

Healing The Generations:

Identification of Traumatic Experiences in
Juvenile Justice Settings: Rationale &
Techniques

March 25, 2010

Traumatic Experience in Context

- Define 'Trauma'
- What is trauma and how do we conceive of it?
- If we cannot answer this, we cannot measure it



Traumatic Experience in Context

- Is trauma an event?
- Is trauma a diagnosis? What will the new DSM –V criteria look like?
 - <http://www.dsm5.org/ProposedRevisions/Pages/proposedrevision.aspx?rid=165>
- Is trauma a reaction to an event?
- How is traumatic stress overcome? What if it is not, does it become part of our identity?

Major Questions

- How does trauma progress from an event to a “syndrome”?
- How does trauma fit into the juvenile justice system?
 - To answer this, we must know a bit about the juvenile justice system

Juvenile Court

- Special systems of justice for juveniles are relatively new concepts.
- First juvenile court established in Cook County, IL in 1899.
- The next 30 years saw rapid expansion of ideas, laws, rehabilitation programs, for juveniles

– Grisso, 1998

Juvenile Court

- Juvenile court goals were stated to be beneficent, rather than punitive.
- Doctrine of *parens patriae* emerges. Children should be treated as they would by a “wise, merciful father handles his own child whose errors are not discovered by the authorities.”
 - Grisso, 1998

Juvenile Court

- *Parens Patriae* in the development of the juvenile court mirrored similar administrative changes in Scandinavia at the time.
- *Parens Patriae* is based on a state's duty to protect dependent persons and their property and was ultimately inconsistent with the common law meaning
 - Melton, et al., 2007

Juvenile Court

- Because juvenile court is acting on behalf of the child, there is no adversarial process, and little or no civil rights.
- This is later contested in two hallmark cases, *Kent v U.S.* and *In re Gault*.
- *Kent* made the claim that juveniles have many of the same rights when faced with hearings that might lead to their transfer to adult court

Grisso, 1998

Juvenile Court

- *Gault* described juvenile courts as “kangaroo courts”.
- Noted arbitrariness, ineffectiveness, and the appearance of injustice.
- *Gault* established that children are “persons” within the meaning of the court; and legalized juvenile court by establishing due process.

– Melton, et al., 2007

Juvenile Court

- Following this, emphasis on rehabilitation vs. retribution swings like a pendulum.
- Between 1992 and 1997 almost every state amended its statutes to “get tough” on juveniles.
 - Require adult court handling
 - Lower age of jurisdiction
 - Broaden transfer offenses
 - Melton et al., 2007

Juvenile Court

- Courts now have what is described as a “neo-paternalistic view”
- *Roper v. Simmons* bars the execution of an individual whose offense has occurred prior to age 18
- Relied heavily on amicus brief filed by APA and established three general differences between adults and adolescents

Juvenile Court

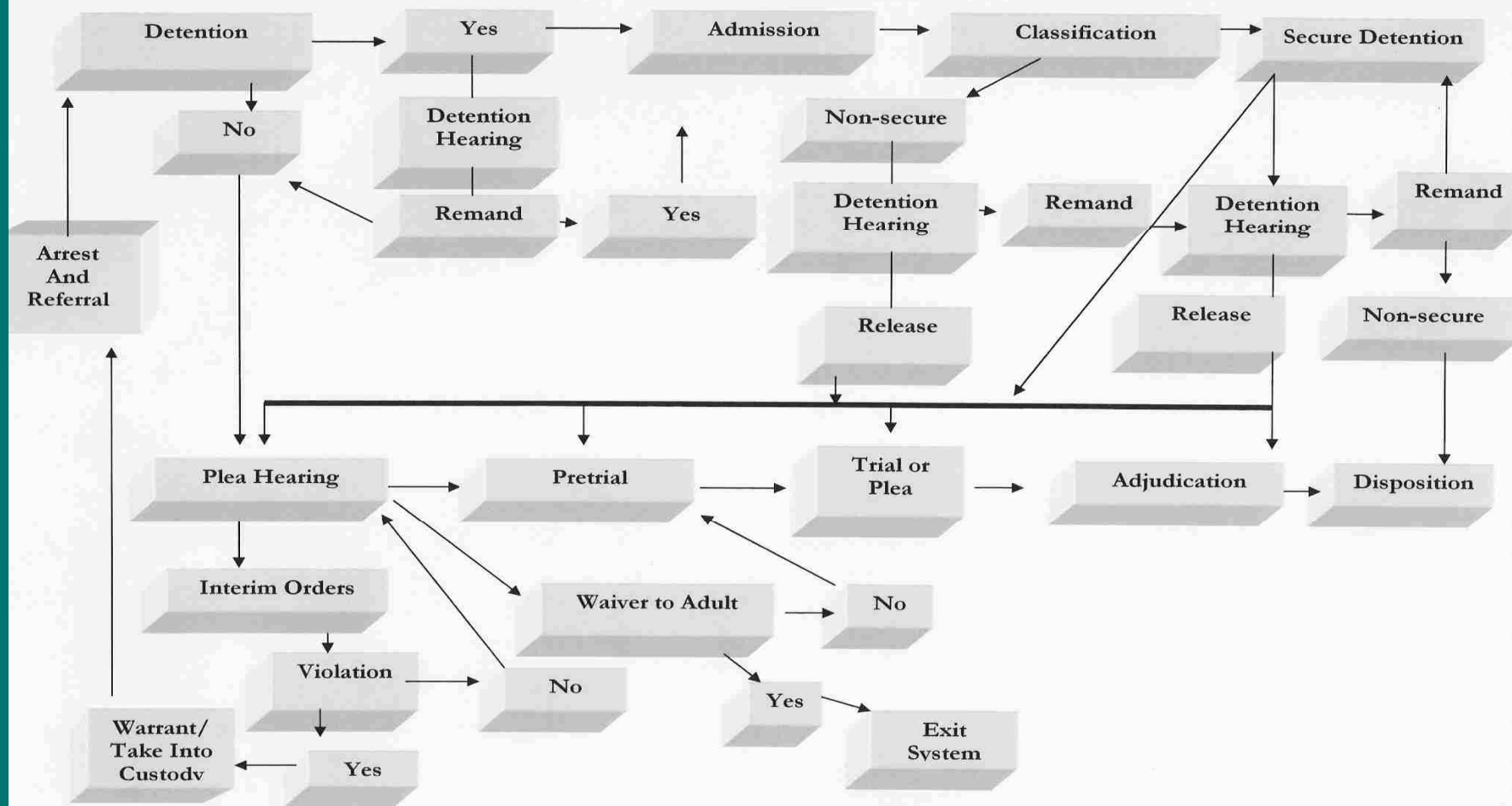
Justice Kennedy in stating that juveniles cannot be classified among the worst offenders wrote:

