Case Planning for Youth with Traumatic Event Exposures and Trauma Reactions

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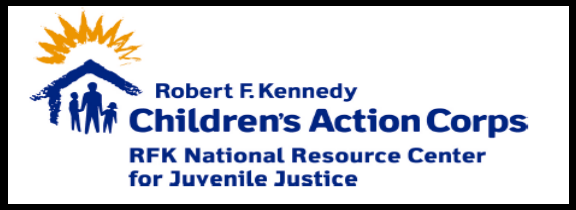


RFK Probation Systems Reform Symposium: Advancing Practice, Changing Lives
April 8, 2016

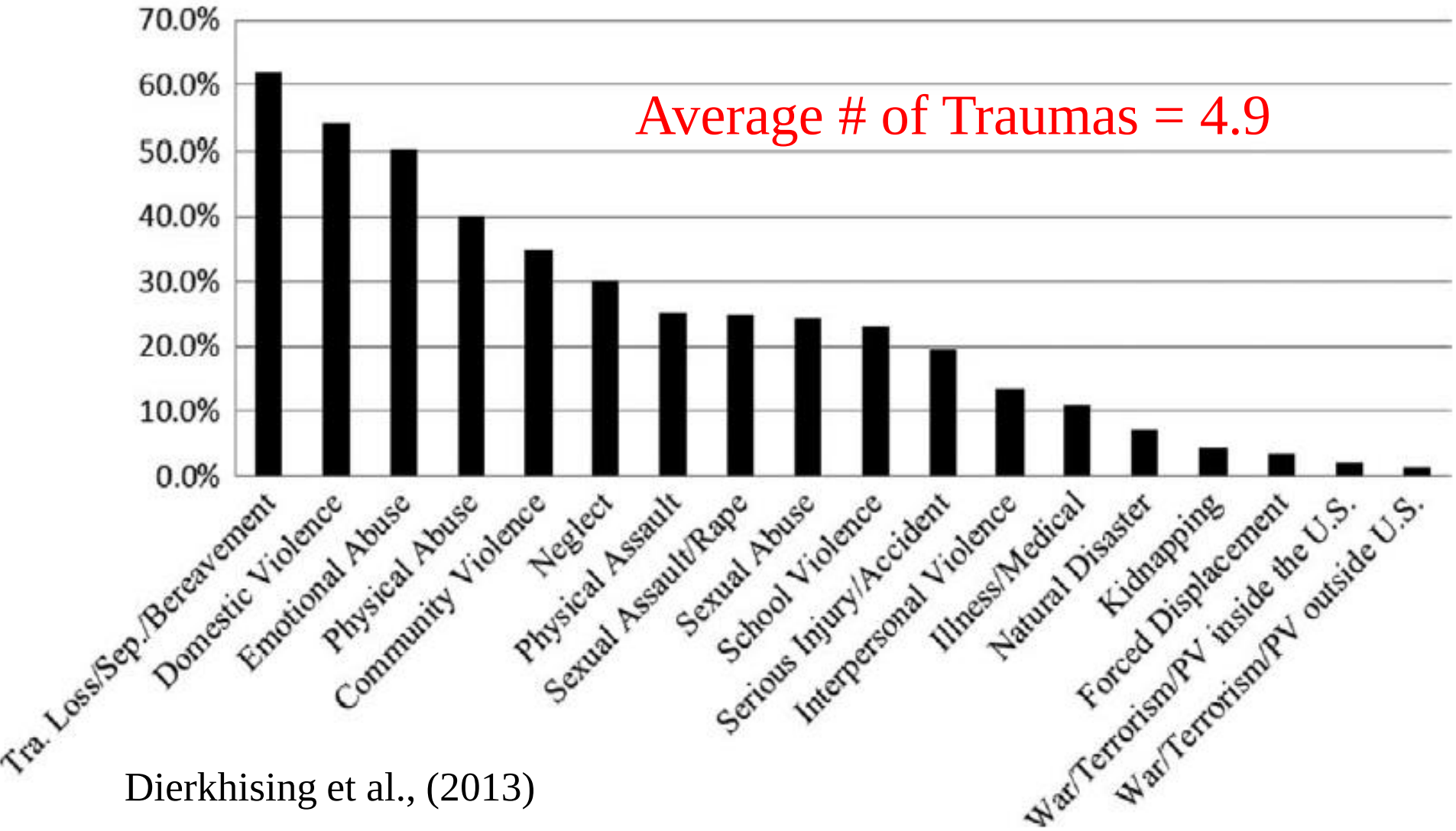
Workshop Objectives

- 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

Traumatic Event Exposures in Juvenile Justice Samples – What We Know

- 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



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%)

