Trauma-Informed Care: What It Means and Why It Matters

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Overview

- Define the concept of a Trauma-Informed Care , Trauma Exposure, PTSD, and Complex Trauma
- Discuss why trauma is important and relevant to understanding functioning of youth involved in the juvenile justice system
- Provide examples of best practices in screening/assessment and treatment
- Offer practical suggestions for probation staff working with trauma-exposed youth

Trauma-informed Perspective and Linkage with JJ (NCTSN; Dierkhising, Ko, & Goldman, 2013)

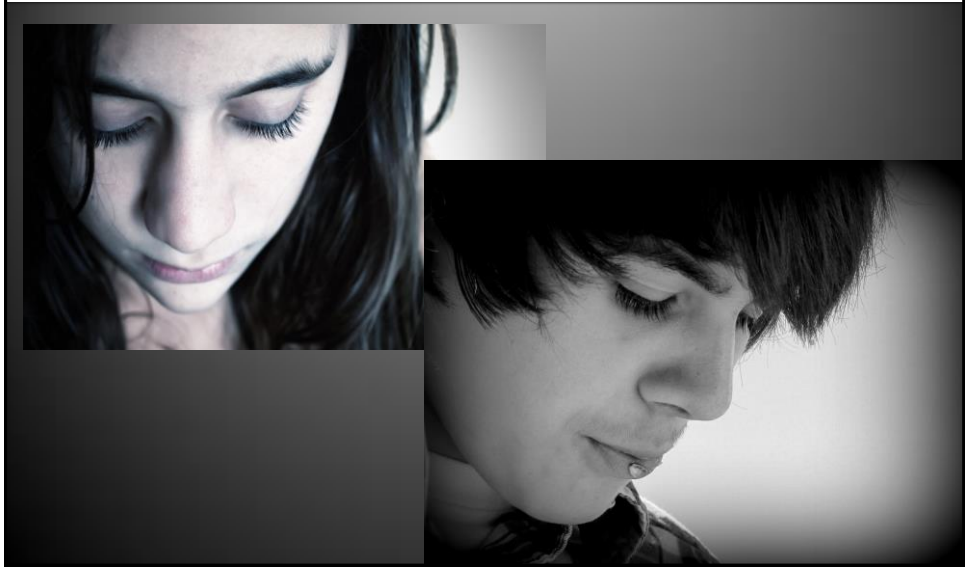
- Routinely screen for trauma exposure and related symptoms
- Partner with families to reduce the potential traumatic experiences of justice involvement
- Collaborate across systems to enhance continuity of care
- Create a trauma-responsive environment of care
- Reduce racial and ethnic disparities and address disparate treatment of minority youth

Trauma-Informed Care - Screening and Assessment - Intervention

- 12/12/12 - Attorney General Task Force Report on Children Exposed to Community Violence
  - http://www.justice.gov/defendingchildhood/cev-rpt-full.pdf
- 7/11/13 – DHHS issued a guidance letter encouraging integration of trauma-informed screening and assessments into services for children and families
- Ongoing – NCTSN dedicated resources to training, technical assistance, resource development across points of the juvenile justice system
  - http://www.nctsnet.org/resources/topics/juvenile-justice-system

“The Trauma Train has Left the Station”