- 1) There is an immaturity in a tendency toward recklessness;
- 2) vulnerability to negative influences and outside pressures;
- 3) there is a lack of fully formed character

Graphical Representation of Connecticut's Juvenile Justice System

Figure 1.

JUVENILE JUSTICE DECISION POINTS



U.S. Department of Justice

January 7, 2010

- Twelve percent of adjudicated youth report sexual victimization in juvenile facilities during 2008 – 2009
- Males more likely than females to report sexual activity with facility staff (10.8% vs. 4.7%)
- Males less likely to report forced sexual activity with another youth than females (2.0% vs. 9.1%)
- 95% of all youth reporting state they were victimized by female staff
- Force or coercion used in 4.3% of cases, 6.4% report no force or coercion

– <http://www.ojp.usdoj.gov/newsroom/pressreleases/2010/BJ10037.htm>

U.S. Department of Justice

December 29, 2008

- In *Report on Rape in Jails in the US* the DOJ reports on common characteristics of inmate victims, aggressors, and staff on inmate victimization
- Uses contrast between high risk and low risk facilities to suggest best practice to reduce:
 - Demonstrable administrative commitment
 - PREA coordinator
 - Better training of staff & inmates

U.S. Department of Justice

December 29, 2008

■ Cont.

- Train staff in how trauma can impact young people
- Have confidential means of reporting available (and bilingual reporting must be available)
- Note facility blind spots
- Discretely note high risk individuals
 - http://oip.usdoj.gov/reviewpanel/pdfs/prea_finalreport_081229.pdf

Iatrogenic Effects of the JJ System

- Involvement of a youth in juvenile justice systems seems to negatively impact a youth consistent with labeling and deviant peer association.
- The negative impact appears to increase as the type of intervention increases in intensity and restrictiveness
 - Gatti, Tremblay, & Vitaro 2009

Trauma in Juvenile Justice

- A number of young people enter the justice system having experienced significant trauma
- A number of young people will leave the juvenile justice system having experienced further trauma

Adolescent Development in Juvenile Justice

- The biological changes of puberty may promote recklessness and sensation seeking behavior before the areas governing cognitive control mature
- AKA the dual systems model.
- It supposes a reduction of dopamine receptor density in the striatum and prefrontal cortex.
- Therefore, there is an increase in dopaminergic activity in the prefrontal cortex in early adolescence.

Adolescent Development in Juvenile Justice

- Because dopamine is involved with the brain's "reward system" redistribution is likely to impact behavior towards greater reward seeking
- While this is going on, the relatively slow cognitive control systems which modulate reward seeking begin to develop
- This development involves areas of executive function, planning, judging risk and rewards, inhibiting responses

Adolescent Development in Juvenile Justice

- Now, further cognitive development occurs...
- Maturation of pre-frontal areas result in two of the most important cognitive capacities involved in decision making according to Steinberg
 - 1) Understanding – the ability to comprehend information relevant to decision making, and
 - 2) Reasoning – the ability to logically use this information to make a choice

Adolescent Development

- Where else but in adolescents can you find:
 - Excessively high interest in self serving, pleasure seeking behavior,
 - Limited development of areas of the brain involved with planning, judgment, and response inhibition,
 - Minimal experience with understanding and reasoning?



Why Trauma

- A number of studies note traumatic victimization as associated with behavior problems in delinquency.
 - Cauffman, 1998; Ford, 2000
- Children in psychiatric treatment for problems related to severe oppositional behavior had more exposure to victimization than those treated for anxiety, depression, etc.
 - Ford, 2000

Trauma

- Traumatic victimization teaches children drastic ways to cope and survive
- A child over time may see him or herself as trapped and use desperate means of warding off danger.
- Reactive and defensive styles can include anger, defiance, callousness, depression, etc.
- Management of these states of arousal may include teaching how to regulate emotional states, and how to think clearly and process information
 - Ford et al., 2006

Trauma Screening in Juvenile Justice

- What is the purpose of trauma screening?
 - Can it be used against you?
 - What are the risks of screening?
 - What are the potential benefits of screening?

