Trauma-Informed Juvenile Justice Framework

Ida Dickie, PhD
Mariya Tarshish, M.A.
Lauren Kaplan, M.A.
ICCA, Toronto
Oct 4, 2016

Review History of Juvenile Justice
Legal Theory and Rehabilitation
Trauma-Informed Justice Framework

1. Trauma-informed policies and procedures
2. Identification/screening of youth who have been traumatized
3. Clinical assessments/intervention for trauma-impaired youth
4. Trauma-informed programming/staff education
5. Prevention management of secondary traumatic stress
6. Trauma-informed partnering with youth and families
7. Trauma-informed cross-system collaboration
8. Trauma-informed approaches to address disparities and diversity
History of Juvenile Justice

- Beginning of 19th Century
  - Treated the same as adult criminal offenders
  - No juvenile court existed
  - Probation introduced in Massachusetts in 1841

- Mid 19th Century
  - Recognition of children as a separate group
  - “Child savers”
    - Groups developed to assist children in need
    - Created community programs
    - Lobbied for separate legal status for children
    - Led to the development of the juvenile justice system

Delinquency and Parens Patriae

- The term “delinquent” became popular at onset of 20th century
- New system operated under Parens Patriae philosophy
  - Delinquent minors viewed as victims of improper care
  - State should step in to prevent more delinquency
  - State should act in “best interest of the child”
    - Children should not be punished; should be given care and custody to remedy delinquent behavior
  - Juveniles considered less responsible for their behavior

Juvenile Offending Statistics

- 1.6 million arrests of persons under age 18 in 2010
- Juveniles accounted for 14% of all forcible rape arrests reported in 2010.
  - Two-thirds (67%) of these juvenile arrests involved youth ages 15-17
- Between 1980 and 2010, the female percentage of juvenile violent crime arrests increased, with the overall increase tied mainly to aggravated assault arrests.
  - In 2010, female violent crime arrests 36% higher than 1980
- Black-to-white ratio of juvenile arrests for murder in 2010 is 6:10:1
- Larceny-theft most common type of crime in 2010; 1 in 5 juvenile arrests for larceny theft
Juvenile Delinquency Defined

Legal Definition
- An individual who commits an act against the criminal code and who is adjudicated delinquent by an appropriate court.
- States vary in age distinctions
- All states allow juveniles to be tried as adults in criminal courts under certain conditions and for certain offenses

Psychological Definition
- Conduct disorder
- Antisocial behavior

Moffitt Theory
- Life course-persistent
  - Antisocial behavior throughout lifespan and across situations
- Adolescent limited
  - Temporary antisocial behavior during teen-age years, behavior stops in early adulthood peer and social environmental factors
  - Social approval

Therapeutic Jurisprudence *(Principle 1)*
- The way law is implemented can increase or decrease/have a neutral impact on well-being of offenders and victims
- The law should capitalize on the entry into the legal system to promote a pro-social lifestyle
- The law can be a multi-disciplinary endeavour in which psychology and law co-operate to enhance well-being of offenders and victims
- The law balances community protection and justice principles against individual needs (therapeutic principles) of offenders and victims
- The belief that the law can serve as an active social change agent and can be therapeutic through its various procedures, rulings, and depositions
Restorative Justice Principles (

- Crime is a violation of interpersonal relationships not just the state
- All who are harmed, including offenders are responsible for finding a solution
- Crime is a community problem
- Repairs harm to victim and finds help for offender criminogenic factors

Review of Restorative Justice Programs (Principle 1)

- Average φ for RJ programs = .07 (k = 67): 7% lower recidivism
- Average φ for human service = .12 (k = 247): 22% lower recidivism
- Human service in a restorative context φ = .17 (k = 8)
- Human service in a non-restorative context φ = .12 (k = 265)

8% reduction for Victim-Offender Reconciliation Programs
8% reduction for restitution
7% reduction for community service
9% reduction for Family Group Conference

Successful Use: RJ with Youth (Principle 1)

- The New Zealand system pioneered the restorative approach through the use of family group conferences
  - An evaluation revealed a 78 percent decrease, on average, in the number of offences committed
People offend because they are attempting to secure some kind of valued outcome in their life such as the emotional need for autonomy, feeling valued etc.

Offending is essentially the product of a desire for something that is inherently human and normal.

Unfortunately, the desire or goal manifests itself in harmful and antisocial behaviors, due to a range of deficits and weaknesses within the offender and his environment.

