Implications for Juvenile Justice

BUILDING TRAUMA INFORMED SYSTEMS OF CARE

A STATEWIDE PERSPECTIVE
WHAT IS TRAUMA?

"We have this incredible proof about the expense that trauma is causing our society and how all of these physical ailments are related. And yet, what do you do to change it? It's not like, 'Well, eat more broccoli.' “

Patricia Wilcox, head of the Traumatic Stress Institute at Klingberg Family Centers in New Britain

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.

PREVALENCE OF TRAUMA

Exposure to trauma is widespread
Trauma can occur at any age
Trauma can affect individuals from all walks of life
Especially common among individuals with mental illness, substance use disorders and developmental disabilities
Trauma Affects Ohio’s Children

• One in five children lives with a mental health condition
• 50% of mental health conditions start by age 14 and 75% by age 24
• The average delay between onset of symptoms and intervention is 8-10 years
• Approximately 50% of youth with mental health conditions receive treatment
• Approximately 50% of students aged 14 and older with mental health conditions drop out of high school—the highest dropout rate of any disability group
• 70% of youth in state and local juvenile justice systems live with a mental health condition, with at least 20% experiencing severe symptoms

Ohio Federation for Children’s Mental Health, NAMI Ohio, January 2015

Trauma Affects

• A male child with an ACE Score of 6, when compared to a male child with an ACE Score of 0, has a 46-fold (4,600%) increase in the likelihood of becoming an injection drug user sometime later in life

• ACEs. Population Attributable Risk* (PAR) analysis shows that 78% of drug injection by women can be attributed to adverse childhood experiences

• For men and women combined, the PAR is 67%

Origins of Addiction: Vincent Felitti, 2004
Trauma Affects Ohio’s Children

- Nationally, more than one in four victims of child maltreatment is younger than 3, according to federal data.

- 6 in 10 children in Ohio’s children welfare system did not come into the system for reasons primarily related to abuse or neglect, but because of developmental disabilities, mental illness or juvenile justice diversion.

- 70% of children under the age of one are in custody of PCSAs due to parental opiate addiction.
Percentage of Children Who Have Experienced at Least Two Traumas, Compared to the National Average

Prevalence of kids who experienced at least two traumas, compared to the U.S. average (Health Affairs)

TRAUMA AFFECTS TRANSITION-AGE YOUTH

- 62% of the 1,000 children who emancipate, or "age out" of child welfare custody each year often at the age of 18, are children who have not been abused or neglected
- Almost one-third of the youth who age out will be homeless, 36% will be incarcerated, over half will not complete high school and only 12% will have a full time job
- At the most recent 2013 Point-In-Time HUD report to congress, transitional age youth made up 10 percent of the nation’s homeless population
TRAUMA AFFECTS OHIOANS WITH DOMESTIC VIOLENCE

Of families who experience intimate partner violence:

- Four out of five adult children commit violence against partners
- Three out of four adult children become victims of domestic violence

Children exposed to domestic violence may develop a wide range of problems, including interpersonal skill deficits, psychological and emotional problems such as depression and PTSD, and externalizing behavior problems.

Ohio Domestic Violence Network HealthDay. Copyright © 2013

TRAUMA AFFECTS OHIOANS WHO ARE VICTIMS OF HUMAN TRAFFICKING

- Ohio ranks fifth among all US states in human trafficking
- 1000 Ohio children are estimated to become victims of human trafficking each year

http://humantrafficking.ohio.gov
ACE STUDY

- The ACE study indicates: Adverse childhood experiences are the most basic and long-lasting cause of health risk behaviors, mental illness, social malfunction, disease, disability, death, and healthcare costs.
- As the ACE Study demonstrated, the effects of childhood adversity can continue well into adulthood.
- From hundreds of recent studies, we know that adverse experiences can affect adolescents and young adults in five key domains of functioning.

They can:
- Negatively impact your beliefs about yourself or others
- Cause health problems
- Lead to harmful behaviors
- Create relationship challenges
- Manifest through emotional difficulties

WHAT IS ‘TRAUMA INFORMED’?