Trauma Screening in Juvenile Justice

- Q: Can information gathered from screening be used against you in court?
- A: Yes, in some states.
 - Legislation in Connecticut prohibits using data collected in mental health screenings against an individual, (CGS 46b-124j)
 - In spite of this there is a concern for bias in a case, so screenings are done in detention, but done only after an adjudication is made by probation.

Trauma Screening in Juvenile Justice

- Q: What are the risks of screening?
- A:
 - Self report is not entirely reliable
 - Sometimes problems with the questions, (vague, misunderstandings, etc.)
 - It may unnecessarily restrict our view of an individual

Trauma Screening in Juvenile Justice

- Q: What are the benefits to screening?
- A:
 - Brings the system in line with standards in the field (e.g. Consensus Conference see Wasserman et al, 2003)
 - Allows for better allocation of resources
 - Allows for the ability to identify serious risk

Benefits of Screening

- More efficient allocation of resources
- Data collection with which to project future needs and design necessary programming
- Decreases mortality and morbidity
- There is evidence to suggest a decrease in serious suicide attempts within juvenile justice facilities when screening occurs within the first 24 hours

– Gallagher & Dobrin, 2005

Benefits of Screening

- An ethical and moral responsibility in juvenile justice
- Utilized to reduce further delinquent behavior and ensure the safety of children and staff
 - Grisso & Underwood, 2004
- Some recommend using two universal screenings in order not to miss a problem
 - Wasserman et al., 2004

Benefits of Screening

- Screening can be used as triage, a means of directing limited resources to an area of greatest need
- There is a responsibility in screening:
 - Once a problem is discovered a response must occur
 - That response must be proportional to the problem discovered

Trauma

- With a large number of studies suggesting trauma related problems for kids in detention (Teplin et al., 2002; Abram et al., 2004; Wasserman et al, 2005) measurement of trauma began in Connecticut in 2005

Screening Instruments

- Many have had exposure to screening instruments of one type or another
- Like any process, screening needs to be directed and purposeful
- Too often, people administer and interpret screening instruments without knowledge of what they mean

Connecticut Juvenile Detention Screening Program

- Pursuant to current standards and state law (CGS 46b-121i), Connecticut has designed a screening system for all children entering detention and for those on probation once their cases are adjudicated

Connecticut Juvenile Detention Screening Program

■ Detention

- MAYSI-2
- SIQ (SIQ-JR)
- AAIS
- DAST-A
- TESI
- UCLA-PTSD
- UCLA-Grief

■ Probation

- MAYSI-2

MAYSI-2

- The Massachusetts Youth Screening Instrument (MAYSI-2) was specifically developed for use in juvenile justice facilities as a way of detecting a possible need for mental health treatment in youth aged 12-17. The instrument is intended to provide a framework for quick intervention and was designed to:

MAYSI-2

- (1) Require no more than 10 minutes to administer;
- (2) rely on youth self-report;
- (3) be easy to read;
- (4) require no special clinical expertise to administer, score, and interpret;
- (5) use very low-cost materials;
- (6) be usable with a wide range of adolescents (by age, gender, and ethnicity); and
- (7) be amenable to development of age- and gender-based norms, appropriate psychometric reliability, and validity.

MAYSI-2

- The MAYSI-2 consists of seven scales derived from factor analysis:
 - Alcohol/Drug Use: Frequent use of alcohol or drugs; risk of substance abuse
 - Angry-Irritable: Experiences frustration, lasting anger, and moodiness
 - Depressed-Anxious: Experiences depressed and anxious feelings

MAYSI-2

- Somatic Complaints: Experiences bodily discomforts associated with distress
- Suicide Ideation: Experiences thoughts and intentions to harm oneself
- Thought Disturbance: Experiences unusual beliefs/perceptions, possible thought disorder (boys only)
- Traumatic Experiences: Lifetime exposure to events the youth considers traumatic (separate versions for boys and girls)

Other Screening Results

- In a large sample study of the MAYSI-2 ($N = >70,000$) 72% of girls and 63% of boys showed clinical elevation on at least one MAYSI scale.
 - Vincent et al., 2008
- This suggests large numbers of vulnerable youth in juvenile justice systems.

Screening Instruments

- Screening instruments are useless without context
- For example:
 - What does a Caution on a MAYSI-2 mean?
 - What does a Warning mean?

