THINK TRAUMA: WHY TRAUMA IS RELEVANT TO THOSE WORKING WITH JUSTICE INVOLVED YOUTH

Presented by: Monique Marrow, PhD
Self-Care Alert!

• Step out and take a break.
• Talk to someone you trust.
• Do something regulating.
Does this behavior look familiar?

- In what ways are the characters in this story like the youth you work with?

- What beliefs do the staff in the clip have about these youth?

- What do you believe contributes to the way these young people think, feel, and behave?
Reaction to *Freedom Writers*

- What was your reaction as you watched the clip?
- What events did you see that you consider traumatic?
- What types of traumatic events have your youth experienced?
Potentially Traumatic Events in Justice-Involved Youth

• Physical, emotional, or sexual abuse
• Community violence and victimization
• Abandonment and neglect
• Domestic violence
• Traumatic loss
• Prostitution/Sex trafficking
• Serious accident
• Medical trauma, injury, illness
• Natural disaster
We Learn by Experience
Fight, Flee, or Freeze (Protect)

- **Hypothalamus**
  - Release of adrenaline and cortisol
  - Heart rate and blood pressure increase
  - Breathing rate increases
  - Hippocampus

Release of adrenaline and cortisol
Heart rate and blood pressure increase
Breathing rate increases
Hippocampus
Factors Which Determine the Impact of Trauma or Loss

- Age at which trauma exposure occurs
- Trauma history
- Trauma at the hands of caretakers
- Secondary adversities and pre-existing adversities
What Is a Potentially Traumatic Event?

The experience of exposure to actual or threatened death, serious injury, or sexual violation AND The individual
Potentially Traumatizing Events in JJ Settings

- Seclusion
- Restraint
- Routine room confinement
- Strip searches/pat downs
- Placement on suicide status
- Observing physical altercations
- Fear of being attacked by other youth
- Separation from caregivers/community
Youth in the JJ population have rates of PTSD comparable to those of service members returning from Iraq.

93% of juvenile offenders reported at least one or more traumatic experiences.

The average number of different traumas reported was six.

Youth in the JJ population have rates of PTSD comparable to those of service members returning from Iraq.
Detained vs. Community Youth (Los Angeles)

Wood, Foy, Layne, Pynoos & James, 2002
Trauma Exposure Among Detained Youth in Utah
N=1,363 (Kerig et al., 2012)

<table>
<thead>
<tr>
<th>Event</th>
<th>Girls</th>
<th>Boys</th>
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<tbody>
<tr>
<td>Witness of community violence</td>
<td>59.5</td>
<td>40.3</td>
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<tr>
<td>Death of loved one</td>
<td>49.2</td>
<td>41.5</td>
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<tr>
<td>Victim of community violence</td>
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<td>Witness of domestic violence</td>
<td>38.6</td>
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<td>Victim of domestic violence</td>
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<td>Sexual abuse</td>
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<td>Medical trauma</td>
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<td>Accident</td>
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<td>Natural disaster</td>
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<td>Saw dead body</td>
<td>20.2</td>
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<tr>
<td>Other</td>
<td>14.4</td>
<td>14.3</td>
</tr>
<tr>
<td>War</td>
<td>4.9</td>
<td>4.3</td>
</tr>
</tbody>
</table>
How Youth Respond to Trauma: Traumatic Stress Reactions

- Intrusion
- Avoidance
- Negative Alt in cog/mood
- Hyperarousal/Reactivity
How Youth Respond to Trauma:

Images, sensations, or memories of the traumatic event recur uncontrollably.

This includes:
- nightmares
- disturbing thoughts
- flashbacks
- physiological reactions
- intense/prolonged psychological distress
Kari, a young man who was shot by a robber who stole his gold chain, spoke about his assailant:

“I can’t get this dude out my head. I see him every day, every day. Every night I see this dude. And he’s locked up!!”
AVOIDANCE SYMPTOMS

How Youth Respond to Trauma:

Avoidance of *internal reminders*

- Thoughts, feelings, or physical sensations

Avoidance of *external reminders*

- People, places, objects
- Activities, situations, conversations
How Youth Respond to Trauma:

- Irritable or aggressive behavior
- Self-destructive or reckless behavior
- Jumpiness or quick to startle
- Problems with concentration
- Sleep disturbance
- Hyperarousal/Hypervigilance
NEGATIVE ALTERATIONS IN COGNITION/MOOD

How Youth Respond to Trauma:

- Inability to remember parts of traumatic event
- Persistent negative emotions
- Persistent difficulty experiencing positive emotions
- Decreased interest or participation in activities
- Feeling detached from others
- Persistent exaggerated negative expectations
- Persistent distorted blame of self or others
The Invisible Suitcase

Beliefs and expectations:

“get them before you’re paid to care”
“they get you”

“I’m no sucker to hurt me”
“I’m a woman, I can take it”

About themselves
About the adults who care for them
About the world in general
Trauma Reminders

Things, events, situations, places, sensations, and even people that a youth consciously or unconsciously connects with a traumatic event.

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Loss Reminders

- Empty situations
- Shared activities
- Rituals
- Favorite activities
Trauma Can Derail Development.

Childhood and adolescence are times of rapid development and continuous change.

The developmental tasks of adolescence and adulthood must build on a foundation of gains from earlier years.
Development’s Missing Stairs

When children endure multiple traumatic events over long periods of time they are especially likely to have multiple gaps in their development.
Development’s Missing Stairs

Those stairs must be rebuilt in a developmentally appropriate way!!!
Coping Strategies...

