Strengthening Our Future:

Key Elements to Developing a **TRAUMA-INFORMED** Juvenile Justice Diversion Program for Youth with Behavioral Health Conditions

National Center for
Mental Health
and
Juvenile Justice

TAC
TECHNICAL ASSISTANCE
COLLABORATIVE

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ACKNOWLEDGEMENTS

CONTENTS

INTRODUCTION

The majority of youth in contact with the juvenile justice system in this country have a diagnosable behavioral health condition (Shufelt & Cocozza, 2006; Teplin et al., 2013; Wasserman, McReynolds, Schwalbe, Keating, & Jones, 2010). In addition, approximately 60 percent of youth in contact with the juvenile justice system and diagnosed with a mental illness or substance use disorder have both (Shufelt & Cocozza, 2006; Wasserman, McReynolds, Schwalbe, Keating, & Jones, 2010).

Many youth end up in the juvenile justice system, not because of the seriousness of their crime but because appropriate community-based treatments and services to address their specific needs are lacking, their conditions have not been recognized, or the relevant service systems are not coordinating effectively. Given the complexity of their needs and the documented inadequacies of their care within the juvenile justice system, there is a growing sentiment that, whenever safe and feasible, youth with behavioral health conditions should be diverted as early as possible to effective community-based treatments and services (Skowyra & Cocozza, 2006).

To effectively identify and respond to youth with behavioral health conditions in contact with the juvenile justice system, states must adopt a specialized approach that

- integrates a wide array of service agencies and court processes,
- coordinates mental health and substance use services and supports,
- emphasizes early intervention, and
- uses evidence-based programs and practices to treat the complex needs of these youth.

For many youth, this means employing a trauma-informed approach to care. According to a recent national survey on children's exposure to violence, approximately two out of every three children will be exposed to violence, crime, or abuse in their homes, schools, and communities (Finkelhor, Turner, Ormrod, Hamby, & Kracke, 2009). These already alarming figures jump when one looks at rates of exposure to violence among children in juvenile justice settings where more than 75 percent of youth have experienced traumatic

victimization (Abram et al, 2004; Ford, Chapman, Connor, & Cruise, 2012). These high rates of trauma have far-reaching and severe consequences. Children exposed to violence are more likely to experience difficulties in school and work settings and to engage in delinquent behaviors that may lead to contact with the juvenile and criminal justice systems (Felitti et al., 1998; Ford, Chapman, Connor, & Cruise, 2012).

An Integrated Policy Academy–Action Network Initiative

This initiative, coordinated by the National Center for Mental Health and Juvenile Justice (NCMHJJ) and the Technical Assistance Collaborative (TAC), was jointly funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the John D. and Catherine T. MacArthur

GENERAL POPULATION   **JUVENILE JUSTICE**

20%	mental disorder	70%
8%	substance use disorder	46.2%
25%	traumatic-event exposure	90%
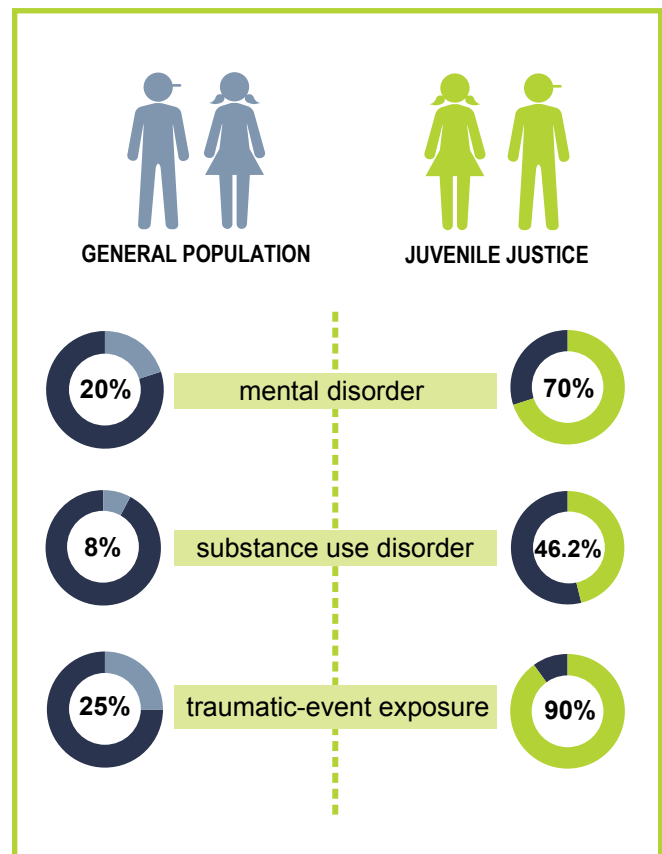
Prevalence of Mental and Substance Use Disorders and Traumatic-event exposure among Youth in the Juvenile Justice System

Foundation (Foundation). As part of SAMHSA's Strategic Initiative on Trauma and Justice and the Foundation's Models for Change Initiative, this effort focused on improving policies and programs for diverting youth with behavioral health conditions from the juvenile justice system to appropriate community-based services and supports. It was expected that the development of more effective diversion policies and programs would result in more appropriate use of behavioral health and juvenile justice services and better outcomes for youth.

This 2014-15 Policy Academy–Action Network Initiative sought to disseminate models and strategies developed through the Models for Change Mental Health/Juvenile Justice Action Network. The initiative specifically targeted the implementation of probation-intake diversion strategies. Four states were competitively selected to participate in this effort: **Georgia, Indiana, Massachusetts, and Tennessee**.

To maximize benefits to the participating states, the Policy Academy–Action Network Initiative integrated the SAMHSA Policy Academy mechanism with the Foundation's Action Network strategy. States convened a core team of eight senior-level officials from the state and a local site to expedite the implementation and dissemination process. Members of these multi-jurisdictional teams worked together to implement innovative approaches and strategies to support diverting youth with behavioral health conditions from the juvenile justice system to appropriate community-based services and supports.

Consistent with the Foundation's Models for Change Action Network strategy (a modified version of the Breakthrough Series Collaborative Model developed by the Institute for Healthcare Improvement and adapted for child welfare

issues by the Casey Family Programs [2006]), states have engaged in targeted discussions about common issues related to the diversion of youth with behavioral health conditions. This process, driven by the state teams, allows for the development of strategies that can be used in any jurisdiction to address issues that may arise during the course of implementing probation-intake diversion programs.

Diverting youth from the juvenile justice system to effective community-based services and supports will require systems that recognize and respond to trauma-related disorders. These include the front-end gatekeepers and decision makers (i.e., probation departments and courts), as well as the full array of community agencies that can provide healing, treatment, and support to youth and their families.

This report is intended to offer a description of a trauma-informed juvenile justice diversion approach with examples of how some states are beginning to address and implement trauma-informed systems of care for youth and their families. It begins with a discussion of trauma and its effects on youth, especially those with behavioral health conditions. This is followed by a discussion of the types of trauma-related disorders, the behavioral manifestations of trauma that youth may display, and a summary of factors that affect the severity of trauma-related disorders. The report then describes nine key elements of a trauma-informed approach within the context of juvenile justice diversion. Case examples are included from each of the states participating in the 2014-15 Policy Academy–Action Network Initiative.

BACKGROUND

Embedding change into systems of care requires an environment that is open to new strategies for ensuring public safety and enriching youth potential through effective rehabilitation and the enhancement of overall system accountability. The juvenile justice system has evolved into a system that is ready to adopt a trauma-informed system of care (see *The Fourth Wave: Juvenile Justice Reforms for the Twenty-First Century*).

Beginning in the mid-1990s, state and local officials started to recognize the enormous fiscal burden that the high rates of incarceration placed on their budgets and how these burgeoning costs compromised their ability to meet other community needs. Concurrently, scientific advances about brain development revealed that adolescents are different from adults. Full maturation is not reached until well into one's 20s. As a consequence, adolescents are less culpable for delinquent acts than adults, and juvenile justice systems have moved away from the "adult time for adult crime" model to one that treats the offender as an individual and creates an effective balance among the goals of rehabilitation, personal accountability, and the assurance of public safety.

Given this context, now is an opportune time to consider applying the emerging science surrounding trauma to the juvenile justice system. Youth involved in the juvenile justice system are disproportionally exposed to traumatic events compared to the general adolescent population. Among youth in the juvenile justice system, prior traumatic-event exposure is associated with higher rates of mental and substance use disorders, academic problems, suicide attempts, and premature death. Trauma experts have argued that trauma survivors frequently cope with traumatic stress in ways that increase their risk of arrest (DeHart & Moran, 2015; Ford, Chapman, Mack, & Pearson, 2006; Kerig, Becker, & Egan, 2010). Most relevant to justice system professionals, traumatic-event exposure is linked to harsher legal outcomes for adolescents (Baglivio et al., Baskin & Sommers, 2013; Cauffman, Monahan, & Thomas, 2015; Chauhan, Reppucci, & Turkheimer, 2009; Levenson & Socia, 2015; Li, Chu, Goh, Ng, & Zeng, 2015).

In some jurisdictions, trauma-informed approaches are already being employed to improve youth outcomes and to enhance public safety. This report provides strategies for embedding trauma-informed approaches into diversion policies and practices.

Issue and Scope

The juvenile justice system and its component parts are faced with seemingly dichotomous and sometimes competing goals: (1) ensuring public safety from adolescents who have committed delinquent acts, and (2) promoting the rehabilitation, positive development, and well-being of those same adolescents so that they can become productive adult citizens. On the one hand, this requires careful and appropriate supervision that is commensurate with offense severity and with the ongoing risk the young people who have committed delinquent acts pose to their communities and to themselves. On the other hand, effective rehabilitation requires a behavioral care environment that responds to those factors that contribute to such offenses. These factors may include physical illnesses and disabilities, family relational problems, dangerous community environments, and mental and substance use disorders. In addition, a growing body of research is now documenting the prevalence of trauma-related disorders among adolescents presenting to juvenile justice systems and how traumatic experiences can compound and worsen mental and substance use disorders. The resulting behavioral manifestations of traumatic stress are frequently daunting challenges for probation officers and other juvenile justice professionals as trauma-affected youth may appear defiant and oppositional, exhibiting with behaviors that appear intractable.

More than two-thirds of children will experience one or more traumatic events by the time they reach age 16 (Copeland, Keeler, Angold, & Costello, 2007). Intentional traumatic-event exposures include sexual and physical abuse, rape, exposure to domestic violence, victimization by bullying and violence in schools and community settings, and being a witness to violent crimes and death. Exposures also include unintentional or circumstantial traumas such as the sudden death of a parent or family member, an automobile or other serious accident, life threatening illnesses or injuries, or a separation from a parent caused by family breakup or imprisonment. Many persons who experience a traumatic event will manifest acute reactions to the trauma

and yet will heal and recover without lasting negative life impairments. Other people may develop long-term disorders because "traumatic experiences complicate a child's or an adult's capacity to make sense of their lives and to create meaningful relationships in their families and communities" (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014, p. 5).

Several studies have found that youth entering the justice system have disproportionately high rates—between 50 and 75 percent—of diagnosable mental disorders (Cocozza, Trupin & Teodosio, 2003; Teplin et al., 2013). The traumatic experiences of these youth frequently contribute to the development of behavioral health conditions or exacerbate and intensify the symptoms of these disorders. Post-Traumatic Stress Disorder (PTSD) occurs considerably more often among youth in juvenile justice settings than among youth in the general population (Cruise & Ford, 2011). Approximately 90 percent of youth in juvenile detention facilities report a history of exposure to at least one potentially traumatic event (Ford, Grasso, Hawke, & Chapman, 2012; Teplin et al., 2013).

The majority of youth presenting at probation intake will suffer from a mental or substance use disorder, and the vast majority will have experienced at least one traumatic event. In many cases, these traumatic events will interact with mental and substance use disorders to intensify behavioral reactions. Experts advise that trauma-informed care environments more effectively respond to trauma-related disorders and lead to more effective treatments for related mental and substance use disorders. By more effectively responding to traumatic stress, probation officers and others in the justice system can expect youth to experience increased levels of success with diversion services and more fully comply with dispositional requirements. Better life outcomes should also be realized.

Reducing Disparities

While trauma can affect anyone, certain groups appear to be at higher risk. For youth, many of the higher risk groups are the same as those at higher risk for contact with the juvenile justice system. Understanding traumatic stress in the context of this related elevated risk will lead to more effective care and better outcomes, including increased community

safety, reduced recidivism, more effective rehabilitation, and increased productivity as adults. Among other populations, certain ethno-racial groups (e.g., African-American, Latino-Americans, and Native Americans), LGBTQ (Lesbian, Gay, Bisexual, Transgendered, and Questioning) youth, and youth living in poverty are all at higher risk of contact with the juvenile justice system and exposure to trauma. Taking into account the ethno-cultural, lifestyle, and life circumstances of such groups is important to guiding effective diversion efforts.

Psychological Trauma and Its Effects

Understanding Post-traumatic Stress

Simply put, trauma refers to an external event that is extremely stressful for an individual. For some, potentially traumatizing events may lead to temporary acute reactions with no resultant longer-term disorders. Trauma-related disorders arise due to an individual's internalization processes (i.e., how he or she interprets the potentially traumatic event) intertwined with brain chemistry and brain development factors. For example, some abused children have sufficient resilience to cope with abuse and not experience long-term life impairments. Other children may lose trust in adults, resulting in attachment disorders and leading to depression, withdrawal, or actively resistant and oppositional behavior.

It appears that trauma-related disorders arise from a combination of one's biological and psychological makeup, family and peer relationships, other environmental factors, and exposure to traumatic events. Preexisting factors make some more vulnerable to processing potentially traumatic events in a negative way. These factors can include mental and substance use disorders and experience with prior traumatic events (Cruise & Ford, 2011).

PTSD is the most commonly known and studied psychological disorder associated with exposure to traumatic events; however, there is emerging research to indicate that prolonged exposure to traumatic events and exposure to several different types of events can lead to a phenomenon known as complex trauma. Complex trauma reactions lead

to severe disruptions in a young person's psychosocial development that affect his or her ability to self-regulate stressful situations and to form essential attachment bonds with family members and other adults (Ford et al., 2012). This can lead to severe depression, somatic complaints, and problems with anger, aggression, and other outwardly inappropriate behaviors.

In summary, traumatic stress resulting from an external event or events that are internalized may lead to wide-ranging behavioral manifestations. For adolescents, these behavioral manifestations can include anger, aggression, oppositional and defiant behaviors, conduct disorders, alterations in developmental maturation, suicide risk, substance use problems, moodiness, and withdrawal.

Key Links between Exposure to Traumatic Events and Trauma-related Disorders

Several factors can affect the intensity, duration, and overall severity of an adolescent's reactions to trauma. Four are very briefly summarized below.