Screening Instruments

- In general, think of a Caution as the number of responses one would see in a group of patients in treatment for the problem in that subscale
- A Warning means that the individual you have screened has acknowledge more symptoms than 90% of all juvenile justice clients

Suicide Ideations Questionnaire (SIQ)

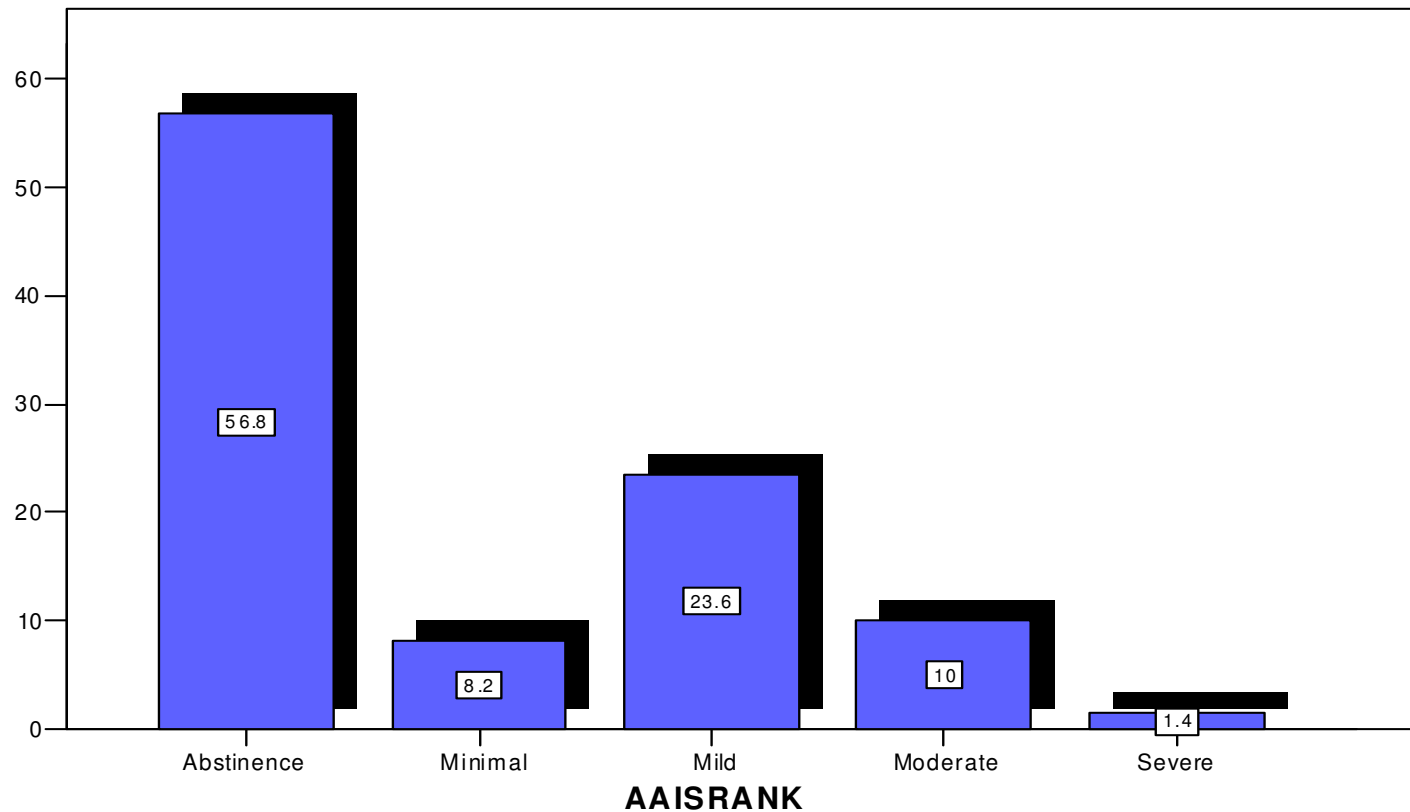
- Developed by Reynolds, 1987
- A 15 or 30-item questionnaire depending upon grade level
- SIQ for High School level, above grade 9 (30 questions)
- SIQ-JR for grades 7-9 (15 questions)

Adolescent Alcohol Involvement Scale

- Developed by Mayer & Filstead, 1979
- A 14 item scale that rates interference in adolescents functioning in psychological, family, and social spheres
- Scores indicate abstinence, minimal, mild, moderate and severe involvement
- Provides recommendations for treatment for each grouping

