduct a physical health assessment
- Engage family in youth’s plan of care

Education

- Provide universal mental health screens at registration
- Consistently implement Positive Behavioral Intervention Strategies
- Ensure Child Find protocols are identifying and serving youth with educational deficiencies
- Create in-school policies for dealing with truancy
- Create in-school policies for dealing with low level infractions or offenses (bullying, physical altercations, etc.)
- Offer in-school alternatives to suspension
- Offer re-engagement programs (e.g., credentials, apprenticeships) for students who will not graduate

Zero tolerance policies
- Suspension
- Expulsion
- Profiling and labeling troubled youth and families
- Delaying or avoiding IEP or 504 assessments

Positive Outcomes for Youth

- Youth is not re-traumatized due to harmful and ineffective system practices
- Low-risk youth are diverted from the system and given the services they need to ameliorate their individual needs
- Youth stays in school and graduates with the assistance of appropriate academic interventions (e.g., IEP) or youth transitions to alternative educational or vocational training programs that lead to a living wage job and career
- Youth receives appropriate and individualized mental health services
- Youth receives appropriate substance abuse services
- Parents will enhance their ability to care for their children when addressing their own trauma histories
- Youth is able to maintain a consistent home and school setting, thus allowing youth the ability to stabilize, connect, and attach to caretaker(s) while also reducing their chances of losing personal items/belongings as a result of moving from home to home
- Youth are able to successfully live independently when necessary, have positive social connections, and engage in pro-social activities that allow them to become successful/productive adults
- Youth receives culturally relevant treatment and supervision services that take into account the youth’s history of maltreatment and assist the youth in identifying triggers, protective strategies, and coping skills
- Youth is provided with prosocial opportunities that enhance their protective capacity
- Youth does not move into the child welfare or juvenile justice systems
- Restoration of trust in the social contract

Negative Outcomes for Youth

- Drop out of school permanently
- Unsupervised time at home leads to delinquent acts and involvement in the Juvenile Justice (JJ) system (go to the JJ Trajectory)
- Setbacks in academic achievement due to separation from structured classroom instruction which leads to potential negative self-concept, frustration, aggression, and potential school drop out
- Family tensions rise with youth at home—possible domestic violence, runaway situations, increase in substance use (go to JJ trajectory)
- Youth experiences educational deficits and delays which leads to eventually dropping out
- Youth’s negative behavior possibly results in suspensions, expulsions, alienation from peers and school staff, suicide, violence, involvement in the JJ system (go to JJ trajectory)
- Missed opportunity for learning before brain maturity results in loss of plasticity which may lead to long-term vocational and educational consequences
- Youth progresses into the Child Welfare and/or Juvenile Justice System
How can the **Juvenile Justice System** Respond to a Youth with These Behaviors?

Provided annual training to all professional and support staff to recognize the signs and symptoms of trauma
- Provide cultural competency training on the prevalence and impact of trauma for gender, sexual identity/orientation, racial and ethnic populations, and refugees
- Create a trauma-focused protocol for screening, assessing and serving youth
- Establish a service delivery system of providers that are trauma informed and subscribe to evidence-based practices
- Look for opportunities to increase prosocial activities
- Ensure school plans and records (e.g., IEPs) follow the youth through school and placement changes
- Develop and implement an individualized, trauma-informed, cross system plan that addresses the unique needs of the youth
- Assess the child’s environment for safety or support prior to implementing an intervention
- Conduct a physical health assessment
- Engage family in youth’s plan of care

Establish a continuum of community-based services to provide treatment, support, and psycho-social rehabilitation.
- Incorporate evidence-based practices like TARGET, Trauma-Focused Cognitive Behavioral Therapy, Mode Deactivation Therapy, Aggression Replacement Training, etc.
- Ensure that youth programs targeting criminogenic needs are trauma-informed
- Use secure detention only as a last resort to protect others from violent delinquent acts
- Eliminate the use of seclusion as a disciplinary action in secure detention
- Add comprehensive Mental Health/Behavioral Health Wraparound service array that includes diversion options
- Trauma screening & assessment
- Employ developmentally appropriate & trauma-informed probation practices
- Undertake family finding for all youth prior to receiving aftercare
- Address underlying impacts of trauma and not just the criminogenic needs
- Judges utilize the National Child Traumatic Stress Network benchmark

**Cross-System**

**Positive Outcomes for Youth**
- Youth is not re-traumatized due to harmful and ineffective juvenile justice practices
- Low-risk youth are diverted from the system and given the services they need to ameliorate their individual needs
- Youth receives appropriate and individualized mental health and/or substance abuse services
- Youth receives culturally relevant treatment and supervision services that take into account the youth’s history of maltreatment and assist the youth in identifying triggers, protective strategies, and coping skills
- Youth is provided with prosocial opportunities that enhance their protective capacity
- Restoration of trust in the social contract
- Terms and length of Probation are individualized & specific to the unique needs of the youth

**Negative Outcomes for Youth**
- Missed opportunities to address the underlying issues that contribute to the negative behavior. Results in the youth feeling more disaffected and untrusting of adults & authority
- Missed opportunity for healing before brain maturity results in loss of plasticity
- Overly restrictive & punitive responses result in low and moderate risk youth interacting with high risk youth increasing their risk of behaviors and attitudes conducive to recidivism
- Treatment needs left unaddressed can result in recidivism & deeper penetration into the system
- Youth experience more traumatic events (incarceration, violence, sexual abuse, etc.) thereby compiling their trauma-related risks noted in columns 2 & 3

Mandatory detention or other restrictive sanctions for technical violations or other minor offenses
- Inappropriate use of secure detention (for status offenses or non-violent delinquent acts)
- Abusive & overly restrictive institutional measures: physical, chemical, or mechanical restraints, or seclusion as a disciplinary action
- Probation practices that focus only on compliance and fail to establish strength-based, goal directed case plans that address needs
- Inadequate or inappropriate response to youth needs (failure to provide services or failure to provide the correct type or level of service)
- Direct Commit statutes
- Lack of screening & assessment
- Under-investing in treatment resources
Additional Resources

- NCTSN Webinars on Screening and Assessment Measures

- NCMHJJ Resources

- NCJFCJ Trauma-Informed Juvenile and Family Courts
  - http://www.ncjfcj.org/sites/default/files/NCJFCJ_Trauma_Manual_04.03.15.pdf
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/