



Creating Trauma-Informed Care in Juvenile Secure Detention

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Justice-Involved Youth Experience High Rates of Psychiatric Disorder

- Justice-involved youth have elevated rates of psychiatric disorder¹
 - ▣ Over 76% of youth in secure detention qualified for mental health diagnosis²
 - ▣ 28 - 43% of justice-involved youth have special education disabilities³
- Prevalence of psychiatric disorder increases with system penetration⁴
- Recidivism higher in youth with mental health disorders⁵
 - ▣ PTSD specifically found to be associated with increased recidivism⁶

Justice-Involved Youth Experience High Rates of Maltreatment

- Justice-involved youth have “disproportionately high rate of victimization”⁷
 - Rates of childhood abuse 80% in delinquent girls⁸
 - At least 75% justice-involved youth exposed to victimization⁹
- 42% of justice-involved youth are crossover youth¹⁰
- Chronic maltreatment is associated with more severe delinquency¹¹

Justice-Involved Youth Experience High Rates of Trauma Exposure and PTSD

- 92.5% of juvenile detainees experienced 1 or more traumas¹²
- Reported rates of PTSD range from 4.8 to 52%¹³
- PTSD prevalence 8x higher than community sample of peers⁹
- Rates of complex trauma exposure 3x greater than community samples¹⁴

Under-identification of Trauma

- Justice-involved youth are not benefitting from advances in trauma screening and intervention¹⁴
- Most Juvenile Justice settings use the MAYSI-2
 - ▣ Identifies emergent risks
 - ▣ Overlooks internalizing symptoms, trauma exposure
 - ▣ No ability to link between trauma and other mental health problems⁴
- Trauma exposure and PTSD under-diagnosed without focused, structured instrumentation¹⁵