A program, organization or system that:
- Realizes the widespread prevalence and impact of trauma
- Understands potential paths for healing
- Recognizes the signs and symptoms of trauma and how trauma affects all people in the organization, including:
  - Patients/customers
  - Families
  - Staff
  - Others involved with the system
- Responds by fully integrating knowledge about trauma into practices, policies, procedures, and environment.
CORE PRINCIPLES & VALUES

- Safety
- Trustworthiness and transparency
- Collaboration and mutuality
- Empowerment, voice and choice
- Peer support and mutual self-help
- Cultural, historical and gender issues

OUTCOMES OF TIC

- Improved quality of care and impact of care
- Improved safety for patients and staff
- Decreased utilization of seclusion and restraint
- Fewer no-shows
- Improved patient engagement
- Improved patient satisfaction
- Improved staff satisfaction
- Decreased “burnout” and staff turnover
PROGRESS TO DATE

- Statewide Advisory Committee
- Endorsed “Fundamentals of TIC” approach
- Serve as “ambassadors” of TIC
- Partnership with National Center for Trauma-Informed Care NCTIC
- Train-the-trainers model
- 170 + Trauma-Informed Approach trainers throughout Ohio
- System infrastructure and infiltration
- TIC Summit - June 17, 2015
- Creating Environments of Resiliency and Hope in Ohio

http://mha.ohio.gov/traumacare

FRAMEWORK FOR OHIO’S TIC INITIATIVE

- Regional Collaboratives
- Progressively transmit TIC and increase expertise within regions
- Facilitate cultural change within organizations, addressing gaps and barriers and taking effective steps based on the science of implementation
- Topical workgroups (prevention, DD, child, older adult, etc.)
- Department(s) continue to support, facilitate, communicate
TRAUMA AND JUVENILE JUSTICE

Behavioral Health Juvenile Justice Initiative

- 11 Ohio counties between 2006-2013
- Cuyahoga, Franklin, Montgomery, Hamilton, Lucas, Summit (Big Six counties)
- Target population
- History of juvenile justice involvement
- Diagnosed with at least one mental health or substance use disorder
- Ages 10-18
BHJJ

- Diverted into community treatment
  + Must use evidence-based treatment
  + Treatment modalities differ from county to county based on the needs of youth and population being served
    - Includes MST, FFT, MDFT, ICT, TF-CBT

TRAUMA AND BEHAVIORAL HEALTH IN THE JUVENILE JUSTICE SYSTEM

- 65%-75% of juvenile justice-involved youth have a mental health or substance use disorder
- Over 90% of juvenile detainees reported experiencing one or more traumas
- Average of over 14 separate incidents
**FINDINGS FROM BHJJ**

- 2,545 youth have been enrolled in BHJJ
  - 58% males
  - 52% Caucasian
- Youth averaged 2.3 Axis I diagnoses
- Over 40% of males and 34% of females were diagnosed with both a mental health and substance use diagnosis
- From intake to termination, youth exhibited a significant decrease in trauma symptoms

**EXPOSURE TO VIOLENCE (ETV) AND TRAUMA IN BHJJ YOUTH**

- Majority of youth are exposed to violence in homes, schools, and neighborhoods
- For youth in highly disorganized neighborhoods, ETV has diminished effect on trauma + Desensitization?
- Trauma and social support has a cyclical effect
can you tell me a bit more what this means? what is the relationship between ETV and trauma for youth from disorganized neighborhoods?
Patrick Kanary, 5/22/2015

So disorganized neighborhoods are characterized by low SES, high residential mobility, low percentage of high school graduates, high poverty, female headed households, etc. Kids from these neighborhoods are more likely to be exposed to violence in the neighborhood. However, for some reason, these kids do not report high levels of trauma symptoms. The theory is that constant violence exposure becomes part of your daily life and they become desensitized to it. Desensitization is difficult to measure without actually exposing kids to violence and measuring brain waves.
Fred Butcher, 5/22/2015
SOCIAL SUPPORT AND TRAUMA

- Social support has a positive effect on trauma
- Trauma negatively affects the ability of youth to form social relationships
- Must address trauma first to build social relationships to mitigate the effects of ETV

ASSESSMENT OF TRAUMA IN BHJJ YOUTH

- Screening and assessment are key to providing trauma informed care
- Rates of underresponse in juvenile justice samples is high compared to community samples
  - 19.2% of juvenile justice sample identified as underresponders
  - 8.3% of community sample identified as underresponders
- Important to detect underresponse in JJ youth
TRAUMA AND JUVENILE JUSTICE

A court that is trauma-informed can assist with the process of identifying children in need of trauma-focused services and can provide education and direction to families frustrated by prior treatment failures.

