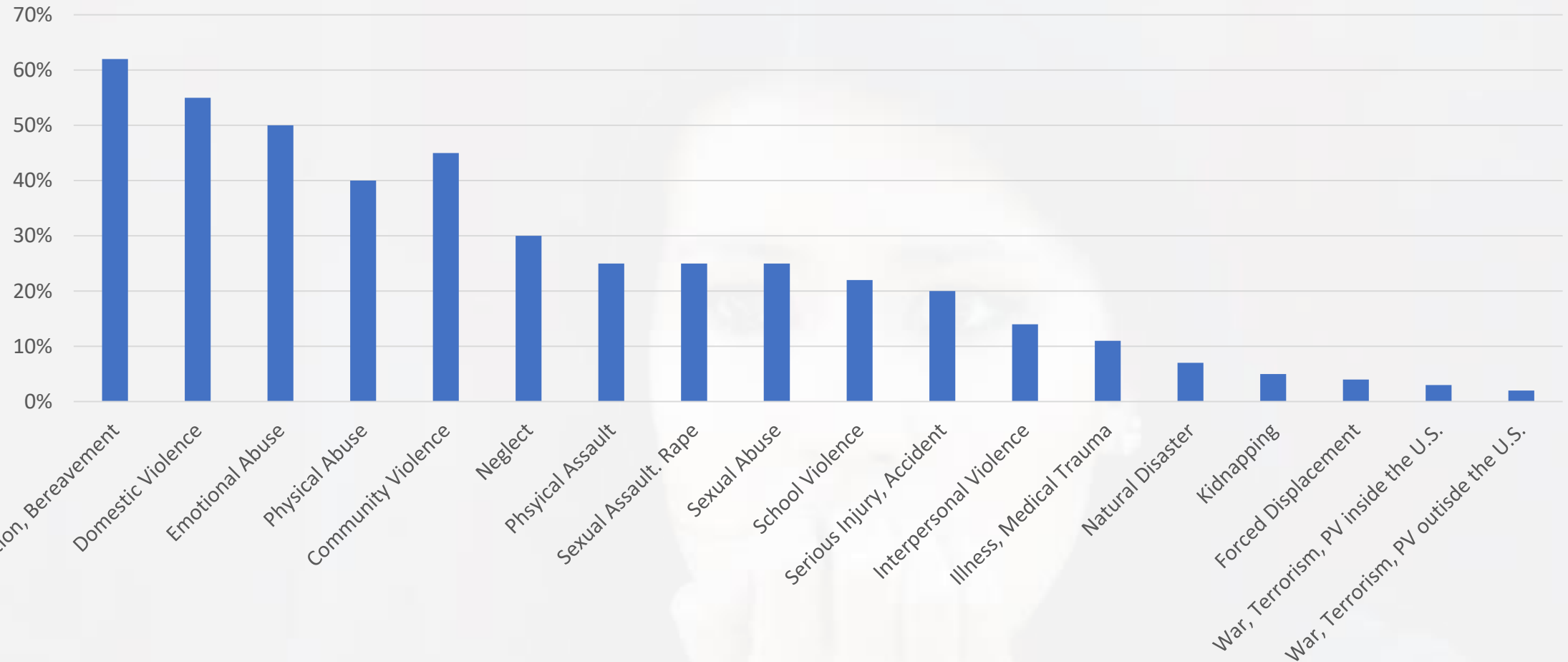




Creating and supporting Trauma Responsive Programs

Dr. Monique Khumalo
Youth Trauma & Justice Solutions

Juvenile-Justice Youth Exposure to Trauma



93% of juvenile offenders reported at least one or more traumatic experiences and on average reporting at least 6, with traumatic loss representing the most common exposure.

Trauma has many names

- Post-Traumatic Stress Disorder
- Complex Trauma
- Adverse Childhood Experiences
- Complex Trauma
- The Wounding of the Spirit
- Racial Trauma
- Historical Trauma



Post-traumatic Stress Reactions



- Intrusion
- Avoidance
- Negative Alteration in Cognition & Mood
- Hyperarousal/Reactivity
- Numbing & Dissociation



Trauma Responses Matter

- In a study of detained males, both CV exposure and Arousal symptoms predicted self-reported reactive aggression (Stimmel et al., 2014)
- After accounting for the # of trauma exposures, PTSD symptoms severity was associated with frequency of delinquent behaviors (Becker & Kerig, 2011)
- The connection between trauma exposures (in boys and girls) and CU traits was influenced by numbing of emotions (sadness, fear) particularly when trauma exposures involved betrayal (Kerig et al., 2012)

Trauma: the wounding of the spirit

DEHUMANIZATION OF
LOSS

DISRUPTION or
EROSION of
COMMUNITY

RAGE

DEVALUATION of
INDIVIDUAL
or GROUP



Dr. Kenneth Hardy
Teens and Violence



COMPLEX TRAUMA

Refers to traumatic events that are:

- Chronic or multiple traumas that occur across the youth's life often beginning at an early age.
- Interpersonal in nature
- Impacting how a youth develops and responds to environment typically shaping his thoughts, emotions and behaviors







Complex Trauma: Developmental Impact

- Domains of Impact:
 - Attachment & Relationships
 - Biological & Physical
 - Cognition
 - Emotion Regulation
 - Behavioral Regulation
 - Self-Concept & Self Esteem
 - Future Orientation/Worldview

Why Polyvictimization Matters






- Poly-victimization is associated with emotional and behavioral problems that extend well beyond problems associated with PTSD and change over time (see Grasso et al., 2011)
- Youth who are poly-victims are at greater risk for psychosocial impairments in childhood, adolescence, and adulthood (Briere, Kaltman, & Green, 2008; Ford, Connor, & Hawke, 2009; Ford et al., 2010)
 - Increased risk for chronic medical diseases (Anda & Brown, 2010)
 - Four times more likely to be re-victimized (Finkelhor, Omrod, & Turner, 2007)
 - Increased risk for anger, aggression, & impulsivity (Ford, Connor, & Hawke, 2009; Ford et al., 2012)

Adverse Childhood Experiences (ACEs)

ABUSE	NEGLECT	HOUSEHOLD DYSFUNCTION	
 Physical	 Physical	 Mental Illness	 Incarcerated Relative
 Emotional	 Emotional	 Mother treated violently	 Substance Abuse
 Sexual		 Divorce	

