



# Changing the Trajectories of Justice-Involved Youth through Trauma-Informed, Evidenced Based Approaches

National Academies of Sciences, Engineering, Medicine  
The Neurocognitive and Psychosocial Impacts of Violence and Trauma

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National Center for Child Traumatic Stress  
Director, Service Systems Program

# Overview

- The National Child Traumatic Stress Network
- Trauma, Development and Offending
- Trauma and Justice – Involved Youth: Findings from the NCTSN Core Data Set
- Trauma-Informed, Evidence-Based Approaches





- Established by Congress in 2000 as part of the Children's Health Act to raise the standard of care and increase access to services for traumatized children, families, and communities
- Funded through SAMHSA and coordinated by the UCLA-Duke University National Center for Child Traumatic Stress
- Current grantees include 82 hospitals, universities, and community based programs in 44 states and the District of Columbia that are involved in training, service delivery, product development, data collection and evaluation, and public policy and awareness and systems change efforts



# Adolescent Development and Offending

- Interplay of biological, psychological and social factors key to adolescent development
- Imbalance of key neurological systems (pleasure seeking and emotional reactivity vs. self regulation)
- Policies of many child-serving systems (schools, child welfare, juvenile justice) inhibit needs of developing adolescent



# Trauma, Adolescent Development, and Offending

- As traumatic events increase, so does risk for offending
- Trauma can derail healthy development
- Delinquent behaviors may be linked to attempts to cope with traumatic stress symptoms
- Trauma reminders can set off physiological reactions that lead to illegal behaviors
- Adolescents need strong guidance and scaffolding from caregivers; Caregivers who have their own trauma history and symptoms may be unable to provide appropriate scaffolding
- Damage to a youth's social contract can impact the way that youth interacts with authority figures and systems



# Beyond Trauma *Exposure* in Detention: Understanding Trauma Reminders

- When faced with people, situations, places, or things that remind them of traumatic events, children may experience intense and disturbing feelings tied to the original trauma.
  - These “trauma reminders” can lead to behaviors that seem out of place, but were appropriate—and perhaps even helpful—at the time of the original traumatic event.



# NCTSN Core Data Set

- *Data on >14,088 children referred to NCTSN center for trauma*
- Demographic and living situation information
- Trauma history and detail
- Indicators of severity
- Clinical evaluation
- Service Utilization
- Treatment
- Standardized Assessment Measures

## PTS Symptoms



- UCLA PTSD Reaction Index

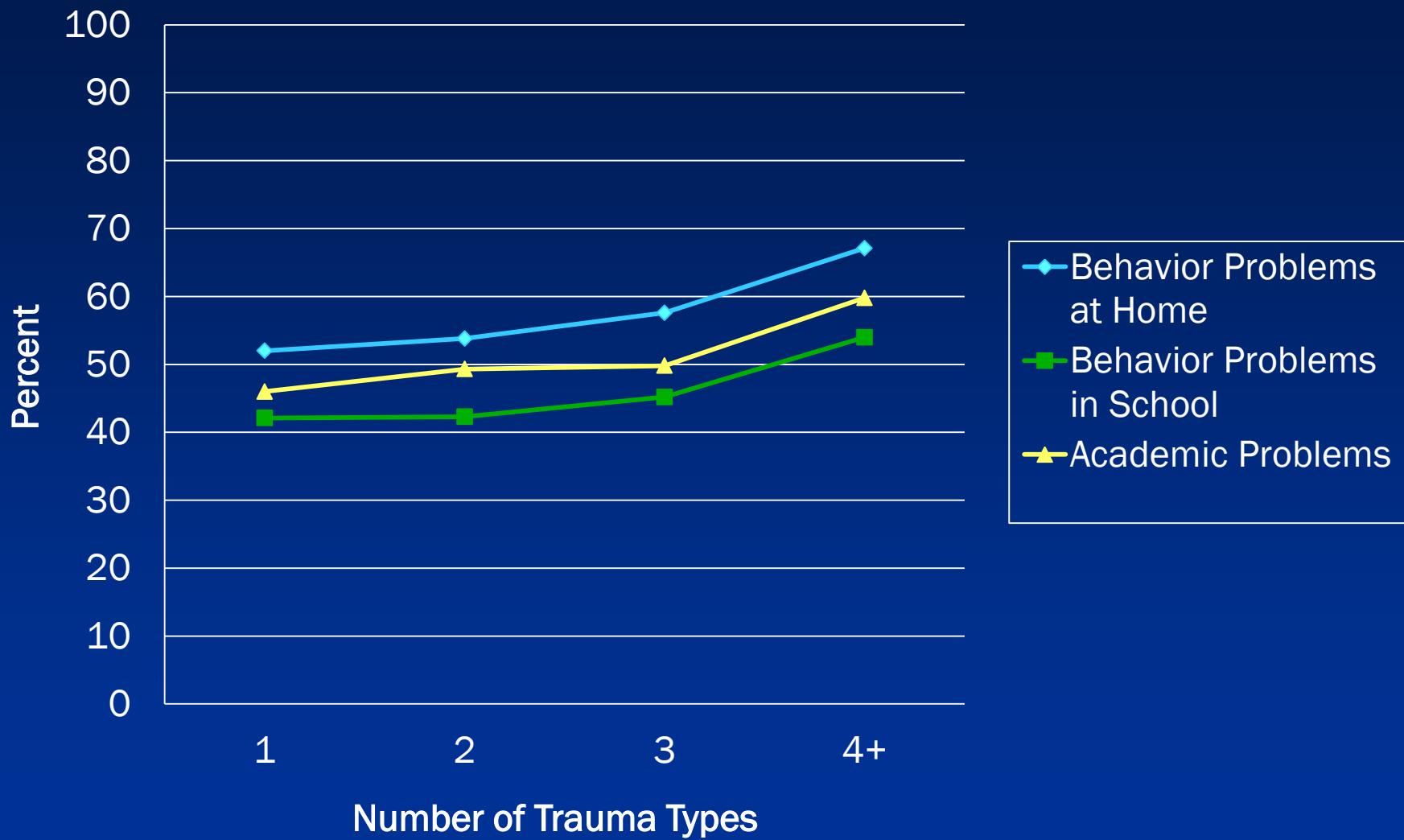
- Trauma Symptom Checklist for Children-Alternate (also taps associated difficulties: depressive symptoms, anxiety)