Maya Anthony



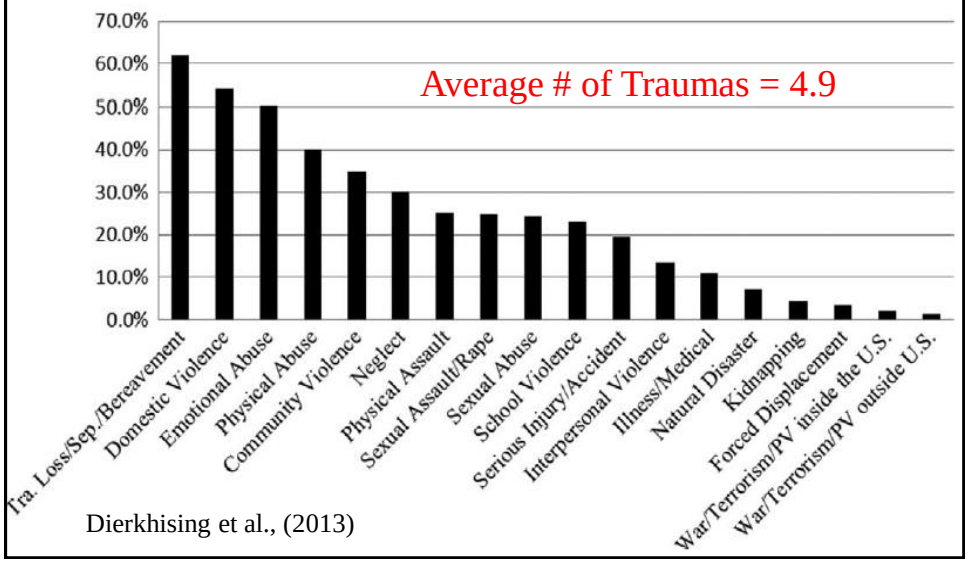
Trauma Continuum

It is more than just PTSD!

Trauma 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)

Trauma 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%)

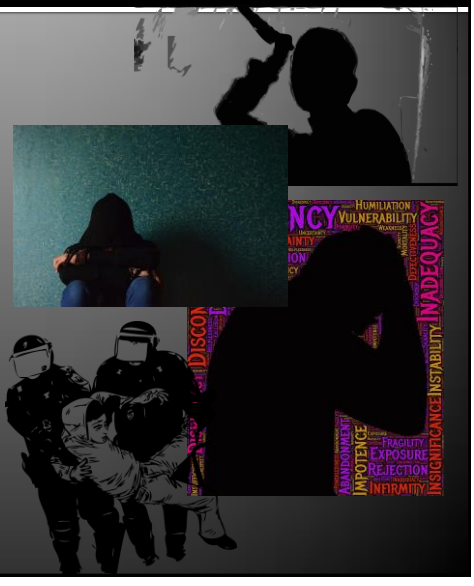
Current Diagnostic Criteria for PTSD (Exposure + Symptoms) (APA, 2013)

An event exposure . . .

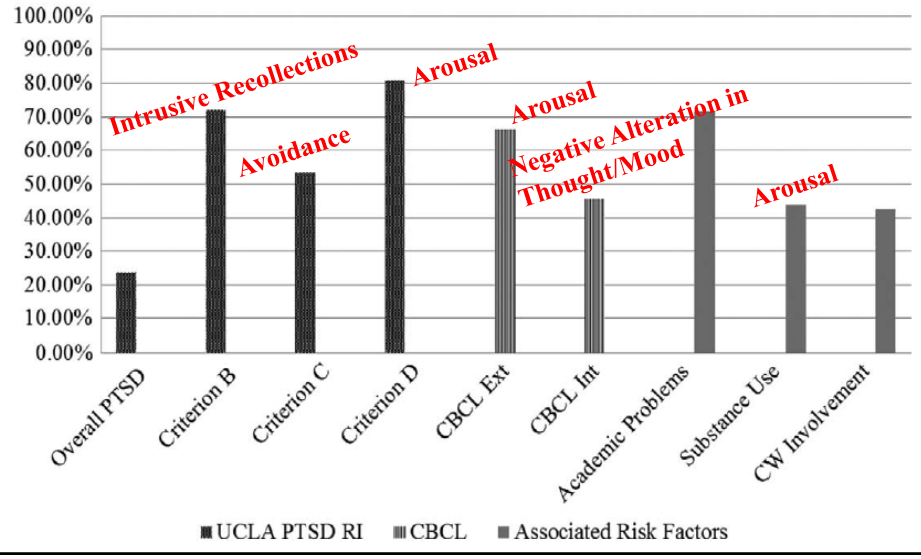
- Exposure to actual or threatened death, serious injury, or sexual violence in one or more of the following ways
  - Direct experience
  - Witnessing events happening to others
  - Learning that events happened to a close family member or friend
  - Experiencing repeated or extreme exposure to aversive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