- **Preexisting risk factors.** Studies have reported that some children will be vulnerable to more negative functioning following exposure to traumatic events based on preexisting risk factors. Children who function at a higher level prior to experiencing a traumatic event will have significantly lower levels of depression following a traumatic event (Goslin, Stover, Berkowitz, & Marans, 2013). Children with higher levels of self-esteem who can more effectively self-regulate stressful events are less likely to display long-lasting trauma-related disorders. It has also been reported that supportive families can significantly mitigate the effects of potentially traumatic events (Goslin, et al., 2013; Kiser, Medoff, & Black, 2010). Regular family routines that are interpreted by a youth as supportive, such as eating dinner together, can help reduce the effects of external stressors. In a review of 543 articles of longitudinal studies of post-traumatic stress, DiGangi and colleagues (2013) found six pre-trauma predictors of PTSD: (1) lower cognitive abilities, (2) general negative cognitive bias when coping

with difficult life circumstances, (3) preexisting personality disorders (e.g., neuroticism, negative affect, and hostility), (4) psychopathology, (5) psychophysiological factors (especially arousal-related factors), and (6) socio-ecological factors (e.g., poverty, work and school stress, home-related stresses). While much more research needs to be completed on preexisting risk, it seems clear that a traumatic event by itself will not always lead to PTSD and other trauma-related disorders.

■ **Single vs. multiple traumas.** As suggested above, traumatic stress does not affect every person equally. An accident causing serious physical injury may lead to PTSD or another trauma reaction, but with strong medical, emotional, and family support the prognosis for healing and recovering from the traumatic event is positive. On the other hand, multiple traumatic events are more likely to lead to longer-lasting traumatic stress coupled with impaired psychosocial functioning and developmental deficits. Healing and recovery may require longer and more intensive treatment in trauma-informed care environments.

It appears that trauma-related disorders arise from a combination of one's biological and psychological makeup, family and peer relationships, other environmental factors, and exposure to traumatic events.

■ **Chronic exposure to trauma.** Persons who are chronically exposed to traumatic events or who are polyvictims (i.e., victims of multiple traumas of varying types) are more likely to develop complex trauma-related disorders. For example, children who are chronic victims of physical, sexual, or emotional

abuse are more likely to experience complex trauma disorders. Their prognosis for healing and recovery is likely to be more negative, and they will need comprehensive trauma-informed care provided by skilled professionals. Similarly, youth who are victims of multiple types of traumatic events are at higher risk for complex trauma. These events can include loss of a parent to death or imprisonment; abuse; bullying; rape; and exposure to family, community, and school violence. The compounding of chronic exposure to traumatic events with preexisting risk can lead to debilitating complex trauma reactions.

■ **Intentional vs. unintentional victimization.** There are likely differing reactions to unintentional or non-interpersonal traumatic events than from intentional or interpersonal events (Bennet, Kerig, Chaplo, McGee, & Baucom, 2014). For example, an accident or severe illness leading to a disabling condition will be less likely to lead to reactions such as emotional numbing or aggression than interpersonal traumas such as rape or abuse. Unintentional victimization is less likely to violate trust relationships and to create deficits in attachments with family members than intentional abuse. As such, while both may require trauma-informed care, the nature, intensity, and duration of that care will likely be different.

Trauma-related disorders may lead to a wide variety of behavioral and clinical manifestations. It should be remembered that reactions will differ by individual. The above factors will contribute to those differential reactions, but other factors may influence each child's reactions as well. For example, there may be differences between genders, ethno-cultural and racial differences may affect reactions, and sexual and gender orientation may place some groups at higher risk and influence behavioral manifestations.

Because this is still a vibrant area of research, it is vital that probation departments and their partners stay abreast of research and practice advances. Some behaviors (not an exhaustive list) that probation officers and other juvenile justice professionals may encounter in youth who are experiencing traumatic stress are described on the following page.

- ✅ **Aggression.** Youth who act aggressively may be attempting to protect themselves or others from circumstances they perceive as threatening.

- ✅ **Anger.** Anger is a stress reaction that can become a problem if a youth is unable to feel safe.

- ✅ **Anxiety.** Fear for one's safety may trigger anxiety, especially if the youth feels cut off from trusted relationships or powerless to prevent harm to him or her self or others.

- ✅ **Conduct Disorder.** Actions that do not respect the law or other persons' rights and welfare can result when a youth experiencing traumatic stress shifts into survival mode and sees no way to solve problems and achieve goals that are important to him or her except by desperate measures.

- ✅ **Depression.** When youth feel chronically unsafe and alone, symptoms of depression such as sadness, sleep disturbance, lack of energy, withdrawal, and moodiness can be severe.

- ✅ **Distrust.** Youth experiencing betrayal, abandonment, rejection, or abuse in important relationships may generalize lack of trust to all people, even those who are caring and supportive, because they fear being hurt if they invest emotionally in those relationships.

- ✅ **Hyperarousal.** Youth adapt to traumatic stress by keeping their bodies mobilized to react in order to protect themselves. A state of constant physical and mental readiness to react leads to extreme physical arousal (e.g., heart rate, muscle tension), startle reactions, and periods of physical exhaustion.

- ✅ **Impaired Information Processing.** When youth are anxious, pessimistic, and hypervigilant as a result of exposure to traumatic experiences, they are prone to perceive people with distrust, places and activities as dangerous even when they are safe, and themselves as powerless and rejected even when they are actually resilient and appreciated by important people in their lives.

- ✅ **Impulse Control Problems.** Feeling unsafe can lead to reactions that are rushed and pressured instead of deliberate or thoughtful.

- ✅ **Oppositional-Defiant Behavior.** Traumatic experiences often involve a violation or betrayal of the social contract that people will treat each other with respect, fairness, and kindness and will use their power and authority to protect and benefit children. Youth experiencing traumatic stress may develop an oppositional attitude as a way to stand up for themselves when they feel no one else understands them, cares about them, or will protect them.

- ✅ **Problems with Personal Boundaries.** Youth experiencing traumatic stress may be unwilling to let anyone get close to them emotionally to avoid further hurt or rejection. They may appear uncaring and withdrawn even when they want to and can care for others. Or they may be desperate for emotional closeness but interpret sex or violence as the only way to gain favor.

- ✅ **Sleep Problems.** Youth experiencing traumatic stress often feel too unsafe, on-guard, or depressed to be able to fall asleep or stay asleep and often have severe nightmares.

- ✅ **Somatic Complaints.** Trauma-related hyperarousal places a great strain on the body that can lead to or exacerbate medical illnesses, physical injuries, or pain.

- ✅ **Substance Use.** Alcohol or drugs may be used as a way to self-medicate emotional and physical pain and to increase or decrease physical and mental hyperarousal related to traumatic stress.

- ✅ **Suicidal Ideation and/or Suicide Attempts.** Adolescence is a period of heightened suicide risk. Youth experiencing traumatic stress are at particularly high risk for suicidal ideation or suicide attempts.

Avoid Exacerbating Trauma-related Disorders

In its report *Defending Childhood: Protect Heal Thrive*, the Attorney General's National Task Force on Children Exposed to Violence (2012, p. 177) issued the following recommendation: "Abandon juvenile justice correctional practices that traumatize children and further reduce their opportunities to become productive members of society."

Although probation officers are not therapists, every encounter with a young person is potentially therapeutic. However, encounters can also exacerbate mental health conditions and trauma-related disorders. Young people may find encounters with police, judges, detention facilities, and probation officers to be traumatic. Punitive sanctions designed to provoke fear may worsen traumatic stress. Trauma victims have been harmed (physically, emotionally, or both) and fear further potentially endangering situations. Youth with traumatic-event exposures may experience a trauma reaction when faced with threats of legal sanctions, criticism from probation officers or other juvenile justice professionals, a perceived loss of power or control, or perceptions of unfair treatment (C. Branson, personal communication, December 4, 2015).

Clearly, probation and other juvenile justice organizations must strive to increase community safety and enforce justice system dispositions for delinquent acts. That means setting appropriate limits on youth behaviors. However, the enforcement of those limits should be informed by an understanding of how mental and substance use disorders and traumatic-event exposures affect behaviors.

SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach

With the growing realization that trauma affects virtually all persons with mental and substance use disorders, SAMHSA released a paper "to develop a working concept of trauma and a trauma-informed approach and to develop a shared understanding of these concepts that would be acceptable and appropriate across an array of service systems and stakeholder groups" (2014, p. 3). SAMHSA generated these concepts by reviewing salient research, gathering practice-generated knowledge, and examining the experiences of trauma survivors. To assist in developing the framework, an expert panel was convened that included trauma survivors who were care recipients, trauma-treatment practitioners, trauma researchers, developers of trauma-specific interventions, and behavioral health policymakers.

> "*A trauma-informed juvenile justice approach emphasizes the use of rapport-building and collaboration by front-line staff to promote youth engagement and adherence to court mandates, rather than threats or control.*
>
> —*Branson (2015)*

SAMHSA developed the following definition of trauma: "Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-

SAMHSA's Six Key Principles of a Trauma-Informed Approach

Safety. Both staff and clients must feel safe physically and psychologically. This means that not only does the physical environment convey a sense of safety but the interactions between and among persons promote that safety.

Trustworthiness and Transparency. Since traumatic events are often a fundamental violation of trust, a trauma-informed care setting will emphasize building honest and open relationships among clients, family members, and staff.

Peer Support. The mutual support of people who have lived with traumatic stress can help foster hope, build trust, and enhance collaboration.

Collaboration and Mutuality. Because trauma victims often feel powerless to alter trauma-creating relationships, trauma-informed care involves a leveling of power between staff and clients, thereby creating partners in care and decision making. This is predicated on the idea that healing occurs through relationships and that everyone in the organization has the potential to promote healing.

Empowerment, Voice, and Choice. A critical aspect of healing from trauma is for victims to learn how to and then take appropriate responsibility for self-healing. This often means empowering youth to make life choices and decisions that will lead to healing, more effective coping skills, and resilience. Strategies that allow young people to make choices and take an active role in decision making will help foster empowerment and positive recovery.

Cultural, Historical, and Gender Issues. As with any type of helping service, organizations and their members must avoid service that reinforces biases (e.g., race, ethnicity, sexual orientation, gender identity, religion). In many cases, youth values, culture, traditions, and orientations can be used as strengths that will facilitate healing and growth.

being" (2014, p. 7). In reviewing the definition, it is important to recognize that trauma begins with external stressors that are or are interpreted as harmful or threatening to the individual. A second critical aspect is that adverse reactions are prolonged. Trauma impedes life functioning across one or more of the various domains included in the definition. While it may be common to think of trauma healing as the province of mental health, other systems should be involved as well. SAMHSA has conveniently developed two mnemonics: *The Three "Es" of Trauma* (events, experience, and effects; see below) and *The Four "Rs": Key Assumptions in a Trauma-Informed Approach* (realization, recognition, response, and resist retraumatization; see page 41) to help service providers better understand trauma and the trauma-informed approach that SAMHSA posits.

The Three "Es" of Trauma

Trauma-related disorders are triggered by external events that pose a threat or cause harm. They may be natural events such as fires or floods, or perpetrated events such as interpersonal violence. For children, severe neglect that threatens healthy development can also be viewed as traumatic and has similar impact. Trauma can be inflicted through a single event, through multiple occurrences of the same stressor, or through different types of stressors.

Each person interprets external stimuli according to his or her own life perspectives. Just as one person may view a work of art as beautiful and another may find it distasteful, an event or events may be traumatic for some people but not for others. SAMHSA states, "How the individual labels, assigns meaning to, and is disrupted physically and psychologically by an event will contribute to whether or not it is experienced as traumatic (2014, p. 8)." Experiencing a traumatic event creates a powerlessness in the individual—that is, the "Why me?" reaction.

Events

Experience

Effects

Finally, the effects disrupt life functioning. Without intervention and care, symptoms and impairments will likely be prolonged. It is important to note that while many people will have immediate negative reactions, for some people the traumatic stress reactions may be delayed and not appear until months afterward. Negative effects will be seen in coping skills, trust in others, anger and aggression, depression, etc. Severe trauma reactions can affect the victim's neurobiological make-up (including brain functioning), thereby impeding functions such as ability to think, memory, and other cognitive functions.
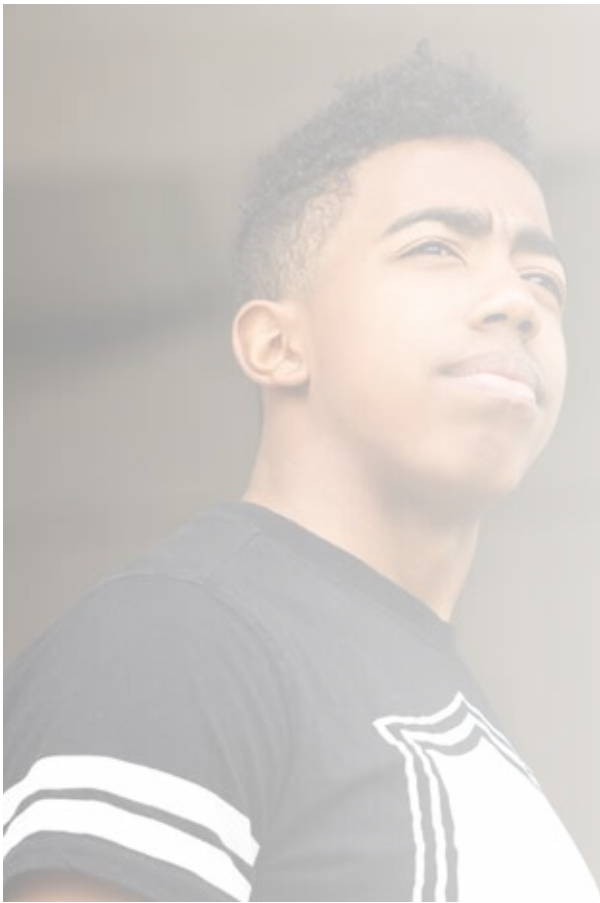
Outcomes

Systems

Creating effective trauma-informed care environments in probation departments, other juvenile justice agencies, and stakeholder organizations will require transforming cultures and values to some degree. This means making a commitment to incorporate a trauma-informed approach. Organizations should consider taking the following actions:

- **Provide leadership to support adoption of a trauma-informed approach.** Professionals in probation typically have not been educated or trained in how to conduct intakes and provide supervision using a trauma-informed approach. When people are presented with a challenge they have not been trained for, they often will respond with an "It's not my job" attitude. This may not be a callous disregard for problems but rather an automatic response based on training and job orientation. Further, using

new methods without adequate education or training often creates anxiety, resentment, and resistance. To counter this, leadership must embrace a new approach and build it into the organizational value system and operational environment.

- **Provide continuing and shared care.** Although probation officers can incorporate strategies that reflect a trauma-informed approach in their duties, other professionals will be required to provide treatment for trauma-related disorders and help with other aspects of supporting a youth's positive life functioning. By definition, this means that care must be shared across service environments. Collaboration with mental health, substance use, medical, educational, and other potentially helpful organizations; with families; and with professionals will be essential. And care must be continuous. When the "care ball is dropped" and gaps in service develop, treatment will be ineffective and problems may become prolonged and potentially intractable.

- **Institute productive and healing interactions between trauma-affected youth and care providers.** An environment that empowers youth to help themselves and make decisions that promote healing is essential. Productive communication and actions between staff and youth will create a climate for healing and personal growth. Healing of trauma-related disorders fosters community safety, justice, and rehabilitation aims. Interactions that worsen the traumas will be unproductive, impede healing and recovery, and lessen the prospects of meeting justice system goals.

- **Conduct evaluations and focus on quality improvement.** Incorporating new care strategies requires fidelity to models that are effective. It is essential that new approaches be evaluated with an eye toward quality improvement as implementation of new methods and procedures will invariably encounter mistakes. An environment that blames staff and punishes errors will limit system capability for designing essential change processes. An effective quality improvement approach will treat these mistakes as learning and service improvement opportunities.