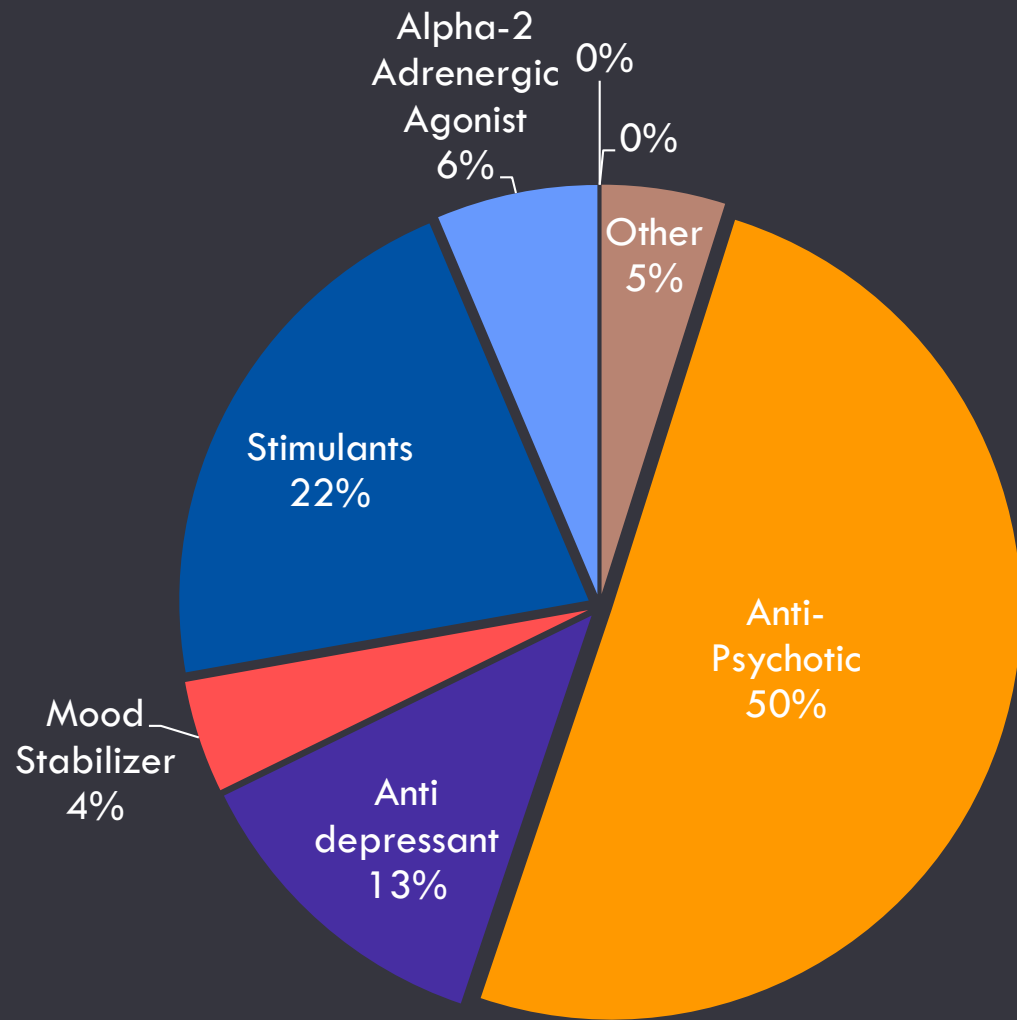
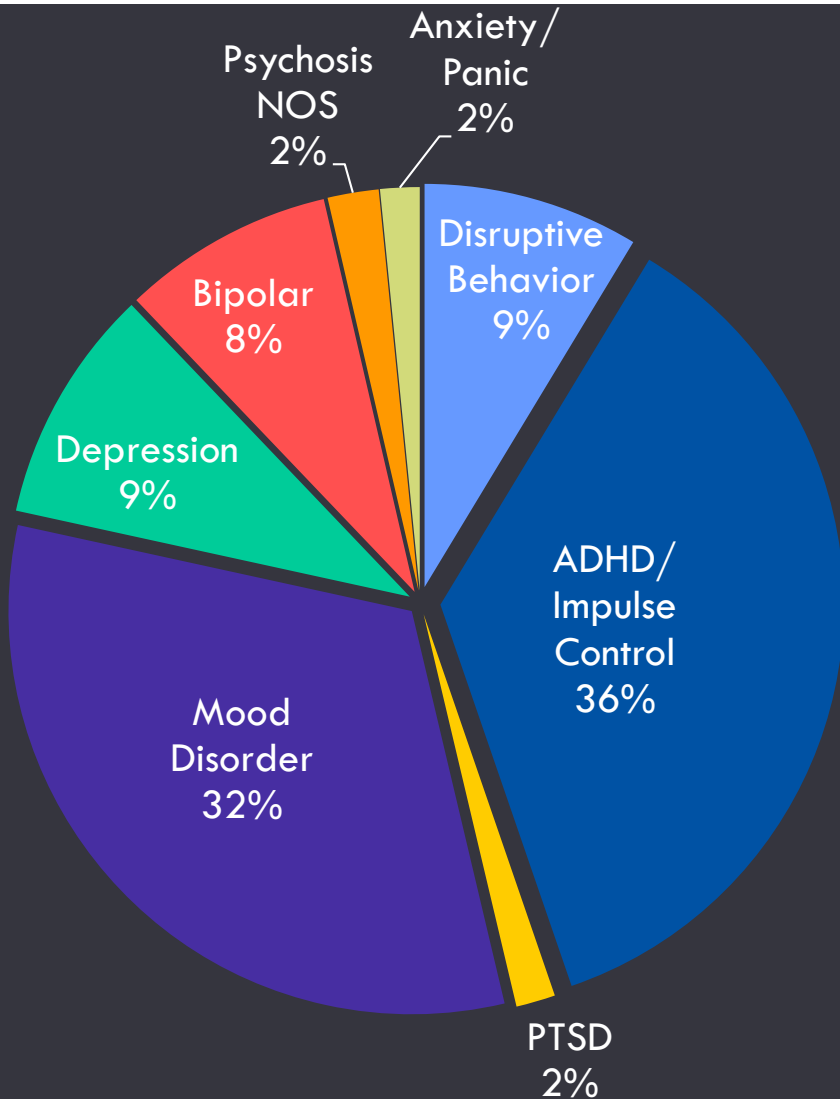
Mental Health Screening in NYC Juvenile Detention

- In 2011—2,138 youth screened with the MAYSI-2
- Most common diagnoses—ADHD, impulse control disorders, and mood disorders
- 63% reported at least one traumatic event on the MAYSI-2
- PTSD diagnosed by psychiatry in less than 2% of youth
 - Less than 2% of clinical interventions focused on PTSD

Implications of Lack of Identification

- Collusion with silence and self-blame
- Poor understanding of behavior
- Inadequate treatment planning
- Over-utilization of anti-psychotic medication

FY 2012 Diagnoses and Medication



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Project Goals



- Goal 1:** Train staff about the effects of trauma on youth
- Goal 2:** Establish evidence-based, trauma-informed mental health screening
- Goal 3:** Implement evidence-based skills groups to reduce trauma-related problems among residents
- Goal 4:** Build collaborative partnerships across the child-serving systems associated with juvenile detention to increase trauma responsiveness

