

The Importance of Becoming a Trauma-Informed Juvenile Treatment Court

March 15, 2016

Michigan Association of Treatment Court Professionals

Lisa Callahan
Policy Research Associates, Inc.

Why learn about trauma?

Background

■ Science

- Adolescent brain development
- Observable impact of trauma on adults

■ Money

- Cost of justice system

■ Politics

- “Raise the age”
- Acknowledgement of trauma in other populations (e.g. soldiers)

Trauma is part of the treatment court puzzle



What's in it for me?

- Being trauma informed.....
 - increases safety
 - practice universal precautions
 - promotes recovery & public health
 - interrupt coping/survival behavior patterns
 - reduces recidivism
 - prevent deeper end justice involvement
 - engages families
 - acknowledges trauma in “clients” as well as justice professionals
 - reduces the burden on individuals, families, & society

Precaution against unintentional harm

- Net-widening
- Trigger for stress reaction in clients & staff
- Information can be used against the youth or family in court setting
- Costs time & money – must have trauma-informed system, collaboration, & treatment

Trauma in Michigan - 2014

- Michigan ranks 28th nationally in teen death rate (15-19 yr)
- Murder/manslaughter - 65 youths (19 & younger)
- Traffic fatalities - 118 youths (20 & younger)
- Suicide - 32 suicides (15-24 yrs)
 - 16% of Michigan teens seriously consider suicide; 1/11 attempt
- Drug Overdose - 2nd leading cause of death 15-24 year olds
 - 1,762 confirmed overdose deaths, 39 under 25 years old
- Child Abuse
 - 2014 - over 80,000 CPS complaints filed - 21,000 were confirmed, over 30,000 victims (38% under age 4)
 - 84% - perpetrator parent (bio, step, adoptive)

Michigan Youth Behavioral Health 2014

- 10% past month illicit drug use (9% US)
- 6% past month cigarette use (5% US)
 - 37% see no great risk in pack+/day (35% US)
- 15% past month binge alcohol use (14% US)
- 11% past year major depressive episode (11% US)
 - 44% received treatment for depression (39% US)

What is trauma?

SAMHSA's Definition of Trauma – the 3 E's

Individual trauma results from an **event**, series of events, or a set of circumstances that is **experienced** by an individual as physically or emotionally harmful or threatening and that has lasting adverse **effects** on the individual's functioning and physical, social, emotional, or spiritual well-being.



Event

Experience

Effect

Examples of Traumatic Events

- Intentional trauma – abuse, bullying, rape, violence in community, exposure to violence
- Unintentional trauma – sudden death or illness of loved one, serious injuries/illness, separation from care giver, family disruption
- Other types – historical trauma, community trauma, vicarious trauma, ethnic cleansing, war

Risk Factors

- Race/ethnicity
- LGBTQ
- Socio-ecological factors (e.g. poverty)
- Lower cognitive abilities
- Negative cognitive bias for coping
- Personality disorder (e.g. hostility)
- Mental illness
- Psychophysiological factors