- **Update policies and procedures.** While incorporating trauma-informed care into probation operations should not require an entire revamping of existing policies and procedures, amending existing policy and procedure manuals to reflect these changes will be important to institutionalize the adopted approaches.

- **Build a trained and skilled workforce.** As with anything new, staff will need to be trained on trauma, a trauma-informed care system, and on the implementation of trauma-informed care strategies

that are commensurate with their specific duties. This will require finding skilled trainers, devoting adequate staff time to training, and offering ongoing supervision to ensure that implementation is faithful to evidence-based approaches.

Youth/Family/Community

In general, applying a trauma-informed care approach to probation should further the diversion and supervision outcomes already in place. These include

- reduced recidivism,
- reduced criminal and delinquent acts,
- fewer police and justice system contacts,
- greater adherence to probation supervision and diversion conditions,
- improved school performance and attendance, and
- improved relationships with families and peers.

In addition, a trauma-informed approach should advance clinical outcomes that include

- increased identification of youth with PTSD and other trauma-related disorders.
- increased number of youth treated for traumatic stress by clinicians skilled in such treatment,
- an increase in the number of youth families and caregivers educated about trauma and capable of supporting children in their care,
- an increase in the number of youth youth recovered from traumatic stress, and
- an increase in the number of youth who have adopted youth with effective and appropriate mechanisms to cope with stress.

IMPLEMENTATION DOMAINS

Consistent with the Foundation's Models for Change Action Network strategy, states participating in the 2014-15 Policy Academy-Action Network Initiative engaged in targeted discussions about common issues related to the diversion of youth with behavioral health conditions. After much discussion, the group decided to focus on trauma. They recognized that diverting youth from the juvenile justice system to community-based services and supports requires systems that appropriately respond to traumatic stress. The Action Network, led by staff from the NCMHJJ and TAC, consisted of representatives from the four states participating in this initiative and SAMHSA, as well as national experts on trauma and juvenile justice.

Over an 18-month period, the Action Network met four times to

- discuss improving responses to trauma-related disorders within the context of juvenile justice diversion for youth with behavioral health conditions,

- identify and test strategies for overcoming challenges related to developing and implementing improved policies and procedures, and

- develop a resource intended for use by jurisdictions across the country struggling with this same issue.

Guided by the SAMHSA concept paper but tailored to fit best within the context of juvenile justice diversion programs—specifically probation-based diversion for youth with behavioral health conditions—nine key elements of a trauma-informed approach were identified:

- Leadership
- Policy and Procedures
- Environment
- Engagement and Involvement
- Cross-Sector Collaboration
- Intervention Continuum
- Funding Strategies
- Workforce Development
- Quality Assurance and Evaluation

For each of the domains, the following pages offer a description of a trauma-informed juvenile justice diversion approach with examples of how some states are beginning to address and implement trauma-informed systems of care for youth and their families. Case examples are included from each of the states participating in the 2014-15 Policy Academy-Action Network Initiative.

Leadership

Identify Champion(s)

Organizational leadership must make the design and implementation of trauma-informed care a priority. This includes both boards of directors and executive leadership. For probation departments, this probably means obtaining endorsement from local government leaders (e.g., county executives, county legislators, mayors, municipal councils). Being able to accurately convey the benefits of incorporating trauma-informed care in terms of rehabilitation, community safety, and justice outcomes will be essential to marketing a new approach to service delivery.

Embedding a trauma-informed care approach into probation services will inevitably require a systems change to operations and services. However, this does not mean that organizational purpose need change; the fundamental probation goals of increasing community safety, assuring justice, and fostering rehabilitation of involved youth remain intact. Incorporating a trauma-informed approach into probation operations should advance those three goals and enrich system effectiveness.

Probation departments, their officers, and other staff have extremely challenging responsibilities. Bringing change into system operations, even if it will ultimately lead to more productive and effective outcomes, will likely be met with some level of resistance. That is why it is essential that department leadership be fully supportive and take ownership of the change.

Identifying a champion within the agency to manage the process of design and implementation may be a very effective strategy for bringing trauma-informed care into the probation environment. A champion could be a probation supervisor, a deputy administrator, or an officer whose primary responsibilities are with juveniles. The advantages of such a process are twofold. First, identifying a staff person who believes in trauma-informed care as a champion can help encourage other department staff to embrace the change positively. Second, it will create an internal and external focal point for action and responsibility.

Project Champion: Fulton County Juvenile Court, Georgia

The vision of Fulton County Juvenile Court's chief probation officer—to develop a trauma-informed, behavioral health diversion program for underserved youth in contact with the juvenile justice system—was critical to the success of this multi-agency collaborative effort. His leadership was essential to identifying and engaging key partners and stakeholders, including youth and family members, from the community. Together, this collaboration led to an enhanced diversion practice that included more and better opportunities for youth with behavioral health conditions and trauma-related disorders who were in in contact with the Fulton County Juvenile Court. Although his vision began with improving the local practice, his leadership in developing a trauma-informed, behavioral health diversion program now extends beyond Fulton County as other counties throughout Georgia are looking to replicate the model.

Probation departments, their officers, and other staff have extremely challenging responsibilities. Bringing change into system operations, even if it will ultimately lead to more productive and effective outcomes, will likely be met with some level of resistance. That is why it is essential that department leadership be fully supportive and take ownership of the change.

Cross-System Networking—Linking Leaders

The complex nature of trauma-informed care requires a comprehensive care environment characterized by shared responsibility and continuity of care. Shared responsibility means defining role responsibility and ensuring that individuals deliver care that is within their duty structure and competence. Probation officers can help provide a healing environment for youth experiencing traumatic stress, but a successful care approach requires active community collaborators and partners. For instance, if probation intake procedures suggest a trauma-related disorder, a smooth process must be in place to provide youth with full clinical assessments and treatment as necessary.

A trauma-informed approach for youth in contact with probation must be a community responsibility. This requires leaders from other sectors to take collective ownership of design and implementation responsibilities and challenges. Local behavioral health planning and oversight agencies, mental and substance use disorders treatment organizations, local education leaders, police and other justice personnel, local public health officials, prevention

and youth development leaders, and other key community leaders must guide community change. As the SAMHSA framework states, "The desired goal is to build a framework that helps systems 'talk' to each other, to understand better the connections between trauma and behavioral health issues, and to guide systems to become trauma-informed" (SAMHSA, 2014, p. 3).

Over-bureaucratizing a planning process is almost inevitably a death sentence. Nonetheless, effective design and planning may require multiple planning structures. The following process is proposed as an option to facilitate design and implementation of a comprehensive community system of trauma-informed care.

Community Task Force on Trauma-Informed Care

Because an effective community system will require multiple organizations operating collaboratively, creating a community task force or coalition may be advantageous. This task force should design services, stipulate and agree on roles and responsibilities, design interagency agreements as necessary (e.g., memorandums of understanding or M.O.U.s), ensure that evidence-based and best-practice protocols are followed, create continuous care paths, oversee and monitor progress, and evaluate results. Organizations and professionals working in alignment will result in more effective community outcomes leading to safer communities and healthier and more productive youth and families.

Although this guidance document is designed for probation departments, it is not essential that these departments chair a community task force. They must, however, be an active partner that contributes leadership and information as well as implements their responsibilities with fidelity to best practices.

Communities will need to customize membership of the task force depending on the structures and functions of critical organizations. In addition to probation directors, community leaders should consider recruiting task force members from public and private behavioral health agencies, schools, police departments, public health agencies, pediatric practitioners, prevention providers, youth development agencies, faith-based agencies and clergy, practitioners with

expertise on delivering trauma-informed and trauma-specific care, and youth/young adults and family members with lived experience and/or prior justice system involvement.

For some community organizations and professionals, roles may be limited to advising the task force and/or developing service referral processes and agreements with commitments to share information. However, some organizations may need internal planning teams to work with staff on designing internal processes, organizing necessary staff training, amending existing policies, and creating internal monitoring procedures.

Probation directors may choose to designate an internal champion to lead the change within their departments. The designated champion could lead an internal planning team that designs the procedures to be followed within the department in conjunction with the overall design of the community care system. While serving on an agency

planning team will take away time from direct services and other duties, it has the advantage of encouraging staff to embrace new procedures rather than having the procedures "dropped" on them. Typically, organizational change is most effective when staff understand and embrace its importance and are appropriately involved in its planning and implementation. Organizations raise morale, job satisfaction, job performance, and loyalty when they foster productive employee contributions to systems change and innovation.

Just as the task force must represent a diverse cross-section of the community, the planning team should reflect the various parts of the department. In addition to probation officers, this could include administrators, reception staff, record-keeping personnel, information technology staff, supervisors, and others who would be affected by and can shape the outcomes of implementing trauma-informed approach.

Policy and Procedures

Policy

Implementing a trauma-informed approach in probation departments, other juvenile justice organizations and affiliated partners must be carefully managed and institutionalized. Probation departments address issues daily on deploying staff; managing fiscal, human, and other resources cost-effectively; assessing performance; and balancing service delivery demand (quantity) with the quality of service delivered. To successfully embed a trauma-informed approach into probation intake, diversion, and supervision, new policies and procedures must be carefully aligned with existing ones, particularly when the new policies and procedures focus on addressing risk-need-responsivity factors such as mental and substance use disorders.

The SAMHSA concept framework recommends that best practices will include written policies and protocols that denote trauma-informed care as an essential part of the mission. As SAMHSA (2014, p. 13) specifically states, "This approach must be 'hard-wired' into practices and procedures of the organization, not solely relying on training workshops or a well-intentioned leader." If probation departments have a policy and procedures manual, it is strongly recommended that written policies on how to address trauma-related problems be integrated within the manual. However they are maintained, policies and procedures should guide staff on how to respond appropriately to youth who are affected by trauma-related disorders. This would include but not be limited to

- conducting universal screening procedures;
- making appropriate referrals in a timely manner;
- communicating effectively with other providers of trauma services, including providing critical information to those providing treatment and understanding the direction of treatment responses;
- maintaining appropriate confidentiality procedures; and
- aligning diversion and supervision goals with treatment and recovery goals.

Writing and cataloging policies and procedures are critical processes but, in and of themselves, not sufficient to achieve

trauma-informed practice. To be "hard-wired," staff must be trained carefully on policies and procedures. New staff must receive this training in orientations, and staff refreshers must be provided periodically.

In addition to internal policy development and integration, a cross-system policy framework should be designed to guide community systems. An important principle in such a design is that each partner and stakeholder's internal policies and procedures be consistent with overall community goals.

> *To successfully embed a trauma-informed approach into probation intake, diversion, and supervision, new policies and procedures must be carefully aligned with existing ones, particularly when the new policies and procedures focus on addressing risk-need-responsivity factors, including mental and substance use disorders.*

Some states and local governments have begun developing and implementing policies that prescribe employing trauma-informed practices. For example, in August 2011, the Alameda County (California) Department of Probation published a new and revised Model of Probation Supervision (http://www.acgov.org/probation/documents/TheAlamedaCountyModelofProbation-JuvenileSupervision.pdf). The Alameda County model covers all facets of supervision and notably includes a section on trauma-informed treatment. The excerpt from that document that appears on the following page describes the Alameda County approach.

> *A trauma-informed treatment focus starts when the youth first touches the system. For Probation, this includes determining what trauma each youth who comes into the system has experienced. The Alameda County Model of Probation will add a Trauma section to its Disposition Reports (the report that recommends what the court should do with a youth once they have been found responsible for a delinquent act) to include details on what trauma each youth has experienced and how the court should consider this when determining the disposition of the youth. When youth are placed on probation, we will assess the trauma and pain each youth has suffered and work to effectively address it through an array of services, supports, and opportunities. But most importantly, the Alameda County Model of Probation will seek to do no further harm and not continue to traumatize youth through bad practice. Identifying and treating the trauma youth have experienced in no way minimizes holding youth accountable for their actions.*
>
> —The Alameda County Model of Probation: Juvenile Supervision

M.O.U.s

Memorandums of understanding (M.O.U.s) are often vital tools for establishing collaborative service agreements between and among agencies that serve common populations. M.O.U.s delineate the roles and responsibilities of involved parties and establish working agreements that can help frontline staff to understand the vision and purpose, as well as their actual duties and expectations. Probation departments might require service agreements with organizations that can clinically assess potential trauma-related disorders and provide treatment to those youth and their families. M.O.U.s could cover the following areas:

- **Referrals for clinical assessment.** Probation departments can screen for exposure to traumatic events and potential traumatic stress and related disorders, but full clinical assessments by trained clinicians will be essential for determining whether there is a trauma-related disorder, ascertaining its severity, and creating an appropriate treatment plan. Clinical assessments will need to cover mental and substance use disorders. They also may need to address learning deficits, medical and neurobiological problems, and issues affecting family relationships.

- **Information sharing.** Probation departments must establish information-sharing agreements with providers and other partners. This sharing should include information that allows probation officers to understand treatment goals and follow treatment progress, as well as helps probation officers respond to youth behavioral challenges that arise over the course of the supervision process. Such information-sharing arrangements must be developed in the

context of laws and regulations that protect patient and client confidentiality (e.g., HIPAA).

- ■ **Evaluation.** Juvenile justice systems and their partners should evaluate progress. This requires all agencies to collect and maintain critical data and to make periodic aggregate reports using commonly agreed-on metrics.

Legislation

In 2013, the state of Texas enacted a law on trauma-informed care to govern juvenile probation. This bill requires the governing board of the Texas Juvenile Probation Commission to require probation officers, detention officers, and court-supervised community-based program personnel to receive trauma-informed care training. This training must provide specialized skills for working with juveniles who have experienced traumatizing events. The legislation also requires probation departments to include trauma-informed care training in the pre-service or in-service training they provide for juvenile probation officers.

The National Council of Juvenile and Family Court Judges' resolutions on stopping the shackling of children in juvenile court and trauma-informed juvenile and family courts provide good examples of model language to support a trauma-informed and developmentally appropriate approach to juvenile justice. See http://www.ncjfcj.org/sites/default/files/ShacklingOfChildrenInJuvenileCt_Resolution_July2015.pdf and http://www.ncjfcj.org/sites/default/files/Resolution%20Trauma%20Informed%20Courts_July2015.pdf.

Policy and Procedures: Indiana Case Example

The Indiana team decided to focus its procedural changes on improving local capacity to refer and connect diversion-eligible youth to treatment while maintaining minimal juvenile justice system penetration for this high-need but low-risk group. Marion County (Indianapolis) was selected as the pilot site for these changes. Incorporating a trauma-informed approach into probation diversion was considered critical to project success.

Due to the lack of an objective behavioral health screening tool for the target population of youth, one of the first priorities was to evaluate screening tools and decide which would be best for Marion County. In 2006, the state of Indiana selected the MAYSI-2 screening instrument for use in detention centers. Marion County's detention facility implemented this tool; however, it was geared toward assisting detention staff with addressing those youth with immediate behavioral health needs or who posed a suicide risk. The tool was not used in probation departments or for any other intervention in detention. After careful deliberation, the Indiana team decided on the MAYSI-2 but struggled with the implementation process as the community mental health centers (CMHCs) were not familiar with the tool and relied on their own assessment tools.

At the same time that this selection process occurred, the state was completing development and integration of the MAYSI-2 tool within the Indiana Court Information Technology Extranet (INcite) system, which is used by all counties in Indiana for probation risk assessments, offender management, Indiana courts online reports, and BMV and case management searches. With this integration in place, the Indiana team was able to work with the state to use the MAYSI-2 in the Marion County diversion pilot.