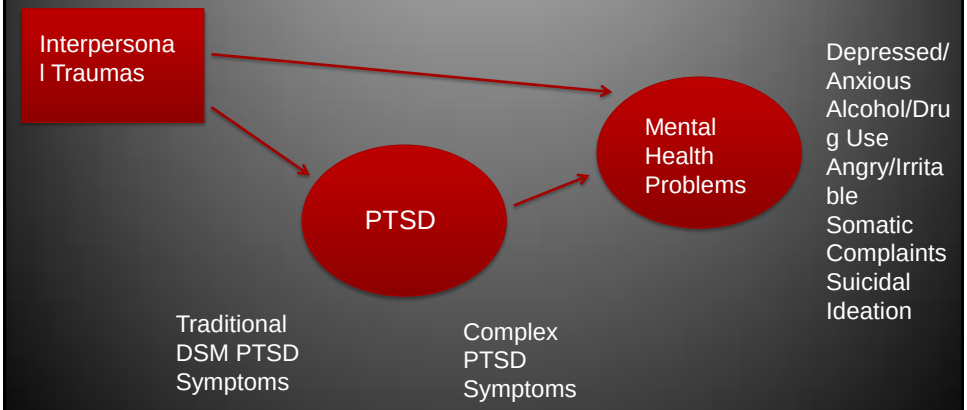
Limitations of DSM Diagnosis of PTSD for Justice-Involved Youth (D'Andrea et al., 2012; Ford et al., 2012; Kerig et al., 2009)

- Developed based on experiences of adult combat veterans
- Focus is on discrete, high potency events and limited range of anxiety-based thoughts, behaviors, and physical symptoms
- Chronic childhood victimization involves a spectrum of symptoms not accounted for by PTSD alone (common comorbid diagnoses)
- Chronic childhood victimization involves a spectrum of behaviors, emotions, thoughts, and interpersonal symptoms
- Application of multiple comorbid diagnoses results in diagnostic drift and trauma-uninformed treatment recommendations

PTSD Symptoms and Aggression/Delinquency

- In a study of detained males, both CV exposure and Arousal symptoms predicted self-reported reactive aggression (Stimmel et al., 2014)
- After accounting for the # of trauma exposures, PTSD symptoms severity was associated with frequency of delinquent behaviors (Becker & Kerig, 2011)
- The connection between trauma exposures (in boys and girls) and CU traits was influenced by numbing of emotions (sadness, fear) particularly when trauma exposures involved betrayal (Kerig et al., 2012)

PTSD Symptoms = Link Between Interpersonal Trauma and Mental Health Problems (Kering et al., 2009)



Poly-victimization

Injury
Traumatic Loss
Community Violence
Physical Assault
Weapon

- 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

Why is Poly-victimization Important?

- Poly-victimization is associated with emotional and behavioral problems that extend well beyond problems associated with PTSD and change over time (see Grasso et al., 2011)
- 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 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)

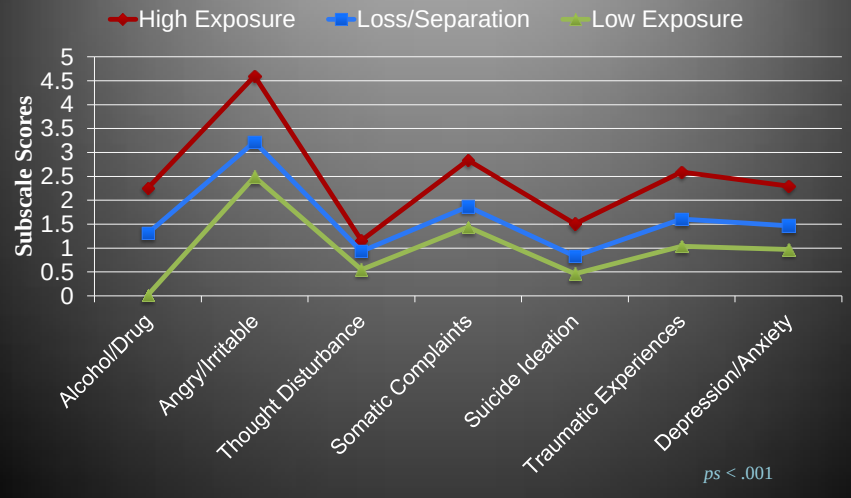
Patterns of Poly-victimization

- In a study of 1,959 youths ages 10-17-years-old from CT juvenile detention centers
  - Total trauma types ranged from 0-16 (M = 1.48, SD = 0.91)
  - Of endorsers, mean number of types was 2.56 (SD = 1.88)
  - 28% endorsed events characterized by victimization
  - 36% endorsed a traumatic event characterized by loss or separation from primary caregiver