Adolescent Alcohol Involvement Scale

AAIS Range of Categories

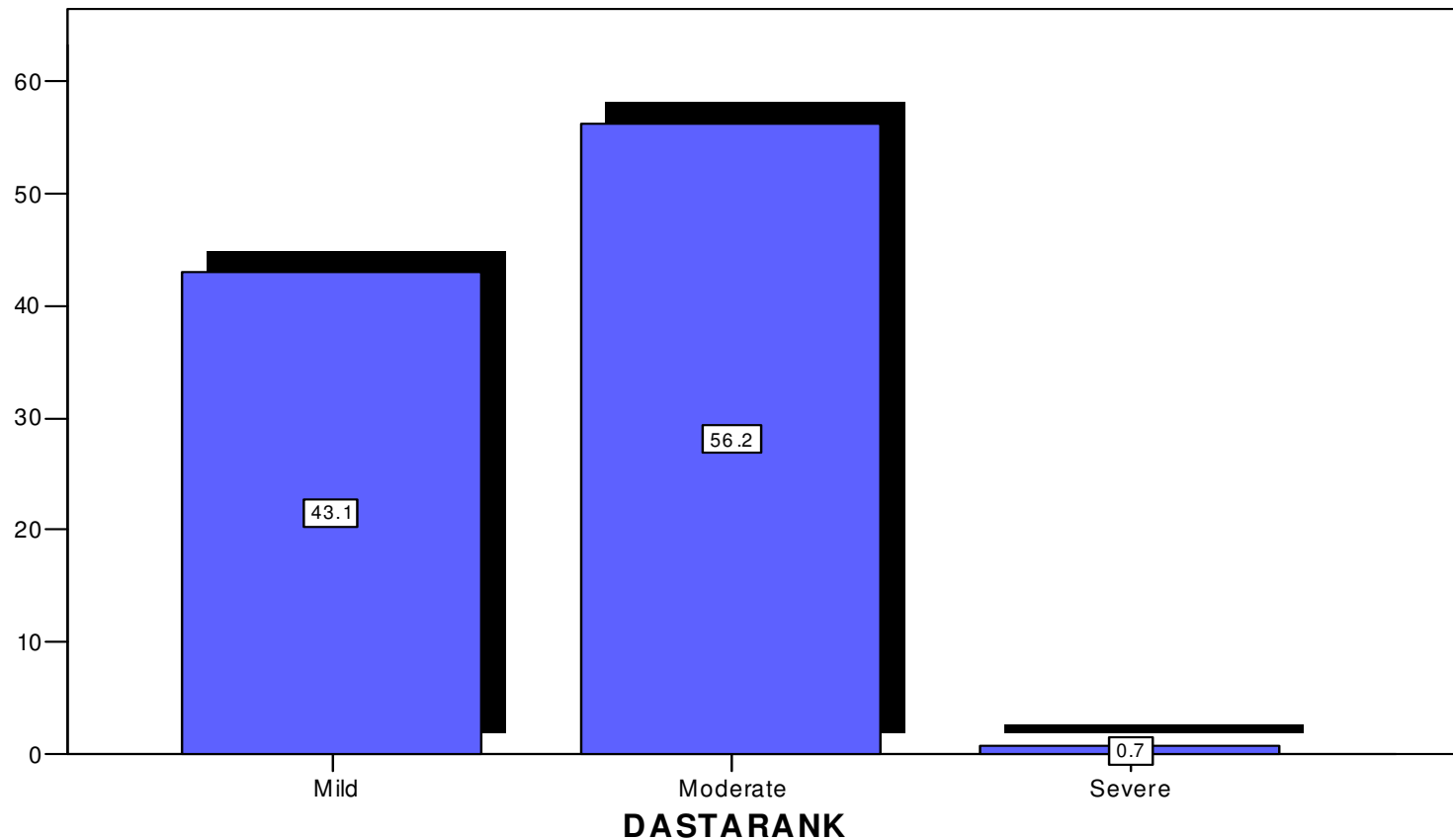


Drug Abuse Screening Test- Adolescents

- Validated for adolescents by Martino, Grilo, & Fehon, 2000 using a CT sample
- A 27 item questionnaire
- Rates substance abuse problems along a continuum
- Raw scores greater than 6 are predictive of an diagnosis of abuse or dependence

Drug Abuse Screening Test- Adolescents

DAST-A Range of Categories



Substance Abuse Scales

- High correlation between the AAIS & DAST-A ($r^2=.584$, $p<.01$)
- Also between AAIS & SIQ ($r^2=.215$, $p<.01$) and the DAST-A & SIQ ($r^2=.250$, $p<.01$)
- DAST-A also correlates with the “Re-experiencing” items on the UCLA-RI ($r^2=.123$, $p<.05$)
- Both the DAST-A & AAIS have positive significant correlations with all MAYSI-2 subscales except Depressed/Anxious

Specific MAYSI-2 Questions

- Traumatic exposure and traumatic stress correlate with anger, depression, anxiety, body problems and thought disturbance
- Being raped, or witnessing violent death is moderately associated with suicide risk
- Complex PTSD may affect 10% of youth and adding questions from the DA and AI subscales to the TE subscale seems to identify this

Ford & Chapman, (2005)

Screening Specific to Trauma

- There are multiple screening instruments available for assessment of trauma.
- Screening instruments in juvenile justice is very nicely described in a book by Grisso, Vincent, & Seagrave (2005). *Mental Health Screening and Assessment in Juvenile Justice*. New York: Guilford Press.
- Also on line at [http://www.ncmhjj.com/pdfs/publications/Screening And Assessing MHSUD.pdf](http://www.ncmhjj.com/pdfs/publications/Screening%20And%20Assessing%20MHSUD.pdf)

Screening Specific to Trauma

- Most scales are brief with published psychometrics available.
- Screenings are used to identify the need for further assessment.
- Prior to screening a “safety assessment” as described by Albert may be necessary.
- Clinicians may worry that questions asked may be too intrusive, might trigger a negative response or be painful

– Chapman, Ford, Hawke, & Albert, 2005

Screening Specific to Trauma

- Screening instruments should be ethno-culturally sensitive and validated on a population similar to those being screened or assessed.

Most Commonly Used Instruments Children

- Trauma Symptom Checklist for Children (TSCC; Briere 1996)
- Clinician Administered PTSD Scale for Children & Adolescents (CAPS-CA; Newman & Ribbe, 1996)
- Traumatic Events Screening Instrument (TESI, Ghosh-Ippen, 2002)
- Global Appraisal of Need (GAIN, Dennis, 1999).