As part of the statewide Indiana Youth Assessment System (YAS) process, a diversion screening is routinely administered at probation intakes to assist in identifying youth eligible for diversion. The MAYSI-2 is administered for those youth who have a moderate or high score on the diversion screening. The MAYSI-2 screening results are supplemented by incorporating the Adverse Childhood Experiences (ACE) Study questions into the crisis intervention interview guide. Sometimes a youth's score on the MAYSI-2 may not lead to behavioral health diversion, but if there is significant trauma noted in the crisis intervention interview, a youth may still be referred to a CHMC.

The Indiana team sought to extend trauma-informed care principles to other parts of the system through targeted education and training. It created a training education committee. This committee reviewed best practices and training opportunities and recommended strategies. As a result, in May 2015 probation staff who would be working with the diversion project participated in a Marion County trauma-informed care conference sponsored by the Department of Child Services. The committee also encouraged the team to collaborate with the Department of Corrections on cross-system training through a Juvenile Justice and Mental Health Collaboration (JJMHC) implementation grant. Marion County had two detention workers trained as trainers in mental health first aid (MHFA). It was recommended that, as the initiative expands, investment in the train-the-trainer for MHFA, be made in other sites.

Marion County is beginning to see important benefits from these procedural changes. Overall, the incorporation of the MAYSI-2 and ACE study questions was a simple but effective means for improving trauma awareness at probation intake. It allowed easy integration into an existing program to divert youth from the formal court process. The behavioral health screening tools help guide diversion decisions and clinical responses for youth and their families. Further, the use of these evidence-based tools enriches the family conferencing process. Families are more likely to support diversion goals when they know a valid screening tool helped confirm what might be suspected about a youth's behavioral health status. The employment of these screening tools has also made the referral procedures to CMHCs more effective. Referral follow-up has improved, outreach is more encompassing, and there has been a promising decrease in the delay of service delivery.

Environment

Traumatic-event exposures—especially interpersonal trauma—shatter trust. Predictable, safe, and nurturing environments foster healthy and happy development among children, youth and young adults. For youth with trauma-related disorders, chaotic family, school, and community environments reinforce feelings of distrust and not being safe. A trauma-informed approach will begin to restore trust and the feeling of being safe. Creating safe, predictable environmental conditions is, therefore, essential to promoting healing and recovery and to advancing the goals of diversion.

Physical

According to SAMHSA (2014, p. 13), "Staff working in the organization and individuals being served must experience the setting as safe, inviting and not a risk to their physical or psychological safety." As such, probation departments should ensure that their physical environments are safe and do not pose a threat—real or perceived—to youth and staff (e.g., having security cameras and/or staff in place and ensuring that hallways are well lit). The physical arrangement of offices can be made to feel welcoming. Youth with trauma-related disorders may feel threatened if their egress is blocked or they have to go around the probation officer to leave an office. Probation staff may consider not sitting behind a desk when developing diversion or supervision plans with youth. Such arrangements may contribute to a young person's feeling of powerlessness. Further, sitting next to a youth or facing him or her may create a more collaborative environment and promote a sense of trust. Not all youth will feel comfortable at first with that type of arrangement. For that reason, having an open conversation about what will make the young person feel most comfortable is advisable.

While probation officers cannot control other environments such as home or school, they can reach out to families and school partners to promote safer situations for the youth. This can include limiting opportunities for them to be in places where they are vulnerable to bullying or other risks.

A trauma-informed approach will begin to restore trust and safety. Creating safe, predictable environmental conditions is, therefore, essential to promoting healing and recovery and to advancing the goals of diversion.

Communication

Making the physical environment safe and non-threatening is critical for effectively engaging youth with traumatic-event exposures and traumatic stress. Equally important is the communication environment. The majority of youth in contact with the juvenile justice system will not only have been exposed to interpersonal physical violence but also to psychological violence that can contribute to and worsen traumatic stress. As a consequence, youth presenting at the probation intake are likely to be defensive and may be openly defiant and oppositional. One of the biggest challenges for probation officers and other justice system professionals is being able to engage with stress-reactive youth and their families. Although it may be tempting to quickly assign blame and respond with anger and reproach, in most cases, it will be more effective to the diversion process to resist that temptation and respond with equanimity and understanding. Maintaining a calm, understanding demeanor will help youth and their families to respond calmly themselves as well as help enable their participation in identifying needs and developing diversion plans.

Just as staff want to be treated with respect, so will the young persons who will be diverted or placed on supervision. A trauma-informed approach involves open, honest, and respectful communication. Remember that a critical goal is to build trust and assure youth of a safe and predictable environment. To accomplish that, it is necessary to avoid

assigning blame or exhibiting overtly angry behavior. A trauma-informed approach, however, does not require one to condone delinquent or other misbehaviors. Youth should certainly be held accountable for their actions at a level consistent with their age. When a young person says something offensive or acts offensively, probation staff should indicate the inappropriateness of the action firmly but calmly. When probation staff consistently model appropriate ways of expressing feelings, they help foster more open and honest communications from the youth they serve.

In addition to safe and effective verbal communication, it is important to employ positive nonverbal communication patterns. This begins with a pleasant greeting and smile at reception to the probation office. Avoiding disapproving or angry facial expressions are important to safe and predictable environments.

Safety

Trauma experts have articulated that central to a trauma-informed approach is applying a trauma lens on all youth presenting to probation and court. This universal precaution enables staff to screen for and recognize youth experiencing trauma difficulties. In the prior two sections, it was stressed that the physical environment and interpersonal interactions need to be safe and predictable.

In addition, the intake process should assess for safety in a youth's home, school, and community environments. Engaging families, school staff and other community partners collaboratively can stimulate taking steps to make these other environments safer for the trauma-affected youth. Together, probation staff and partners can help youth avoid persons and places that accelerate risk for further trauma. Safety must be paramount in any case plan.

Engagement and Involvement

Youth Voice

Engaging and involving youth has two distinct dimensions:(1) engaging individual youth in care, and (2) involving youth in system planning. Each is described below.

Engaging Youth in Services. Engaging adolescents and young adults in service is frequently a daunting challenge. For many people, including youth, participating in justice, behavioral health, or other types of services is misperceived as a sign of weakness, provoking shame and embarrassment. The stigma associated with care may be interpreted as "there is something wrong with me." For adolescents and young adults, this can mean feeling unworthy of their peers and their families. With regard to probation, this also means acknowledging that he or she has committed a bad behavior, which may be interpreted as "I am bad."

For trauma-affected youth, the challenge of engagement will likely be compounded by a generalized distrust of adults and behaviors deemed essential for self-survival. Consequently, effectively involving youth during intake, diversion planning, supervision, and the provision of affiliated treatment and support services will require a clear understanding and use of engagement strategies, some of which are highlighted below. A calm and predictable environment will foster rehabilitation among youth experiencing traumatic stress and behavioral health conditions.

Foster a Safe and Supportive Atmosphere

- Work on building trust. Motivational interviewing techniques can build therapeutic alliances facilitating engagement of seemingly disaffected adolescents and young adults.

- Be honest and respectful.

- Take steps to assure each youth that he or she is safe, both physically and emotionally.

- While not condoning inappropriate behaviors, avoid blaming the youth and treating him or her as a bad person.

- As with all encounters, try not to take anger, aggression, or other negative responses personally.

Allow Youth to Tell Their Story

- Allow each youth to share any life experiences that were traumatizing and to articulate associated feelings and listen carefully. In subsequent sessions, do not make the youth continue to focus on traumatizing experiences. This can reinforce negative feelings.

- Specifically, investigate whether a youth feels safe at home, in school, and in community settings.

- Allow each youth to share specific issues that create anxiety and fear.

- Inquire about what makes the youth feel safe.

Build and Support Positive Interactions

- To the extent practicable, empower the youth to participate in case planning and decision making.

- Reinforce positive behaviors and recognize the courage required to share traumatic life experiences.

- If the youth "blows up," work with him or her on slowing down. Avoid responding in anger. A stress-reactive youth's ability to regulate emotions will likely be impaired, and responding with understanding and equanimity may strengthen clinical treatment efforts to promote positive affect regulation. Calming strategies will also reinforce trust and will model appropriate behavior and response to stress.

Youth Voice in Planning. SAMHSA involved trauma survivors as important contributors to its trauma-informed framework and recommends involving those with lived experience in planning and implementing systems. Young adults with such experience who have successfully engaged in care and treatment can help inform all aspects of a trauma-informed care system. This can include tips on how best to engage and reach youth. The youth voice can also be a rich source of advice on effectively engaging and involving families. As such, communities should consider inviting young adults with trauma experience to join the community task force on trauma-informed care.

Sometimes youth and young adults feel as though they are merely token representatives and are not being heard. Consequently, it is important to treat them as equal partners and important contributors.

Youth with lived experience can also participate in training probation personnel. Often, training experiences are enriched significantly by having carefully selected survivors tell their stories. While experts should deliver the actual training, survivors can make the curriculum real, grounding it in their actual life experiences.

Family and Non-Traditional

Similar to youth, families can play two distinct roles: as partners in the healing and rehabilitation process and as contributors to community planning.

Engaging Families, Including Non-Traditional, in the Healing and Rehabilitation Process. Families and loving caregivers can support healing and recovery from trauma-related disorders. Predictable home environments with regular routines often mitigate trauma effects and can be part of or reinforce healing routines. As Kiser, Medoff, and Black (2010) state, "Providing a safe and secure environment for children is a basic family function, an imperative in the treatment of trauma-related symptoms…" This includes clear role definitions, boundaries, parent/caregiver leadership, straightforward and fair rules and disciplinary practices, and consistent supervision of school and community behaviors. Kiser, Medoff, and Black also indicate that predictable family routines support these functions and help mitigate trauma-related symptoms. Such routines can be as simple as eating daily meals together, maintaining regular bedtimes, and exchanging greetings and goodbyes. They can also include more episodic but

Engaging Youth in Diversion: Tennessee Case Example

The Tennessee team worked with Shelby County (Memphis) as a pilot site. One focus the team took was to modify the probation intake procedures with an evidence-based trauma screening tool and to have that process both inform care needs and enhance involvement of youth in the process. Youth enter into the justice system in Shelby County as the result of a risk assessment score or a summons. They are assessed and those over a prescribed cut-off score are considered a risk and are set for a detention hearing, whereas those under the prescribed cut-off score are considered non-judicial cases and are assessed by probation for the most appropriate course of action. In addition, a juvenile summons may also lead to a probation conference in which the youth will be assessed by probation.

Probation staff were trained and given information about the new screening process as well as ways in which they could engage the family during the probation conference. Probation staff were also trained on assessment versus screening instruments and how behavioral health screening could assist the family in accessing behavioral health services and prevent further involvement with the juvenile court. During the probation conference, the probation officer explains the screening process to the youth and his or her family and allows the family members to choose whether they want to participate in the voluntary screening process. Families and youth are given information about the screening and how the screening could potentially assist them.

After agreeing to participate in the behavioral health screening, the youth meets with a screener in a private area. The screeners are Master's level social workers who are trained to assess individuals for mental health and substance use concerns and for traumatic stress. The youth and their families participate in the interview process and, at the completion of the screening, the youth and their families receive the screener's determination of services and supports that would help them with behavioral health and trauma-related issues. If the scores indicate that the youth could benefit from a full assessment and the youth consents, a referral is made to the Evaluation and Referral Bureau within Shelby County Juvenile Court.

Engaging Families in Trauma-Informed Diversion: Georgia and Massachusetts Case Examples

Juvenile justice services too frequently fail to include the voices of parents/caregivers and other family members. The Georgia diversion team identified the need for parent voice early in its initiative. However, it encountered difficulties with engaging families effectively until it invited the Fulton County Family Connection collaborative (Family Connections) to be a member of the team. The collaborative's dynamic representative re-energized the conversation about family engagement. They created weekend meeting times, which were more convenient for most parents, and provided lunch for parent participants. Parents and caregivers responded positively to the meeting, offering valuable insights that have helped provide a template for engaging families in Fulton County. The Family Connections representative also began networking with other community partners, requesting support and commitment of resources to continue this work.

The Massachusetts team engaged the Parent Information Network (PIN), an organization funded by its Department of Mental Health. For parents who have children with behavioral health needs, PIN offers information, support, and advocacy services. PIN was invited to become a participant in the Massachusetts diversion project. For the juvenile justice diversion program, PIN quickly developed resource guides and an informational brochure to help engage families and support them when their children became involved in the juvenile justice system. In its larger mission, PIN facilitates the ability of parents to stay connected with other parents and families. In this way, parents can get questions answered and, at the same time, these peer connections mitigate the sense of isolation. This expertise made PIN well poised to provide similar support for families whose children are involved in the juvenile justice system. Consequently, PIN has been included as an outreach and referral resource for youth screened by probation who have behavioral health needs and, as such, has facilitated more effective engagement of families in the diversion process.

anticipated routines like celebrating holiday traditions, spiritual observances, and family vacations.

Young adults with lived experience who have successfully engaged in care and treatment can help inform all aspects of a trauma-informed care system. This can include tips on how best to engage and reach youth. The youth voice can also be a rich source of advice on effectively engaging and involving families.

By engaging families meaningfully as partners in diversion case planning, decision-making, and the realization of supervision and rehabilitation goals, families can contribute to more effective probation and improved trauma-care outcomes. Family routines and family behaviors can also support treatment goals developed by mental health and/or substance use treatment providers.

Unfortunately, sometimes the family relationship is broken or severely damaged. Family members sometimes perpetrate trauma. Sometimes family members have been the victims of trauma themselves (e.g., domestic violence), and youth are vicariously traumatized by exposure to these events. Engaging families in treatment to repair trust, heal their own traumas, and learn new parenting/caregiving behaviors can lead to their own healing and support the youth's healing. While parents/caregivers or other family members may

require individual treatment for traumatic stress and related disorders, in some situations, family therapy with the youth may be indicated.

When remaining with the family is too dangerous for the young person, engaging foster parents in trauma-informed care can also support positive youth outcomes.

Engaging Families in Community Systems. As with youth, families with lived experience—either as trauma victims or as parents of children with traumatic stress and related disorders—can contribute to community system design and internal probation training. Communities should consider engaging families with lived experience on the community task force on trauma-informed care. Families can share their stories as part of training probation personnel on trauma-informed care.

Community

In the Leadership section, it was recommended that communities consider creating a community task force on trauma-informed care. This can be an important vehicle for engaging critical community organizations, professionals, and members to collectively design an effective care system. Certain members of this task force will invariably be core members by virtue of the role they have in serving youth and families. Probation departments and mental health agencies are two obvious examples of core partners. Engaging others to donate time and perhaps resources to this collective planning effort may require educating other community members on how they might benefit from their engagement and how such a Task Force can contribute to community wellness and public safety. It will be important to show them how their roles can contribute to those outcomes. General training of potential partners may help improve their understanding of the importance of such an effort.

Mobilizing Communities through Regional Meetings: Tennessee Case Example

Through its Tennessee Integrated Court Screening and Referral Project (TICSRP), Tennessee has incorporated behavioral health and trauma screening into many of its juvenile court intake processes. Further, Tennessee has offered trauma training to providers throughout the state. The Tennessee team felt that, with screening and training in place, it was necessary to engage communities to embrace best-practice diversion services, including employing trauma-informed approaches. They chose to do this by strategically convening regional mental health and juvenile justice meetings in Nashville, Memphis, and Knoxville.