Essentially, these deficits prevent the offender from securing his desired ends in pro-social and sustainable ways, thus requiring that he resort to inappropriate and damaging means, that is, offending behavior.

Balance community rights and offender rights

Rehabilitation should aim to manage risk through control (justice for the community) and meet need through care (therapy/services for the offender). The dual goals of rehabilitation are reduced re-offending and improved well-being. In this endeavour, the therapeutic effects of the law should be maximised and the anti-therapeutic effects of the law minimised.

Recognise normative values

Rehabilitation is value-laden; judgements are made about risk, need, readiness, and what a pro-social life ought to be. Legal rules, practice, and roles should enhance well-being of offenders in corrections. However, rehabilitation should not trump the law and the law may override therapeutic values. However, paternalism, coercion, carrot-and-stick approaches, and a therapeutic state (or therapeutic justice) should be avoided.

Respect human rights

Rehabilitation is humanistic. The core values of freedom and well-being are required for the offender to function autonomously and with dignity. Well-being should never be reduced in offenders. Freedom may be curtailed in offenders but should be the least restrictive alternative required and must be rationally justified.

Assess risk

The likely risk of re-offending and the dynamic risk factors that may reduce the risk of re-offending should be identified. Offenders assessed as moderate or high risk of re-offending should be offered more intensive services. Offenders assessed as low risk of re-offending should be offered minimal services.
Treating need: Rehabilitation should address identified dynamic risk factors and human needs using cognitive-behavioural approaches with a focus on approach goals that lead to a pro-social life. Rehabilitation should be individualised and address strengths, preferences, and the context in order to support competence, relatedness, and autonomy (i.e., psychological needs).

Managing readiness: Rehabilitation should maximise the match between individual and contextual factors, including the broader criminal justice system. Rehabilitation should be delivered by appropriately selected, trained, and supervised staff (i.e., competent forensic psychologists who can provide skills, knowledge, and care).

Ensuring autonomy: A therapeutic alliance supports due process and informed decision-making to enhance behaviour change. Rehabilitation should capitalise on the moment that the offender is brought before the law and may ask “how can I live my life differently?”. Choice is therapeutic and rehabilitation will be more effective if the offender can weigh the costs and benefits of treatment, can accept or refuse treatment, and is treatment ready.

Creating multi-agency approaches: Rehabilitation is a multidisciplinary endeavour where the relationship between law and psychology, and between corrections and other agencies, ought to be cooperative rather than antagonistic. In rehabilitation, correctional officers are equal partners to psychologists and other mental health professionals.

Conclusions from a Recent Review (Mark Lipsey, 2010)
The challenges in treatment of juvenile justice involved youth is not a result of a lack of knowledge. We now have research on best practices.

We have learned about the importance of advancing our work on an ecological platform and to target risk factors on several domains, better connecting youth to family, school and to pro-social peers while utilizing a strength-based approach.

The true challenge is not a lack of knowledge of what works, but rather translating the robust body of knowledge into practice.
If evidence exists to support more effective outcomes why does the field not embrace them?

Why doesn’t Punishment work
- Maximum intensity - Unacceptable to most
- Immediacy - not caught right away/ back log in courts
- Consistency
- No escape or reinforced alternatives - Prison may be an escape, only addressing one aspect of anti-social behavior
- Density of Punishment must outweigh density of reinforcement - high density of rewards for anti-social behavior
- Effectiveness of Punishment Intersects with Person Variables - matched to the person violates CJS idea of fairness
- These conditions can not be replicated in the CJS.
- Punishment has an emotionally expressive component that outweighs logic and common sense and the understated goal of enhanced public safety

Punishment - Hard to let go
- 1) People believe in effectiveness despite evidence to contrary
- 2) Politicians think the public wants a get tough on crime approach
- 3) Rehabilitation is seen as being soft on crime - Few leaders ready to take on this position
- So what needs to change?
Three Principles of Effective Intervention

1. RISK

2. NEED

3. RESPONSIVITY

Risk Factors

- Risk factors have been broadly defined as "those characteristics, variables, or hazards that, if present for a given individual, make it more likely that this individual, rather than someone selected from the general population, will develop a disorder."

(Mrazek and Haggerty, 1994:127)

Risk (Principle 3.4.7.8)

- How likely a person is to engage in criminal behaviors.
  - Match level of services to level of risk.
  - Prioritize supervision and treatment resources for higher risk clients.
  - Higher risk clients need more sensitive services.
  - Low risk clients require little to no intervention.