Signs of Trauma in Youth

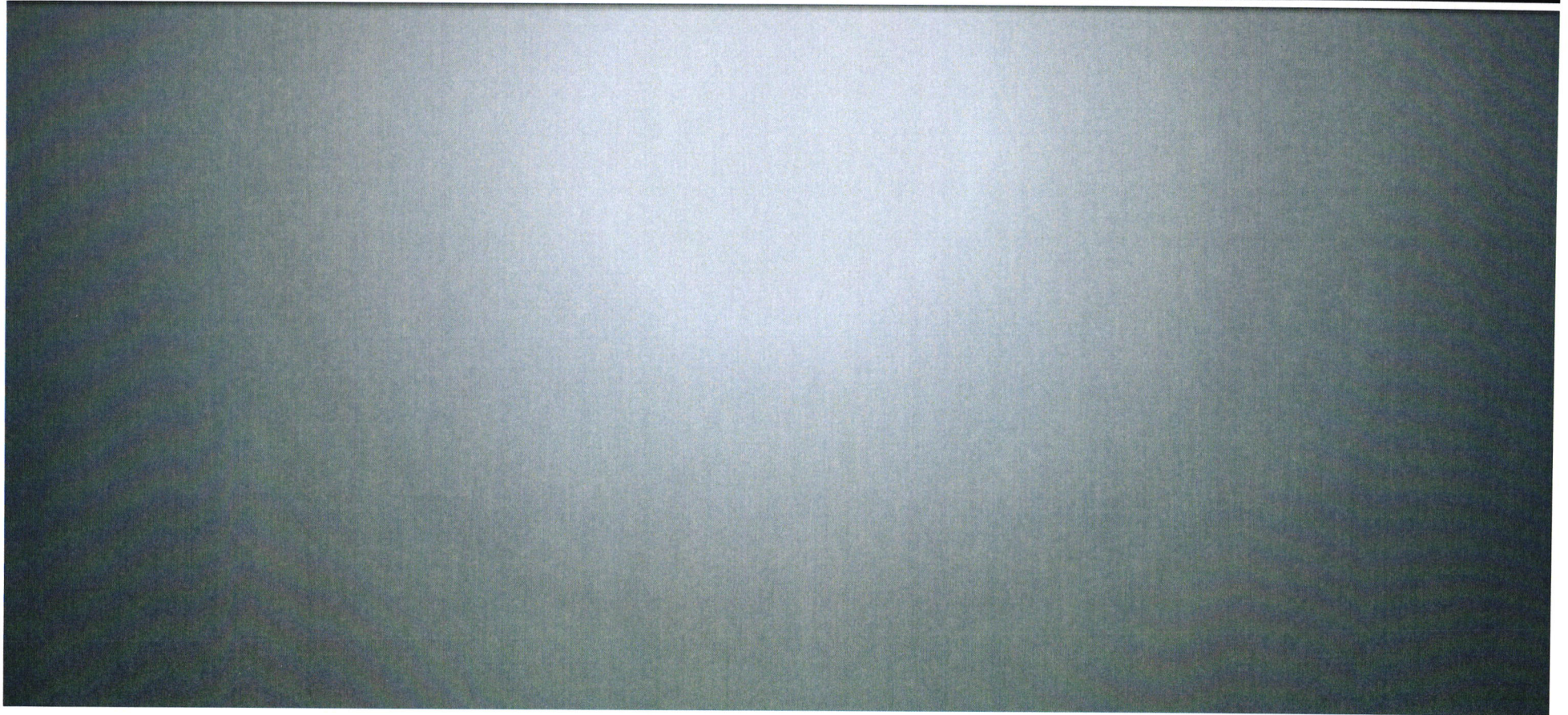
- Aggression & anger
- Anxiety & depression
- Conduct disorder/opp-
defiant behavior
- Distrust
- Hyperarousal
- Impaired information
processing
- Impulse control
problems
- Problems with
personal boundaries
- Sleep disruption
- School problems
- Somatic complaints
- Substance use
- Suicidal ideation/
attempts/self-harm

Behavior = Coping & Survival

- Hopelessness (indifference)
- Aggression (self & others)
- Hypervigilance (distrustful)
- In the moment, unfocused (no goals)
- Resentful (holds grudges)

When the brain is stressed – cannot think,
plan, execute

**How pervasive is trauma in
justice-involved youth?**



Adverse Childhood Events (ACE) Comparison Across Samples

	Youth JMHC	F-Youth FL Study	M-Youth FL Study	ACE Adult
	(N=54) %	(n=13,959) %	(n=50,3770) %	(n=17,337) %
Emotional Abuse	27	39	31	11
Physical Abuse	n/a ¹	41	26	28
Sexual Abuse	22	31	7	21
Emotional Neglect	56	39	31	15
Physical Neglect	2	18	12	10
Mother Treated Viol	24	84	81	13
HH Substance Abuse	43	30	24	27
HH Mental Illness	44	12	8	19
Parent Sep/Divorce	68	84	78	23
Incarcerated HH Mem	35	68	65	5