Prior to the regional meetings, the team used a strategic process to engage participants. The team was able to work with the Administrative Office of Courts (AOC) to attend the biannual conference of the Tennessee Council of Juvenile and Family Court Judges and give a brief presentation to the judges of all the Tennessee counties explaining what the team intended to do and how they could be involved. Following this introduction, the team reached out to the judges in the three regions and requested their participation in the regional meetings convened through this initiative.

The regional meeting invitation lists included individuals from the AOC, the Department of Children's Services, the juvenile justice system, the courts, behavioral health providers, family-run organizations, advocacy agencies, state agencies, private providers, managed care organizations, the Bureau of Medicaid, families, and other groups. The meetings included presentations and networking and brainstorming sessions.

The focus of the three meetings was to bring individuals from the local courts and mental health providers together in order to educate them about current diversion practices and provide them with networking time in which to collaborate on how to best serve the youth in their respective areas. The educational purpose of the meetings was three-fold: 1) educate about the Policy Academy and the strategic plan, 2) educate about mental health screenings in the court, and 3) educate about the use of family support providers in the court as care coordinators. More than 100 key stakeholders attended the three meetings.

Those participating in the regional meetings have been offered technical assistance that will assist them in achieving the following goals:

1) Reducing the number of youth with mental health conditions who enter the juvenile justice system

2) Creating resources to support positive youth development within their communities

3) Increasing the understanding of adolescent development, including brain development and trauma

4) Connecting youth with supports appropriate to their developmental needs that address the causes and consequences of arrest, including behavioral health and trauma

5) Obtaining positive legal and life outcomes for youth in contact with the juvenile justice system by assuring they receive the services, supports, and opportunities they need to remain and thrive with their families

6) Creating cross-disciplinary advocacy on behalf of youth in contact with the juvenile justice system eligible for diversion and incorporating social workers, educators, child advocates, and trained parents/caregivers in the assessment of individual needs, the development of service plans, and the process of connecting youth and families with the community-based supports they need to thrive in the community

7) Using existing collaborations to expand the work underway already

8) Combating negative attitudes and spreading awareness of behavioral health conditions among youth in contact with the juvenile justice system by facilitating access to treatment

Cross-Sector Collaboration

Cross-system networking of leaders was discussed in the previous section on Leadership. Because the design and implementation of an effective trauma-informed care system for youth and young adults involves organizational and professional responsibilities involving multiple community organizations, it was suggested that community leaders come together and form a coalition or task force.

While such an infrastructure may be essential for creating the foundation and framework of an effective system, more intimate relationships will be required for it to function effectively on a daily basis. The principles of shared responsibility and continuity of care were previously described as critical elements of an effective system. Bringing this down to the individual youth level means providing care as a team. Like most teams, each member will have defined roles and responsibilities commensurate with his or her education, training, and job duties. Yet it will be important for each member to support other members of the team and have a basic understanding of that member's care responsibilities.

Probation officers are not therapists, and while probation encounters have the potential to be therapeutic events, treatment for traumatic stress and related disorders will require professionals in other sectors providing, for example, mental health and substance use treatment, medical care, family support, and remedial educational services. Effective team care for youth affected by trauma will require functional and timely service arrangements between and among provider agencies and professionals. Collaborative care only works with direct and open communication—communication with the youth and his/her family, and communication between and among care personnel across all sectors working with that youth.

Effective cross-sector collaboration will require two features: (1) effective information/data sharing and (2) coordination of care. Each is summarized below.

Information/Data Sharing

Sharing of information and data serves two essential purposes. On an individual case level, information sharing provides essential information on the youth's intrapersonal, relational, and community conditions. This should include a review of the critical domains of the youth's life: medical history and condition, psychosocial and behavioral factors, legal circumstances, family history and relationships, educational attainment and strengths/deficits, and the community environment. This information allows care-team members, in conjunction with the youth and his or her family/caregiver, to have a mutual understanding of strengths, service needs, supervision and behavior control requirements, and the circumstances underlying the trauma-related disorder. Further, it promotes the establishment of a common set of care goals, consistency in care, the elimination or reduction of service gaps, and ultimately better outcomes.

On an aggregate level, collecting and analyzing cross-system data on trauma-informed care is essential for monitoring progress and for evaluating system effectiveness. The capability to monitor and evaluate system progress will be critical for informing system adaptations and improvements.

Two critical procedures will ensure that the information sharing process will meet community needs and protect clients. In general, the only personal information that should be collected is the information that is necessary for care and that will be used by practitioners. Shared information will, by definition, be a carefully defined and controlled subset of the larger information system. Secondly, information sharing is governed by federal and state confidentiality requirements, and communities and their participating organizations/professionals must adhere to those requirements.

Creating a smaller committee on data sharing from a community task force on trauma-informed care may be one strategy for determining what items are to be shared, individually for clinical purposes and in aggregate for monitoring. Even though each individual case will differ, creating a set of common elements that are essential to an effective team can facilitate coordinated care and case monitoring. At times, teams may want to have brief case meetings. Having a common information system about what can and will be shared will facilitate the productivity of these discussions. In addition, as electronic health record-keeping systems (EHRs) continue to develop in various systems of care, a committee can design information sharing processes that are compatible with local EHRs.

Federal laws and regulations specifically govern privacy and confidentiality issues for patients. For most health services, these requirements are embedded in the Health Insurance Portability and Accountability Act (HIPAA). Participating organizations will most likely already follow or be aware of HIPAA requirements, and they should continue to observe them. Substance use treatment falls under the provisions of 42 Code of Federal Regulations (CFR) Part 2 (Confidentiality of Alcohol and Drug Abuse Patient Records). CFR 42-2 requirements specific to substance use disorders are typically interpreted to be stricter than HIPAA requirements. The Family Educational Rights and Privacy Act (FERPA) governs access to and release of educational records by public and private schools that receive federal funding. FERPA generally prohibits the sharing of educational records without parental consent with some exceptions to accommodate pre-adjudication juvenile justice assessments.

State privacy laws may be more restrictive than HIPAA requirements and organizations will need to understand them as well. For example, some states provide procedures for expunging or sealing juvenile records after a period of time. The gold standard for adhering to confidentiality requirements regarding treatment is obtaining active written informed consent for sharing information. For minors, this means obtaining written consent from parents, legal guardians, or legally authorized representatives.

For youth in child welfare systems, there may be provisions for consent by the entity of record responsible for the youth's well-being. While passive or implicit consent is frequently used in some settings, active written consent for medical and behavioral health care is usually required, and if appropriately designed procedures are followed conscientiously, they will protect practitioners from legal actions.

Informed consent for sharing of personal treatment information must clearly identify what information will be shared. It must also stipulate who will receive the information and the purpose for sharing it. Informed consent should clearly convey that permission for information sharing may be revoked. Typically, there will be limits on duration for sharing information regarding behavioral health treatment. For youth involved in probation services, courts may mandate some sharing of information. Youth, their families, and attorneys will need to be aware of these requirements.

The gold standard for adhering to confidentiality requirements regarding treatment is obtaining active written informed consent for sharing information. For minors, this means obtaining written consent from parents, legal guardians, or legally authorized representatives.

There are a wealth of resources related to meeting legal requirements for confidentiality and consent. Many states and communities will have local experts that can guide this process. Three potential resources are listed below.

- **Information Sharing Tool Kit.** Developed by the Juvenile Law Center in partnership with the Robert F. Kennedy National Resource Center for Juvenile Justice, this interactive, web-based tool kit was designed to assist jurisdictions in creating and implementing information and data-sharing initiatives in order to achieve better outcomes for youth involved in the juvenile justice system. Available at http://www.infosharetoolkit.org/.

- **The Center for Ethical Practice: Continuing Education & Resources for Mental Health Professionals (Virginia).** The Center's website offers a model Adolescent Informed Consent Form. Available at http://www.centerforethicalpractice.org.

- **The Zur Institute (California).** The Zur Institute offers a wide variety of online continuing education and consultation resources. Its website contains an Introduction to Informed Consent in Psychotherapy, Counseling, and Assessment, which may be useful as communities address informed consent across systems of care. Available at http://www.zurinstitute.com/informedconsent/html.

Cross-Sector Collaboration: Georgia Case Example

One of the primary goals for the Georgia team was the development of a diversion model that supported evidence-based practices and was flexible enough that any system in the state would find it useful in developing a local program. The second major goal was the development of a structured process for the front-end identification of youth with behavioral health needs, including trauma-related needs. In addition, the team sought to develop partnerships with local behavioral health treatment providers to assure that, once youth needs were identified and diversion initiated, appropriate services were available to address the identified needs.

Unfortunately, appropriate trauma-informed and trauma-specific services are not available in many communities throughout the state. While trauma-informed and trauma-specific services are available for youth in short- and long-term detention centers, community providers seldom offer such a continuum. It fell to the team to determine which tool or tools would be most appropriate for the identification of trauma and to assure that treatment provider partners were capable of responding appropriately to identified needs for referred youth. To accomplish this, it was decided that it was essential to engage many partners in a collaborative effort.

Georgia created two teams to plan and implement diversion activities—a core team and a home team. The core team for the Georgia initiative is diverse, with three members whose leadership made them champions for the diversion project. These included the Director of Behavioral Health for the State Department of Juvenile Justice, the Chief Probation Officer for the Fulton County Juvenile Court, and an associate judge at the Newton County Juvenile Court. Other agencies represented on the core team include the Georgia Center for Child Advocacy, the Georgia Department of Behavioral Health and Developmental Disabilities, the Georgia Division of Family and Children's Services, and a private service provider that works closely with the Fulton Juvenile Court.

The Georgia home team is equally diverse and was developed with the goal of creating a team that was capable of designing a diversion process that could be implemented in any community that wished to do so, urban or rural. The organizations and individuals represented include community services boards (the public-private partnerships that operate safety-net behavioral health services throughout the state); judges from the Fulton County Juvenile Court and from smaller, rural courts; advocacy organizations; Morehouse University; public health departments, including a school-based center; local juvenile justice representatives; and Family Connections.

Team efforts to engage the appropriate partners started with conversations among core team members to determine which agencies were key to the work. The necessary state agencies were obvious: child welfare, mental health, and juvenile justice. State agencies engaged quickly and fairly easily. Other necessary partners were also apparent quickly: advocacy groups, treatment providers, and juvenile courts other than Fulton County. Although some of these organizations immediately saw the benefit to the work and joined the team, others required more information.

In order to provide critical information and education to potential team members, the home team decided to convene a statewide one-day symposium. National experts on trauma and juvenile justice presented, focusing on the incidence and significance of trauma in juvenile justice and the importance of screening for trauma in juvenile justice settings. The 200 persons in attendance had the opportunity to engage the experts in questions and discussion. This cross-system symposium has helped create an infrastructure and foundation for launching evidence-based trauma-informed practices across Georgia.

Intervention Continuum

Effective behavioral healthcare services require a comprehensive continuum of care, whether for mental and substance use disorders, co-occurring disorders, or immediate risk issues such as suicide. This requirement applies to an effective system of trauma-informed care as well. Comprehensive care encompasses several critical aspects. Care must be continuous until the person is able to function effectively without ongoing support. As such, duration of care will vary depending upon the clinical needs of the youth, and it is essential to avoid gaps in service, which can lead to relapse and potential worsening of symptoms. Unfortunately, the selection of service methods is often based on the specialty of the practitioner rather than on what will best meet the needs of the youth and his or her family. Some practitioners employ eclectic therapy methods not necessarily aligned with strategies that effectively treat the disorders.

To the degree possible, practitioners should use evidence-based practices—methods that meet rigorous clinical research standards and that are designed to address the diagnoses and individuals in their care. Treatment should be comprehensive and include therapeutic modalities, family approaches, and psychopharmacological medication interventions as indicated. Clinicians delivering trauma-specific treatment must be appropriately trained. Services must be developmentally and culturally appropriate. To the degree possible, providers of therapeutic services should be selected based on their ability to provide interventions shown to be effective, through research, for youth in contact with the juvenile justice system experiencing trauma stress.

For persons making referrals for treatment for youth with trauma-related conditions, it is vital that they know which behavioral health providers have been trained in assessing and treating trauma and make referrals to those therapists accordingly. While this is the ideal, it is understood that it can be challenging. There may be only a few persons in any given community trained in trauma-specific treatment. Further, they may have no openings given their caseloads, or there may be barriers to accessing treatment based on insurance and payment.

In addition to appropriate therapeutic assessment and treatment strategies, comprehensive care may require an ongoing network of family and community supports. Effective family support can lead to safe and predictable home environments that help build resilience and reinforce healing and recovery. It is also important to be sensitive and thoughtful when home and family environments have been made more fragile by embedded trauma and stressors (e.g., poverty, crowding). Similarly, schools and other community settings can serve as recovery-reinforcing environments or represent complex environments that require attention to trauma-informed approaches. Juvenile justice system actions (through probation supervision, diversion, or other systemic responses) can align with treatment and service organizations to create a consistent approach that leads to comprehensive trauma-informed care.

> *Services must be developmentally and culturally appropriate. To the degree possible, providers of therapeutic services should be selected based on their ability to provide interventions shown to be effective, through research, for youth in contact with the juvenile justice system experiencing trauma stress.*

Another component of an intervention continuum is prevention. As described below, prevention may take on more than one dimension.

As communities strive to design and implement a trauma-informed juvenile justice system for youth and their families, it will be important to undertake a concrete analysis of the capacity required for implementation and the resources available. This can be an essential factor in determining which evidence-based practices are selected. The capacity

to execute any practice with fidelity is contingent upon the adequacy of resources available. Inadequate implementation of evidence-based practices results in their failure and will likely impede efforts to introduce and sustain them.

The following summarizes approaches toward addressing an intervention continuum that includes prevention, screening, assessment, treatment, and continuing supports.

Prevention

In this context, prevention can be viewed in two discreet ways. First, communities can strive to bring families, schools, and other community institutions together to reduce the number and frequency of trauma events perpetrated on children and youth (i.e., to prevent exposure to traumatic events in the first instance). Second, trauma-care teams should work toward preventing recurrence of potentially traumatizing events among youth in their care.

Reducing traumatic-event exposure. As noted above, potentially traumatizing events may occur "naturally" or they may be the result of intentional violence. There are environmental and safety strategies that can help prevent natural disasters such as fire or flood exposure, but they are beyond the scope of this document. Similarly, there are actions adults can take to promote wellness and healthy living for themselves and their children, helping to prevent premature natural death or severe disabling illnesses. Again, these are well-known and beyond the scope of this document.

The Attorney General's National Task Force on Children Exposed to Violence identifies strategies that can be taken to prevent childhood exposure to violence. Limiting such exposure will reduce the number and intensity of trauma-related disorders. Many of the Attorney General's National Task Force recommendations are focused at the national level and will not be repeated here. However, there are a few recommendations directed at communities that merit consideration.

In Chapter 5, "Communities Rising Up Out of Violence," Recommendation 5.1 recommends that communities "organize local coalitions in every community representing professionals from multiple disciplines and the full range of service systems (including law enforcement, the courts,

health care, schools, family services, child protection, domestic violence programs, rape crisis centers, and child advocacy centers) as well as families and other community members, to assess local challenges and resources, develop strategies, and carry out coordinated responses to reduce violence and the number of children exposed to violence" (Report of the Attorney General's National Task Force on Children Exposed to Violence, 2012, p.145).