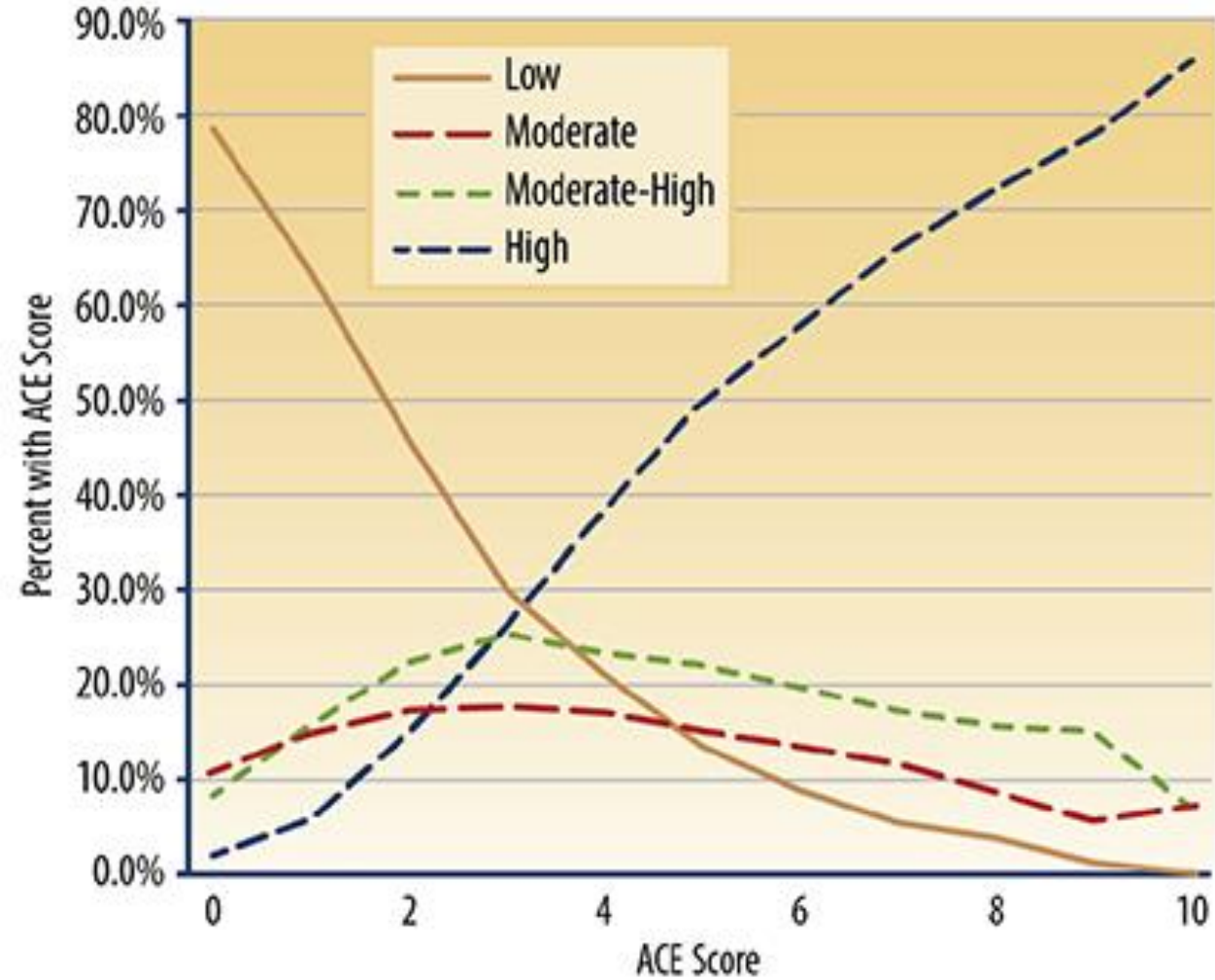
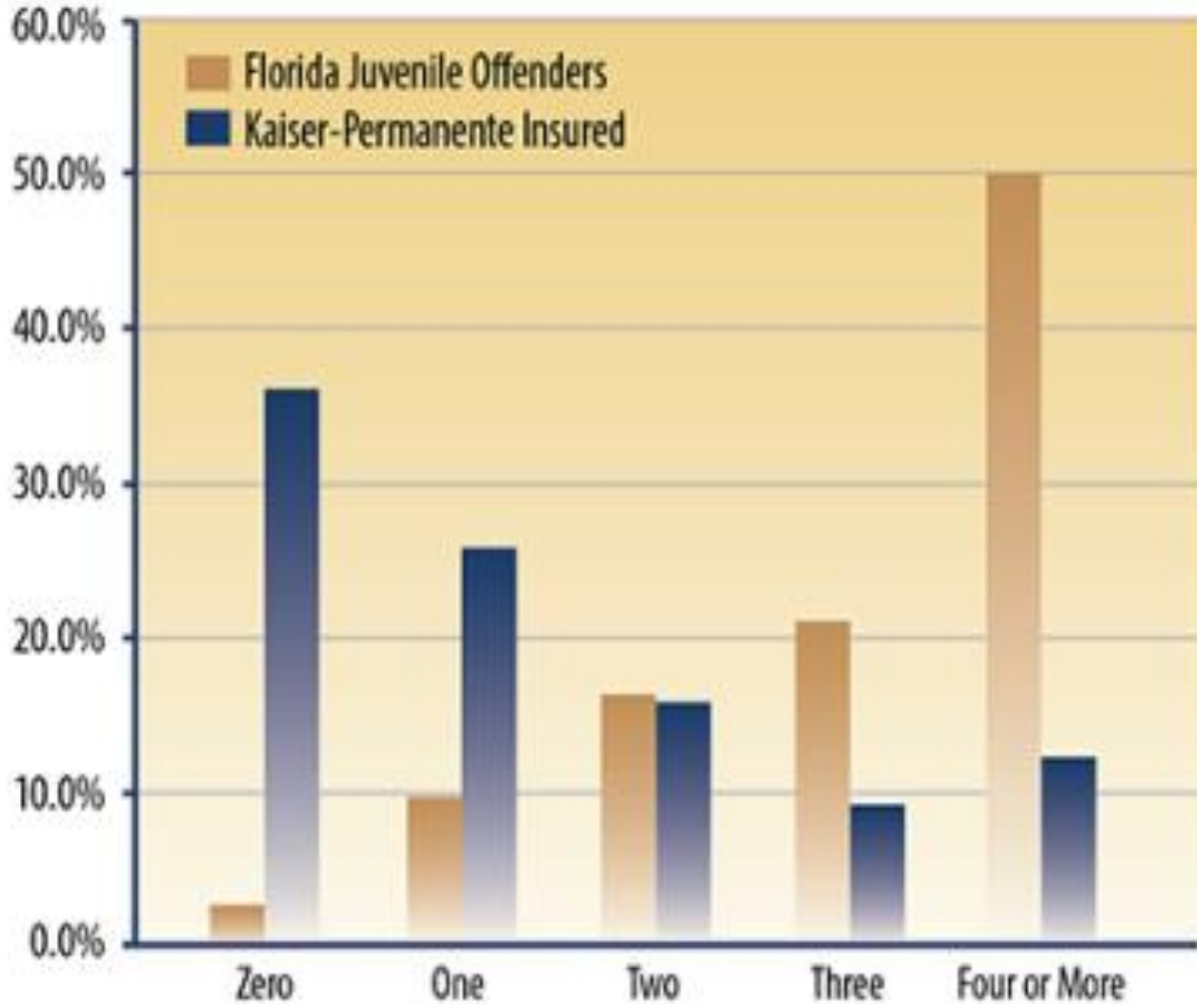
BEHAVIOR				
 Lack of physical activity	 Smoking	 Alcoholism	 Drug use	 Missed work

PHYSICAL & MENTAL HEALTH				
 Severe obesity	 Diabetes	 Depression	 Suicide attempts	 STDs

 Heart disease	 Cancer	 Stroke	 COPD	 Broken bones
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ACES IN JUVENILE JUSTICE