## Behavioral and Emotional Difficulties

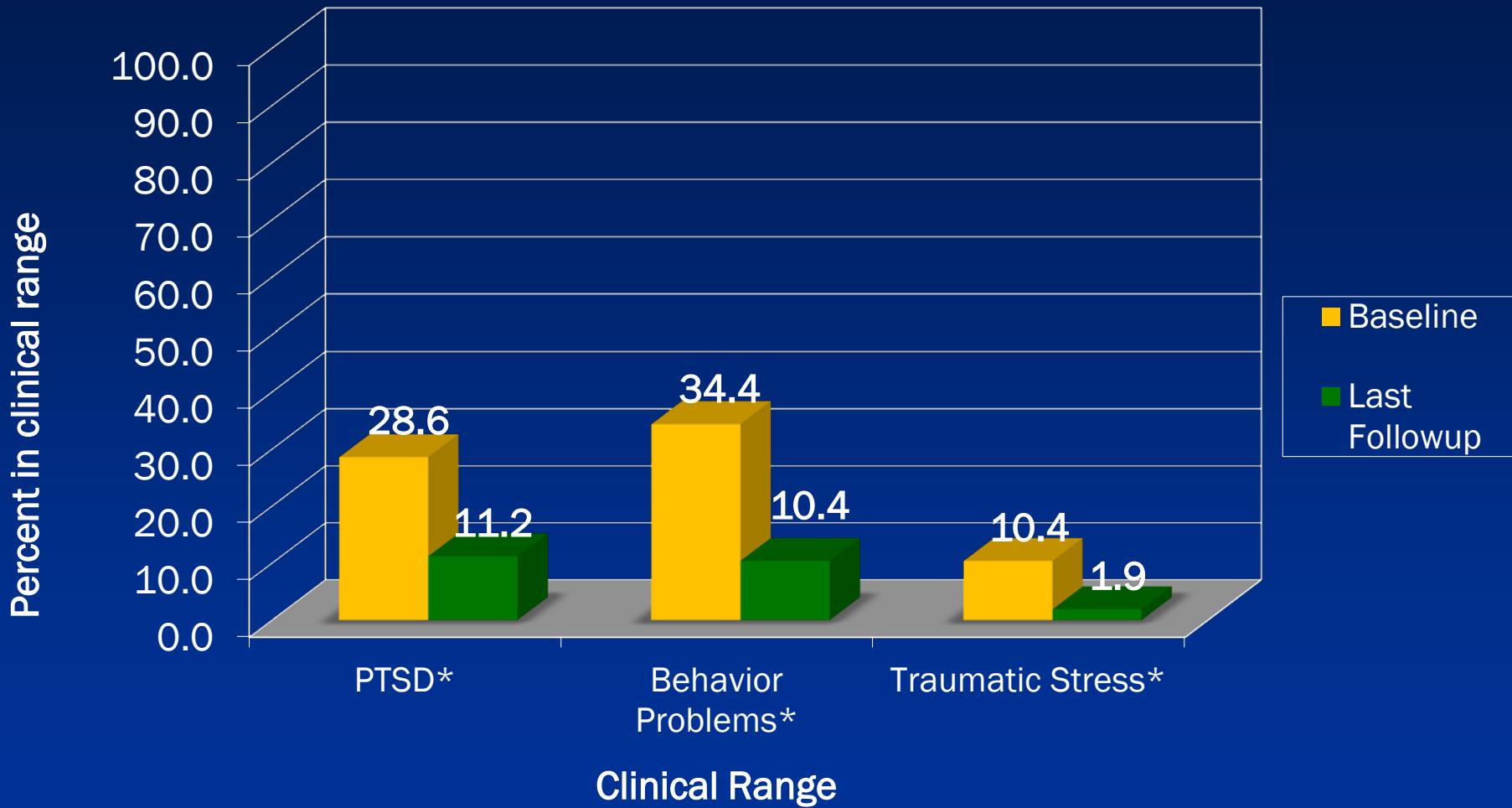
- Child Behavior Checklist

- Measures administered: treatment entry, end of treatment (if short term), or every three months

# Multiple Trauma Types and Functional Impairments



# Children in the Clinical Range: Baseline vs. Last Follow-Up



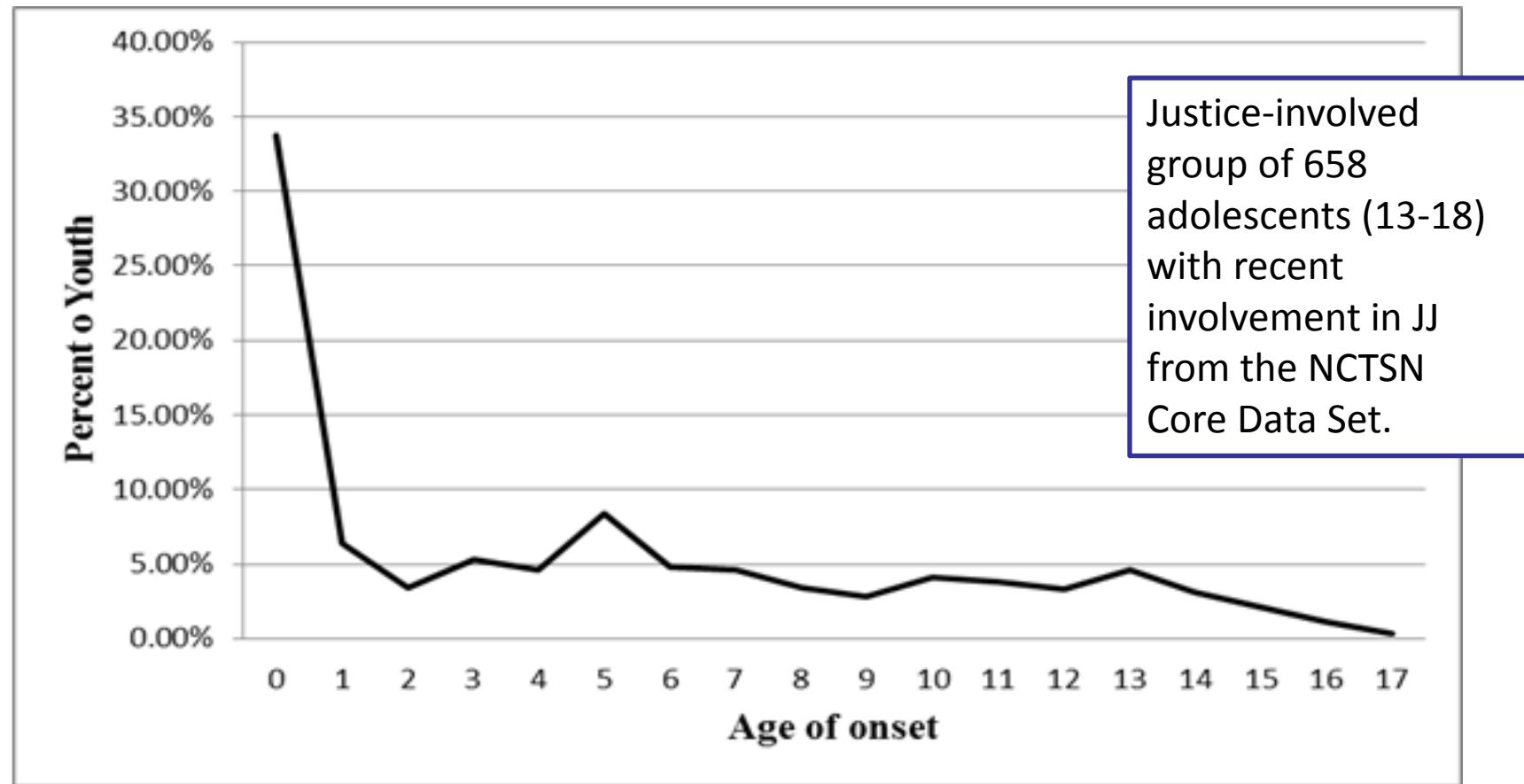
\* $p \leq 0.01$

# Trauma Histories Among Youth Recently Involved in the Juvenile Justice System: Findings from the NCTSN Core Data Set

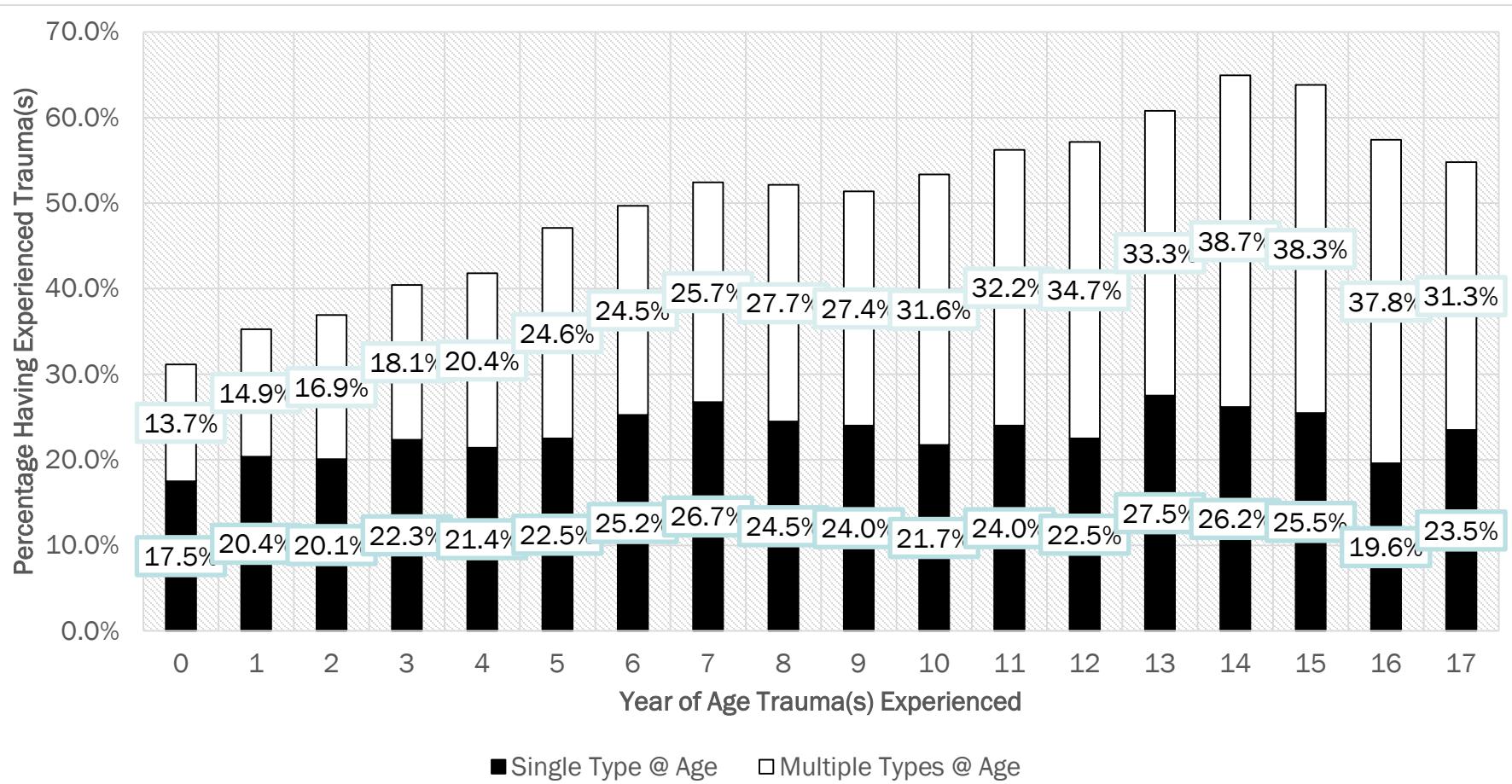
- Carly B. Dierkhising, MA, Ernestine Briggs, PhD., Susan J. Ko, PhD, Robert Lee, MS, Briana Woods, PhD, Alan Steinberg, PhD, & Robert Pynoos, MD. European Journal of Psychotraumatology. Vol. 4, Iss. 1, 2013
- 658 youth with recent justice involvement
- Youth all seen at an NCTSN site for trauma