As with trauma-informed care, preventing violence is a community responsibility that involves community members working collectively toward that goal. The Attorney General's National Task Force also stresses the necessity of raising public awareness of childhood violence and aiming to change social norms to protect children accordingly. On the local level, raising community awareness would be an important responsibility for a community coalition.

On a program level, Recommendation 5.4 calls for programs that encourage and model healthy relationships for children and youth, prevent violence in relationships, and change social norms that tolerate abuse. Again, a community coalition could lead efforts to create and fund these types of programs.

Probation departments are obviously major components of law enforcement and the courts and as such should participate, inform, and support the work of community coalitions to prevent child violence. Probation directors can encourage the formation of these coalitions. That does not mean that probation should necessarily chair a coalition; those decisions must be made on a community-by-community basis.

Preventing recurrence of traumatic-event exposure among youth in care. An important aspect of effective trauma-informed care is preventing further exposure to traumatizing events, whether it involves recurrence of the same types of events or a new exposure. This means that, to the degree possible, youth should be in safe, predictable, and supportive environments. If a youth is maintaining contact with probation through supervision or diversion, probation interactions should support healing and recovery rather than further traumatize the young person. This requires a delicate balancing act by probation personnel. Clearly, probation officers appropriately seek to deter future delinquent activities or other unacceptable behaviors. Fear

of future and more severe sanctions is often central to deterrence. Yet trauma-informed care requires recognition that unacceptable behaviors may be a product of violence or other traumatizing events that have been perpetrated upon youth. Angry reactions to youth behaviors will likely reinforce their belief that adults cannot be trusted and that learned maladaptive behaviors are essential for self-protection.

A trauma-informed care system should help youth with restructuring the environment that has led to trauma events. Avoiding the people, places, and things that cause or reinforce trauma-related disorders can be an important preventive response that will aid healing and prevent recurrence. As such, treatment and service practitioners should develop safety plans with youth to help prevent retraumatization. Safety plans should help youth make better life decisions that will reduce the risks of exposure to violence and other potentially traumatizing situations. Safety plans can address simple life areas such as who a person sits with during lunch at school to decisions about avoiding drinking because he or she is feeling sad.

Clearly, avoiding potentially traumatizing situations is complicated when they involve family abuse. Family abuse frequently requires court and child protective service intervention. However, working with families and caregivers to change parenting behaviors and to build healthy relationships can aid recovery. School and community settings can also be traumatizing. Working with schools to create safer environments where bullying and violence are not tolerated will aid in preventing recurrence of traumatizing incidents. Helping youth to make better decisions about who they associate with, the places they go, and the things they choose to do can build appropriate protection and resilience.

In addition to physically abusive situations, Internet-based social networking sites are becoming increasingly dangerous for vulnerable youth. Social networking sites have been used by adult predators to lure young people for sexually abusive and violent encounters and are increasingly used by other adolescents for online bullying. Law enforcement agencies and others are trying to find ways to make social networking sites safer. Educating youth and their parents on negotiating social networking and other risky Internet sites safely may be an important part of care and treatment and should be considered as a component of safety planning.

Screening

Although most youth coming to probation intake will have been exposed to at least one potentially traumatizing event, fewer will actually have a trauma-related disorder. In order to make informed decisions, probation departments collect considerable information about youth and their families. This often includes screening for potential mental and substance use disorders. Within this framework, it is strongly recommended that all youth presenting to probation be screened for exposure to traumatic events and related traumatic stress.

Screening is a short process by which information is gathered from a youth and/or family, usually via a research-based standardized instrument or structured interview. Screening instruments often can be administered by non-clinicians. The purpose of screening is to detect potential disorders or conditions that may require follow-up assessment and care. For probation departments, this means screening to identify youth who may require a full clinical assessment for potential traumatic stress.

It is understood that adding additional screening elevates the workload for staff that are already feeling stressed by the amount of information they need to collect at intake. Integrating the traumatic-stress screening into mental health and substance use screening will facilitate the process.

According to Strand and colleagues (2005), trauma-related screening tools are divided into three categories, the last of which has two subcategories. These tools accomplish the following tasks:

- Explore traumatic-event exposure and trauma symptomatology (the tools identify exposure and symptoms that may result)

- Capture traumatic-event exposure only (the tools identify exposure but not resultant symptoms)

- Identify symptoms related to traumatic events (exposure is inferred)
    - Measures symptoms of PTSD and dissociation
    - Screens for the presence of trauma-related reactions (e.g. depression, anxiety, self-harming behaviors)

Although there are an array of satisfactory screening instruments, selection of a particular tool should take into consideration

- the age of the individual being screened,
- who is available to complete the screen (e.g., youth, caregiver), and
- the nature of the problem for which one is screening (Strand, Sarmiento, & Pasquale, 2005).

Because not all youth exposed to trauma will develop symptoms of PTSD or trauma-related disorders, screens that address both exposure and symptoms may be more beneficial than exposure-only screens.

Regardless of the screening tool used, a positive result requires a full clinical assessment by a trained professional. In addition, if probation is to implement a trauma-screening tool, staff must be appropriately trained regarding its limits and the importance of developing guidelines for what to do with positive responses and how to manage staff reaction and responses to positive results. (For information on research-based screening tools, see the National Child Traumatic Stress Network's website at www.nctsn.org.)

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Assessment

While assessment is often confused with screening and the words are sometimes used interchangeably, they are, in fact, discreet (although related) processes. A clinical assessment may follow a screen or it may be conducted independently of screening. A clinical assessment is a

comprehensive process used to determine an individual's biological, emotional, psychosocial, and developmental functioning; to determine whether diagnosable diseases, disorders, or conditions exist; to identify strengths and challenges; to ascertain family and environmental supports and vulnerabilities; and to put in place an individualized plan for addressing those areas requiring further care.

For youth exposed to traumatic events, an assessment should review the history of exposures to traumatic events, including personal victimization. It should identify trauma-related symptoms, their severity, and their impact on life functioning. This clinical assessment should result in a determination of treatment needs and a plan for meeting those needs, with stresses that are affecting functioning receiving the highest priority.

Assessments may use multiple procedures, including the administration of research-based standardized assessment tools, structured observation, and interviews. Loeb et al. (2011, p. 433) specifically stress the importance of interview: "When assessing trauma it seems preferable to use an interview format, which allows the clinician to establish rapport, provide clarification, and address sensitive personal issues. An interview can also more accurately identify the 'covert' symptoms of PTSD…." Establishing good rapport is important to effective probation intake and supervision. It is also a vital component of assessment and treatment. When the therapist and youth form a therapeutic alliance, they build trust, which helps toward setting agreed-upon therapeutic goals and treatment plans.

An assessment of traumatic stress may include gathering information on some or all of the following areas:

- Traumatic-event exposure history, including specific events, types of traumatic events, whether the events were interpersonal (intentional) or natural, and the age of the youth when they occurred

- Trauma symptoms (e.g., depression, intrusive thoughts, hopelessness, aggression)

- Other mental and substance use conditions

- Suicide or self-injury risk

- Family relationships and family functioning

- Relationships with peers

- Physical/medical problems

- Cognitive functioning

- School and community functioning

Research suggests that fewer than 40 percent of clinicians utilize formal assessment tools as part of their comprehensive assessment protocol, while the rest rely on clinical judgment and client reports to inform their decision-making (Hatfield & Ogles, 2004). However, the shift toward evidence-based practices has compelled wider usage of standardized assessment measures. Selecting the appropriate tool(s) is essential. To do so, there are several important questions for consideration:
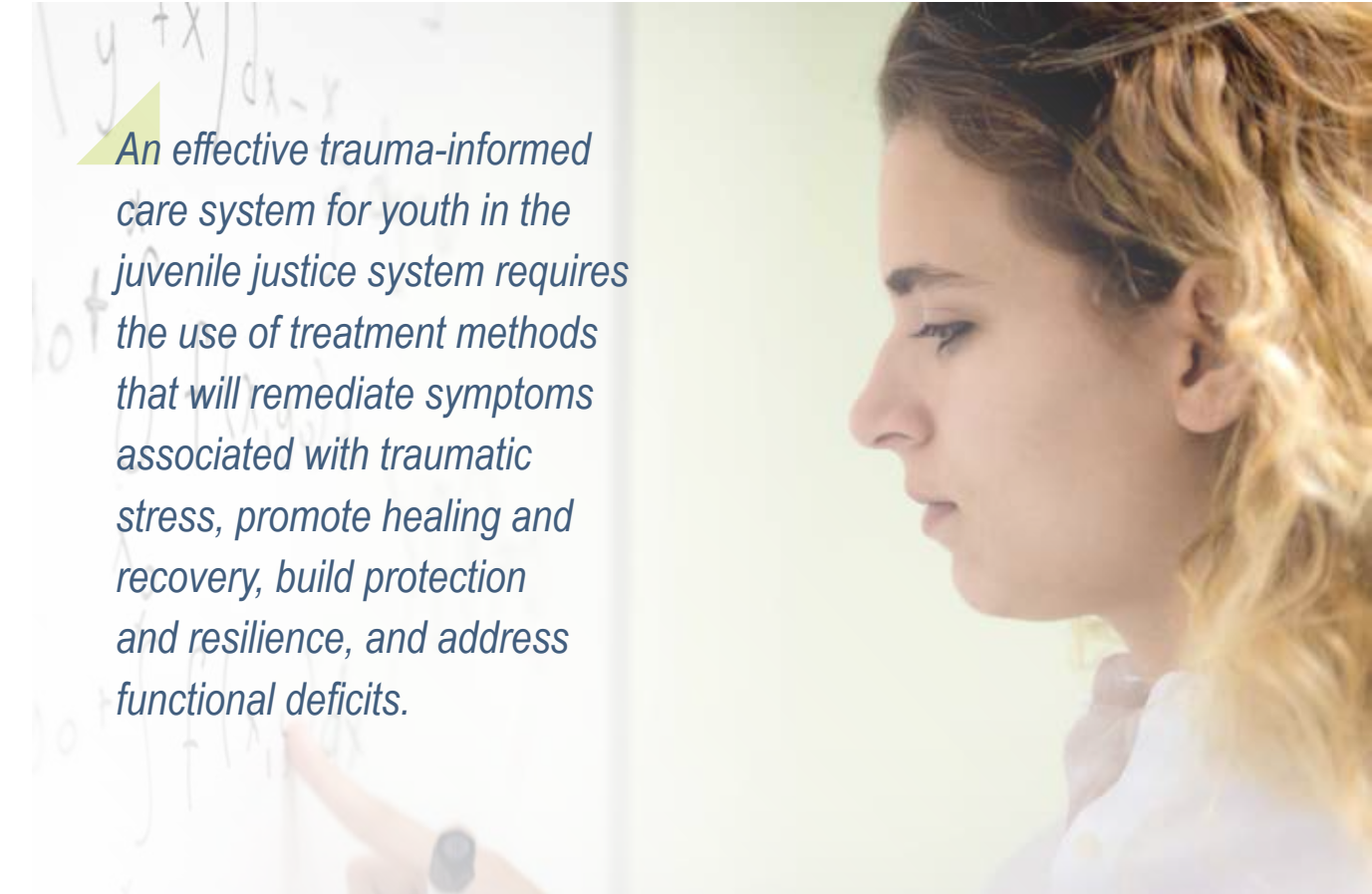
- What is the purpose of the measure?

- For what age range is this measure intended?

- Does the measure demonstrate strong validity and reliability for use with this population?

- In what languages is the tool available?

- How much does it cost?

- Does administration require specialized training?

- How long does it take to administer and score?

Clinical staff may choose among a number of assessment tools, including the Child & Adolescent Needs & Strengths (CANS) – Trauma, Clinician-Administered PTSD Scale for Children & Adolescents (CAPS-CA), and Child and Adolescent Psychiatric Assessment (CAPA-C, CAPA-P).

Probation personnel do not need to know how to administer or score assessment tools; yet it is important for them to be able to communicate effectively with the clinicians regarding the results of the assessment, subsequent treatment goals, and how the assessment results may affect dispositional recommendations, diversion options, and supervision procedures. (For information on research-based assessments, see the National Child Traumatic Stress Network's website at www.nctsn.org.)

Treatment

An effective trauma-informed care system for youth in the juvenile justice system requires the use of treatment methods that will remediate the symptoms associated with traumatic stress, promote healing and recovery, build protection and resilience, and address functional deficits. Clinical research around trauma disorders continues to

An effective trauma-informed care system for youth in the juvenile justice system requires the use of treatment methods that will remediate symptoms associated with traumatic stress, promote healing and recovery, build protection and resilience, and address functional deficits.

emerge. Most treatment research, to date, is based on treating PTSD. As researchers and clinicians learn more about effective strategies for addressing polyvictimization and complex traumas, treatment methods will likely evolve.

Probation officers and juvenile justice staff are not therapists and do not need to know how to provide trauma therapies. However, as part of building the community care network, it is important to know which behavioral health practitioners can deliver trauma-informed and trauma-specific treatments and to make informed recommendations to courts and referrals for care accordingly. Where communities have a dearth of practitioners skilled in trauma-informed and trauma-specific treatment, the community task force should consider strategies for engaging expert trainers to inform a trauma-treatment infrastructure. (For more information on evidence-based treatments and services to address traumatic stress among this population, see *Evidence-Informed Interventions for Post-traumatic Stress Problems with Youth Involved in the Juvenile Justice System*, available

at http://www.nctsn.org/sites/default/files/assets/pdfs/trauma_focused_interventions_youth_jjsys.pdf.)

Continuing Supports

Youth with trauma-related disorders require comprehensive care characterized by continuity of care and shared responsibility. As such, when young people are discharged from care it is essential that an ongoing plan of supports be in place. These plans can include continuing mental and substance use treatments on a less intensive basis. It can also include other community supports and services. Mentoring programs can link youth with adults who can continue to repair impaired trust relationships with adults, reinforce treatment gains, model productive adult behavior, and help explore long-lasting life interests. Youth development programs can help identify new interests, support healthy recreational needs, and build new interests in skills. Peer support services are often an important adjunct to formal community services. Peer mentors help youth navigate the challenges of transitioning

from adolescence to young adulthood, including helping vulnerable youth engage in education and employment preparation programs. Supports for families will continue to help rebuild fractured relationships, reinforce healthy parenting behaviors, and promote essential safety within the home environment.

Simple follow-up contacts can also support and reinforce longer-term healing. Whether it is a probation officer, a mental and substance use provider, or some other person involved in the care of the youth, simple brief follow-up contacts by phone, text, or e-mail convey interest, compassion, and care. For youth with impaired relationships with adults, these messages foster ongoing healing.

Funding Strategies

Funding trauma-informed approaches has at least two dimensions. First, treatment and other interventions require funding support, especially for indigent families and those without health insurance. Second, the SAMHSA guide calls for financing structures to support systems-wide trauma-informed approaches to care. SAMHSA suggests that agency budgets include funding support for ongoing training on trauma and trauma-informed approaches. Further, recognizing that a trauma-informed care system will involve multiple organizations, it suggests funding for cross-system training.