What the literature and data tells us about RACE and crime

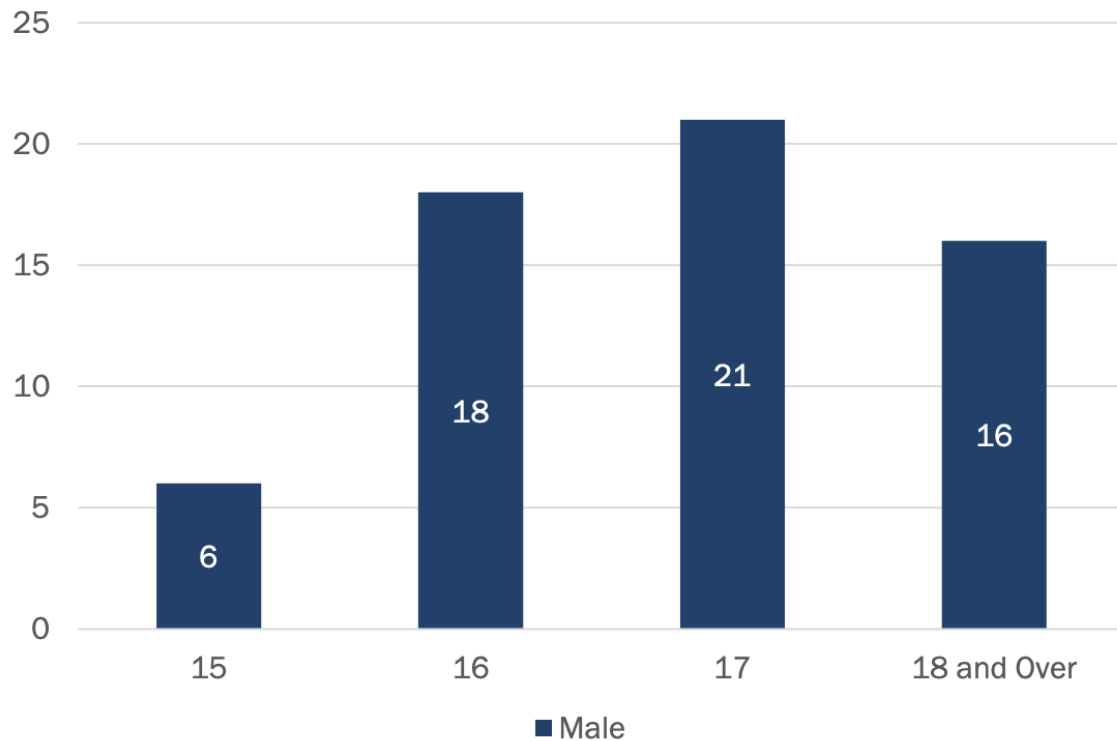


The per-capita offending rate for African-Americans was roughly six times higher than that of whites (UCR 2019)

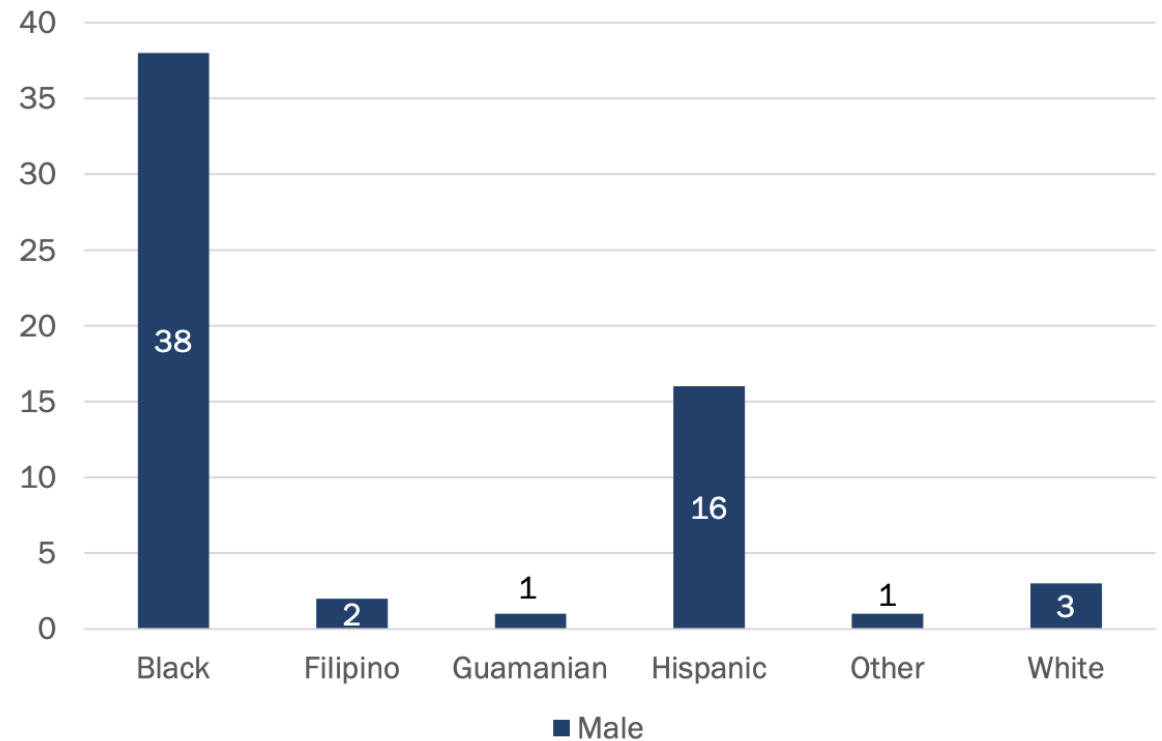
Juvenile Facilities

The data represents active client population on October 20, 2020 in both Juvenile Hall & Camp Sweeney

Juveniles in Facilities by Age and Gender (n=61)



Juveniles in Facilities by Race and Gender (n=61)



Potential Impact of Racial/Historical Trauma

Symptom clusters include:

- Avoidance
- Intrusion
- Hypervigilance/Arousal

AND.....

- Depression
- Anger
- Physical Reactions
- Self-Esteem



Traumatic Experiences Shape our view of:

- Our self
- Others
- The World



All experiences TEACH

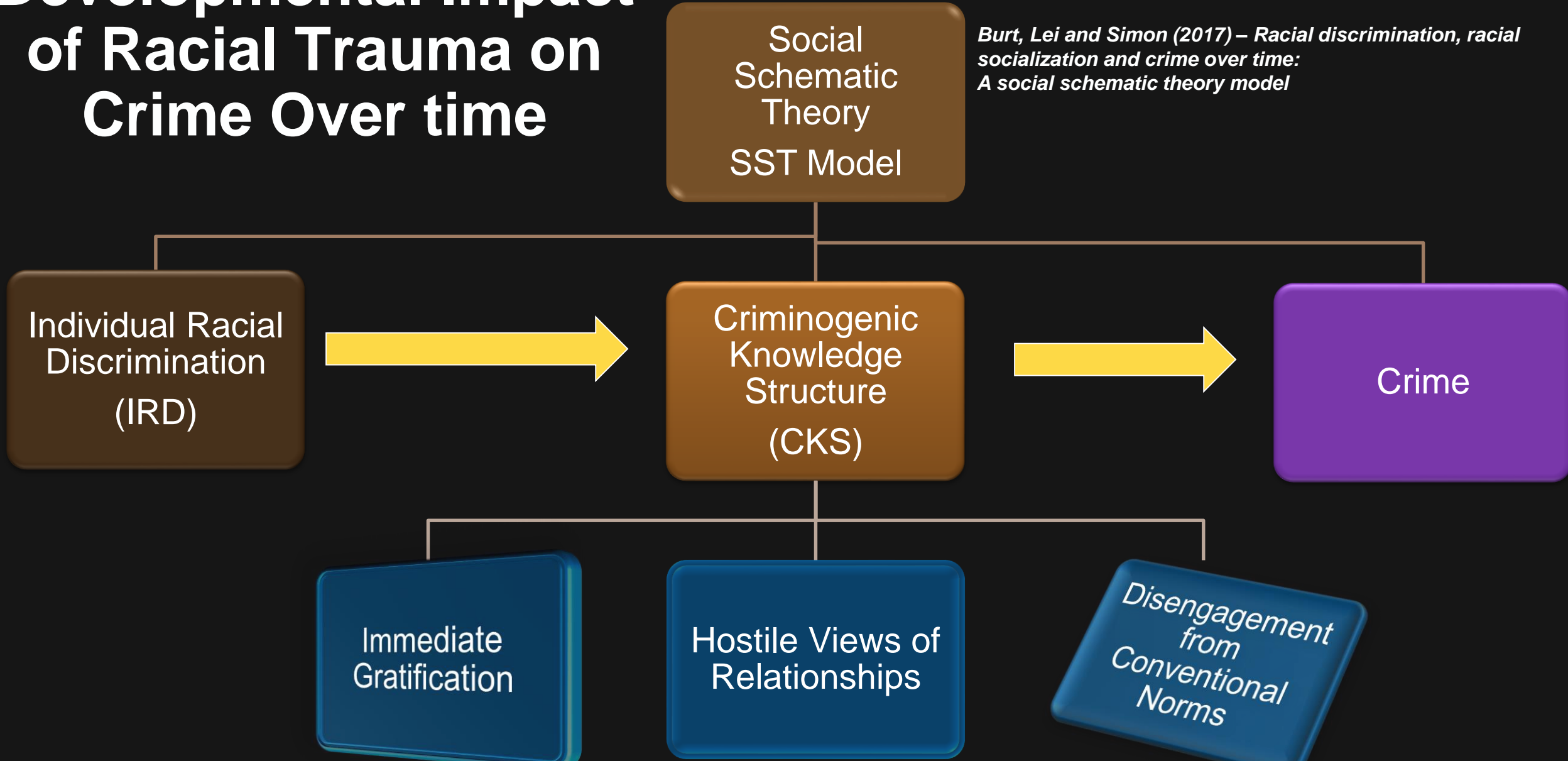
Unpredictable, harsh and unfair social situations increase a youth's propensities to dysregulated behavior because they foster beliefs that

1. Delayed rewards rarely materialize,
2. The world is a hostile, unpredictable place, and
3. Social rules and punishments do not apply equally to everyone (Burt and Simons 2015)



Developmental Impact of Racial Trauma on Crime Over time

Burt, Lei and Simon (2017) – Racial discrimination, racial socialization and crime over time: A social schematic theory model



80% of the effects of IRD are mediated by CKS

Criminogenic Needs

Attitudes & Orientation

1. Defies authority
2. Callous, little concern for others
3. Antisocial/pro-criminal attitudes
4. Not seeking or actively rejecting help

Personality & Behavior

1. Inflated self-esteem
2. Tantrums
3. Short attention span
4. Lack of remorse
5. Physically aggressive
6. Poor frustration tolerance
7. Verbally aggressive



Core Principles of a Trauma RESPONSIVE Approach to Care and Services



Safety

Trustworthiness & Transparency

Peer Support

Collaboration & Mutuality

Empowerment/Voice/
Choice

Cultural/Historical/
Gender

Responsivity/Humility

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Essential Elements

of a Trauma-Informed Juvenile Justice System

https://youtu.be/5_CGuyxjAMA

1

TRAUMA-INFORMED POLICIES AND PROCEDURES

Trauma-informed policies and procedures make juvenile justice organizations safer and more effective by ensuring the physical and psychological safety of all youth, family members, and staff and promoting their recovery from the adverse effects of trauma.

2

IDENTIFICATION/SCREENING OF YOUTH WHO HAVE BEEN TRAUMATIZED

Carefully timed traumatic stress screening is the standard of care for youth in the juvenile justice system.

3

CLINICAL ASSESSMENT/INTERVENTION FOR TRAUMA-IMPAIRED YOUTH

Trauma-specific clinical assessment and treatment and trauma-informed prevention and behavioral health services are the standard of care for all youth identified as impaired by posttraumatic stress reactions in the screening process.

4

TRAUMA-INFORMED PROGRAMMING AND STAFF EDUCATION

Trauma-informed education, resources, and programs are the standard of care across all stages of the juvenile justice system.

5

PREVENTION AND MANAGEMENT OF SECONDARY TRAUMATIC STRESS (STS)

Juvenile justice administrators and staff at all levels recognize and respond to the adverse effects of secondary traumatic stress in the workplace in order to support workforce safety, effectiveness, and resilience.

6

TRAUMA-INFORMED PARTNERING WITH YOUTH AND FAMILIES

Trauma-informed juvenile justice systems ensure that youth and families engage as partners in all juvenile justice programming and therapeutic services.

7

TRAUMA-INFORMED CROSS SYSTEM COLLABORATION

Cross system collaboration enables the provision of continuous integrated services to justice-involved youth who are experiencing posttraumatic stress problems.

8

TRAUMA-INFORMED APPROACHES TO ADDRESS DISPARITIES AND DIVERSITY

Trauma-informed juvenile justice systems ensure that their practices and policies do address the diverse and unique needs of all groups of youth and do not result in disparities related to race, ethnicity, gender, gender-identity, sexual orientation, age, intellectual and developmental level, or socioeconomic background.



Examples
OHIO & FLORIDA



ODYS

What drove us to try something new in 2005?

- 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

“Creating Violence Free,
Coercion Free Mental Health
Treatment Environments.”