- Judge Michael Howard and Dr. Robin Tener Stark County Family Court

TRAUMA AND JUVENILE JUSTICE

The unique role of the juvenile court judge as a community convener offers an opportunity to increase community awareness about the impact of trauma, and to promote the adoption of evidence-based treatment for trauma victims.

Judge Michael Howard and Dr. Robin Tener Stark County Family Court
**TRAUMA: JUVENILE JUSTICE IMPLICATIONS**

- Summit County Juvenile Court
- Judge Linda Tucci Teodosio

**TRAUMA AFFECTING YOUTH**

- Child welfare involvement
- Loss of family member or friend
- Traumatic injury
- Abuse and neglect
- Domestic violence
- Witness to violence
JUVENILE COURT RESPONSIBILITY

- Rehabilitation
- Accountability
- Community Safety
- Best interests of child
- Safety of child

COURT CONSIDERATIONS

- Level of risk?
- Level of need?
- Available treatment options?
- How and where is treatment best delivered?
- What should the role of the Court be in behavioral health treatment delivery?
PREVENTION

- Mental Health Responder
  - Screens school referred youth you behavioral health needs
  - Convenes a team to devise a treatment and behavior plan
  - Assists the family in accessing treatment
  - Follow up with the child, school and family
  - No Juvenile Justice involvement

DIVERSION

- Crossroads Probation
  - Post adjudication
  - Youth with co-occurring mental health and substance abuse/dependence issues
  - Probation officer acts as a case manager to link families to treatment and supports
  - Frequent Court Reviews with rewards and sanctions
  - Case is dismissed upon successful completion
NEW PATHS PROBATION

- Referrals for treatment for youth with developmental delays
- Competency concerns
- Appropriate direction and supervision

INTEGRATED CO-OCCURRING TREATMENT

- Provided by a therapist licensed to provide both mental health and chemical dependency treatment
- Services provided in the community to youth at risk of commitment and with community referrals and diversion youth
- Therapist is on call 24/7
TRAUMA FOCUSED CBT

- Trauma focused Cognitive Behavioral Therapy
- Case managers on call 24/7
- Services are provided in the home, school and community
- Probation supervision to assure compliance
- Court reviews to provide encouragement and address issues
- Youth at risk of commitment

RESTORE COURT

- Human trafficking victims and youth at high risk to be victimized are eligible
- Youth have significant trauma history
- Trauma Focused Cognitive Behavioral Therapy provided in the community
- Mentors
- Frequent Court Reviews
- Incentives and esteem building activities
COGNITIVE BEHAVIORAL THERAPY

- Delivered in detention in a specialized treatment unit
- Delivered in the community to youth on probation
- An alternative to commitment to the Department of Youth Services

KEYS TO SUCCESS:

- Collaboration
- Evidence based and promising practices
- Use of appropriate assessment tools
  + MAYS1 2
  + OYAS
  + GAIN-SS
  + SASSI
PITFALLS TO AVOID

- Net Widening
- Over-servicing youth
- Expecting perfection
- Allowing youth to use their behavioral health issues as an excuse for delinquent behavior

WHAT IS THE EFFECT?

- Improved school attendance
- Reduced Court referrals
- Decrease in committed youth
- Improved child-family relationships
- Increased satisfaction for Court workers
- Treatment of cause of delinquency as opposed to temporary fixes
**SOME RESOURCES:**

- Video describing the Summit County School Responder Program: [https://juvenilecourt.summitoh.net/index.php/information/publications/videos](https://juvenilecourt.summitoh.net/index.php/information/publications/videos)
- Responder Brochure for Families: [https://juvenilecourt.summitoh.net/images/stories/pdfs/Brochures/responder_brochure.pdf](https://juvenilecourt.summitoh.net/images/stories/pdfs/Brochures/responder_brochure.pdf)
- The Summit County School Responder Program Implementation Manual [http://www.modelsforchange.net/publications/450](http://www.modelsforchange.net/publications/450)
- National Center for Mental Health and Juvenile Justice: [www.ncmhjj.com](http://www.ncmhjj.com)
- MacArthur Models for Change: [www.modelsforchange.net](http://www.modelsforchange.net)

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