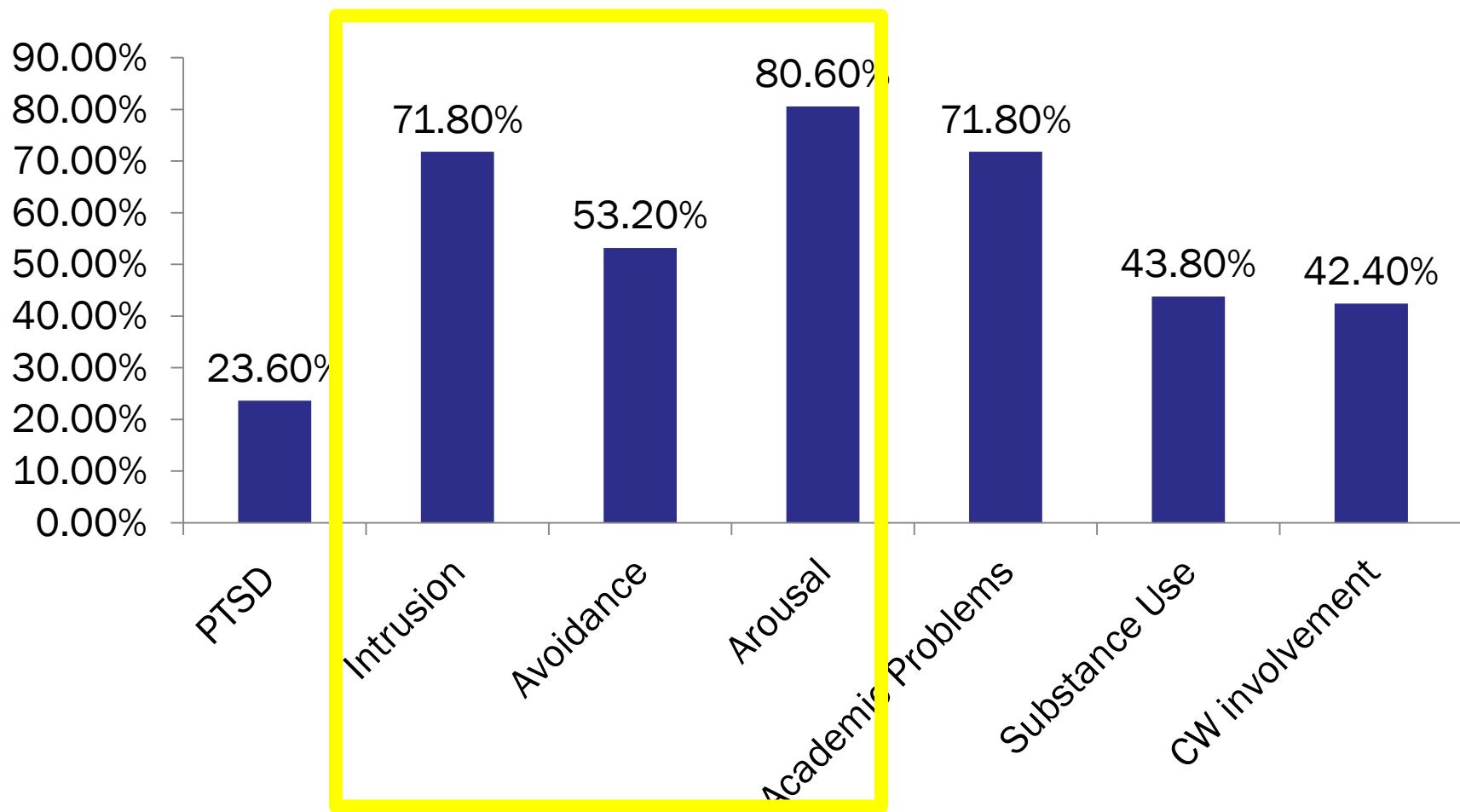
# Trauma Begins Early in Life



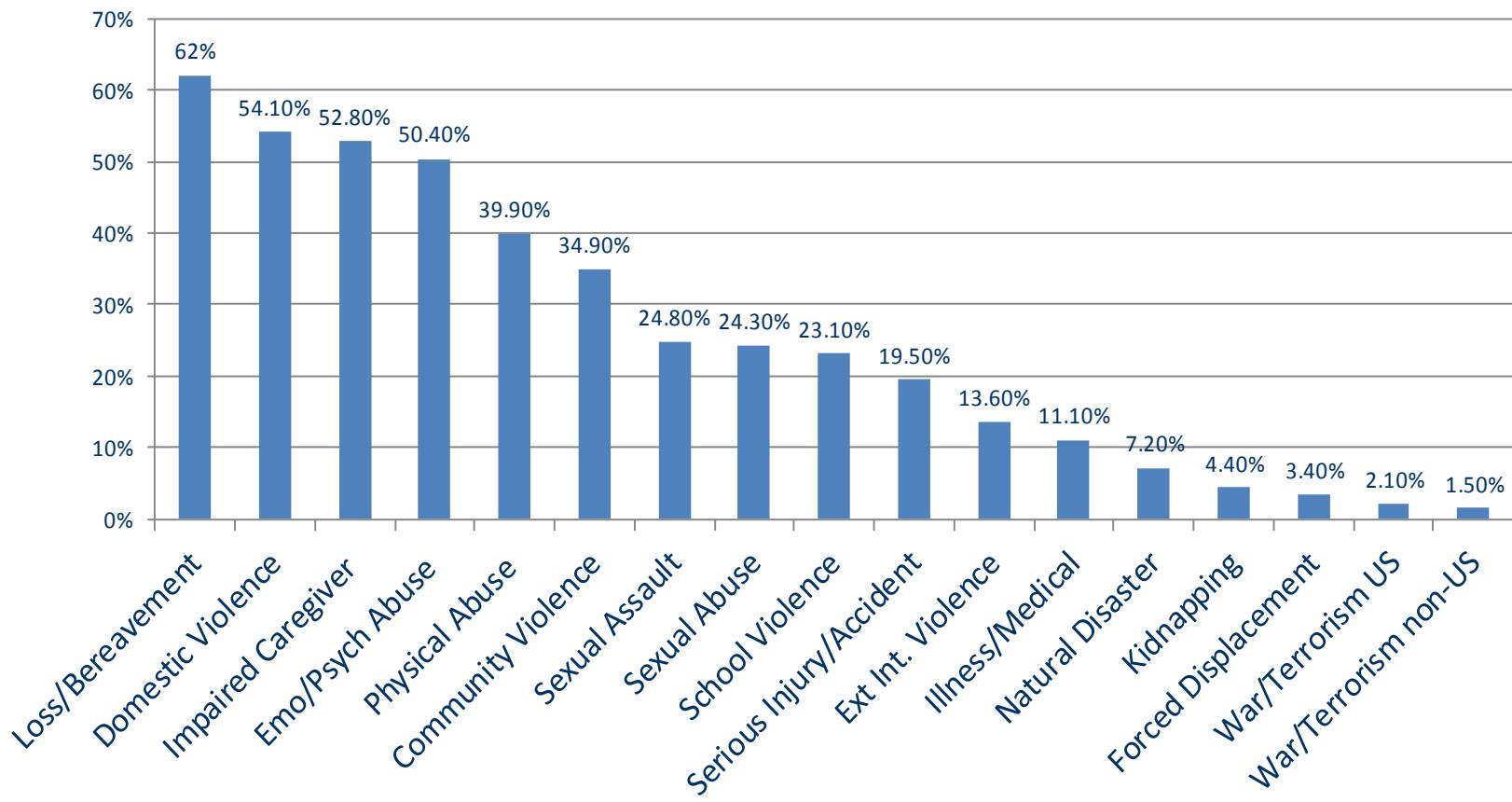
# Trauma Exposure Persists Across Childhood and Adolescence