1

Trauma Impact Reduction
Program Steering Committee

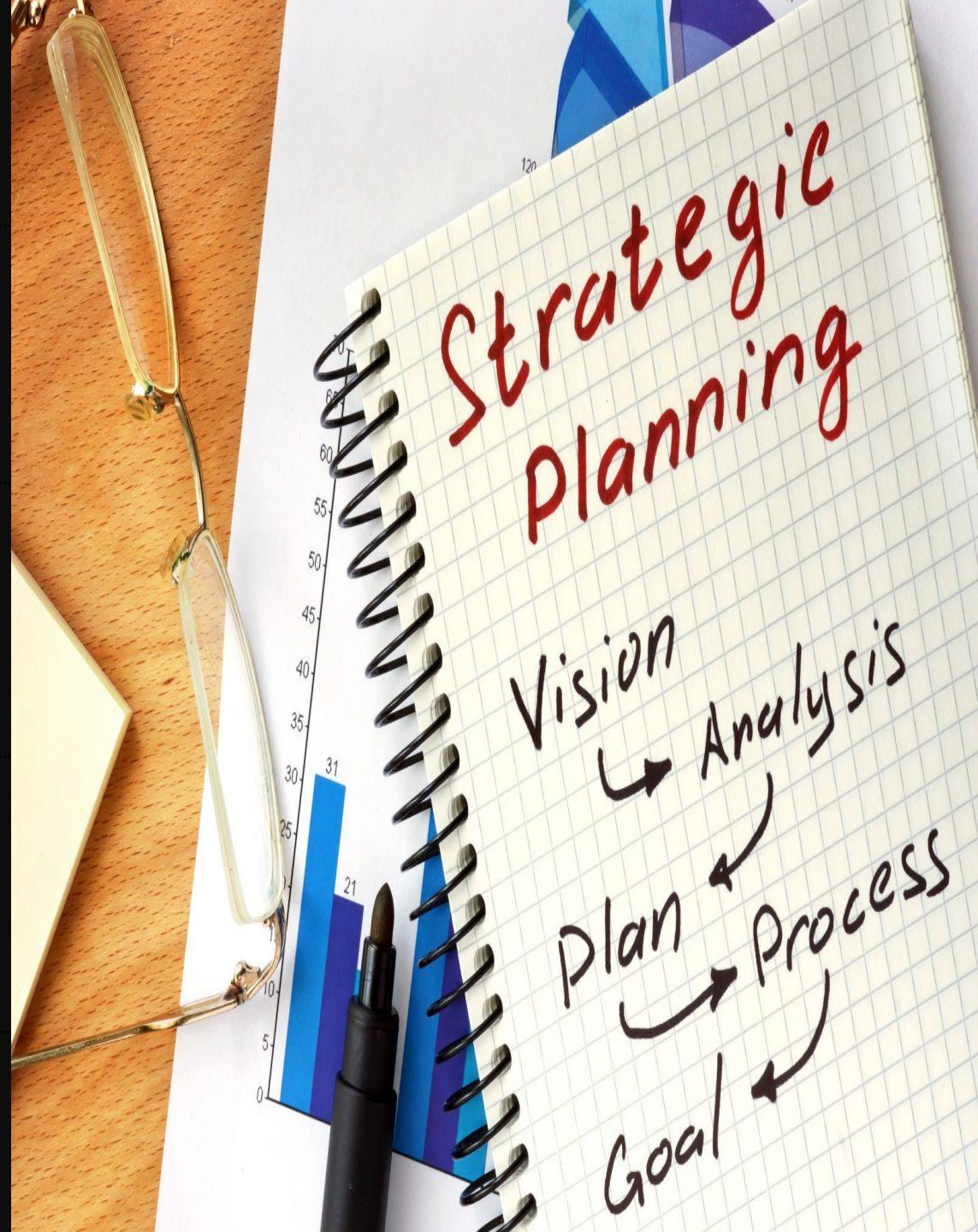
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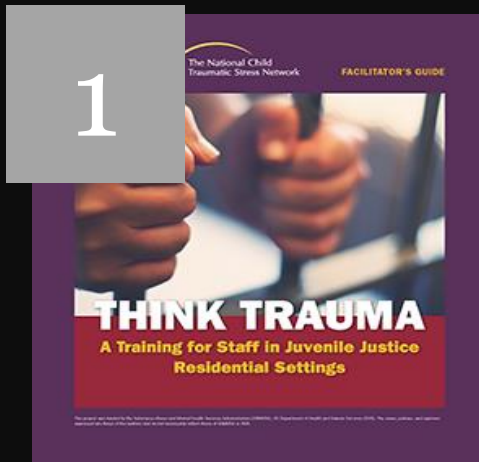
DEVELOPED SUBCOMMITTEES:
Workforce Development *
Treatment * Environments * Data
* Policy * Screening/Assessment

3

Partnered with the Ohio
Department Of Mental Health
research team to determine
outcomes

4

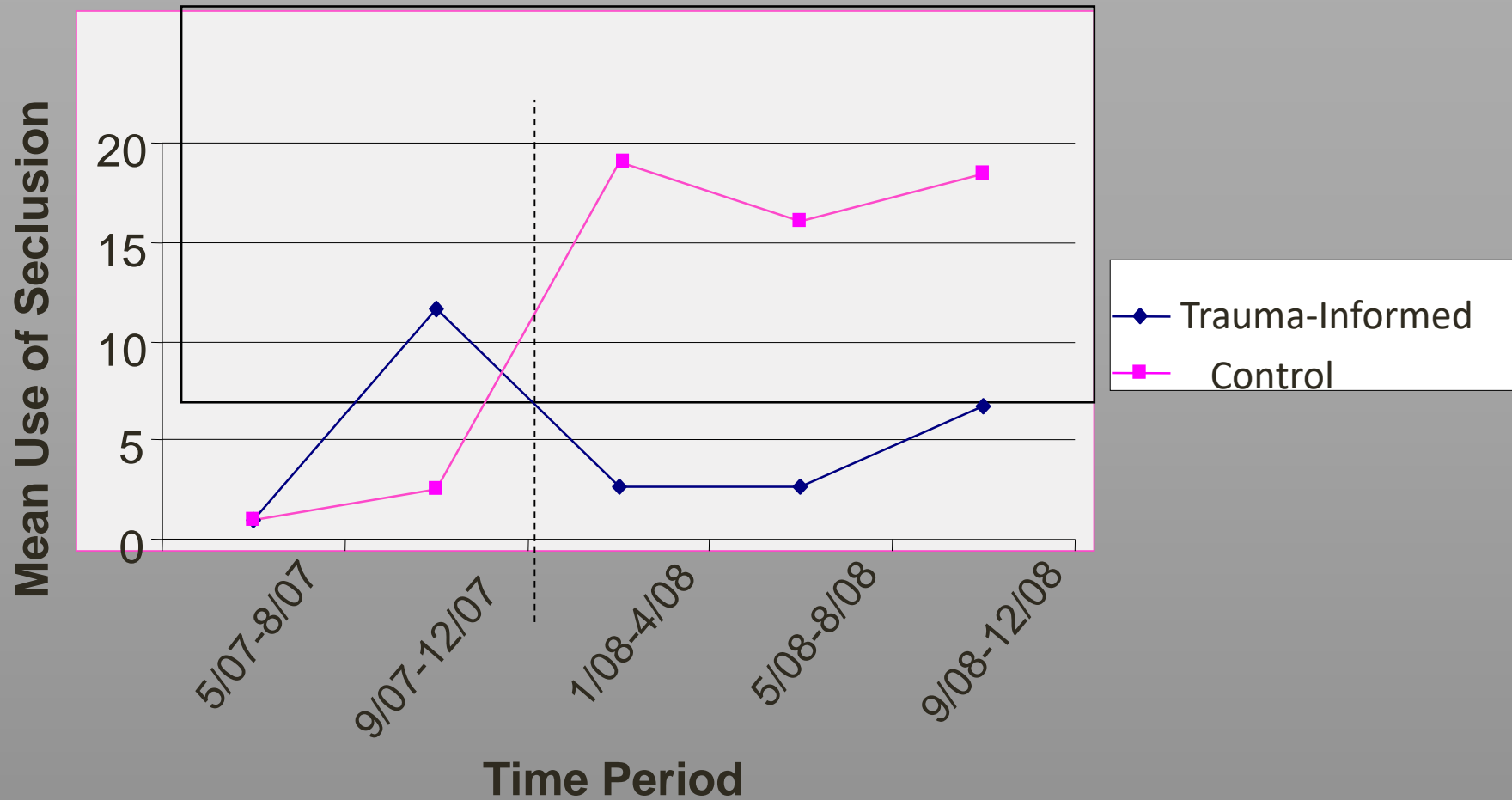




- Seclusion and restraint
- Suicide Prevention Policy
- Mental health unit programming
- Disciplinary Policies
- Intake Screening
- Assessment