Fox, et al., 2015; Callahan et al., 2014; Feletti, et al. 1998

Trauma Experiences of Detained Youth

- Prevalence in detained youth:
 - 93% - at least one (of 8) trauma event
 - 84% - more than one trauma event
 - 57% - 6 or more traumas; 15 events average
- Type:
 - Witnessing violence (74%)
 - Threatened with weapon (58%)
 - Situation you or someone close was going to be hurt badly or die (53%)
- Males v females:
 - Males more likely to have been in a bad accident
 - Females more likely to have been sexually assaulted
- PTSD:
 - 11% of males & 15% of females
 - 93% of youths with PTSD have co-morbid psychiatric disorder; 50+% have 2
 - Males are more likely than females to have co-morbid disorder with PTSD

Source: Abram, Teplin, King, et al., 2013

NIJ Funded – 2 Juvenile Treatment Courts

- 1 COD & 1 JMHC with comparison group (had MI/SUD)
- 62% males, 50/50 White/Black
- Families significantly worse off for income, education, & employment than state averages
- 43% caregivers single/not living with partner
- 39% caregivers unemployed
- Most caregivers were mothers or grandmothers

Treatment Court Youths' School Experiences

- Nearly 75% had repeated a grade
- 90% had an IEP
- 96% had school disciplinary actions

Treatment Court Youths' Household Experiences

YOUTH REPORT

- 33% - street drug use in home
- 66% - parents sep/divorced
- 28% - ever lived in foster care
- 2x more likely to run away than siblings
- 52% - family mental illness
- 28% - family suicide attempt
- 31% - family prison

CAREGIVER REPORT

- 36% - family member SU Tx
- 61% - family member convicted of crime
- 57% - family member psych hospitalization
- 66% - youth in HH w/ DV
 - 75% youth witnessed DV

Youth reports of DV witnessed

FATHER -> MOTHER

- 44% - pushed, grabbed, slapped, threw something
- 24% - kicked, bit, or hit with fist or something hard
- 23% - repeatedly hit over a few minutes
- 12% - threatened with a knife or gun, or used weapon to hurt her