“If it ain’t broke, don’t fix it!”
What areas in a person’s life should be targeted for intervention/supervision in order to decrease their likelihood of future criminal behavior.

- Assess criminogenic needs and target those needs with treatment and interventions.
- ‘Changeable’ risk factors contributing to the likelihood someone will commit a crime.
- Changes in these needs/risk factors are associated with changes in recidivism.

“People involved in the justice system have many needs deserving treatment, but not all of these needs are associated with criminal behavior.”

Central Eight Risk Factors (Principle 3, 4, 7, 8)

- “Big Four” Risk factors
  - Anti-social Attitudes
  - Anti-social Peers
  - Anti-social Personality Patter
  - History of Anti-Social Behavior (non-criminogenic)

- Most highly correlated with criminal behavior
1. Anti-social Attitudes
2. Anti-social Peers
3. Anti-social Personality Pattern
4. History of Anti-social Behavior
5. Family/Marital Factors
6. Lack of Achievement in Education/Employment
7. Lack of Pro-social Leisure Activities
8. Substance Abuse

Central Eight Risk Factors (Principle 3, 4, 7, 8)

Non-Criminogenic Needs (Principle 3, 4, 7, 8)
- Self-esteem
- Anxiety
- Depression
- Trauma
- Medical Needs
- Victimization Issues
- Learning Disability

Why Include Non-Criminogenic Risk Factors? (Principle 3, 4, 7, 8)
- May represent a barrier to effective participation in treatment otherwise.
- IT IS THE HUMANE THING TO DO!
Risk Principle tells us WHO to target...
Need Principle tells us WHAT to target...

...so now HOW do we do it?

RESPONSIVITY *(Principle 3.4.7.8)*

- Identify offender strengths as they can be considered "protective" factors that may be built upon in treatment planning.
  - Strong family relationships
  - High education level
  - Pro-social peers
  - Community involvement
  - Extra-curricular activities, prosocial hobbies/activities

Responsivity Principle *(Principle 3.4.7.8)*

- Identify specific individual factors, which may influence the effectiveness of treatment services
  - Anxiety
  - ADHD
  - Motivation Level
  - Gender
  - Reading Level/ESL
  - *Trauma*
Trauma Prevalence Rates

- At least 75% of delinquent youth have experienced traumatic victimization (Ko et al., 2008).
- Epidemiologic study showed 93% of juvenile detainees exposed to at least one trauma
  - Mean number of traumas equaling 14.6.
  - Over 13% met criteria for PTSD in the past year (Abram et al., 2004).
- High rates of violence exposure are associated with PTSD and related mental health problems (Kilpatrick et al., 2003).
- Over 60,000 juveniles detained yearly
  - US incarcerates a greater proportion of adolescents than any other developed country.

Values of Trauma Informed Justice

(Principle 4, 6, 7, 8)

1. Critical Thinking
2. Human Dignity
3. Participation
4. Peace
5. Holistic Approach to Addressing Crime
6. Social Change

What is a Trauma-Informed Approach?

(Principle 4, 6, 7, 8)

- Awareness of the impacts of trauma in youth justice
- Shape interventions according to trauma-healing and restorative justice
- Creates accountability
- Creates safe-place for youth to make healthy choices
- Decreases alienation and promotes connections
- Establishes safety and healing
- Provides opportunities to make sense of reality
Mental Health

“Rehabilitation” and “treatment” are sometimes used interchangeably regarding youth with juvenile justice involvement. This is potentially misleading since the concept of “rehabilitation” is broader than that of clinical “treatment.”

Trauma is considered to be treatment.

Adherence to Risk, Need, General Responsivity by Setting: Community Based versus Residential Programs


Conceptualization

How does trauma affect delinquency?
In childhood the brain and mind are developing
- Involuntary self-protective shifts in the brain
  - "Survival Mode"
  - Preoccupation with detecting and surviving threats
  - Dysregulation of body’s nervous system
- Although adaptive in some scenarios; often persists even when no longer functional
  - Reward/motivation systems (midbrain and dopamine)
  - Distress tolerance systems (limbic brain and serotonin/adrenaline)
  - Executive systems (prefrontal cortices)

How does this affect justice involved youth?
- Coping with biological adaptations
  - Impair ability to delay gratification
  - Prone to anhedonia, labile, and extreme emotional reactions (excessive and blunted)
  - Rigid, impulsive, and disorganized thinking/coping styles