Outcomes

Use of Seclusion Over Time



Florida's history in providing Trauma Responsive Services

- The Florida Department of Juvenile partnership with Georgetown and Dr. (Marrow) Khumalo
- Working with Dr. Khumalo, three residential facilities were identified as pilot sites for the expansion and development of being “Trauma Responsive.”
- Through over two years of collaboration, the Office of Policy and Programming, and additional key stake holders refined the assessment process which shaped The Trauma Responsive and Caring Environment (TRACE) self assessment.
- The TRACE was adapted from the National Center of Family Homeless Trauma-Informed Organizational Self Assessment and “Creating Cultures of Trauma –Informed Care: A Self Assessment and Planning Protocol and is further supported by the Essential Elements of a Trauma-Informed Juvenile Justice System. Each of the domains included in this assessment are related to one of the “essential elements.”



TRACE Self- Assessment tool

Description

TRACE Self-Assessment Categories

1. Supporting Staff Development

Traumatic Stress

Suicide Prevention

Clinical and MH Staff Specific Training

2. Staff Supervision, Support and Self-Care

3. Establish a physically and emotionally safe Environment

- Facility Physical Environment
- Communication and Information Sharing
- Privacy and Confidentiality
- Crisis Prevention and Coercive Practice
- Open and Respectful Communication
- Consistency, Predictability & Flexibility
- Race, Culture & Gender Responsivity

4. Screening/Assessment & Trauma Specific Care Planning and Service Provision

5. Creating Written Policies



TRACE CORE COMPONENTS

1) Supporting Staff Development

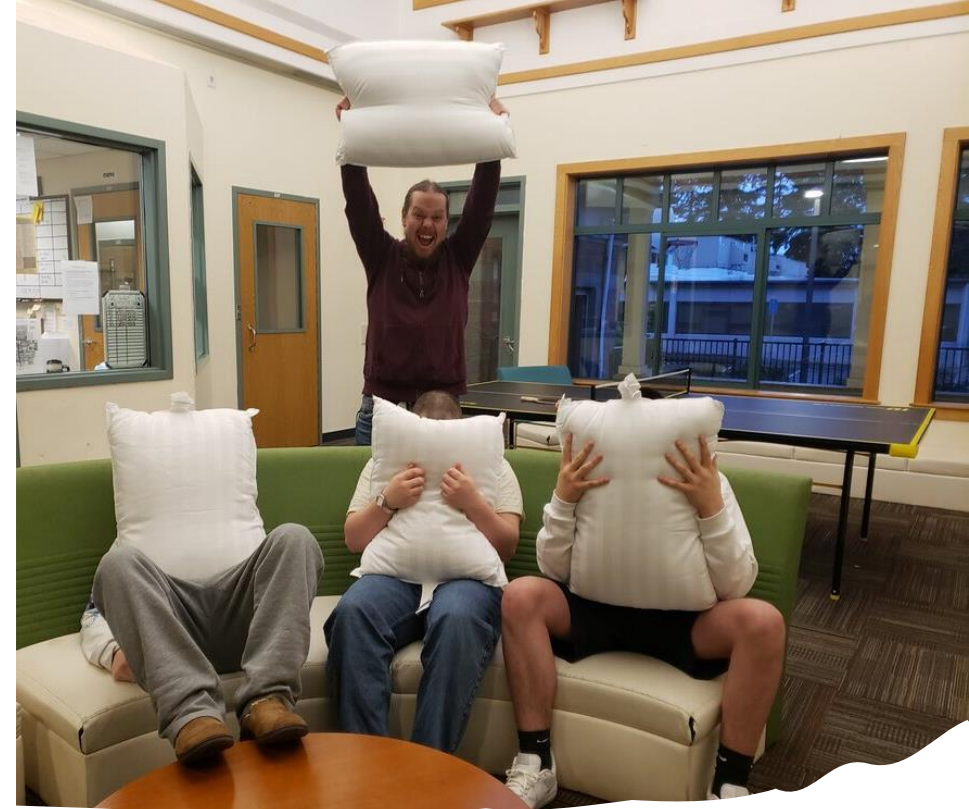
TRAUMA-INFORMED PROGRAMMING AND STAFF EDUCATION: Trauma-informed education, resources, and programs are the standard of care across all stages of the juvenile justice system: **ESSENTIAL ELEMENT :4**

1a Supporting Staff Development: Traumatic Stress Training

Staff at all levels of the program receive training and education on the following traumatic stress related topics:

1. Child traumatic stress, complex trauma and its relationship to behavior and delinquency (including cultural, racial and gender specific factors relevant to population served).
2. Normative child and/or adolescent development (what is typical behaviorally, emotionally, socially, physically and cognitively and in terms of identity development).
3. How trauma affects a youth's development, attachment to his/her caregiver(s), and relationship to peers and staff.
4. The relationship between traumatic stress, mental health, and substance use/use disorders.
5. The role of childhood adversity and later behavioral outcomes utilizing such assessments as: (ACES) and URBAN ACES.
6. The relationship between history/culture/gender and the experience of trauma. This should include how people understand and respond to traumatic stress (e.g., different cultural practices, beliefs, rituals).
7. How working with trauma survivors impacts staff.
8. The impact of residential placement/juvenile justice setting processes and practices on trauma survivors.
9. How to help youth and staff identify triggers (i.e., reminders of dangerous or frightening things that have happened in the past).
10. How to help youth manage their feelings while also regulating their own (e.g., shame, helplessness, rage, sadness, terror, etc.).
11. How to use de-escalation strategies (i.e., ways to help youth and staff calm down before reaching the point of crisis).
12. How to develop trauma responsive safety and crisis prevention plans that include trauma reminders (triggers), warning signs and coping strategies.
13. What it means to respond in trauma responsive ways to include emphasis on: Safety (physical and emotional), Trustworthiness and Transparency; Youth and Family Empowerment, Choice and Collaboration; Cultural, Historical, Linguistic and Gender Responsivity.

1. Y N NI
2. Y N NI
3. Y N NI
4. Y N NI
5. Y N NI
6. Y N NI
7. Y N NI
8. Y N NI
9. Y N NI
10. Y N NI
11. Y N NI
12. Y N NI
13. Y N NI



TRACE Staff Survey

The image features a low-angle shot of a group of graduates in silhouette against a bright, clear sky. They are celebrating, with many holding their black graduation caps high in the air. Some are also holding rolled-up diplomas. The overall mood is one of triumph and achievement.

TRACE Youth Survey

Description



Youth Survey

- The youth survey contains 70 items which are rated along a continuum from strongly disagree to strongly agree or does not apply to me.
- The items are designed to assess youth's perspective or experiences within the program that are related to the TRACE topic areas noted on the self-assessment.