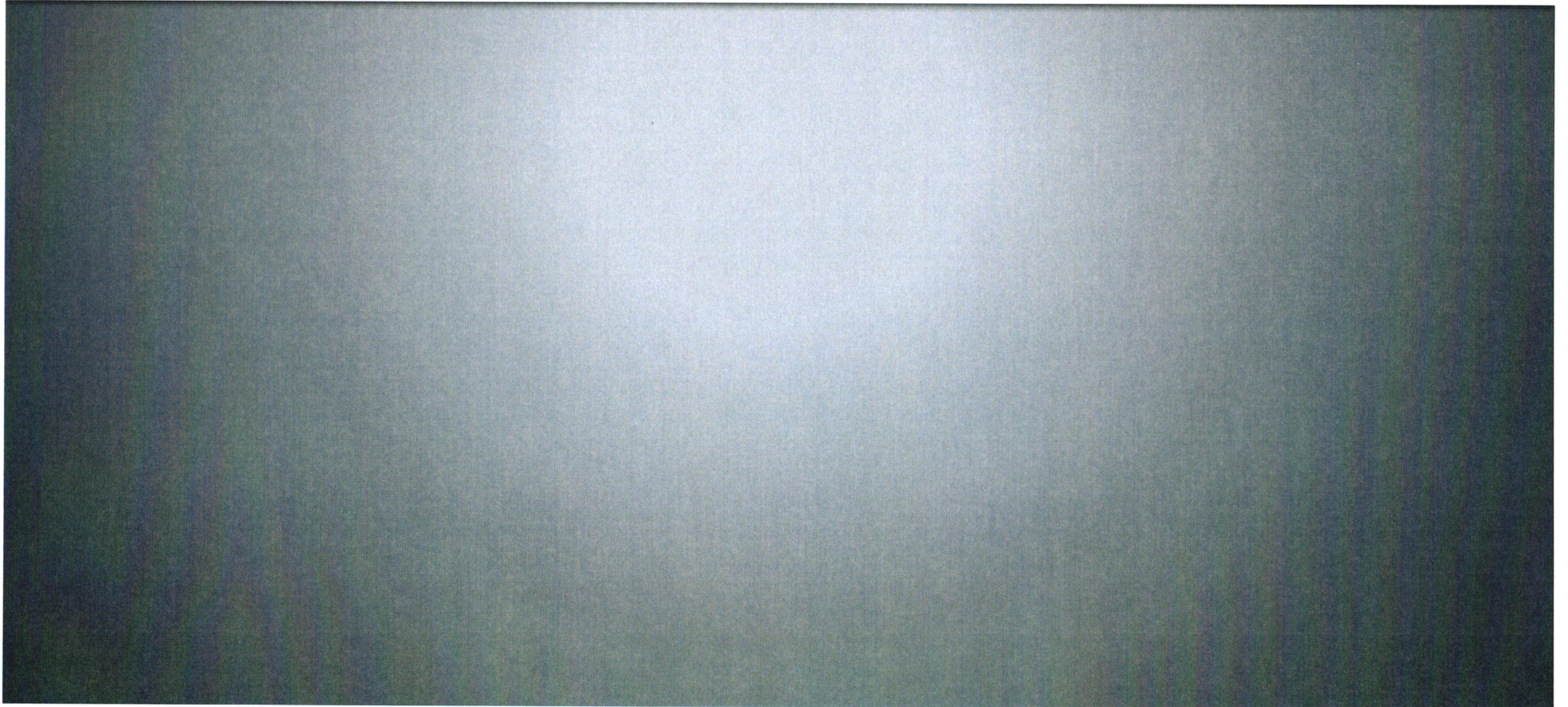
MOTHER -> FATHER

- 28% - pushed, grabbed, slapped, threw something
- 20% - kicked, bit, or hit with fist or something hard
- 20% - repeatedly hit over a few minutes
- 0% - threatened with a knife or gun, or used weapon to hurt her

Other experiences reported by treatment court youth

- 60% - often spanked
- 10% - often went hungry
- 21% - often called “lazy” or “ugly” by family
- 31% - parents too drunk/high to care for them
- 24% - had to wear dirty clothes
- 55% - often thought your parents wish you hadn’t been born
- 55% - often/very often family is source of strength & support

What is the impact of trauma?



Long-term Effect



Parents' Report about Treatment Court Youth

- Fails to finish things
- Enjoys very little
- Restless
- Confused
- Shows brutality/bullying
- Daydreams
- Fearful
- Has to be perfect
- Gets in fights
- Impulsive
- Physically attacks others
- Picks at skin etc.
- Refuses to talk
- Runs away from home
- Sees things not there
- Sulks
- Talk/walks in sleep
- Trouble sleeping
- Unhappy, sad, depressed
- Worries
- Nervous

Significantly more likely than typical youths

Physical Health & Trauma

ACE studies* demonstrate that childhood trauma significantly increases the risk of:

- Cigarette smoking
- Suicidal behavior
- Difficulty controlling anger
- Memory impairment
- Sexuality issues
- Ulcers
- Heart disease
- Headaches
- Adolescent pregnancy
- Obesity
- Lung disease
- Cancer
- Arthritis
- Fractures
- Anemia
- Back pain
- Skin disease
- Premature death

* Citations to studies available upon request

Substance Use/Mental Health & Trauma

ACE studies* demonstrate that childhood trauma significantly increases the risk of:

- Suicidality
- Alcohol misuse (women)
- Witnessing & perpetrating IPV
- Lower scores on MH measures
- Depression
- Co-occurring disorder
- Hallucinations
- Prescriptions for psychotropic medications
- Anxiety
- Dysthymia
- Personality disorder
- Borderline personality disorder

* Citations to studies available upon request

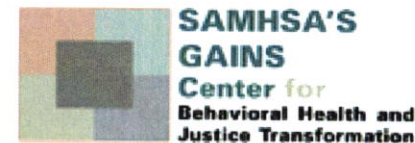
Mental Health/Criminal/Behavior Issues & Trauma

Prospective study, multiple time periods – As exposure to childhood risk factors* increases, so do:

- depression & anxiety in adulthood
- criminal arrests in adulthood
- education attainment declines after 1 risk factor

* Risk factors: child abuse/neglect, parental divorce, parental arrest, sibling arrest, parental substance use, sibling substance use, single-parent home, deceased parent, 5+ children in home, homelessness, removal from home, HH \$ stress

Source: Horan & Widom, 2015



Secondary Traumatic Stress

Secondary Traumatic Stress: the presence of PTSD symptoms caused by at least one indirect exposure to traumatic material

Secondary Traumatic Stress

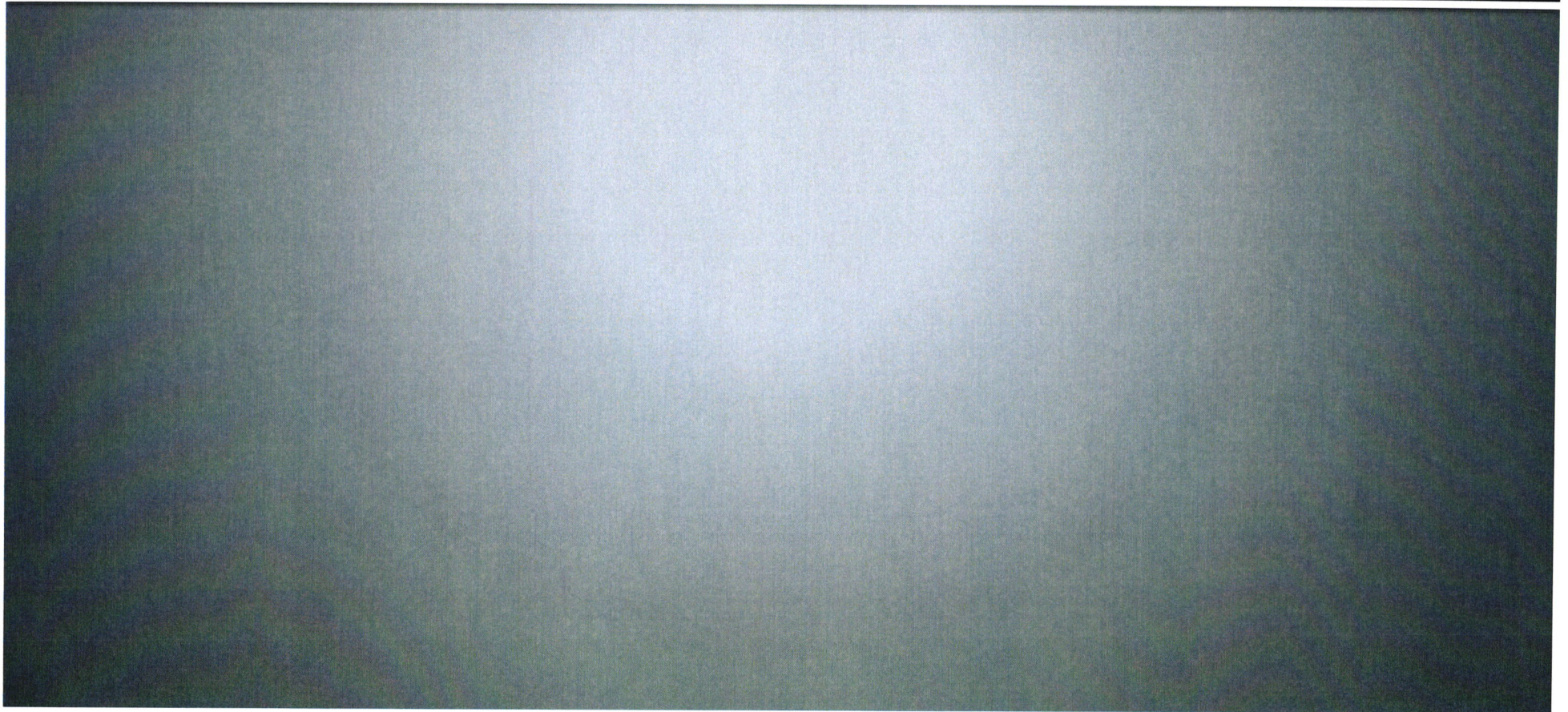
**Compassion
Fatigue**

**Vicarious
Trauma**

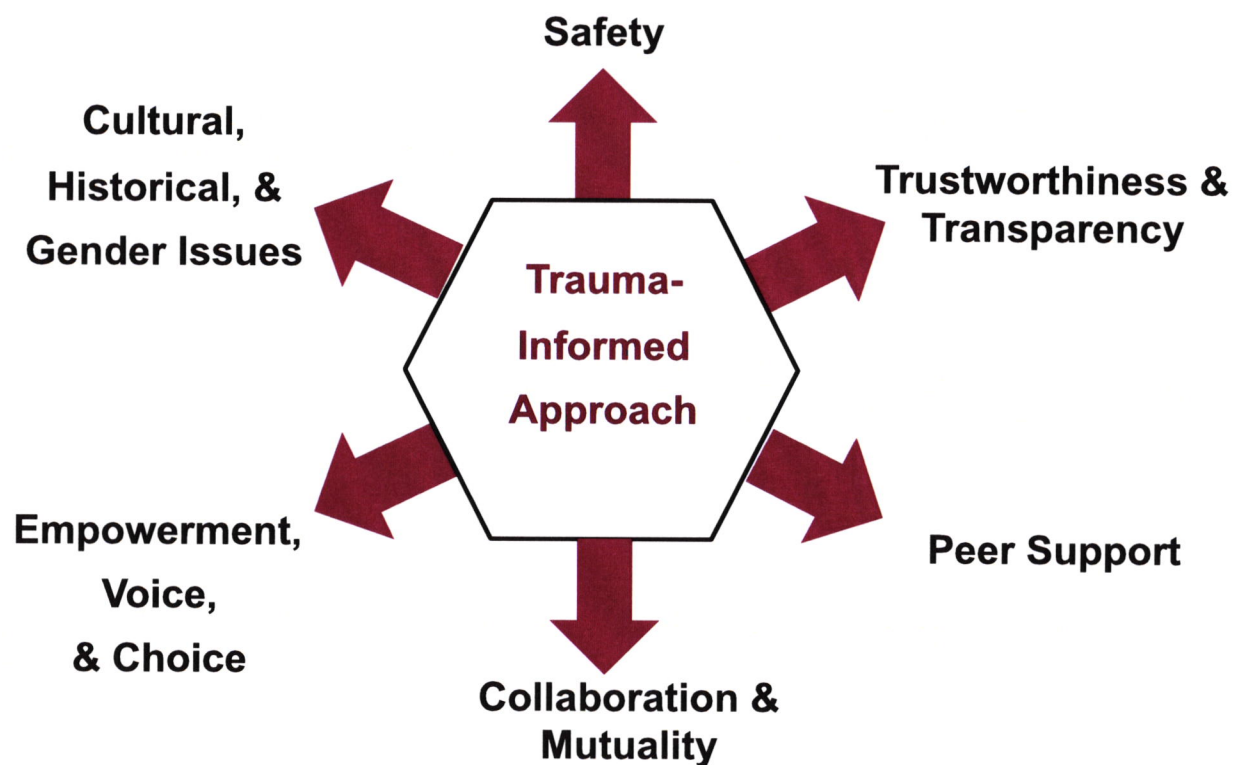
**Compassion
Satisfaction**

Burnout

Becoming a Trauma-Informed Treatment Court



Principles of a Trauma-informed Approach



A Trauma-informed Approach – the 4 R's

1. Realize the prevalence of trauma & why a trauma-informed approach is important
2. Recognize how trauma affects all individuals in an organization, program, system, & workforce
3. Respond effectively & with compassion
4. Resist Re-traumatization

Guidelines for Implementing a Trauma-informed Approach

- Governance & leadership
- Policy
- Physical environment
- Engagement & involvement
- Cross-sector collaboration

Contact Information & Questions

Lisa Callahan, PhD
SAMDSA'S GAINS Center
Policy Research Associates, Inc.
Delmar NY 12054
lcallahan@prainc.com