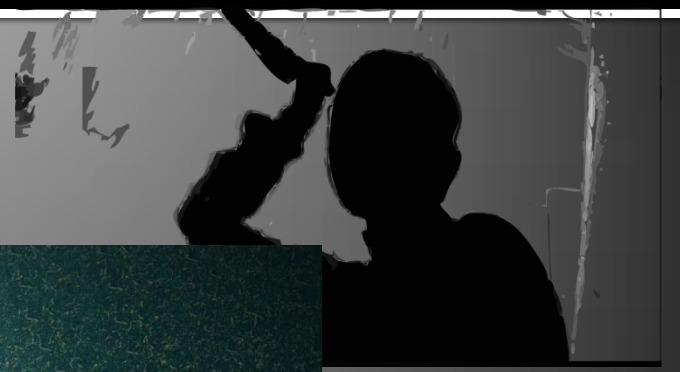
Current Diagnostic Criteria for PTSD (Exposure + Symptoms) (APA, 2013)

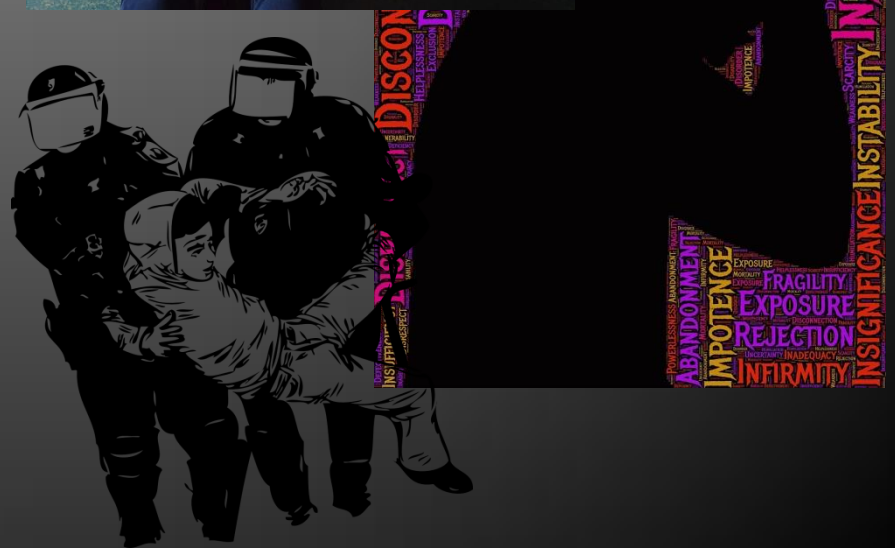
An event exposure . . .