# Traumatic Stress and Related Problems are Common



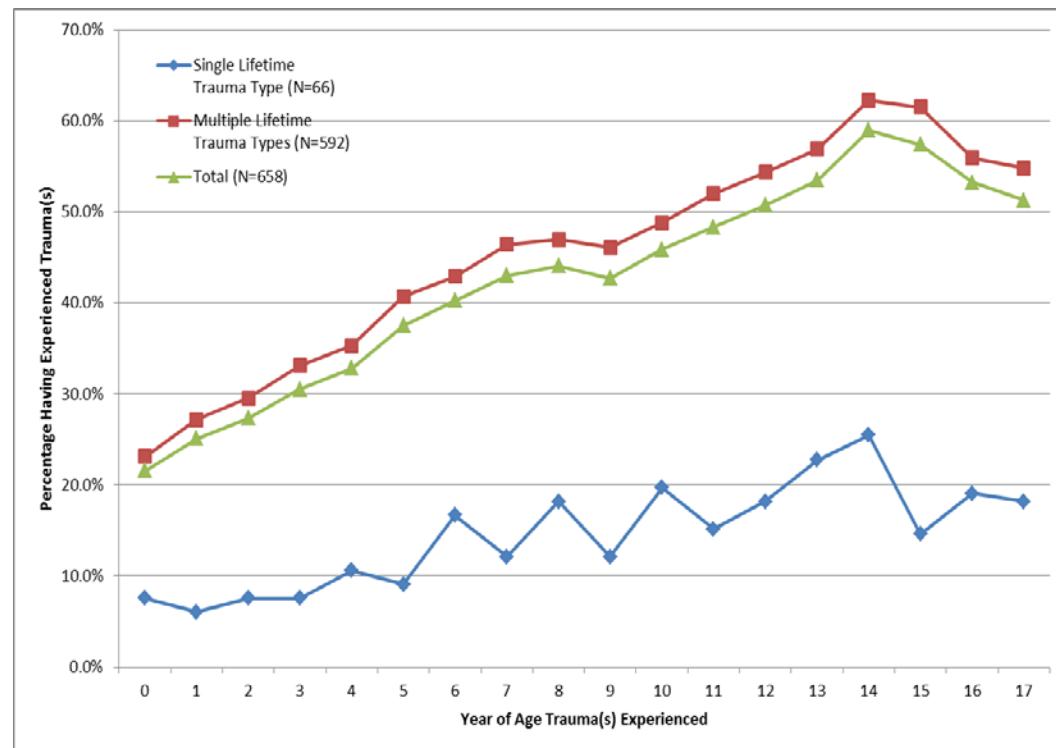
## Prevalence of Trauma Types for Total Sample (N=658)



# High Rates of Multiple Trauma Exposures Among JJ Youth: NCTSN CDS Preliminary Findings

## CDS preliminary findings:

- 54% female;
- 13-18 (M=15.7, sd 1.3);
- 22% AA; 31% Hispanic
  - 90% of youth reported multiple exposures
  - Over one-third of youth experienced multiple exposures each year
  - Average # of trauma types = 4.9
  - Prevalence increases over time



# *Essential Elements*

## *of a Trauma-Informed Juvenile Justice System*

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- 1 TRAUMA-INFORMED POLICIES AND PROCEDURES**
- 2 IDENTIFICATION/SCREENING OF YOUTH WHO HAVE BEEN TRAUMATIZED**
- 3 CLINICAL ASSESSMENT/INTERVENTION FOR TRAUMA-IMPAIRED YOUTH**
- 4 TRAUMA-INFORMED PROGRAMMING AND STAFF EDUCATION**
- 5 PREVENTION AND MANAGEMENT OF SECONDARY TRAUMATIC STRESS (STS)**
- 6 TRAUMA-INFORMED PARTNERING WITH YOUTH AND FAMILIES**
- 7 TRAUMA-INFORMED CROSS SYSTEM COLLABORATION**
- 8 TRAUMA-INFORMED APPROACHES TO ADDRESS DISPARITIES AND DIVERSITY**



## **TRAUMA-INFORMED POLICIES AND PROCEDURES**

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Trauma-informed policies and procedures make juvenile justice organizations safer and more effective by ensuring the physical and psychological safety of all youth, family members, and staff and promoting their recovery from the adverse effects of trauma.



## **IDENTIFICATION/SCREENING OF YOUTH WHO HAVE BEEN TRAUMATIZED**

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Carefully timed traumatic stress screening is the standard of care for youth in the juvenile justice system.



## **IDENTIFICATION/SCREENING OF YOUTH WHO HAVE BEEN TRAUMATIZED**

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- Traumatic stress screening should take place as early as possible to identify traumatized youth who have emotional, behavioral, learning, or relationship difficulties.
- Explain the purpose of the screening and share the results with youth and family.
- Ensure that the screen is designed and administered in a manner that is valid/reliable and sensitive to diversity, including the youth's and family's language, culture, gender, identity, and ability (e.g., religion, sexual orientation, disability).



## Resources

# Screening and Assessment Webinar Series

**LEARNING CENTER  
FOR CHILD AND ADOLESCENT TRAUMA**

**NCTSN** The National Child Traumatic Stress Network

**Screening and Assessment for Trauma in the Child Welfare Setting Speaker Series**

**Overview of Screening and Assessment for Child Trauma**

Connie Kistel, PhD – Northwestern University Feinberg School of Medicine

James Henry, PhD – Western Michigan University

Erica Gorard, PsyD – Child Health & Development Institute, University of Colorado

Thursday, April 26, 2012  
1pm EST/11am CST/1pm PST

**Screening and Assessment Measures for Child Welfare**

Erica Gorard, PsyD – Child Health & Development Institute, University of Colorado

Connie Kistel, PhD – Northwestern University Feinberg School of Medicine

Thursday, May 17, 2012  
1pm EST/11am CST/1pm PST

**The Application of Trauma Screening/Assessment in Child Welfare Settings**

**Part 1: Systems Level**

George (George) Alex, PhD – Center for Child and Family Health

Beth Burke, PhD – The Central Mass. Child Trauma Center (CMCT)

Mary K. Jankowski, PhD – Bartramton Medical School

Thursday, August 16, 2012  
1pm EST/11am CST/1pm PST

**Screening Measures for Child Trauma**

George (George) Alex, PhD – Center for Child and Family Health

Beth Burke, PhD – The Central Mass. Child Trauma Center (CMCT)

Mary K. Jankowski, PhD – Bartramton Medical School

Thursday, September 27, 2012  
1pm EST/11am CST/1pm PST

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**LEARNING CENTER  
FOR CHILD AND ADOLESCENT TRAUMA**

**NCTSN** The National Child Traumatic Stress Network

**Screening and Assessment in the Juvenile Justice System**

**The Need for Trauma-Informed Screening and Assessment in Juvenile Justice Settings: Strengths and Limitations of Community-Based Instruments**

Debra Chermak, PhD – AJS-KO2 Children's Trauma Institute Faculty Trauma Program, Department of Psychiatry Northwestern University Feinberg School of Medicine

Erica Hollings, MPH – AJS-KO2 Children's Trauma Institute Faculty Trauma Program, Department of Psychiatry New York University School of Medicine

Thursday, June 21, 2012  
1pm EST/11am CST/1pm PST

**Screening Measures for Juvenile Court Evaluations**

Debra Chermak, PhD, Professor and Director of Clinical Training Department of Psychiatry, University of Utah

Matthew Rindfuss, MA  
National Center for Child Trauma Screening

Thursday, July 12, 2012  
1pm EST/11am CST/1pm PST

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# NCTSN Measures Review Database

**LEARNING CENTER  
FOR CHILD AND ADOLESCENT TRAUMA**

**NCTSN** The National Child Traumatic Stress Network

**Measures Review Database**

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PILOTS Database

**Measures Review**

**Measures**

Measures	Average Rating
Adolescent Clinical Sexual Behavior Inventory-Self Report	★★★★★
Adolescent Clinical Sexual Behavior-Parent Report	★★★★★
Adolescent Coping Orientation for Problem Experiences	★★★★★
Attachment Questionnaire for Children	★★★★★
Attachment Style Classification Questionnaire	★★★★★
Beck Anxiety Inventory	★★★★★
Beck Depression Inventory-Second Edition	★★★★★
Bell Object Relations and Reality Testing Inventory	★★★★★

**Measures Review Database New**

Comment our database is a clearinghouse to measure children's experiences of trauma, their reactions to it, and other mental health and trauma-related issues. To locate a measure of interest, fill out one or more fields and click apply. For dissemination and implementation measure reviews click here.

**Subscribe**

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**Author(s)**   
**Acronym**  Acronym

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**For Specific Populations**  Age



## **CLINICAL ASSESSMENT/INTERVENTION FOR TRAUMA-IMPAIRED YOUTH**

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Trauma-specific clinical assessment and treatment and trauma-informed prevention and behavioral health services are the standard of care for all youth identified as impaired by posttraumatic stress reactions in the screening process.