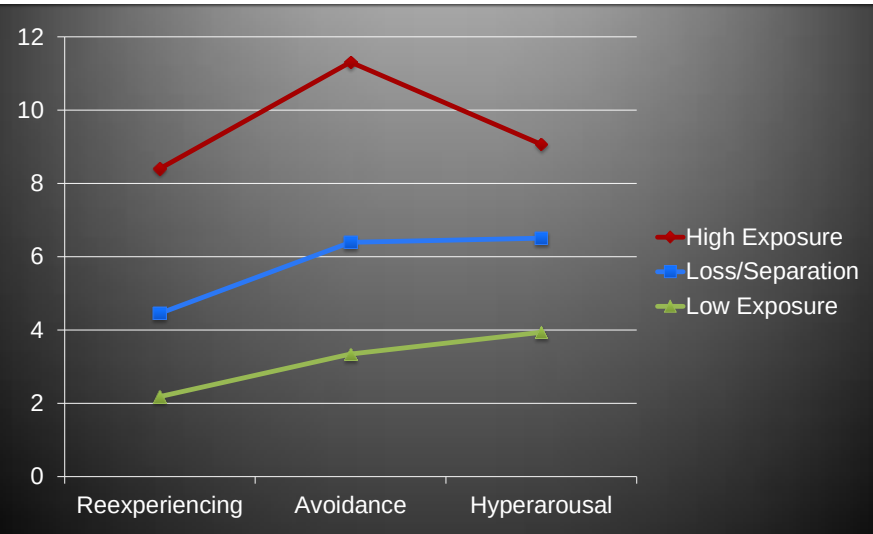
Patterns of Poly-victimization (cont.)

- 3 subtypes of youths in juvenile justice
  - High Exposure (mean: 7 types) across all domains (5%)
  - Primarily loss/separation (3 types) traumas (36%)
  - Low exposure across all domains (59%)
- No age differences among subtypes
- Boys and minorities overrepresented in all subtypes except High Exposure class, where ratios are about even
- High Exposure subtype more likely to report history of physical neglect and emotional/verbal abuse by a caregiver

Poly-victimization Patterns on MAYSI-2 (cont.)



Poly-victimization Results on UCLA PTSD RI



Complex Trauma

- ***Involves***
  - Exposure to traumatic stressors at an early age (usually childhood) OR in a prolonged context (ongoing torture or captivity)
  - Involves multiple, cumulative interpersonal trauma exposures (physical abuse, sexual abuse, neglect, chronic re-victimizations in family or community
  - Compromises multiple developmental domains extending well beyond anxiety and dysphoria of traditional PTSD
  - Severe disruption in core-self-regulatory competencies (Ford, 2005) or primary attachments (Cook et al., 2005; Terr, 1991)

SIDEBAR 1.

Domains of Impairment in Children Exposed to Complex Trauma

I. Attachment
- Problems with boundaries
- Distrust and suspiciousness
- Social isolation
- Interpersonal difficulties
- Difficulty attuning to other people's emotional states
- Difficulty with perspective taking

II. Biology
- Sensorimotor developmental problems
- Analgesia
- Problems with coordination, balance, body tone
- Somatization
- Increased medical problems across a wide span (eg, pelvic pain, asthma, skin problems, autoimmune disorders, pseudoseizures)

III. Affect regulation
- Difficulty with emotional self-regulation
- Difficulty labeling and expressing feelings
- Problems knowing and describing internal states
- Difficulty communicating wishes and needs

IV. Dissociation
- Distinct alterations in states of consciousness
- Amnesia
- Depersonalization and derealization
- Two or more distinct states of consciousness
- Impaired memory for state-based events

V. Behavioral control
- Poor modulation of impulses
- Self-destructive behavior
- Aggression toward others
- Pathological self-soothing behaviors
- Sleep disturbances
- Eating disorders
- Substance abuse
- Excessive compliance
- Oppositional behavior
- Difficulty understanding and complying with rules
- Reenactment of trauma in behavior or play (eg, sexual, aggressive)

VI. Cognition
- Difficulties in attention regulation and executive functioning
- Lack of sustained curiosity
- Problems with processing novel information
- Problems focusing on and completing tasks
- Problems with object constancy
- Difficulty planning and anticipating
- Problems understanding responsibility
- Learning difficulties
- Problems with language development
- Problems with orientation in time and space

VII. Self-concept
- Lack of a continuous, predictable sense of self
- Poor sense of separateness
- Disturbances of body image
- Low self-esteem
- Shame and guilt

Cook et al., (2005)

Complex Trauma and Aggression in Secure Juvenile Justice Settings (see Ford, Chapman, Connor, & Cruise, 2012)