For eligible youth and their families, Medicaid may provide funding support for health and behavioral health-care services. States should consider reviewing their Medicaid state plan to ascertain whether screening, assessment, and trauma-specific treatment services are covered in the plan. If not, it is advisable to follow federal and state procedures to amend the plan to provide coverage for these essential intervention services. Within the Medicaid program, there may be untapped or underutilized categories of funding. For example, in some states, it appears that the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program is not used significantly to support child health, and it may be advisable to assess whether it could be expanded to support some aspects of trauma interventions. Similarly, reviewing the uses of the block and formula grant programs may uncover potential sources of funding to support trauma-informed care and treatment.

States can also analyze their budgets to determine other potential sources of funding support for diversion, trauma-informed care, and peer and family supports. Tracking the flow of state funds for mental health, substance use, juvenile justice, child welfare, and education services may reveal possible funding sources that are not being employed or are underutilized. These mapping exercises can identify opportunities for linking existing funding streams to create more integrated and comprehensive networks of diversion and trauma-related services.

One challenge facing public-sector agencies such as probation departments is that budgets are typically appropriated by an elected local government chief executive, and, those funds may be subject to priorities and funding through state government appropriations. As such, new funding for training on trauma-informed approaches will require careful documentation of the need for and benefits of such training and the benefits that will accrue from this training. Benefits should include better outcomes for youth and their families, reduced recidivism leading to longer-term reductions in criminal justice and corrections costs, and enhanced community safety.

While SAMHSA's National Center for Trauma Informed Care offers training and technical assistance, there is no dedicated source of funding to help systems design and implement trauma-informed care. Grant funding may be available to aid organizations and systems. For example, SAMHSA's National Child Traumatic Stress Network (NCTSN) has provided New York City with a major grant to bring trauma-informed change to the NYC justice system. The NYC Department of Probation, a city correctional facility, and three diversion programs are partnering with Mount Sinai's Center for Child Trauma and Resilience to bring expert training on trauma and trauma-informed care. A similar partnership exists with two secure detention facilities, Bellevue Hospital, and New York University. This grant and the training have top-level support from the Mayor's Office and through the key NYC justice system departments. (See the NCTSN's *Finding Funding: A Guide to Federal Sources for Child Traumatic Stress and Other Trauma-Focused Initiatives* for information on accessing federal funding to finance supports and services for traumatized children and adolescents. Available at http://www.nctsnet.org/nctsn_assets/pdfs/CTS_FFG_finalRev.pdf.)

Trauma and trauma-informed care appear to be a burgeoning area of research and clinical investigation. Researchers are often highly skilled grant writers and are knowledgeable about potential public or private grant-funding opportunities. Local colleges and universities or local research and evaluation firms may be excellent partners in securing funding for design, implementation, and evaluation of trauma-informed systems of care.

Workforce Development

Unless trauma-related disorders are identified, diagnosed, and treated, youth care will likely be inadequate. Treating the symptoms without addressing the underlying problem may lead to temporary improvements in behavior but will leave the young person vulnerable to relapse. While there is a growing cadre of clinicians who are trained in PTSD treatment, there are far fewer who are trained to address the emerging areas of complex traumas.

Similarly, professionals in probation and related juvenile justice agencies and courts are typically not trained to recognize and respond effectively to trauma. Some jurisdictions, however, are beginning to address this issue for juvenile probation officers (e.g., Texas, Florida, New York City), but this remains the exception rather than the norm.

Incorporating trauma-informed care approaches into appropriate undergraduate and graduate educational curricula would help create a stronger foundation for juvenile justice, mental health, substance use, child welfare, education, and other youth-helping systems. However, major changes in curricula are slow and incremental; they will not benefit the existing or incoming workforce.

Consequently, an important component of designing an effective trauma-informed care system is building skills in existing workforces through well-designed education and training programs. In its concept paper, SAMHSA states succinctly that "on-going training on trauma and peer-support are essential" (2014, p. 13). Of equal importance, SAMHSA recommends that organizations' human resources systems incorporate trauma-informed principles in their operations. The relevant areas would include hiring practices, supervision, staff evaluation, and procedures for helping staff deal with vicarious trauma.

Increasing Staff Understanding of Child Trauma

In previous sections, it was recommended that all youth be screened for traumatic stress and related disorders at probation intake. Further, while probation personnel are not therapists, it was suggested that a trauma-informed care environment be embraced in the diversion and supervision practices. This requires a basic understanding by probation personnel of child trauma. As noted earlier, SAMHSA's framework (The Four "Rs") calls for professionals to (1) **realize** the impact of trauma on clients and staff, (2) **recognize** the signs of trauma, (3) **respond** to client and staff trauma, and (4) **resist retraumatizing**. These focus points are described in more detail on the following page.

The focus of trauma training for juvenile justice personnel should cover five basic areas: (1) the impact of trauma on youth development and delinquency, (2) trauma triggers, (3) safety planning and deescalation, (4) skills for working with traumatized youth, and (5) vicarious trauma. Some training models that can be considered are described below:

- **Think Trauma: A training for staff in juvenile justice residential settings.** Think Trauma was developed and is offered by the NCTSN (http://www.nctsnet.org). As described on the NCTSN website, "This training provides an overview for juvenile justice staff of how to work towards creating a trauma-informed juvenile justice residential setting. Creating a trauma-informed setting is a process that requires not only knowledge acquisition and behavioral modification, but also cultural and organizational paradigm shifts, and ultimately policy and procedural change at every level of the facility." Think Trauma is a PowerPoint-based training curriculum comprising four modules that can be implemented back-to-back in a single all-day training session or in four consecutive training sessions over the course of several weeks or even months. Each module takes approximately one to two hours, depending on the size of the trainee group and whether all training materials and activities are implemented. Each module contains six case studies of representative youth who have been involved with the juvenile justice system. More information can be found at http://www.nctsn.org/products/think-trauma-training-staff-juvenile-justice-residential-settings.

- **T4 (TARGET 1,2,3,4).** TARGET offers psychoeducation on how the healthy brain uses survival adaptations when faced with extreme stress. While the complete intervention identifies and teaches seven freedom steps (i.e., Focus,

The Four "Rs": SAMHSA's Assumptions for a Trauma-Informed Approach

Realization	It is critical that everyone involved in the organization or system have a basic realization about trauma and an understanding of its effects on trauma victims and their families. Mental health and substance use treatment agencies and professionals are increasingly incorporating trauma care in their therapeutic approaches but a trauma-informed approach to care should be incorporated appropriately into other systems such as juvenile justice, child welfare, and education.
Recognition	A trauma-informed approach requires that members of the organization or system recognize the signs of trauma. Consistent use of research-based screening tools and evidence-based assessment methods and tools will help identify youth with trauma-related disorders.
Response	As with any other illness or condition, simply identifying the problem is insufficient. Healing requires organizations, systems, and professionals to respond effectively and with compassion. "Staff in every part of the organization, from the person who greets clients at the door to the executives and the governance board, have changed their language, behaviors, and policies to take into consideration the experiences of trauma among children and adult users of the services and among staff providing the services. This is accomplished through staff training, a budget that supports this ongoing training, and leadership that realizes the role of trauma in the lives of their staff and the people they serve" (SAMHSA, 2014, p. 10). It is critical to note that this refers not only to traumas experienced by clients, but also to staff members of the organization. Many staff members have experienced potentially traumatic events over the course of their lives; some will have trauma-related disorders, and traumatic events experienced by clients may induce or rekindle adverse reactions.
Resist Retraumatization	Care environments sometimes inadvertently increase stress and exacerbate trauma reactions. An effective trauma-informed care organization will strive to prevent re-traumatizing its clients and staff. This may be particularly challenging for juvenile justice (and adult justice) organizations. By design, juvenile justice organizations impose measures to deter future delinquent or criminal acts. Yet, the enforcement of rules and imposition of structure may feel traumatic to young people whose lives have lost a sense of order due to exposure to traumatic events. In addition, the mere contact with a probation officer or court official can signal disapproval and condemnation of bad behaviors, which, for some youth may be traumatic. Because of these factors, it is especially important for juvenile justice organizations to be educated and trained on trauma as it meets its community safety functions.

Recognize, Emotion, Evaluate, Define, Options, and Make a Contribution), it also offers a four-step shortcut (T4) to help youth and staff achieve optimal personal control. These four steps concentrate on (1) the Alarm Reaction; (2) Recognize Triggers; (3) Focus by slowing down, orienting, and self-checking, and (4) Define a Main Goal ("What is the one thing I can do that is most important to me right now?"). T4 training is being used by NYC probation and in other locations with very promising results for instituting a trauma-informed care environment in a juvenile probation system. More information can be found at http://www.advancedtrauma.com/About-ATS.html.

- **The Sanctuary Model.** The Sanctuary Model is a whole-organization model of service and care that recognizes the devastation that exposure to violence can have on vulnerable people in care. It was originally developed for an acute inpatient psychiatric population of adults who were traumatized as children. It has now been adapted to cover a wide variety of populations, including children and youth. Training in the Sanctuary Model is offered through The Sanctuary Institute, which is a collaborative effort of the Andrus Children's Center (Yonkers, NY) and Dr. Sandra Bloom (Drexel University), a co-founder of the Sanctuary Model. Their objective is to help organizations implement a trauma-informed, whole-organization approach to care. One of its central teaching components is the S.E.L.F Psychoeducational Group Curriculum, which addresses the Safety, Emotion Management, Loss, and Future domains of disruption in a traumatized individual's life. More information can be found at http://www.sanctuaryweb.com.

- **The Child Welfare Trauma Training Toolkit, 2nd Edition.** This toolkit was also developed by the NCTN (http://www.nctsnet.org). While it does not focus on juvenile justice, its content can be applied and adapted to juvenile justice settings. It "is designed to teach basic knowledge, skills, and values about working with children who are in the child welfare system and who have experienced traumatic events. The toolkit teaches strategies for using trauma-informed child welfare practice to enhance the safety, permanency, and well-being of children and families who are involved in the child welfare system." More information can be found at http://www.nctsn.org/products/child-welfare-trauma-training-toolkit-2008.

Skills for Working with Trauma Survivors

The effects of traumatic-event exposures on victims vary. This leads to individualized reactions requiring individualized responses. For some, a traumatizing event may cause a relatively brief acute reaction with no lasting adverse consequences. In fact, the coping process may build or reinforce internal strengths that make an individual more resilient to deal with intensely stressful future situations. As described above, others may develop PTSD or other trauma-related disorders. The manifestations of those disorders will vary from person to person, influenced by a host of biological, psychosocial, emotional, family, and environmental factors. These will be compounded by the frequency, number, diversity, intensity, and severity of traumatic events the victim has experienced. The needs of complex trauma victims will likely be more intensive, requiring longer durations of treatment and support.

While clinical professionals require specialized competencies in trauma-informed care, all youth serving professionals should develop basic skills in recognizing and responding appropriately to trauma exposure. The following offers some clusters of treatment goals that should be covered in training probation personnel, other juvenile justice system personnel, and care-system partners.

- **Building safety and trust.** Fear is often at the core of traumatic stress. Trauma-related disorders can lead to splintered relationships with adults, especially if the traumas were interpersonal and perpetrated by parents or other close adults. Rebuilding trusting relationships with adults will require patience, understanding, and skill. Environments need to be physically and psychologically safe. Predictable, caring relationships with adults can help repair misperceptions that all adults are untrustworthy and dangerous. Training in trauma-informed care can help adult providers develop the verbal

and nonverbal sets of skills they need to create environments of safety and trust.

- **Recognizing triggers and warning signs.** There is a body of research that has helped to identify triggers for or warning signs of a trauma reaction. Triggers are what set off a trauma reaction and warning signs are internal or external signals that a reaction has been triggered. Warning signs may include agitation, inability to remain still, undue nervousness and anxiety, emotional shortness, and others. Being able to recognize a youth who may be reacting to traumatic circumstances based on a learned trauma response can help the probation officer and others respond in a manner that will make the youth feel safer and, therefore, calmer in what may be a natural stress-inducing situation.

- **Managing stress.** Traumatic events often affect how youth and other victims deal with recurring or new

stressful situations. Coping responses frequently become distorted, inappropriate, and ineffectual. For example, victims may withdraw into themselves to escape flashbacks or recurring intrusive thoughts. Hypervigilance to perceived or real potential dangers may lead to aggression, lashing out, and violence. Coping with nightmares triggers insomnia and substance abuse. While helping youth develop more effective adaptive coping responses to stress may require clinical treatment, probation officers and other probation personnel can support clinical strategies through educating themselves on how maladaptive coping responses develop and how they may be manifested by youth in the juvenile justice system. Developing skills to reinforce effective responses for managing stress can support clinical goals and lead to more productive probation personnel interactions. In addition, probation

officers can assist youth in developing strategies for managing stress by offering referrals to services that teach positive coping skills and increase youth access to healthy and supportive relationships.

- **Regulating affect.** Trauma-related disorders among youth result in a range of behavioral symptoms that may interfere with probation and system-desired outcomes. For some youth, the symptoms may appear as anxiety or depression (e.g., appearing sad or withdrawn). For others, the behavioral manifestations may appear in unpleasant and disrespectful behavior. Emotional outbursts, defiance, temper tantrums, aggressive confrontations, and similar behaviors can create provocative and tense interactions between youth and probation personnel. When these reactions are symptoms of trauma, overly authoritative or punitive reactions may inadvertently reinforce those behaviors and exacerbate the trauma disorders. Whether they are dealing with depressive symptoms or aggressive outbursts, trauma-informed systems of care will need to address affect regulation. Again, while clinical treatment may be necessary to address affect disorders, training in how to help youth slow down and reorient themselves to a situation can be important to reinforcing healing and recovery. Training that includes interactive practice can help probation personnel respond to affect problems displayed by youth and provide skills that will help staff refrain from overreacting to confrontation and use it instead as an opportunity to model calmer responses that ultimately could lead to more productive interactions.

- **Safety planning.** Adolescence often involves experimenting with adult roles and displaying risk-taking behaviors. For example, auditioning for a school play, trying out for a sports team, or asking someone out for a date involves the risk of not being accepted and feeling rejected. Taking risks is an important part of growing up and developing effective, mature social and emotional skills. Sometimes risk taking can be dangerous and a product of trauma. As described in the earlier discussion of preventing recurrence of trauma, safety planning can help youth with developing the cognition and coping strategies needed to avoid placing themselves in situations that will elevate risk of recurrence of potentially traumatic events. Such planning can involve strategically avoiding situations that lead to violence. It may require teaching the young person Internet and social networking safety. It can involve helping devise internal coping strategies for dealing with intrusive thoughts, including those that may pose a risk for suicide or nonlethal self-harm. Helping a youth make better life decisions by avoiding alcohol and drugs, staying away from peers who are involved in delinquent behaviors, and choosing a healthier lifestyle will help promote safety. Educating probation personnel on safety planning techniques is a natural complement to diversion programming and supervision strategies.