## **CLINICAL ASSESSMENT/INTERVENTION FOR TRAUMA-IMPAIRED YOUTH**

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- Assessment should determine the potential relationship of posttraumatic stress and related behavioral health symptoms to criminogenic risks/needs and responsivity factors related to recidivism.
- Services should include a continuum of clinical or preventive interventions (e.g., for substance abuse, depression/anxiety, anger/aggression, negative peer group affiliation, school/learning problems, and impulsivity) designed to address the effects of posttraumatic stress symptoms and related behavioral health problems on youths' criminogenic risk/needs.
- Assessment and services should identify strengths possessed by the youth and family that can positively influence the legal and treatment process.



## Resources

### NCTSN Database of Empirically Supported Treatments and Promising Practices

GENERAL INFORMATION	
Treatment Description	<b>TARGET:</b> Trauma Affect Regulation: Guide for Education and Therapy <b>Acronym (abbreviation) for intervention:</b> TARGET <b>Average length/number of sessions:</b> 10 <b>Aspects of culture or group experiences that are addressed (e.g., faith/spiritual component, transportation barriers):</b> Spiritual beliefs, community norms, historical trauma <b>Trauma type (primary):</b> Complex - Polyvictimization <b>Trauma type (secondary):</b> Traumatic loss
Target Population	<b>Age range:</b> 10 to none <b>Gender:</b> <input type="checkbox"/> Males <input checked="" type="checkbox"/> Females <input type="checkbox"/> Both <b>Ethnic/Racial Group (include acculturation level/immigration/refugee history=e.g., multiracial sample of Latinos, recent immigrant Cambodians, multigenerational African Americans):</b> African American, Latino/Hispanic, Asian American, Caucasian <b>Other cultural characteristics (e.g., SES, religion):</b> Low SES <b>Language(s):</b> English, Spanish <b>Region (e.g., rural, urban):</b> All <b>Other characteristics (not included above):</b> Juvenile and Adult Criminal Justice, Foster Families, Single Parent Families
Essential Components	<b>Theoretical basis:</b> Developmental trauma, emotion regulation, cognitive-behavioral <b>Key components:</b> Engagement, Emotion Regulation, Trauma Processing, Relational Repair
Clinical & Anecdotal Evidence	<b>Are you aware of any suggestion/evidence that this treatment may be harmful?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Uncertain <b>Extent to which cultural issues have been described in writings about this intervention (scale of 1-5 where 1=not at all to 5=all the time), 5</b> <b>This intervention is being used on the basis of anecdotes and personal communications only (no writings) that suggest its value with this group.</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Are there any anecdotes describing satisfaction with treatment, drop-out rates (e.g., quarterly/annual reports)?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>If YES, please include citation:</b> Advanced Trauma Solutions Semi-Annual Reports to the State of Connecticut Judicial Branch Court Support Services Division

### Juvenile Justice Briefs

<http://nctsn.org/resources/topics/juvenile-justice-system>:

- *Assessing Exposure to Psychological Trauma and Posttraumatic Stress Symptoms in the JJ Population*

- *Evidence Informed Interventions for Posttraumatic Stress Problems with Youth Involved in the JJ System*



## **TRAUMA-INFORMED PROGRAMMING AND STAFF EDUCATION**

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Trauma-informed education, resources, and programs are the standard of care across all stages of the juvenile justice system.



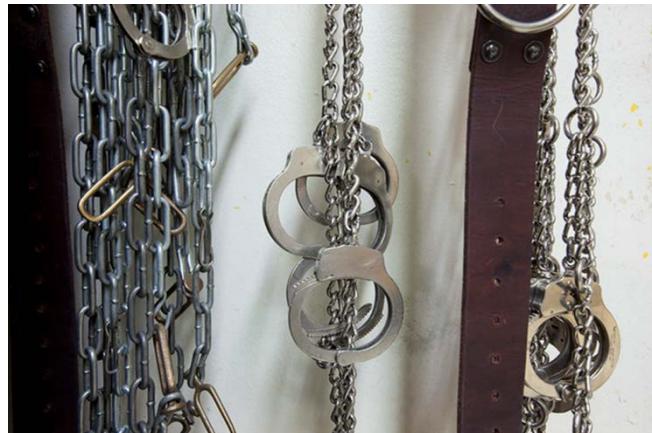
## **TRAUMA-INFORMED PROGRAMMING AND STAFF EDUCATION**

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- Offer resources and training about:
  - The effects of trauma exposure on youth and families
  - The nature of traumatic stress reactions and strategies to avoid further harm
  - Recognizing the signs of staff's secondary traumatic stress
- Support staff development of skills that non-clinical—as well as clinical—service providers can utilize in interacting with justice-involved youth to increase the engagement of youth and their families.

# Beyond Trauma *Exposure* in Detention: Understanding Trauma Reminders

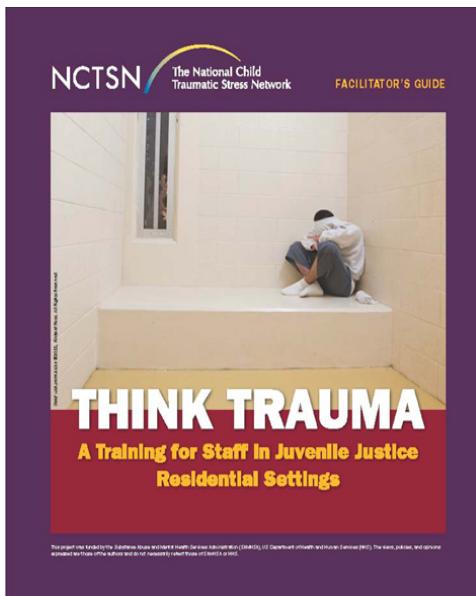
- When faced with people, situations, places, or things that remind them of traumatic events, children may experience intense and disturbing feelings tied to the original trauma.
  - These “**trauma reminders**” can lead to behaviors that seem out of place, but were appropriate—and perhaps even helpful—at the time of the original traumatic event.





## *Resources*

# Think Trauma: A Training for Staff in Juvenile Justice Residential Settings



### **Target Audience**

- ✓ Direct care professionals working with youth in residential/correctional facilities