Most Commonly Used Instruments Adults

- Clinician Administered PTSD Scale (CAPS, Blake et al, 2005)
- Trauma Symptom Inventory (TSI, Briere, 1996)
- PTSD Checklist (PCL, Blanchard et al, 1996)

TESI Reports

Reports Exposure to Trauma from Accident, Disaster or Illness	64%	Reports Distress from Accident, Disaster or Illness	46%
Reports Trauma from Physical Abuse	66%	Reports Distress from Trauma from Violence or Physical Abuse	24%
Reports Exposure to Trauma from Sexual Abuse	9%	Reports Distress from Trauma from Sexual Abuse	5%

TESI Reports

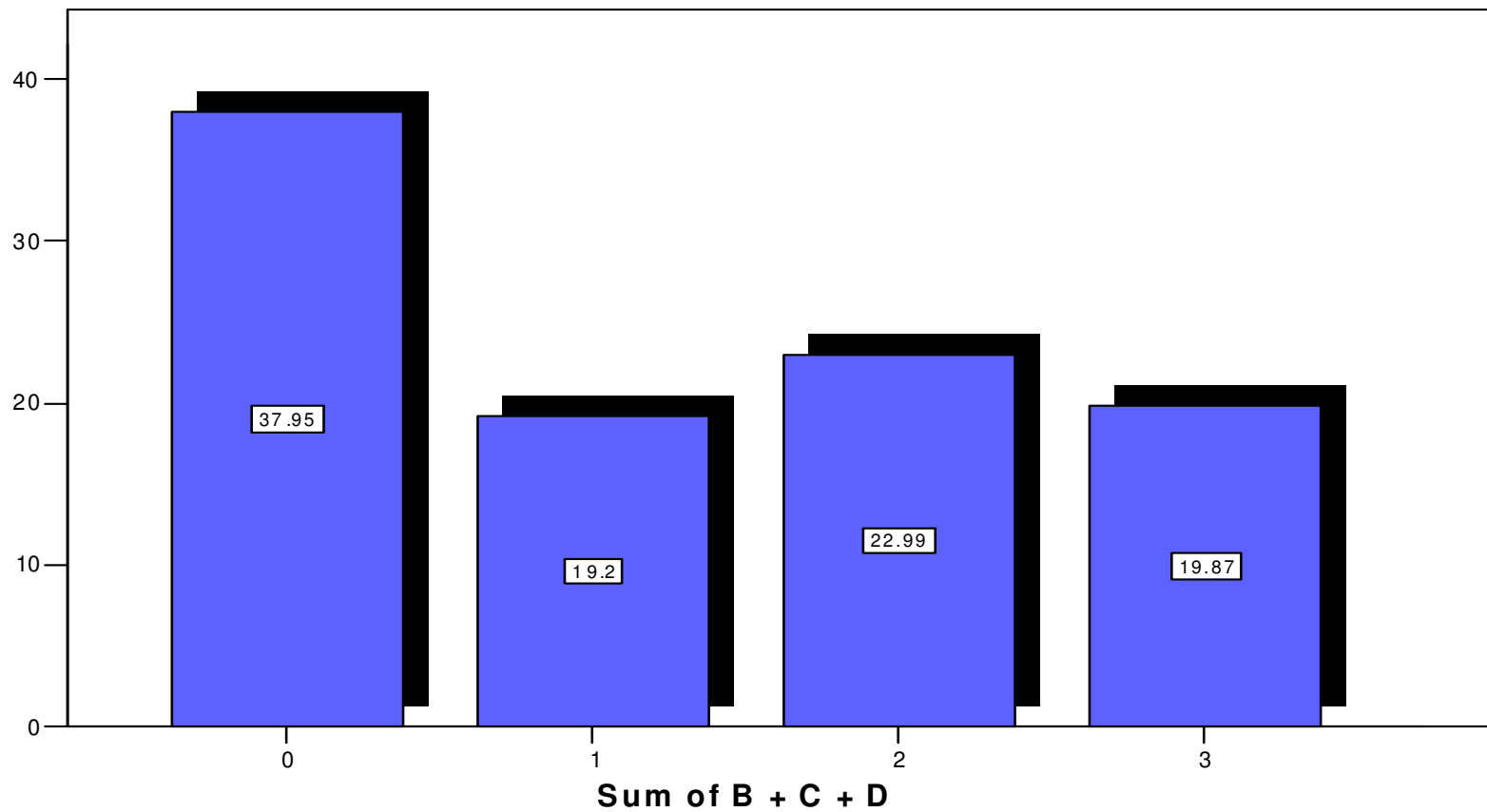
Reports Exposure to Neglect	27%	Reports Distress from Trauma from Neglect	9%
Reports Traumatic Loss	75%	Reports Distress from Traumatic Loss	44%
Reports Violence Trauma	23%	Reports Distress from Trauma from Violence Trauma	10%
Reports Exposure to Trauma from Community/Terrorism/War	37%	Reports Distress from Trauma from Community/Terrorism/War	6%

Trauma Screening

- Degree of symptoms can be estimated with the University of California at Los Angeles Reaction Index (UCLA-RI)
- Though not diagnostic, it is based on the DSM-IV diagnostic criteria for PTSD
- 22-item pencil and paper scale
- When criterion A, B, C, & D are met, there is likely PTSD

Trauma Screening

Sum of B + C + D



Treatment Implications

- It may be conceptually helpful to break down reactions to trauma into three factors (as suggested by DSM-IV)
 - Avoidance
 - Numbing
 - Hyperarousal
- In clinical practice this distinction may be quite important, and the factors are not mutually exclusive

Trauma, Substance Abuse, or Both

- AAIS and DAST-A scores (dichotomized for presence and absence of risk) are significantly related to reports of two or more Traumatic Experiences on the MAYSI-2 Traumatic Experiences (TE) subscale
- AAIS and TE $\chi^2=47.664, p < .001$
- DAST-A and TE $\chi^2= 43.718, p < .001$

Trauma, Substance Abuse, or Both

- In detention in Connecticut 63% of children report one or more traumatic events on the MAYSI-2 screen
- Thirty-nine percent report mild moderate, or severe drinking.
- Twenty-one percent report moderate or severe drug problems.