Goal 1: Staff Training in Trauma

Think Trauma: A Training Curriculum for Staff in Juvenile Justice and Residential Settings,
Monique Marrow, PhD et al (2012)

- ▣ Trauma and Delinquency
- ▣ Trauma's Impact on Development
- ▣ Coping Strategies
- ▣ Vicarious Trauma, organizational stress, self-care

Goal 2: Trauma-Informed Mental Health Screening

- Replaced the MAYSI-2 with
 - UCLA PTSD Reaction Index
 - PHQ-9—depression
 - CRAFFT—problematic substance use
- Identifies trauma exposure, PTSD symptoms, common co-morbidities associated with PTSD
- Clear referral process for psychiatric evaluation

Measures: UCLA PTSD Reaction Index

- Part 1: List of traumatic events
 - Includes domestic violence, physical abuse, sexual abuse
 - Question 13 allows child to name additional traumatic events
 - Question 14 asks child to identify what bothers him most
 - Children often identify multiple traumas

For each of the following questions, check **YES** if the scary thing happened to you and check **NO** if it did not happen to you.

	Yes	No
1 Being in a big earthquake that badly damaged the building you were in.	1	0
2 Being in another kind of disaster , like a fire, tornado, flood or hurricane.	1	0
3 Being in a bad accident , like a very serious car accident.	1	0
4 Being in a place where war was going on around you.	1	0
5 Being hit, kicked or punched very hard at home.	1	0
6 Seeing a family member being hit, punched or kicked very hard at home	1	0
7 Being beaten up, shot at or being threatened to be hurt badly.	1	0

Measures: UCLA PTSD Reaction Index

- Part 2: Symptom Questions
 - Symptom questions match to DSM-IV-TR criteria

How much of the time during the past month does the problem happen?	None	Little	Some	Much	Most
1_{D4} I watch out for danger or things that I am afraid of.	0	1	2	3	4
2_{B4} When something reminds me of <i>what happened</i> , I get very upset, afraid or sad.	0	1	2	3	4
3_{B1} I have upsetting thoughts, pictures, or sounds of <i>what happened</i> come into my mind when I do not want them to.	0	1	2	3	4
4_{D2} I feel grouchy, angry or mad.	0	1	2	3	4
5_{B2} I have dreams about <i>what happened</i> or other bad dreams.	0	1	2	3	4

Mental Health Screening Results

	N	%
Depression (Total screened=893)	166	20.7
Clinical symptom level	72	8.1
Borderline symptom level	94	10.5
PTSD (Total screened=892)	180	20.2
Clinical symptom level	112	12.6
Borderline symptom level	68	7.6
Reporting <i>at least one</i> traumatic event	779	87.3
Problematic substance use (Total screened=983)	486	49.4
Comorbid PTSD	77	68.8

Goal 3: Youth Skills Groups

Skills Training in Affective and Interpersonal Regulation for Adolescents (STAIR-A)

Marylene Cloitre, PhD (2009)

- Identification and Labeling of Feelings
- Coping with Upsetting Feelings
- Skills for Clear Communication
- ▣ Adolescents create/refine individualized safety plans

STAIR-A Implementation

- Of 56 staff trained to run groups, 28 are juvenile counselors (JCs)
 - ▣ Mental Health/JC co-leadership
- Started groups 9/30/2013
- 135 groups completed, 214 residents participating
- Currently, 85% all residents have received STAIR-A



Safety Planning Team

- **Multidisciplinary team**—Mental health, group services, case manager, school social worker, administration, Bellevue psychologists, juvenile counselor
- Focus on residents with acute emotional/behavioral dysregulation
- Trauma history, current triggers, warning signs, calming strategies, environmental supports
- 1-page trauma-informed care plan for use on the hall
- Plan developed in close cooperation with the resident

Goal 4: Collaborative Partnerships

- Advisory Committee
 - Child Welfare Agency
 - Family Court Judges
 - Family Court Mental Health Clinicians
 - NYS Office of Mental Health
 - NYC Dept of Health and Mental Hygiene
 - Probation
 - Parent Advocates
 - Foster care agencies providing non-secure placement and detention
 - Legal Aid

What We Have Learned



- Increased identification of mental health needs
- Staff training around trauma
- Front line staff skills improvement
- Effective positive behavior motivation
- Milieu mental health

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