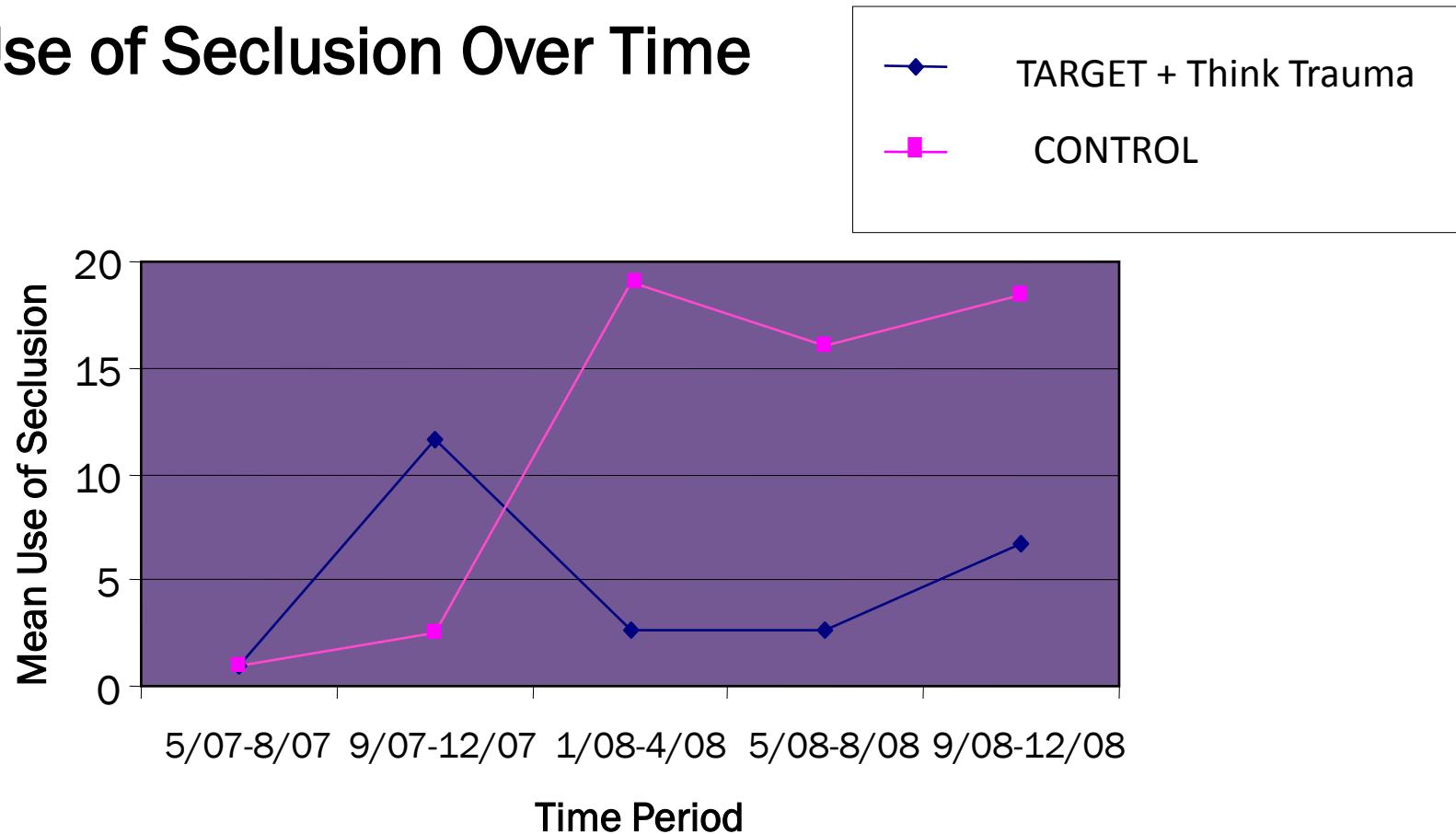
### **Description**

- ✓ Helps staff learn how trauma impacts thoughts, feelings, attitudes and actions of youth in care, and provides practical tools for them to use in their response.

### **Format**

- ✓ Facilitator's Guide
- ✓ Case Vignettes
- ✓ Slide Kit
- ✓ Supplemental Materials

## Use of Seclusion Over Time



Marrow, Knudsen, Olafson, & Bucher, 2012



## **PREVENTION AND MANAGEMENT OF SECONDARY TRAUMATIC STRESS (STS)**

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Juvenile justice administrators and staff at all levels recognize and respond to the adverse effects of secondary traumatic stress in the workplace in order to support workforce safety, effectiveness, and resilience.

# Juvenile Justice Professionals Surveyed...



92%

- Witnessed an act of violence or aggression by a youth directed at a staff member.



90%

- Witnessed an act of violence or aggression by a youth directed at another youth.



81%

- Restrained a youth in their program.



42%

- Experienced posttraumatic stress reactions following a traumatic event in their facility.



## **PREVENTION AND MANAGEMENT OF SECONDARY TRAUMATIC STRESS (STS)**

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- Provide educational resources to staff to ensure their ability to:
  - Identify when they or their co-workers or supervisors are experiencing STS
  - Recognize STS as a normative reaction
  - Use effective coping strategies to respond to STS
- Support supervisory staff in developing skills that increase supervisor ability to recognize STS and to respond with appropriate support and resources.
- Develop and sustain programs to provide timely, systematic, and effective stress management.



# Resources

## Secondary Traumatic Stress A Fact Sheet for Child-Serving Professionals

"...We are stewards not just of those who allow us into their lives but of our own capacity to be helpful..."

Each year more than 10 million children in the United States endure the trauma of abuse, violence, natural disasters, and other adverse events.<sup>1</sup> These experiences can give rise to significant emotional and behavioral problems that can profoundly disrupt the children's lives and bring them in contact with child-serving systems. For therapists, child welfare workers, case managers, and other helping professionals involved in the care of traumatized children and their families, the essential act of listening to trauma stories may take an emotional toll that compromises professional functioning and diminishes quality of life. Individual and supervisory awareness of the impact of this indirect trauma exposure—referred to as **secondary traumatic stress**—is a basic part of protecting the health of the worker and ensuring that children consistently receive the best possible care from those who are committed to helping them.

Our main goal in preparing this fact sheet is to provide a concise overview of secondary traumatic stress and its potential impact on child-serving professionals. We also outline options for assessment, prevention, and interventions relevant to secondary stress, and describe the elements necessary for transforming child-serving organizations and agencies into systems that also support worker resiliency.

### How Individuals Experience Secondary Traumatic Stress

Secondary traumatic stress is the emotional duress that results when an individual hears about the firsthand trauma experiences of another. Its symptoms mimic those of post-traumatic stress disorder (PTSD). Accordingly, individuals affected by secondary stress may find themselves re-experiencing personal trauma or notice an increase in arousal and avoidance reactions related to the indirect trauma exposure. They may also experience changes in memory and perception; alterations in their sense of self-efficacy; a depletion of personal

This project was funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), US Department of Health and Human Services (HHS). The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.

## Secondary Traumatic Stress Speaker Series

### Secondary Traumatic Stress... What is It?

Leslie Ross, PsyD – Children's Institute, Inc. (CI)  
James Henry, PhD – Western Michigan University  
Tuesday, January 31, 2012  
1pm EST/12pm CST/10am PST

### Organizational Secondary Traumatic Stress

Leslie Ross, PsyD – Children's Institute, Inc. (CI)  
Fred Stricker, PhD – University of Maryland School of Social Work  
Cynthia Vrabel, MD – Mental Health Services, Inc.  
Friday, March 30, 2012  
1pm EST/12pm CST/10am PST

### Secondary Traumatic Stress and Provider Self Care in Disaster and Terrorism Settings

Melissa Brymer, PhD, PsyD – UCLA Neuropsychiatric Institute  
Patricia Wozniak, PhD – UCLA Neuropsychiatric Institute  
Steve Berkowitz, MD  
Penn Center for Youth and Family Trauma Response and Recovery  
Thursday, May 31, 2012  
2pm EST/1pm CST/11am PST

### Cultural Implications of Secondary Traumatic Stress—In English

Blanca Nellie Hernández, PhD, LPC – DePekchin Children's Center  
Marta L. Cosos, MA – Child Witness to Violence Project  
Suzana Rivera, PhD, LPC  
Serving Children and Adolescents in Need (SCAN)  
Tuesday, July 17, 2012  
12pm EST/11am CST/9am PST

### Cultural Implications of Secondary Traumatic Stress—In Spanish

Blanca Nellie Hernández, PhD, LPC – DePekchin Children's Center  
Marta L. Cosos, MA – Child Witness to Violence Project  
Suzana Rivera, PhD, LPC  
Serving Children and Adolescents in Need (SCAN)  
Moderator: Adriana E. Molina, MS, LMFT – Children's Institute, Inc.  
Wednesday, July 18, 2012  
12pm EST/11am CST/9am PST

### Secondary Traumatic Stress for Educators

Richard N. Costa, PsyD  
Louisiana State University Health Sciences Center School of Medicine  
James C. Coring, PhD  
National Center Children's Trauma Center Institute  
Robin H. Gurwitz, PhD – Duke University Medical Center  
Bob Lowrance, MEd – Assistant Superintendent of the St. Bernard Parish Schools, Chalmette, Louisiana  
Monday, September 24, 2012  
3pm EST/2pm CST/12pm PST

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**Step 2:** Check your email and confirm your account (click on link)

**Step 3:** Return to <http://open.trauma.org> and enroll in this Speaker Series

**Step 4:** On the day of presentation, login and return to the Speaker Series homepage

For Learning Center technical assistance email [help@nctsn.org](mailto:help@nctsn.org)

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- This series is funded by the Substance Abuse & Mental Health Services Administration, US Department of Health & Human Services.

## Secondary Traumatic Stress A Fact Sheet for Organizations Employing Community Violence Workers

**Secondary Traumatic Stress (STS)** is the emotional duress that results when an individual hears about the firsthand trauma experiences of another. As symptoms of STS resemble those of post-traumatic stress disorder (PTSD), individuals may find themselves re-experiencing personal trauma or notice an increase in arousal and avoidance reactions related to the indirect trauma exposure. They may also experience changes in memory and perception; alterations in their sense of self-efficacy; a depletion of personal resources; and disruption in their perceptions of safety, trust, and independence.



Community violence (CV) workers or interventionists provide peer support services, lead afterschool activities, act as "violence interrupters," and advocate for the most vulnerable or underserved members of a community. An interventionist's role is to provide a sense of hope and act with credibility within the group represented. To achieve this, CV workers are often residents of the neighborhoods in which they work, have long-term relationships with members of the community, and have first-hand experience with adverse community events.

These workers may not have access to formal supervisory structures, may suffer from inadequate peer support, and/or may receive limited supervision, training, or administrative support. As some of the most effective CV programs have staffs of volunteers or part-time workers with little or no access to healthcare benefits, supportive services to address the potential negative effects of working with survivors of community-based violence may not be available. These conditions make STS a salient risk for these workers. This fact sheet is intended to support organizations employing CV workers in reducing the risks associated with this important work.