- Youth with complex traumas will be diagnosed with a wide range of externalizing and internalizing problems (see D'Andrea et al., 2012)
- Domains disrupted by complex trauma are directly linked to risk factors for aggression
  - Affect regulation = anger, inability to identify emotional states
  - Cognition = hostile attributions and threats
  - Self concept = self-criticism & shame
  - Behavior dysregulation = impulsivity, self-destructive behaviors, poor understanding of rules
  - Attachment = ambivalence, distrust of others, avoidant detached, relationship problems, social support

Why Screen for Trauma

- Number and type of potential traumatic event exposures has important implications for behavioral and mental health functioning (Becker & Kerig, 2011; Kerig et al., 2009; Stimmel et al., 2013)
- There are limitation to reliance on the MAYSI-2 TE scale in identifying youth at risk for PTSD (Kerig et al. 2011)
- Follow-up data from detained youth suggest only a small percentage (< 10%) received community-based treatment despite high rates of disorder (see Teplin et al., 2013)

Trauma Exposure "Screens"

- Adverse Child Experiences Scale (ACES)
- Rapid Assessment of Pediatric Psychological Trauma (RAPPT)
- Traumatic Events Screening Inventory for Children (TESI-C)
- Juvenile Victimization Questionnaire (JVQ)
- Childhood Trust Events Survey (CTES)
- MAYSI-2 Traumatic Experiences Scale (MAYSI-2 TE)

Posttraumatic Stress Symptom "Screens"

- UCLA PTSD Reaction Index for Children/Adolescents – DSM-5
- Structured Trauma-Related Experiences and Symptoms Screener (STRESS)

Some Important Caveats

- Event exposure screens will have limited utility (e.g., no link to PTSD symptoms); may not cover the range of exposures relevant to justice-involved youth
- Just because "Screen" is in the name does not mean there is relevant research testing the tool as a screen
- Exposure + Symptoms tools more often tested as brief assessments – not screens

Three Dimensions of Trauma Screening/Assessment (Kerig, 2013)

Decision Steps

- Trauma-informed screens should flag youth in need of further comprehensive assessments
- The more comprehensive assessment should then determine the need for trauma-specific interventions

Dimensions

- Exposure to potentially traumatizing events
- Whether youth displays current symptoms consistent with PTSD
- Whether youth meets formal diagnostic criteria for PTSD

Good Screening Practices Are . . . (Williams, 2007)

- Based on a tool designed for use with the population (e.g., juvenile justice youth)
- Have research support of “reliability” and “validity” of scores/decision-rules
- Administered and scored based on standardized procedures to support uniformity in system response
- Conducted at intake
- Supported by policies that facilitate communication and protect confidentiality of results

In the Context of Trauma (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	

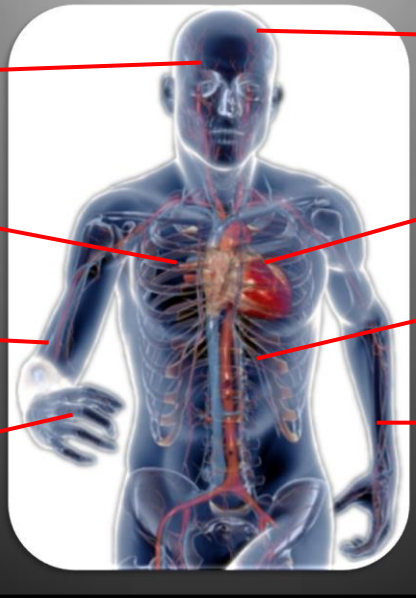
Choosing the "Right" Tool

- What are your goals?
- When to assess and how will the information be used?
- Screen versus comprehensive assessment?
- Level of training?
- Time?
- Characteristics of the youth (age, gender, race)?
- Evidence of reliability and validity in juvenile justice settings?