TRAUMA RESPONSIVE PROGRAM CULTURE

Trauma Responsive Program Culture

1. Perceptions of the institutional environment do have an association with later recidivism (12 months post release)
 - Services and Re-Entry Planning
2. Perceptions of institutional environment do have an association with report of anti-social activity 12 months post release)
 - Harshness, Intentional Order, Anti-social Peers

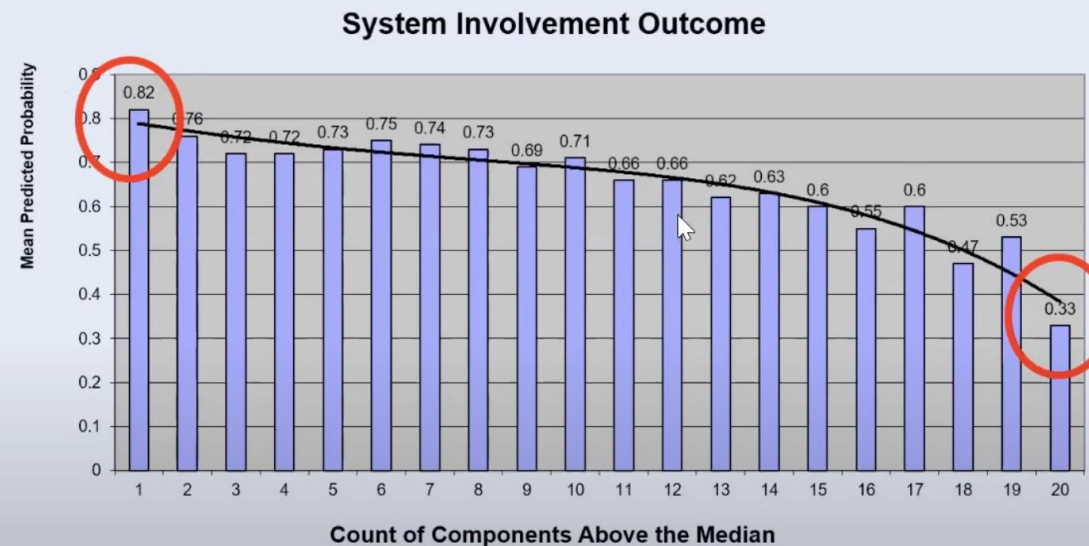
Schubert, C et al., (2012). Perceptions of institutional experience and community outcomes for serious adolescent offenders. *Criminal Justice and Behavior*, 39, 1, 71-93.



Incremental improvement when you include all of them.

- Safety
- Harshness
- Fairness
- Services
- Institutional Order
- Caring Adult
- Antisocial Peers
- Re-Entry Planning

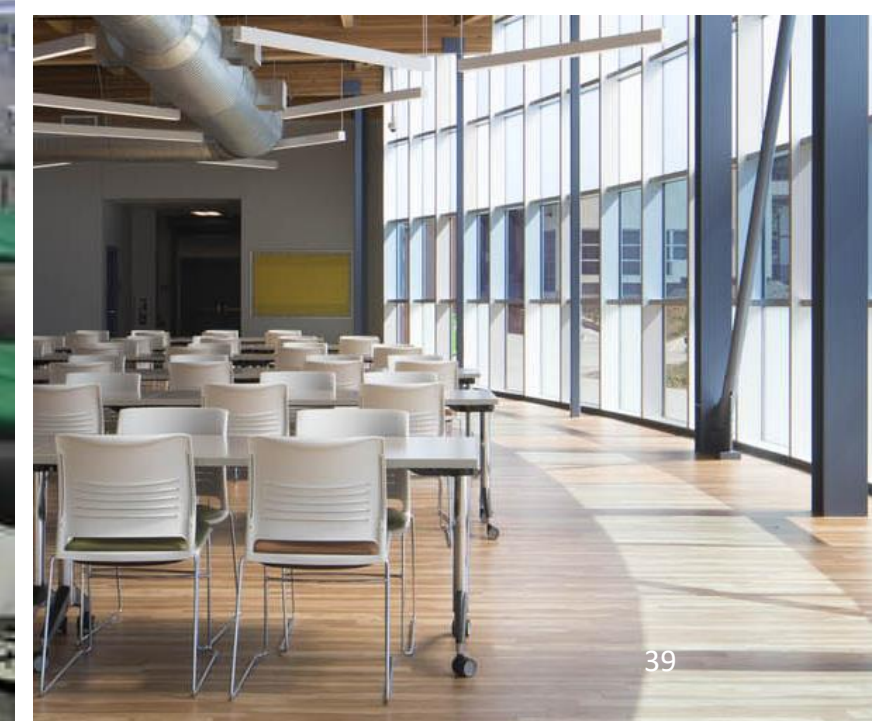
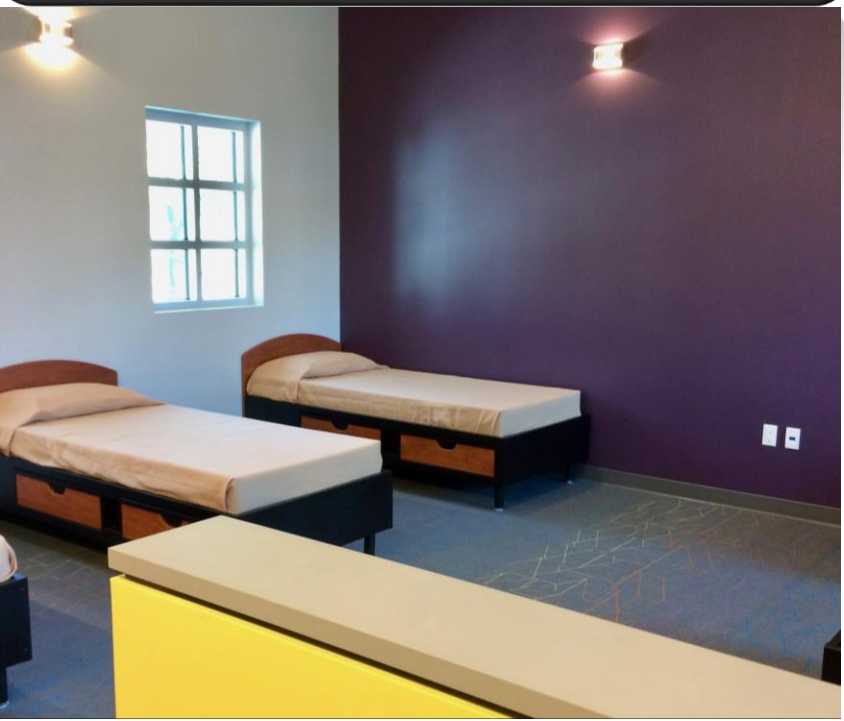
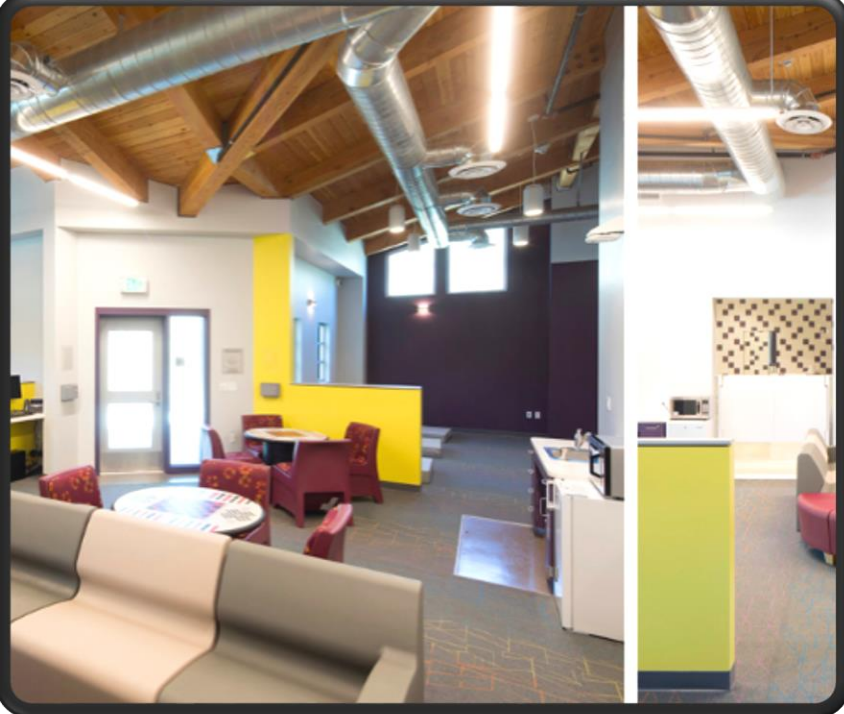
Is a Generally More Positive Institutional Experience Related to Better Outcomes?