- 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

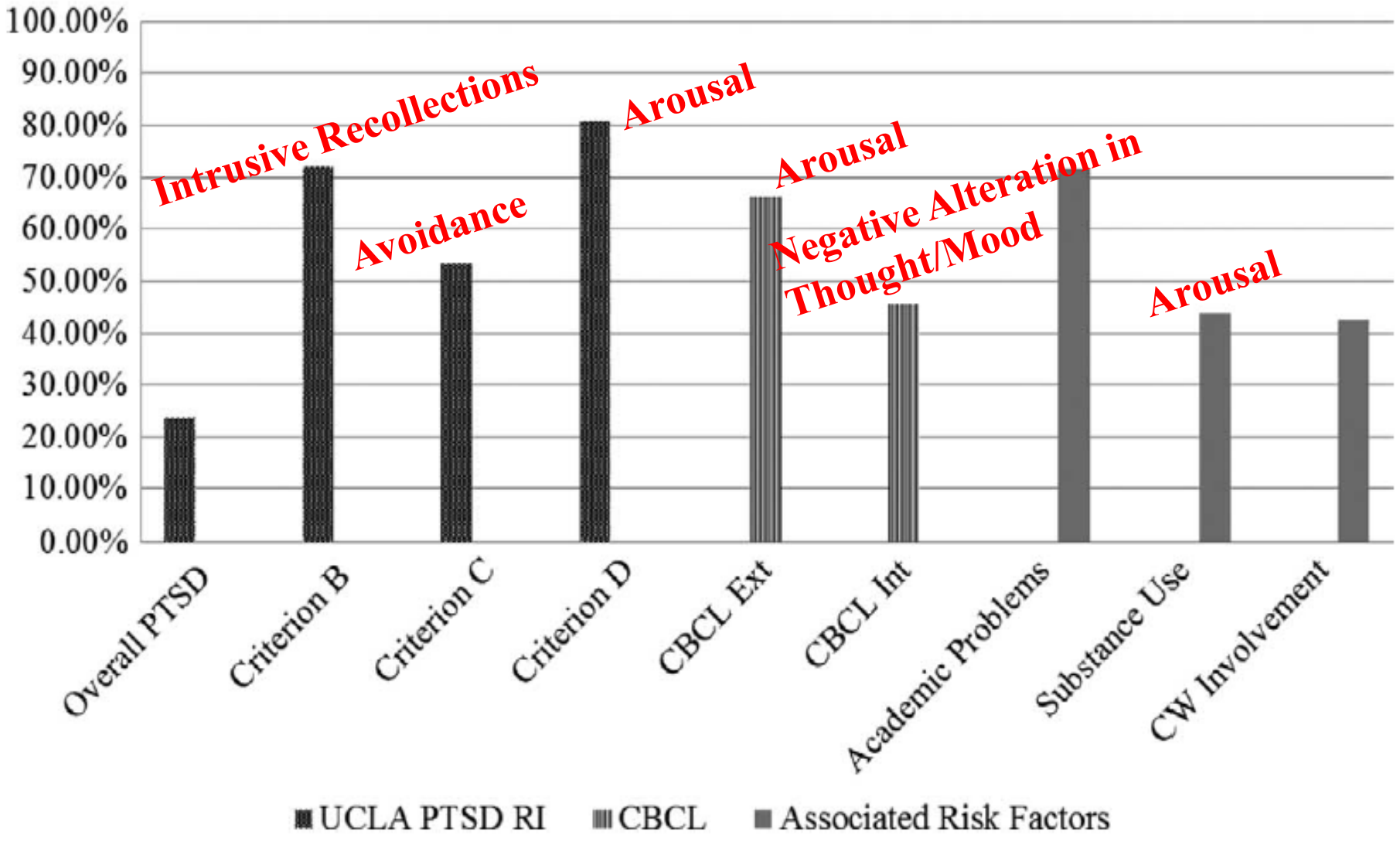
1 Month of Symptoms

- 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



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)

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	

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)

Goal is Improved Risk Communication and Risk Formulations

- 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

A Case Illustration

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 → 345% more likely to have early onset offending trajectory (Baglivio, Wolff, Piquero, & Epps, 2015)
- ***Need***
  - PTSD symptom severity → lifetime & past year delinquency (Becker & Kerig, 2011)
  - PTSD arousal symptoms → reactive aggression for male detainees (Stimmel et al., 2014)
- ***Responsivity***
  - Exposure to traumatic events → Acquired CU traits (Bennett & Kerig, 2014)
  - PTSD Dissociation Sx → 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

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Trauma in Dual Status Youth:
Putting Things In Perspective

By Thomas Grisso, PhD and Gina Vincent, PhD
National Youth Screening and Assessment Partners

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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.

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.

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How Can Traumatic Stress Contribute to Delinquent Behavior?

Event

Traumatic Event / Pervasive Traumatic Experiences

Mitigating Protective Factors

Age

Coping skills

Developmental level

External supports

Frequency of traumatic events

Inherent resilience

Perception

Supportive relationships

Sensitivity

Experience of Event

Effect of Event

Partial Post-Traumatic Stress Disorder (e.g., shows PTSD symptoms)

Full PTSD (e.g., diagnosed PTSD)

Complex trauma

Displays other traumatic stress symptoms (e.g. depression)

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

Impaired emotion recognition

Cognitive Process

Interpersonal processing deficits

Alienation

Moral disengagement

Stigmatization

Cognitive immaturity

Impaired recognition of and response to risk

Futurelessness

Impulsivity

Hostile attribution bias

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

Poor problem solving skills

Physical regulation difficulties

Rejection sensitivity

Re-enactment of trauma

Risk taking / seeking

Self-harming

Separation or detachment from pro-social role models

Sexual acting out

Social isolation

Substance abuse

Suicide threats

Trauma affected sense of empathy

Truancy

Uncontrollable tantrums

Violence

Please visit nkhrcjj.org/resources for a complete list of references and additional resources.

*Kerig, P. K., & Becker, S. P. (2010). From internalizing to externalizing: Theoretical models of the processes linking PTSD to juvenile delinquency. In S. J. Egan (Ed.), Posttraumatic stress disorder (PTSD): Causes, symptoms and treatment (pp. 33-78). Hauppauge, NY: Nova Science Publishers.

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

Cross-System

Staff, parents, and substitute care providers receive ongoing training on the impact of trauma and provide more trauma-focused treatment

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

Child Welfare

Ensure available support for parents who have experienced their own trauma history

Establish a system that ensures placement stability and reduce youth exposure to placement disruption

Ensure youth receives Independent Transitional Living Skills Training and is engaged in pro-social activities

Develop a collaborative system between child welfare, education, and behavioral health

All youth's educational needs are being met by ensuring available access to educational advocacy

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

Interrupts Negative Trajectory

Positive Outcomes for

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

Perpetuates Negative Trajectory

Negative Outcomes for

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

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

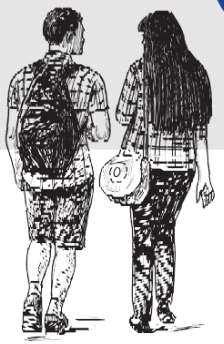
Cross-System

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 policy
Suspension
Expulsion
Profiling and labeling troubled youth and families
Delaying or avoiding IEP or 504 assessments



Interrupts Negative Trajectory

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

Perpetuates Negative Trajectory

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?

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

Juvenile Justice System

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 benchcard

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

Interrupts Negative Trajectory

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

Perpetuates Negative Trajectory

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

Additional Resources

- **NCTSN Webinars on Screening and Assessment Measures**
  - **http://learn.nctsn.org/course/index.php?categoryid=47**
- **NCMHJJ Resources**
  - http://www.ncmhjj.com/new-resources-on-trauma-and-juvenile-justice/
- **NCJFCJ Trauma-Informed Juvenile and Family Courts**
  - http://www.ncjfcj.org/sites/default/files/NCJFCJ_Trauma_Manual_04.03.15.pdf

Contact Information

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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/