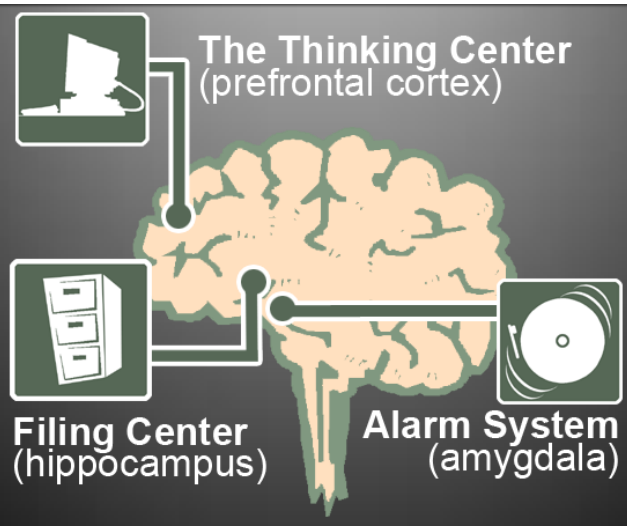
Trauma Reactions

Implications for Management and Treatment

The Body's Alarm System: Fight, Flight, or Freeze

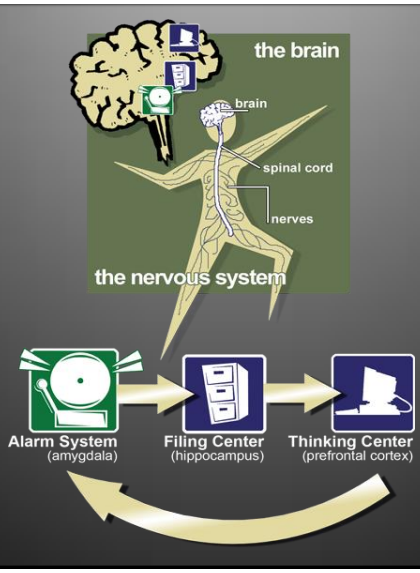


The Brain Under Normal Stress



normal stress

The Brain & Body Working Together



extreme stress / trauma
The Alarm Takes Control

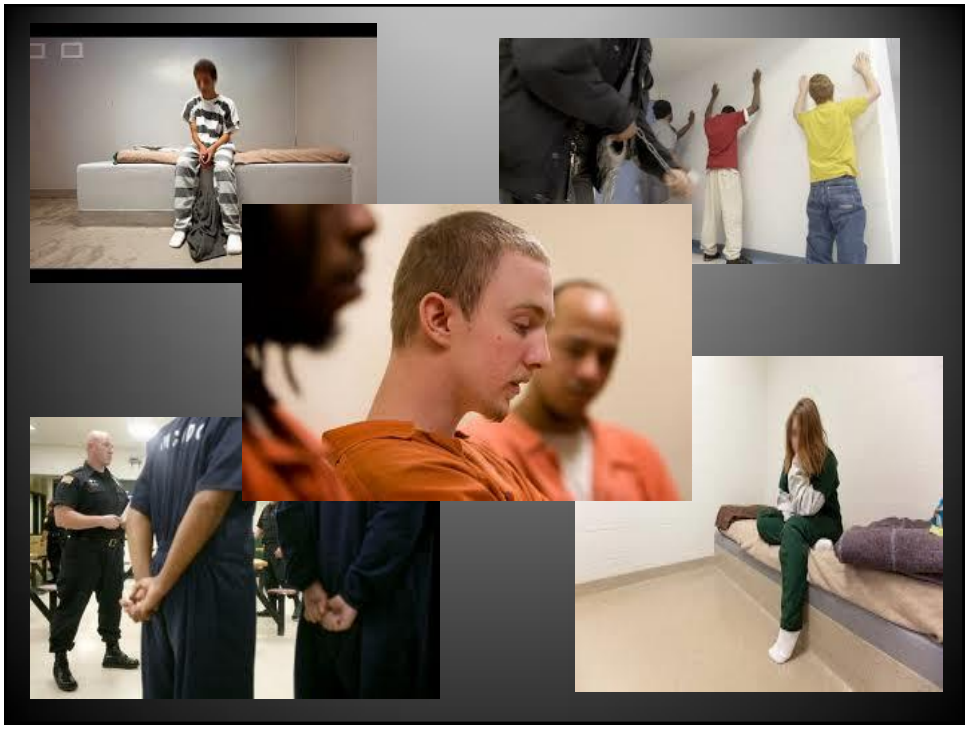
Trauma Affect Regulation: (Re)Gaining the Ability to Stop and Think Under Stress

- Getting emotionally amped up or shut down,or acting impulsively or withdrawing, keeps the ALARM stuck & does NOT activate the brain's FILING & THINKING CENTERs

- To re-set the ALARM, you must regularly keep track of your emotions, thoughts, goals, and options, in order to *focus on who you are as a person and what you value most in life*

Trauma Affect Regulation: (Re)Gaining the Ability to Stop and Think Under Stress

- True mental focusing is difficult for anyone, especially teens (whose brains are in flux)
- However, teens can become highly mentally focused if they are motivated and interested
- But this can be challenging in juvenile justice contexts