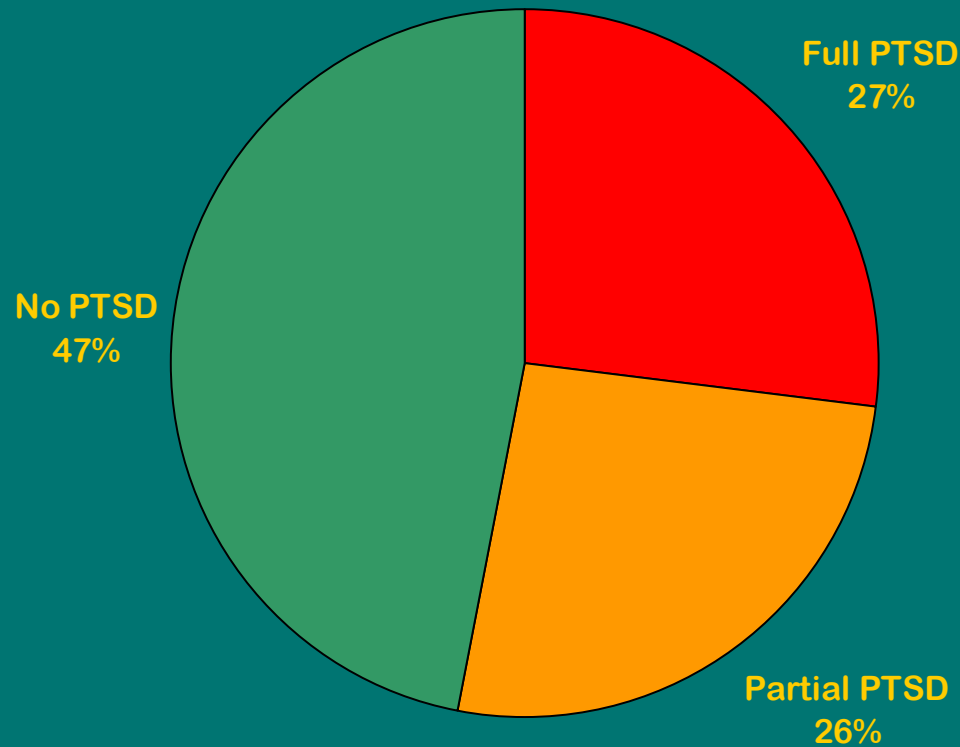
Trauma, Substance Abuse, and Suicide Ideation

- Early life psychological trauma is related to a progressively worsening pattern of distress, isolation, deviant peer affiliations, and legal problems.
 - Ford, et al., 2006
- Scores indicating a history of traumatic experiences and scores indicate problematic substance use are predictive of high scores on measures of suicide ideation
 - Chapman & Ford, 2008