Altered social paradigm (“survival code”)
- Differs from established rules of major society
- Trauma violates the “social contract”
  - Social contract suggest good deeds and behavior are rewarded and harm should and will be punished
  - For those with multiple traumas, the concept of survival will trump legality

1. Altered social paradigm (“survival code”)
   - Differs from established rules of major society
   - Trauma violates the “social contract”
     - Social contract suggest good deeds and behavior are rewarded and harm should and will be punished
     - For those with multiple traumas, the concept of survival will trump legality

2. Dysregulation of regulatory processes
   - Capacity to effectively manage behavior, emotions, bodily sensations and interpersonal relationships
     - Leads to substance abuse, violent or impulsive behaviors, vulnerability to negative social influence, and high-risk activities
Model for Trauma-Informed Care

1. Communicate in a way that is safe
   - Acknowledge
   - Normalize
   - Listen
   - Allow mourning
   - Work toward empathy
2. Take a Position of Respect
3. Strengths-Based Approach
4. Be a Healthy Practitioner

Clinical Assessment/Intervention

1. Trauma-specific clinical assessment & treatment
2. Directly address post-traumatic symptoms, as well as those that are trauma-informed and other mental health or behavioral problems that traumatic stress reactions may exacerbate:
   - Substance abuse
   - Depression
   - Impulsivity
   - Aggression
   - School or learning problems

Guidelines for Trauma-Specific Clinical Assessment

1. Reliable and valid for justice-involved youth.
2. Identify past and current exposure to traumatic events.
3. Identify current posttraumatic stress symptoms and related behavioral health problems causing impairment.
5. Should identify strengths.
Responsivity Principle and Trauma-Specific Interventions *(Principle 2, 3, 8)*
- Providers with expertise
- Tailored to personal or cultural characteristics
  - Age
  - Gender
  - Race/ethnicity
  - Language
  - Sexual orientation
  - Intellectual ability
  - Community and socioeconomic status

Continuum of Trauma-informed Services *(Principle 7)*
- Continuum of clinical or preventative interventions
- Inclusion of juvenile justice programming
  - Probation
  - Diversion
  - Parole
  - Detention
  - Incarceration
  - Residential treatment
- Services should aim to prevent re-traumatization, re-activation, or exacerbation of posttraumatic stress symptoms and behavioral health problems

Self-Regulation Framework
Focus on an enhancement of self-regulation
- Youth can be vicariously and directly traumatized by program staff and milieus
- Self-regulation acquired through social learning and reinforcement
- Specific educational and/or mental health services (groups, classes, counseling, therapy) prepare and guide self-regulation
- Primary source of social learning for youth in detention is through adult staff and the milieu (peer role modeling)

Staff either acquire or fail to develop job-relevant self-regulatory capacities
- Supervisors and administrators can provide powerful sources of modeling and reinforcement for staff as they respond to work stressors
  - Formal and informal performance expectations
  - Evaluation processes
  - Can encourage self-regulation
    - Modeling mindful responses to stressful events
    - Providing meaningful recognition of staff when they manage challenges in a self-regulated manner
    - Psychoeducation, supervision, skills development

Compatible with:
- Risk-needs-responsivity model
  - Self-regulation can reduce tendency to reflexively, rigidly, or impulsively adopt criminogenic attitudes and choose criminogenic circumstances, and engage in illegal or dangerous behavior
- Restorative Justice model
  - Emphasizes redressing the harm to victims and society caused through criminal acts; those who violate social contract through criminal activity take responsibility and make restitution to victims to restore justice in society
  - Enhancing ability to self-regulate helps with honest self-reflection and empathic dialogue with victims; also resume the responsibility of citizens in society
What does Self-Regulation Involve?

(Principle 3457)

- The ability to deploy several basic psychobiological competencies in order to achieve balance in body state, psychological state, and relationship to the physical and interpersonal environment
- Involves the ability to:
  1. Consciously focus attention
  2. Be aware of the environment and one's own physical and emotional body states
  3. Draw on memory to learn from past and adapt effectively to present
  4. Maintain or regain emotion states that provide sense of well-being

Self-Regulation: Attention (Principle 3457)

- Trauma causes problems with concentration
- Often mistaken for ADHD
  - Common comorbidity
- Increases risk for more severe disruptive behavior disorders (e.g. ODD)
- Enhancing attention focusing skills is key first step in addressing self-regulation deficits

Self-Regulation: Awareness (Principle 3457)