Think Trauma: A Training for Staff in JJ Residential Settings

Monique Marrow

- Modularized, skills-based, interactive trauma-focused training curriculum for frontline residential staff who work directly with youth in detention and long-term residential/correctional facilities
- 4 Modules
  - Trauma and Delinquency
  - Trauma's Impact on Development
  - Coping Strategies
  - Vicarious Trauma, Organizational Stress, and Self-Care

Trauma and Grief Components Therapy for Adolescents (TGCT-A)

- Group treatment addresses emotional, behavioral, and cognitive dysregulation experienced by traumatized adolescents
- Includes specific trauma and grief processing components through the creation of trauma narratives, which can be done as verbal or written narratives, poems, texts, or songs
- Model Developers: Layne, Saltzman, Pynoos, Sternberg;
  - Adapted for JJ: Olafson, Boat, Marrow

Trauma Affect Regulation: Guide for Education and Therapy (TARGET ©) Julian Ford

- Psychoeducation about how traumatic victimization leads to survival adaptations in the brain's stress/alarm system
- A 3-step and 7-step template for recognizing stress reactivity: to stop and think before reacting
- Skills that build on the person's strengths and goals to focus thinking and turn down the brain's alarm

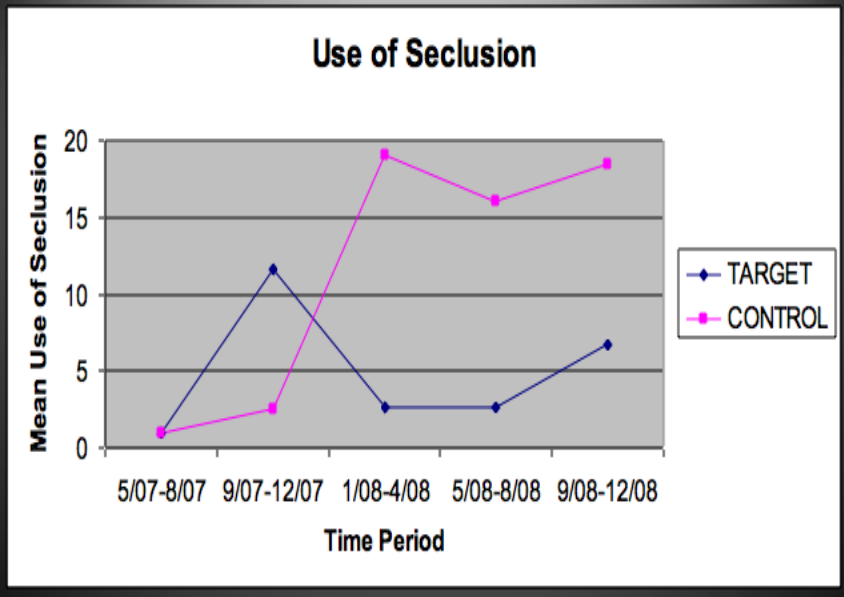
TARGET© Outcome Studies

Field Trial Effectiveness Studies

- Ford, J. D., & Hawke, J. (2012). Trauma affect regulation psychoeducation group and milieu intervention outcomes in juvenile detention facilities. *Journal of Aggression, Maltreatment & Trauma, 21*(4). 365-384.
- Marrow, M., Knudsen, K., Olafson, E., & Bucher, S. (2012). The value of implementing TARGET within a trauma-informed juvenile justice setting. *Journal of Child and Adolescent Trauma, 5, 257-270.*

TARGET CT Juvenile Detention Study

- Quasi-experimental study 394 Juvenile Detention admissions (75% minorities; 91% male; 21% full/partial PTSD)
  - 50% receive TARGET 50% receive Usual Services
- For each group TARGET session received in the first week:
  - *54% fewer dangerous incidents in 2-week stay*
  - *72 minutes less seclusion in 2-week stay*
- Recidivism decreased in TARGET v. Usual Services



Six Core Components of Complex Trauma Intervention (Complex Trauma Workgroup NCTSN; Cook et al., 2005)

- ***Safety***
  - Internal and environmental safety
- ***Self-Regulation***
  - Capacity to adapt and restore balance after becoming dysregulated (thoughts, emotions, behaviors)
- ***Self-Reflective Information Processing***
  - Effective engagement of attentional and executive functioning processes

Six Core Components of Complex Trauma Intervention (Complex Trauma Workgroup NCTSN; Cook et al., 2005)