### Identifying Secondary Traumatic Stress (STS)

STS refers to the presence of Posttraumatic Stress symptoms caused by at least one indirect exposure to traumatic material. CV workers may experience intrusive symptoms such as nightmares or flashbacks; active avoidance of situations, people, or things reminiscent of traumatic events to which they have been exposed at work; and alterations in cognitions or mood due to hearing accounts

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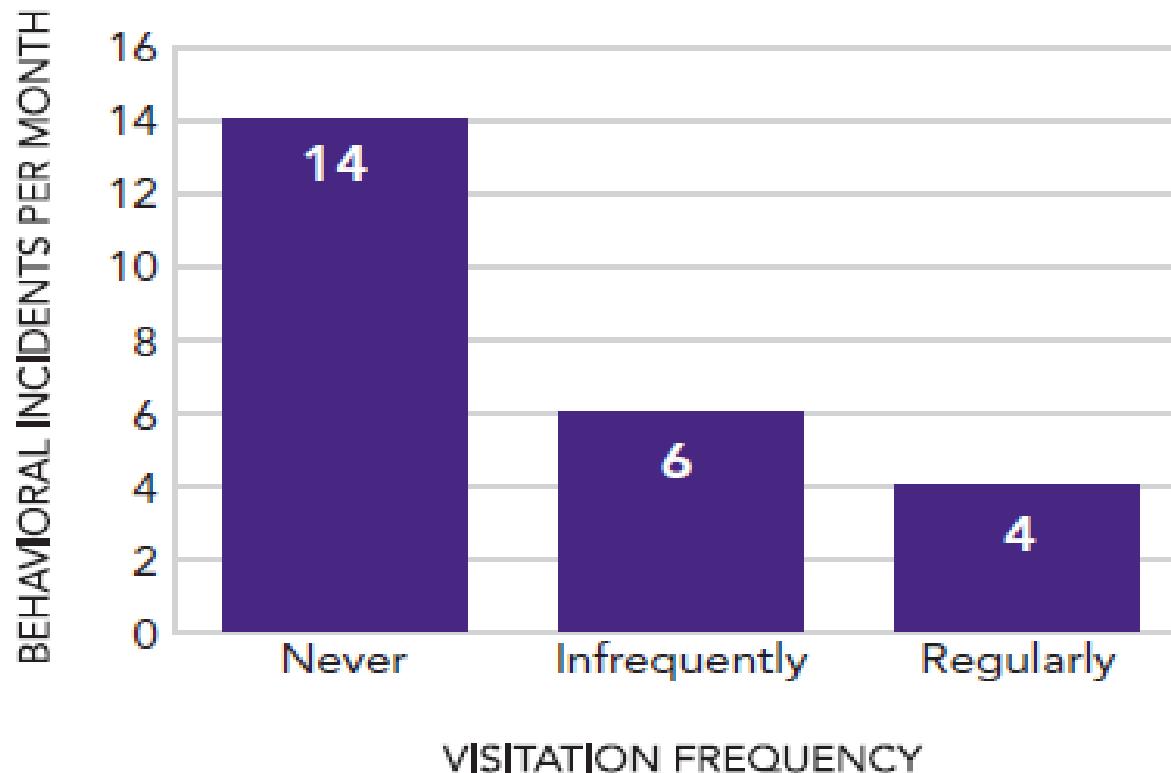
## **TRAUMA-INFORMED PARTNERING WITH YOUTH AND FAMILIES**

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Trauma-informed juvenile justice systems ensure that youth and families engage as partners in all juvenile justice programming and therapeutic services.

# Partnering With Families

**Figure 3. Behavior Incidents per Month and Visitation Frequency**



Vera Institute



## Resources

**Pathways to Partnerships with Youth and Families**

in the National Child Traumatic Stress Network



NCTSN  
The National Child Traumatic Stress Network

This project was funded by the Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

### SHARING POWER A Tool for Reflection

Trauma services providers assist families exposed to trauma by giving support, fostering healthy relationships, aiding with problem solving, and helping with processing trauma. According to [principles set forth by the Substance Abuse and Mental Health Services Administration](#), recognizing and building on individuals' strengths and experiences are essential to trauma services. So too are working partnerships based on "empowerment, voice, and choice," which promote improvement in current and future life conditions for families.

We designed this tool to guide providers through a series of reflections that will help them identify opportunities to share power in trauma-responsive care. As you use the tool, try to "wear the hats" of others involved with your agency – the parent, the intake worker, the agency administrator, and more – so that you can broaden your perspective and deepen your insights. Our hope is that this tool will help you become more comfortable finding answers **WITH** families instead of **FOR** them, and that it will lead you to notice opportunities to employ trauma-informed practices throughout the entire service relationship.

To begin with, examine the **language and tone** of your organization's written materials, advertisements, and outreach information. Would you understand the information if you were a prospective family partner? Does the material convey respect for families and children from their perspective? Is the tone inviting? If you can, ask current service recipients for their opinions. Those who are nearing the end of their services may be more likely to be candid with you in their responses.

**Intake and registration** usually involve a lot of paperwork and questions for the family. Are the agency's staff members trained to make this process both efficient and personal? Can they recognize and respond when family members are becoming triggered? Is it common for the organization to offer families choices in what information they share, when they give it, and how they provide it? Do families always know why they are being asked for information?

**Podcast:** Empowering families from the outset of services.<sup>2</sup>

Two same-sex parents began to complete intake paperwork for their child. They found that the language in the papers did not reflect their family structure. This was an opportunity for the provider to avoid disengagement or defensiveness, and to talk to the parents about their family. The provider acknowledged the deficits and chose to add an addendum that 1) accurately reflected the family's composition, and 2) complied with agency and insurance requirements regarding basic paperwork.

Consider how you present yourself at an **initial meeting** with an individual or family. Do you smile and offer a friendly greeting? Are you relaxed and able to be fully present, or are you rushing? Are you possibly still thinking about your last conversation? Do you make sure that everyone is comfortable? When discussing the plan for the session, do you explain the purpose of each step and invite questions? How do you know whether the family understands? Do you provide choices and encourage negotiations around issues like the timing and order of paperwork and related organizational tasks?

In focus groups, family members have acknowledged withholding information from providers when their provider seemed already stressed or overwhelmed. They didn't want to give the provider another "burden" to have to worry about.

This project was funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), US Department of Health and Human Services (HHS). The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.



## **TRAUMA-INFORMED CROSS SYSTEM COLLABORATION**

Cross system collaboration enables the provision of continuous integrated services to justice-involved youth who are experiencing posttraumatic stress problems.



## **TRAUMA-INFORMED CROSS SYSTEM COLLABORATION**

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- Identify youth who are involved in multiple systems to offer them efficient and timely trauma-informed screening, assessment, and collaborative case and service planning.
- Support traumatized youth and families' successful transitioning across systems, settings, and developmental phases.
- Develop communication systems that allow for the sharing of information among systems while appropriately maintaining confidentiality of youth.



## *Resources*

# Trauma-Informed Collaborations Among Juvenile Justice and Other Child-Serving Systems: An Update

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This paper was supported in part by a grant to the Center for Trauma Recovery and from DHSS/SAMHSA, Award Number: U79SM061273 (Grant Period: 9/30/12–9/29/14).

**Keywords:** *trauma-informed, cross-system collaboration, juvenile justice*

## Abstract

In order to address trauma among youth in the juvenile justice system, as well as those at risk for justice involvement, systems must engage in quality, meaningful collaboration to restore youths' faith in societal institutions as sources of protection and support. This paper describes a selection of trauma-informed collaborations that occur across the nation among stakeholders in juvenile justice, child welfare, schools, and mental health to assist youth in the juvenile justice system or those at risk for justice involvement. These collaborations include the Georgetown University Crossover Youth Practice Model (CYPM), Trauma Systems Therapy (TST), the Positive Student Engagement Model for School Policing, the Child Development Community Policing (CDCP) Program, and the Stark County Traumatized Child Task Force. This paper describes tools that have been developed to support these cross-system

collaborations and are central to the common understanding of trauma. It addresses trauma across systems and that are identified as key ingredients for effective cross-system collaboration: leadership, engagement of stakeholders, development of shared goals, and collaborative projects. The paper summarizes the lessons learned including the challenges inherent in successful trauma-informed nationally.

## Introduction

The high rates of youth in the juvenile justice system who have experienced trauma pose a call for earlier identification of these youth across child-welfare, schools, and mental health systems, preferably before justice involvement is necessary (Stewart, 2013). Trauma-informed

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Research has conclusively shown that the rate of trauma and stress can be inherently disrespectful, harmful, and destructive to children and youth. Trauma-informed interventions can help to make these effects part of a larger package of effective Trauma-Informed Juvenile Justice.