- Can be positive or negative
- Are adaptive to a traumatic situation
- Can be maladaptive when the situation changes
- Are designed initially to PROTECT the individual from anxiety or threat
How Would You Cope with these Realities?
Coping Strategies...

- Think about strategies the individuals you work with may have used to:
  - increase their sense of physical and emotional safety
  - decrease anxiety and fear
  - protect themselves from the impact of future traumas or losses
Survival Coping Strategies
How Barron Uses Weed

The thing that really makes me go to sleep at night or that makes the nightmares go away, and helps me knock out—I smoke.

I don’t even smoke during the day no more. I take like a little weed and I’ll save it for night. I’ll go outside and just smoke it.

When I come in the house, the first thing I do is knock out. Whenever I don’t do that, I get nightmares.”
Revenge as a Survival Coping Strategy and the Social Contract

• Adolescents become sensitive to whether family, school, community, and society protect their members and carry out justice.

• Perceiving failures in the social contract can lead to revenge fantasies and behaviors.

Is revenge a coping strategy?
Adverse Childhood Experiences and Maladaptive Coping Strategies

Dr. Felitti—Kaiser Permanente

Dr. Anda—Center for Disease Control and Prevention
Potentially Harmful Coping Mechanisms

ACE Score

Risk for these

- Smoking
- Severe obesity
- Suicide attempts
- Alcoholism
- Drug abuse
- 50+ sex partners
- Repetition of original trauma
- Self injury
- Eating disorders
“ACES” Not Covered

Community Violence

- Witnessing a shooting/bombing or riot
- Being shot at
- Being jumped or beaten
- Being stabbed
- Having lost someone close to you to murder
Behaviors as Coping Mechanisms

- Youth shot, stabbed, or assaulted
- Treated in ER Dept.
- Admitted to inpatient surgical service
- Discharged to the street
- Adverse childhood experiences
- Get weapon/self medicate
- Retaliation or reinjury
- Acute stress & PTSD
- Jail
- Death

Healing the Hurt: Trauma-Informed Approaches to the Health of Boys and Young Men of Color (2010) (www.nonviolenceandsocialjustice.org)
Building Coping Strategies
Creating a Trauma-Informed Safety Plan

Safety plans should include:
1. Brief trauma history
2. Trauma reminders
3. Early warning signs of losing control
4. Calming behaviors
Calming Behaviors: Use the Senses

- **sound**
- **smell**
- **touch**
- **sight**
- **taste**
Calming Behaviors: Use Proprioception

- Pressure to the body’s muscles or joints or activities that require us to use our muscles
- Therapeutic use of weight such as a heavy quilt or weighted blanket
- Pressure and weight can be grounding, calming, and organizing
Calming Behaviors: Use Vestibular Input

The sensation of movement in space
And Focus on **RESILIENCY**

- What childhood adversities were portrayed in this clip?
- What contributed to his resiliency?

http://youtu.be/XvZqyoWcGrc
Resiliency in the face of adversity—How did he survive and better yet thrive?

• What childhood adversities were portrayed in this clip?

• What contributed to his resiliency?

http://youtu.be/XvZqyoWcGrc
Resiliency is the ability to recover from trauma. What supports resilience?
Juvenile Justice
Residential
EXAMPLE
What drove us to try something new?

- The Department’s increasing use of seclusion and restraint as a primary behavioral intervention
- Staff report that without seclusion and restraint they had no “tools” to manage disruptive and often violent youth behavior
- Increase in injuries of youth and staff during the course of restraints
- Spikes in youth rates of self-injury and in severity of injury as well as increased threats of self-injury
What drove us to try something new?

- Lack of a clear therapeutic milieu for youth for the mental health units
- Poor staff morale
- Lack of community based options for significantly mentally ill youth who were adjudicated delinquent.
- Ultimately **LAW SUITS** related to conditions of confinement and failure to provide adequate mental health treatment!!!!!
Where this all began

✓ June of 2006 a team of clinicians front line staff and the Deputy Director for the Department’s Division of Treatment and Rehabilitation attended SAMHSA-funded training by National Technical Assistance Center entitled:

“Creating Violence Free, Coercion Free Mental Health Treatment Environments”
Where this began

COMMITEES

✓ Workforce Development
✓ Treatment
✓ Environments
✓ Data
✓ Policy
✓ Screening and Assessment
Workforce Development—Subcommittee to Action
Series Overview

Module One: Trauma and Delinquency
Module Two: Trauma’s Impact on Development
Module Three: Coping Strategies
Module Four: Vicarious Trauma, Organizational Stress, and Self-Care
Selected TARGET as primary intervention for youth on mental health units and worked to pilot on ½ the MH units.

Worked with Judy and Julian Ford to develop training and implementation plan.
Environments Subcommittee to Action
Policy Subcommittee to Action

✓ **Policy**—Policy Committee led by the department’s policy administrator made several changes to departmental policy—specifically:

- Seclusion and restraint policies—acknowledging it as a potentially traumatizing intervention
- Suicide prevention policy
- Mental health unit programming policies
- Disciplinary policies
- Intake screening and assessment policies (MH units)
Screening and Assessment & Data Subcommittee –

✓ Screening and Assessment selected instruments for youth.

✓ The Data Subcommittee worked with facilities, MIS, and the ODMH Office of Policy and Research to develop the evaluation study.
Outcomes for Youth: Safety Interventions

Use of Seclusion Over Time

- Mean Use of Seclusion
- Time Period
- 5/07-8/07
- 9/07-12/07
- 1/08-4/08
- 5/08-8/08
- 9/08-12/08

Lines:
- Trauma-Informed
- Control
So what did the staff think?