- ***Traumatic Experiences Integration***
  - Transforming traumatic memories and emotions into meaningful, present-oriented thinking and behavior
- ***Relational Engagement***
  - Repair, restore, or create working models of healthy attachments
- ***Enhance Positive Affect***
  - Broad enhancement of self-worth

Practical Suggestions for Responding to Trauma Reactions

Responding to Youth Disclosures (Kerig, 2014)

- ***"Do I need to ask for disclosures about trauma experiences?"***
  - Maybe not
- ***"Could it do more harm than good to talk about it?"***
  - If done with a calm, caring person – it is helpful
- ***"If I don't ask, will they not tell?"***
  - Many youth will choose to disclose – even if you don't ask
- ***"Will I have to report?"***
  - Department policies/mandated reporter as per state law

Responding to Disclosures (cont.)

Guidelines	What Helps	What Doesn't Help
Be Present	Keep eye contact consistently	Looking away, changing the subject
Show You're Listening	Reflect back specific, key things the youth reports to you	Offering interpretations, corrections, explanations
Stay calm and focused	Find a centering, calming, thought to focus on in your own mind as you listen	Over-reacting – even with empathy

Responding to Disclosures (cont.)

Guidelines	What Helps	What Doesn't Help
Bear Witness	Convey appreciation for youth's willingness to disclose	Over-praising can sound false and not fit with the youth's experience
Normalize	Indicate that you feel the youth's experiences are understandable	Trying to "make it better"
Make a Bridge to Intervention	Suggest that intervention will be an extension of the type of interaction you just had with the youth	Trying to be a "therapist" – suggesting the youth needs help because he is traumatized, sick

5 Service Planning Implications

- ***#1 Not all traumas are equal***
  - Event exposures – PTSD – Complex Trauma
  - Trauma histories must be understood in context
- ***#2 Complex trauma as an explanation for diverse array of mental health and behavioral difficulties***
  - Unifying/organizing explanation for comorbid diagnoses and potentially for delinquent-aggressive behaviors
- ***#3 Screen or not to screen?***
  - How does information about trauma relate to diversion criteria?
  - Polyvictimization or self-reported symptoms used to trigger comprehensive evaluation

Service Planning Implications

- ***#4 Common mental health screens and risk assessment tools may identify some components but fail to signal complexity, duration, and severity of trauma reactions and response***
  - Differentiate screen from the comprehensive assessment
  - Risk level may be accurate but risk formulation and management plan could be inaccurate
- ***#5 Trauma history without context and/or poorly matched treatments or placements***
  - Lead to confusing “risk” and “need”
  - Net-widening and bootstrapping

How Do Trauma-Informed Services Benefit Juvenile Justice Systems?

- ***Universal precautions:*** Screening and assessment enables youth & staff understand how trauma-related survival coping leads to (preventable) behavior problems
- ***Anticipatory Guidance:*** Evidence-based youth/ caregiver/staff-friendly education about what youths, caregivers, and all juvenile justice professionals can do to prevent survival coping from endangering youths and their communities

The Bottom Line: Why Invest in Trauma-Informed JJ Systems?

- ***Public Safety:*** Adolescents and their communities are safer if not trapped in chronic survival mode
- ***Economics:*** Reducing frequency/duration and severity of youth justice system-involvement can increase lifetime productivity and decrease the burden of crime/violence- related costs shouldered by the public

And the Last Tips

- **Anticipate alarm reactions**
  - Fidgety, defiant, disrespectful, sudden changes in mood, shuts down suddenly refuses to talk, strong reactions to minor events, spacing out, avoids eye contact, “I don’t care – whatever”
- **Anticipate triggers**
  - Things that make me feel unsafe, Things that take control away from me, Things that make me feel disrespected, Things that are boring, Things that seem like too much to deal with, Violations of my personal
- **Don’t overlook resiliency**
  - Not all youth with trauma exposure histories develop PTSD
  - Do look for positive coping responses even in the presence of symptoms

For More Information on Interventions

- Think Trauma Toolkit
  - http://www.nctsn.org/products/think-trauma-training-staff-juvenile-justice-residential-settings
- TGCT-A
  - http://www.ohiocando4kids.org/node/76
- TARGET
  - http://www.advancedtrauma.com/Services.html

Contact Information and Resources

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

The National Child Traumatic Stress Network
http://www.nctsn.org/resources/topics/juvenile-justice-system