- Sensory-perceptual input from environment AND sensorimotor (e.g. heart rate rhythm feedback) information from the body
- Sensory-perceptual awareness enables the ability to consciously select and accurately perceive relevant information from environment
- Trauma causes either hypervigilance: becoming flooded with too much sensory-perceptual information OR blunted awareness (dissociation) of important information from body and environment
Self-Regulation: Memory *(Principle 3.4.5.7)*
- Retrieving, holding in mind, and analyzing useful information from past experiences is essential for thoughtful action (working memory)
- Translating sensory-perceptual input and prior experiences into words in working memory requires declarative memory
- Susceptible to interruption or inaccuracy when trauma occurs
- Processing information into words modulates stress reactivity
- Memory which draws on past experience as guide for goals and plans is most useful if it contains meaningful "narratives"
- Autobiographical memory allows person to make sense of learnings from, and use important life experiences
- PTSD impairs all three types of memory
- Impairments in autobiographical memory may disrupt core sense of self "fragile in a dangerous world"

Self-Regulation: Emotion Regulation and Social Connectedness *(Principle 3.4.5.7)*
- Emotion regulation involves sustaining positive emotion states and to recover from dysthymic emotion states
- Relational Connectedness involves being able to sustain secure attachment "working models" (trust, closeness, affection) while recovering from insecure attachment "working models" (viewing relationships as abandoning)
- Emotion regulation competencies learned through early interactions with primary caregivers who are responsive, attuned, and reliable

Juvenile Justice Residential Programs *(Principle 3.4.5.7)*
- Unique ability to equip with self-regulation skills while they are a "captive audience"
- In community there are attendance issues, competing activities, transportation problems etc.
- Need buy-in from administrators and staff
- TRAINING!
- Trauma-informed education
  - Understanding differences between reactive and proactive aggression
  - Education surrounding traumatic stress reactions as motivated largely by involuntary self-protective survival fears
  - Staff respond not in punitive way, focus is on increasing ability to manage these reactions by providing education and role-modeling
  - Teach how to maintain emotional balance when stressed and how to build safe relationships with peers who are also in process of their recovery
- Focus in on youth's being in control of themselves rather than exerting control over the youth
- Values of trauma informed care, RJ, TJ, GLM, RNR
Model identifies 10 core intervention targets

- Attachment
  - Building and supporting a safe and responsive caregiving system by primary caregivers, providers, and milieu
- Self-Regulation
  - Supporting youth capacity to identify, modulate, and express emotional and physiological experience
- Competency
  - Building core self-reflective capacities including problem-solving skills and positive understanding of self
- Processing and integration of life experiences, including but not limited to traumatic events
- Framework guides provider how to use each target clinically as well as in integrating them into milieu and staff training
- Applied to juvenile justice facilities, residential treatment programs, group homes, and outpatient treatment

Attachment, Self-Regulation, and Competency (ARC) (Principle 34.57)

Sanctuary (Principle 34.57)

- Emphasizes development of trauma-informed culture
- Recovery from impacts of traumatic stress
- Providing safety for clients, families, staff, and administrators
- Builds a culture of:
  - Nonviolence
  - Emotional Intelligence
  - Inquiry and Social Learning
  - Shared Governance
  - Open Communication
  - Social Responsibility
  - Growth and Change
- Across intervention components, treatment is approached with an understanding of core areas:
  - Safety
  - Emotion Management
  - Loss
  - Future
- Highlight role of training and organizational development of collaborative teams, implemented in inpatient and residential programs
Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)  

- Group intervention designed to address needs to adolescents who have experienced chronic trauma and whose stress may be ongoing
- Integrates concepts from:
  - DBT
  - Trauma Affect Regulation: Guide for Education and Therapy
  - UCLA Trauma/Grief Program
- Targets self-regulation, relationships, self-perceptions, and future goals
- Implemented in wide-range of child and adolescent-serving programs

Eight Principles of Trauma Informed Juvenile Justice Framework

1. Trauma-informed policies and procedures
2. Identification/screening of youth who have been traumatized
3. Clinical assessments/intervention for trauma-impaired youth
4. Trauma-informed programming/staff education
5. Prevention management of secondary traumatic stress
6. Trauma-informed partnering with youth and families
7. Trauma-informed cross-system collaboration
8. Trauma-informed approaches to address disparities and diversity
Successful interventions are not those that make a person's life more miserable, but rather those that offer a more rewarding alternative.

*William Miller and Kathleen Carroll (2006)*