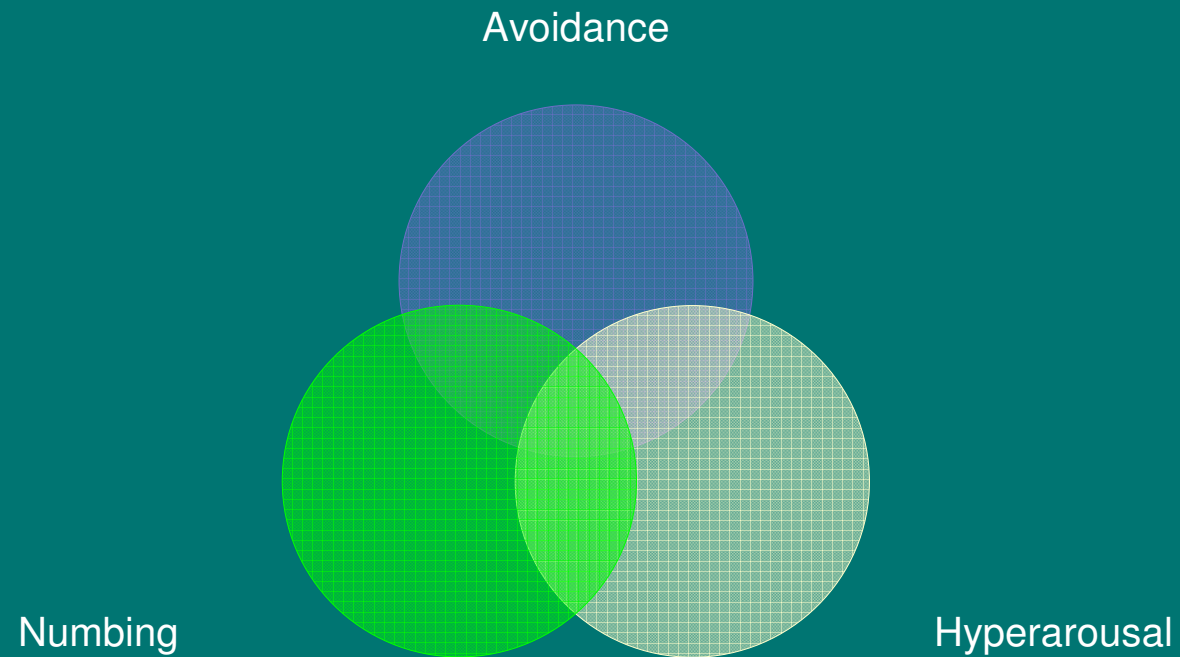
Common Sequelae of Maltreatment Trauma

- Post-traumatic stress disorder (PTSD)
- Internalizing problems (depression, anxiety)
- Anger management problems
- Externalizing problems (anger, impulsivity, oppositional defiance, delinquency)
- Dysregulated physiological reactivity
- Information processing problems
- Disorganized attachment

Full and Partial PTSD, Juvenile Detainees in Connecticut, (N=339)



Treatment Implications



Treatment Implications

*Treatment
Resistance,
Alexithymia*

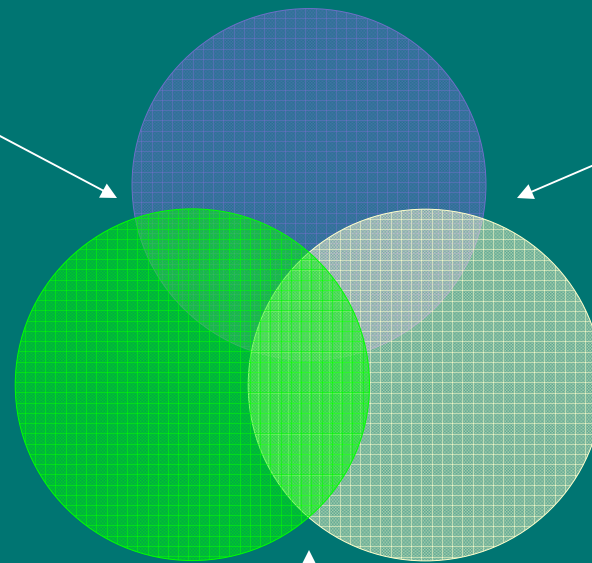
*Conduct Problems
Substance Abuse*

Avoidance

Numbing

Hyperarousal

Paranoia/Aggression



Trauma-Informed Services

- Address the heightened reactivity and psychobiological dysregulation associated with prior trauma exposure
- Utilize strengths-based empowerment to teach ways to enhance personal control and responsibility
- Foster consistent language and approach by providers, children, caregivers across disciplines and systems

Ford, 2009

Trauma Intervention

- A number of states (Connecticut, Ohio, Florida) have begun using particular trauma interventions
- This intervention was adapted to short-term work with juvenile justice youth
- *Trauma Affect Regulation Guide for Education and Therapy (TARGET)*

Final Thoughts

- Traumatic experiences are one of multiple contingencies which are necessary to consider when treating delinquent young people,
- Traumatic experiences don't explain crime, nor does it excuse crime,
- Ignoring past traumatic experiences is not helpful, and addressing it properly is not harmful.

Final Thoughts

- The interaction between mind, body, and environment is complicated...
- But it cannot be ignored.

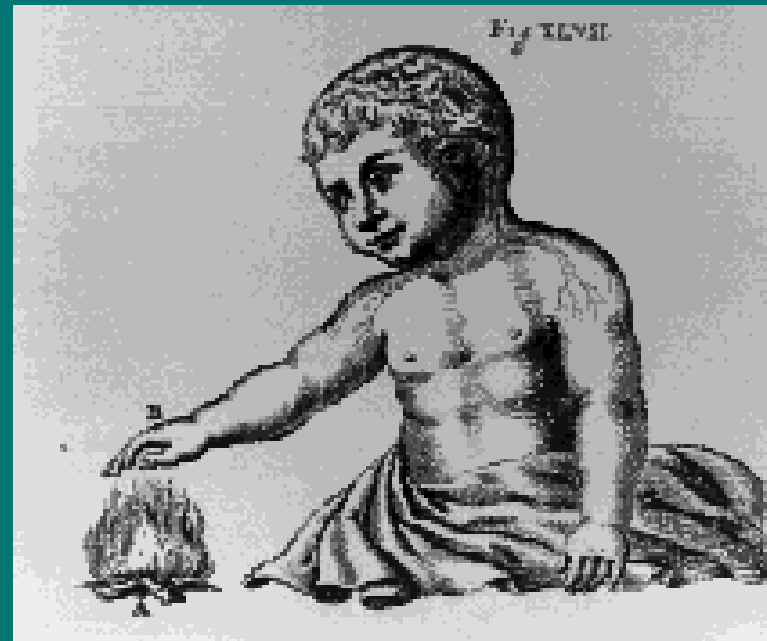


Figure 2
The mechanism for automatic reaction in response to external events, illustrated in Descartes' *De homine* (1662).

Contact

- John Chapman Psy.D.
State of Connecticut
Judicial Branch – CSSD
936 Silas Deane Highway
Wethersfield, CT 06109
860-721-2162
John.Chapman@jud.ct.gov