1. Asking trauma-informed questions should be considered when below to assess whether

TRAUMA EXPRESSION: through exposure or communication, expression, and explosions; and

MULTIPLE OR PROLONGED: occasion or for a prolonged period of time; "survived multiple or prolonged events" and

OUTCOMES OF PREDATION: causing higher levels of emotional and behavioral problems; respond poorly to interventions; and

CAREGIVERS' ROLES: or preventing other from consistent presence in their own homes; and

SAFETY ISSUES FOR CHILDREN: with whom does child live; and household safety; child has been maltreated at school or does

TRAUMA TRIGGERS: school, or institution in which child has experienced traumatic experiences

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1

OJJDP Journal of Juvenile Justice

<div style="text-align: center;">   <p><b>NCTSN BENCH CARD</b> FOR THE TRAUMA-INFORMED JUDGE</p> </div> <p>Research has conclusively demonstrated that court-involved children and adolescents present with rates of traumatic stress caused by their adverse life experiences. In the court setting, we may perceive the inherently disruptive, defiant, or antisocial, when, in fact, their disruptive behavior may be better understood as symptoms of trauma and stress disorders. These two Bench Cards provide judges with useful questions to help them make decisions about children and adolescents in court. They are part of a larger pack of materials about child and adolescent trauma available and downloadable from the <a href="#">Trauma-Informed Juvenile Justice System Resource Site</a> and are best used with reference to those materials.</p> <p><b>1. Asking trauma-informed questions can help judges identify children who need or could benefit from trauma-informed services from a mental health professional. A judge can begin by asking, "Has the child been exposed to trauma or violence? These are events that involve a threat to the child's life, death, severe injury, or sexual assault, and may include domestic or community violence, assault, severe bullying or harassment, natural or man-made disasters, such as explosions, severe accidents, serious or terminal illness, or sudden death."</b></p> <p><b>TRAUMA JUDGE:</b> Has the child experienced a traumatic event? These are events that involve a threat to the child's life, death, severe injury, or sexual assault, and may include domestic or community violence, assault, severe bullying or harassment, natural or man-made disasters, such as explosions, severe accidents, serious or terminal illness, or sudden death.</p> <p><b>MULTIPLE OR PROLONGED EXPOSURES:</b> Has the child been exposed to traumatic events on more occasion or for a prolonged period? Repeated or prolonged exposure increases the likelihood that the will be adversely affected.</p> <p><b>OUTCOMES OF PREVIOUS SANCTIONS OR INTERVENTIONS:</b> Is a schedule of increasingly restrictive sanctions a form of punishment ineffective in this case? Traumatized children may be operant respond more to traditional sanctions, treatments, and placements.</p> <p><b>CAREGIVERS' ROLES:</b> How are the child's caregivers or other significant people helping this child if or preventing (either intentionally or unintentionally) this child from feeling safe? Is the caregiver consistent presence in the child's life? Does the caregiver know/knowledge and protect the child? Are carers themselves experiencing symptoms of trauma? Do carers have a history of substance abuse or mental health issues?</p> <p><b>SAFETY ISSUES FOR THE CHILD:</b> Where, when and with whom does the child feel safest? Where with whom does he or she feel unsafe and disturbed? Is the home chaotic or dangerous? Does a care household have a restraining order against another person? Is school a safe or unsafe place? Is the child bullied at school or does the child believe that he or she is being bullied?</p> <p><b>TRAUMA TRIGGERS IN CURRENT PLACEMENT:</b> Is the child currently in a home, out-of-home placement, or institution where the child is being exposed to danger or being "triggered" by reminder traumatic experiences?</p> <p><b>UNIVERSAL COURTROOM BEHAVIORS:</b> Is this child showing in a highly anxious or hyper vigilant in that seems unable to effectively participate in court proceedings? (These behaviors include easily smiling or laughing, extreme passivity, quickly anger, and non-responsiveness to simple questions. Is there anything, I as a judge, can do to lower anxiety, increase trust, and enhance participation?</p> <p style="text-align: center;"><b>CONTINUE</b></p>	<div style="text-align: center;">   <p><b>NCTSN BENCH CARD</b> FOR COURT-ORDERED TRAUMA-INFORMED MENTAL HEALTH EVALUATION OF CHILD: SAMPLE ADDENDUM</p> </div> <p>This Court has referred this child* for mental health assessment. Your report will assist the judge in making important decisions. Please be sure the Court is aware of your professional training and credentials. In addition to your standard psychosocial report, we are seeking trauma-specific information. Please include your opinion regarding the child's current level of danger and risk of harm. The Court is also interested in information about the child's history of previous mental health evaluations. We believe this may be helpful in addressing every issue raised below, but the domains listed below are provided as an evidence-based approach to trauma-informed assessment.</p> <p><b>1. SCREENING AND ASSESSMENT OF THE CHILD AND CAREGIVERS</b></p> <p>Please describe the interview approaches (structured as well as unstructured) used for the evaluation. Describe the evidence supporting the validity, reliability, and accuracy of these methods for children or adolescents. Describe the evidence supporting the validity, reliability, and accuracy of these methods for the population to which this child belongs. If feasible, please report standard norms.</p> <p>Please answer any other data that is contributed to your picture of this child. Please describe how the perspectives of key adults have been obtained. Are the child's caregivers or other significant people intentionally or unintentionally causing the child to feel unsafe? Do carers have a history of substance abuse or mental health issues capable of protecting and fostering the healthy development of the child? Are caregivers operating in "survival mode" (such as interacting with the child in a generally anxious, indifferent, hopeless, or angry way) when interacting with the child? Do carers have a history of exposure to trauma? What additional support resources might help these adults help this child?</p> <p><b>2. STRENGTHS, COPING APPROACHES, AND RESILIENCE FACTORS</b></p> <p>Please discuss the child's existing strengths and coping approaches that can be reinforced to assist in the recovery or rehabilitation process. Strengths include perseverance, patience, assertiveness, organization, creativity, and empathy, but coping might take distorted forms. Consider how the child's inherent strengths might have been converted into "survival strategies" that are non-cooperative or even antagonistic to the judge's efforts to attend to the assessment of the Court.</p> <p>Please report perspectives voiced by the child, as well as by caregivers and other significant adults, that highlight areas of hope and recovery.</p> <p><b>3. DIAGNOSIS (POST TRAUMATIC STRESS DISORDER (PTSD))</b></p> <p>Acknowledging how child and adolescent presentations of PTSD symptoms will differ from adult presentations, please "rule-in" or "rule-out" specific DSM-V criteria for PTSD for adolescents and children older than six years, which include the following criteria:</p> <ul style="list-style-type: none"> <li>• Exposure to actual or threatened death, serious injury, or sexual violence, either experienced directly, witnessed, or learned that the event occurred to a close family member or friend. (Criteria A)</li> <li>• Persistent avoidance of stimuli associated with the trauma, numbing, emotional detachment, dissociation, flattened affect, and avoidance of stimuli that remind the child of the trauma. (Criteria B)</li> <li>• Avoidance of stimuli or situations associated with the traumatic event, including avoidance of internal thoughts and feelings related to the event, as well as external activities, places, people, or situations that arouse recollections of the event. (Criteria C)</li> </ul> <p style="text-align: right;"><b>CONTINUE BACK →</b></p> <p>This project was funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), US Department of Health and Human Services (HHS). The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.</p>
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8

## **TRAUMA-INFORMED APPROACHES TO ADDRESS DISPARITIES AND DIVERSITY**

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[ Trauma-informed juvenile justice systems ensure that their practices and policies do address the diverse and unique needs of all groups of youth and do not result in disparities related to race, ethnicity, gender, gender-identity, sexual orientation, age, intellectual and developmental level, or socioeconomic background. ]



## **TRAUMA-INFORMED APPROACHES TO ADDRESS DISPARITIES AND DIVERSITY**

- Ensure that peers and adults with whom youth interact or reside do not stigmatize, exclude, or re-traumatize them.
- Provide opportunities to receive prosocial support from youth and adults of similar gender, sexual identity, age, and developmental status.
- Ensure that language barriers or cognitive limitations do not effect traumatic stress screening and assessment or treatment practices.
- Ensure that youths are able to comprehend and engage meaningfully and voluntarily in services and in decisions related to their legal disposition and planning to the best of their ability.



## *Resources*

Trauma among Girls in the Juvenile  
Justice System

National Child Traumatic Stress Network  
Center for Trauma Recovery and Juvenile Justice  
And the Network Juvenile Justice Working Group

This project was funded by the Substance Abuse and Mental Health Services  
Administration, US Department of Health and Human Services

## **Spotlight on Culture Series**

[Nctsn.org](http://Nctsn.org)

Topics include:

- The Organizational Journey Toward Cultural and Linguistic Competency (I-IV)
- Working with Immigrant Latin-American Families Exposed to Trauma
- Trust and Acceptance Can Encourage LGBTQ Youth to Disclose
- Preventing Youth Suicide in Montana's Indian Country
- Conversations about Historical Trauma (I-III)

# For More Information...

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[www.nctsn.org](http://www.nctsn.org)

[www.learn.nctsn.org](http://www.learn.nctsn.org)