Even after controlling for background characteristics, there is a 35%-49% reduction in the probability of system involvement in the next year

Trauma Responsive Physical Environment





SUPPLY CLOSET



NURSE'S STATION

Place **HAND** in window if you need something, your **FACE** should not be visible



Do Not Continuously Ask Staff:



- What Time is it?
- When do we go to P.E.?
- Can I do Details?
- Can I lead the exercises?
- Did you grade rooms yet?
- Do I have any belows?
- Did I get any mail?
- When do we shower?
- When do we eat?
- When do we come out for free time?
- Can you put some music on?
- Can you change the music?
- Can I step in?
- Can I have extra food?
- What is my bedtime?



These questions may result in downgrades!!!



What are you trying to say?



What are you trying to say?



EFFECTIVE SERVICES

Top 3 psychosocial skills (Mulvey's presentation)

Responsibility

Ability to take responsibility for one's decisions

Ability to resist pressure from others

Perspective

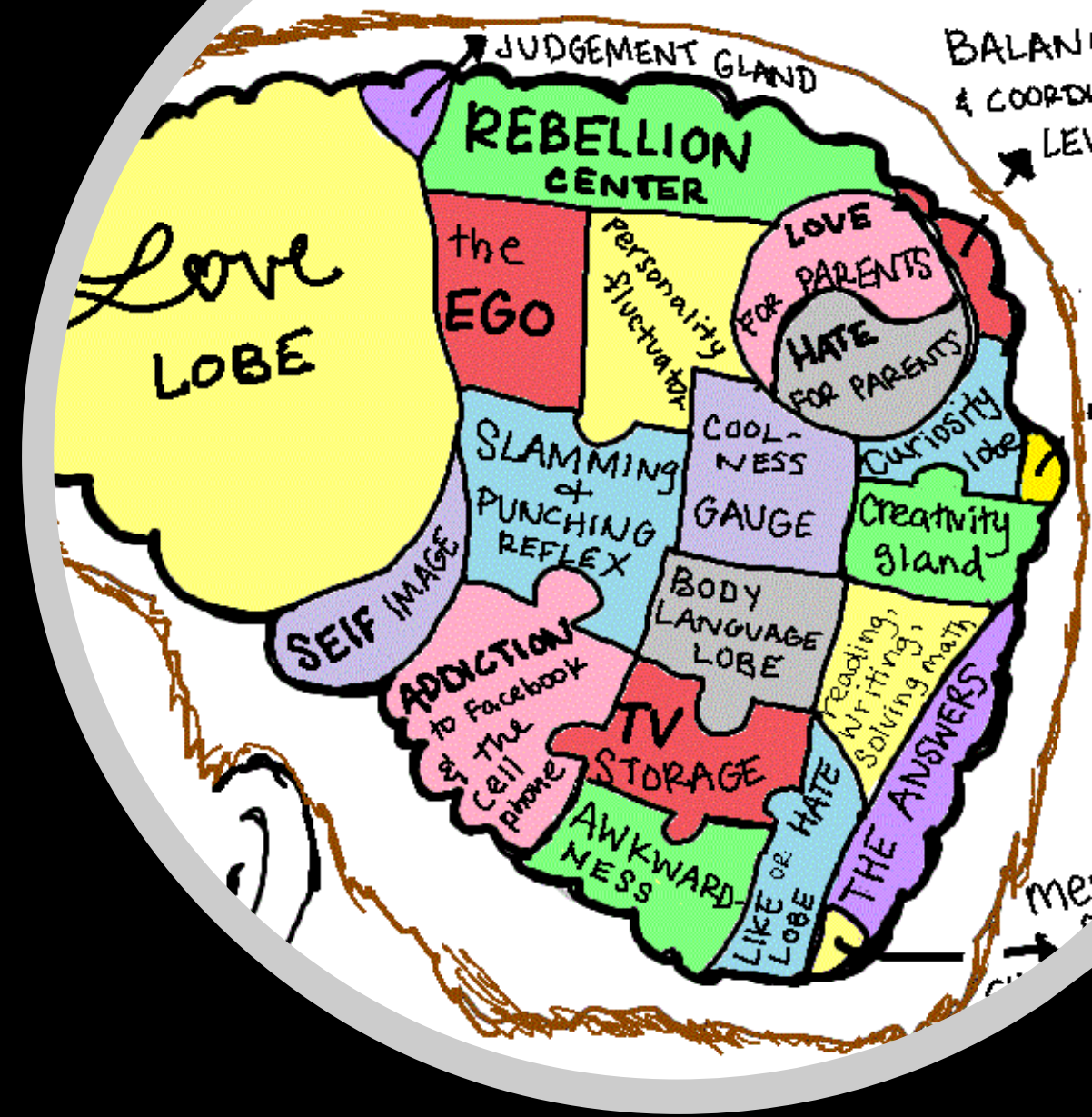
Ability to consider longer-term consequences

Ability to take others' perspective

Temperance – seems to be one of the leading skills needed for desistance

Ability to control one's impulses

Ability to regulate one's behavior



Cognitive Interventions Shifting CKS



RESPONSIVITY

“You taught me how to fish

But there is no pond where I live”

Dr. Monique KHUMALO

Programming



PROGRAM EXAMPLES

- Washington Aggression Interruption Training (WAIT)
 - Trauma & Grief Components Therapy for Adolescents (TGCTA)
 - Thinking for a Change
-
- Ideal components of program (do not occur in the group room alone)
 - Teach skills
 - Model skills
 - Practice skills
 - Generalize skills

RELATIONSHIPS ARE KEY



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The Role of Supportive Relationships