- **Empowering youth and families.** Feelings of powerlessness and being out of control are major reactions to trauma disorders. Regaining control and power over the environment are constant challenges for trauma victims. Frequently, youth have neither the cognitive maturity nor life experience to calibrate reasonable parameters of what control over their environment means. Involving youth and their families in case planning will begin establishing controlled situations where youth can contribute effectively to the direction of their lives, and family members and caregivers can begin to understand their roles in a youth's reactions. By appropriately "leveling the playing field," youths can responsibly, with supervision, take more control of their lives. Working with youth on making critical analyses of the repercussions (positive and negative) of choices they make will help reduce impulsive reactions brought about by exposure to trauma and related mental and substance use disorders. Involving their families can reinforce better decision making, and help families develop relationship patterns that empower youth appropriately. An effective trauma training program will facilitate skill development in probation personnel to create justice system environments that more effectively balance authority with youth and families.
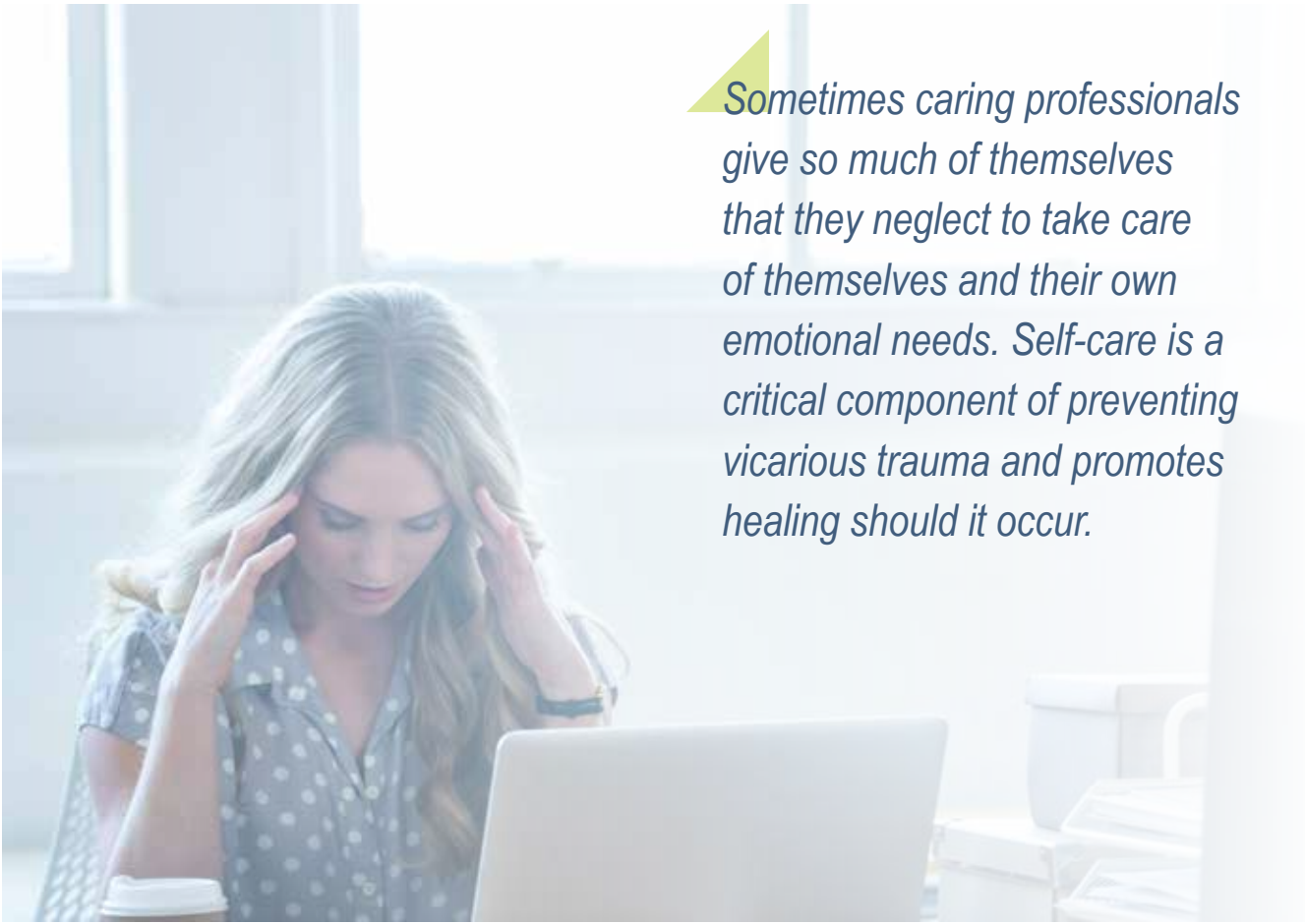
Sometimes caring professionals give so much of themselves that they neglect to take care of themselves and their own emotional needs. Self-care is a critical component of preventing vicarious trauma and promotes healing should it occur.

Preventing Vicarious Trauma

The foundation of a trauma-informed system of care is physical and psychological safety. In order to achieve this, probation officers and other juvenile justice staff must also feel safe. Sometimes referred to as compassion fatigue, vicarious trauma can be a serious problem for individuals in the helping professions. In its Fact Sheet on Vicarious Trauma (Fact Sheet #9), the American Counseling Association (ACA) offers this succinct definition of vicarious trauma: "Vicarious trauma is the emotional residue of exposure that counselors have from working with people as they are hearing their trauma stories and become witnesses to the pain, fear, and terror that trauma survivors have endured."

While the ACA definition refers to counselors, it can apply to any helping professional working with trauma survivors. Over the course of any person's life, there is the likelihood that they will be exposed to an event or events that may be traumatizing. This can include losing a loved one (especially if sudden and unexpected), being involved in a serious accident, or suffering a serious debilitating illness or injury. As described above, being exposed to intentional trauma, such as being a victim of a crime or abuse or witnessing violence, can cause more serious traumatic stress. Even the most skilled clinicians can experience vicarious trauma as a result of the combination of past exposure to traumatic events with current exposure to trauma of survivors. The stories and pain of survivors of trauma may "reset" old triggers, bringing back intrusive thoughts and rekindling pain.

Frequently, vicarious trauma or compassion fatigue is confused with burnout. While problems may co-occur, they are different conditions. Vicarious trauma is the result of internal feelings triggered by compassion and possibly empathy for victims. Burnout is created by reactions to the job itself caused by feelings such as resentment over low pay or lack of advancement, boredom, or a sense of not being appreciated sufficiently. Vicarious trauma can accelerate and exacerbate the potential for job burnout.

Vicarious trauma and other work-related traumatic stress reactions are highly prevalent among justice professionals. In one study of a large, nationally representative sample of justice system professionals, 27 percent of study participants met criteria for PTSD (Denhof & Spinaris, 2013). Individuals who met criteria for PTSD reported significantly higher rates of stress, substance use, health problems, relationship problems, absenteeism, and impaired job performance.

Potential Sources of Vicarious Trauma for Juvenile Justice Professionals

- Hearing details of traumatic events during intake or sessions with youth
- Reporting case files that include graphic descriptions of violent offenses
- Seeing the ongoing impact of trauma on youths' lives
- Fearing that the youth will recidivate and seriously hurt someone (or discovering that they have done so)
- Being threatened

Research and practice have identified the signs and manifestations of vicarious trauma among helping professionals. It should be noted that the impact of vicarious trauma can range from developing more negative views about others, the world, and one's sense of safety to experiencing the onset of PTSD symptoms. While there are too many signs and manifestations to list, some are provided below.

Signs and Symptoms of Vicarious Trauma

- Irritability and angering easily
- Hyperarousal—jumpy and anxious
- Sleep problems
- Hopelessness, especially with regard to the ability to work with clients
- Detachment—apathy and apparent lack of caring
- Negative self-perception
- A feeling of being out of control and unsafe

Job-Specific Behaviors

- Conflict with supervisors and other staff

- Poor communication
- Frequent mistakes in job assignments and ineffective performance of duties
- Increased absenteeism and tardiness
- Perfectionism and over-attention to detail
- Isolation from other staff—lack of teamwork and collaboration
- The avoidance of working with youth or clients with trauma histories

These include some of the signs that may appear in the probation (or other) work settings. It is important to note that vicarious trauma reactions will likely not be limited to the workplace. They can have a negative impact on the employee's relations with families and friends and can have a deleterious effect on the person's physical and emotional health.

Preventing and Responding to Vicarious Trauma

Regardless of what steps are taken to try to prevent vicarious trauma, sometimes unpredictable reactions erupt. However, there are steps that can be taken at the personal level and the organizational level that will help prevent vicarious trauma reactions from arising or mitigate the severity of reactions should they occur.

Self-Care

Working with troubled youth and their families is emotionally taxing and sometimes a "gut-wrenching" job. Probation officers and other juvenile justice staff are as vulnerable to the "emotional residue" as counselors, clinicians, teachers, and any other professional (or volunteer) working with youth whose lives have been affected by abuse, other traumas, and pain and sadness. Sometimes caring professionals give so much that they neglect to take care of themselves and their own emotional needs. Self-care is a critical component of preventing vicarious trauma and promotes healing should it occur.

Self-care involves achieving an appropriate balance in one's life between devotion and attention to job and one's life outside the job. Excessively bringing the job home (literally and emotionally) elevates risk for vicarious trauma and other

physical and mental health conditions. Self-care involves giving adequate attention to one's physical, emotional, relational, recreational, and spiritual needs. While everyone's needs within these dimensions will be unique, they involve areas such as

- adequate nutrition;
- sufficient sleep;
- exercise;
- engaging in life pursuits that bring joy and happiness;
- spending quality time with family members, loved ones, and friends;
- pursuing recreational activities that provide enjoyment, relaxation, and separation from work stressors; and
- attending to spiritual needs (e.g., through organized religion, meditation, or quiet time).

Organization Steps

Just as organizational climate can enable trauma-informed care for youth in contact with probation, it can also provide a healthy work environment that promotes employee well-being, which can help prevent vicarious trauma (and also job dissatisfaction and burnout). Justice system professionals who feel supported by their coworkers and supervisors are less likely to develop vicarious trauma symptoms. Actions that probation departments should consider are listed below.

- **Training and staff orientation.** Probation staff should be trained on trauma and trauma-informed care and on recognizing signs that they may be experiencing vicarious trauma reactions. This training should be included in new staff orientations and in in-service training.
- **Supervision.** Incorporating employee wellness within supervision shows support to employees experiencing reactions to job-related stressors.
- **Debriefings after especially stressful incidents.** Despite the best efforts of committed and exemplary probation staff, youth may experience a bad outcome. Probation staff may feel guilt, sadness, and grief. Debriefing can help sort out feelings

and help staff members put them in the proper perspective.

- **Employee assistance and counseling.** Employee-assistance services can be a vital resource to help probation staff cope with emotional reactions to the stresses of working with traumatized youth. Employee assistance counselors should be trained on how to recognize and address trauma reactions, how to help probation staff cope with those reactions, and how to know when to refer staff members for mental health assessment and treatment.
- **Creation of a climate that says seeking help is not a sign of weakness but of strength.** Too often, law enforcement and justice agency professionals view reactions, such as sadness, grief, anxiety, and depression, as signs of weakness. Seeking help becomes shameful and stigmatizing. When employees internalize their pain and suffering, this leads to elevated rates of self-medication, domestic violence, suicide, and other negative life situations. Probation departments need to embrace climates that promote help-seeking by their staff as a healthy action that is supported by the department.
- **Emplyee recognition.** As with any human service organization, probation staff is probation's most critical resource. Finding ways of recognizing the good work done by probation staff makes them feel appreciated and supported, as well as want to come to work each day. Complimenting good work, having staff appreciation lunches, and involving staff meaningfully in organizational decision making are just a few ways of demonstrating staff worth.

Building and Supporting Staff Resilience

The Department of Justice's Office for Victims of Crime has developed a training module on "Developing Resilience" for staff working with crime victims. It talks about vicarious trauma and offers five core elements of resilience. The five core elements should apply to probation personnel and other juvenile justice staff, as well as other human service organizations. The five core elements are briefly described below.

1. **Self knowledge and insight.** Knowing who you are and understanding your belief systems form a critical foundation for resilience. This includes developing an honest and fair understanding of personal and professional strengths and weaknesses. An overblown assessment of strengths will lead to unrealistic performance expectations. An overly harsh self-assessment of weaknesses can result in avoidance of reasonable growth-promoting events in life and can have deleterious effects on self-perception. Resilience requires positive self-esteem and a strong sense of self-worth. Feeling ineffectual in life contributes to depression and other mental health conditions (including suicidal ideation). When people believe they can make positive contributions professionally and personally, it brings vitality and purpose to life. Probation departments can reinforce self-worth by recognizing when employees have been performing well in their jobs.

2. **Sense of hope.** Believing in a positive future and that situations can improve is critical to personal and professional resilience. Holding beliefs that youth

who have committed a delinquent act are bad and there is no hope for improvement will contribute to negative outcomes for youth and a poor job outlook. Resilient staff will be able to balance the recognition that the youth and families they serve face difficult life challenges with the belief that with help the youth and families can overcome those challenges. Recognizing and celebrating improvements and the small successes of youth in care reinforces positive outlooks for youth and staff. Even when working with youth who have faced terrible traumas, resilient staff will maintain a positive vision of what the future has to offer. Of course, having a healthy sense of humor always promotes hope and resilience. Probation departments should work to create and incorporate hopeful environments in all aspects of their operations.

3. **Healthy coping.** Coping positively with undue stresses faced at work requires that staff balance these stresses with other positive life activities. Attending to the staff's physical, emotional, relational, recreational, and spiritual needs as described above will build a resilience that will help them face difficult

work situations. Healthy coping involves remembering and bringing into play individual personal and professional strengths. Dwelling on weaknesses and setbacks will impede job performance and weaken resilience. Viewing setbacks and mistakes as learning opportunities that can promote growth and better job performance will strengthen resolve. Probation departments should create a climate that treats errors as learning opportunities and not automatically respond to them with punitive actions and sanctions. In the description of trauma-informed care environments, two critical components that were identified were being able to self-identify stress reactions and to be able to employ strategies for calming down. These same strategies are important for healthy coping of staff and building resilience. They should be incorporated in staff training and orientation around trauma and vicarious trauma.

4. **Strong relationships**. In 1624, English poet John Donne published his renowned *Devotions upon Emergent Occasions*. In particular, Meditation XVII contained the famous lyric: "No man is an island entire of itself; every man is a piece of the continent, a piece of the main…" Human beings are born to belong and to have connections with other human beings. Having loving or strong relationships with others fosters a sense of belonging, builds support networks, and supports

resilience. Connectedness is a critical component of a person's protection against life stressors. In addition to relationships with family, loved ones, and friends, strong connectedness to job or school, clubs or civic organizations, faith-based organizations, recreational groups, or volunteer groups bolsters resilience. Feeling alone and isolated can have a devastating effect on self-image and is a known high-risk factor for suicide. Probation departments can help foster the relationship element of resilience. Creating an environment that rewards teamwork and collaboration builds relationships and reinforces connectedness to the organization and its mission. It is also important to reward mutual support among staff. Allowing people to seek and give support builds a sense of belonging and self-worth.

5. **Personal perspective and meaning.** This final component addresses the need for a strong moral fiber and personal and professional integrity. This is framed by a clear understanding and belief in the meaning of one's life. Spirituality and believing in a life that's larger than one's own can help, for those who hold these beliefs, to build this meaning and foster a resilient life. Probation departments that stress integrity and morality will reinforce a strong moral value system. Personal and professional flexibility will permit and embrace change. Incorporating trauma-informed care will inevitably mean

Workforce Development: Massachusetts Case Example

The Massachusetts diversion team has made workforce development a key part of its trauma-informed diversion implementation. Approximately 220 Massachusetts Juvenile Court and Probate/Family Court probation officers from across the state participated in a half-day of training on child trauma taught by staff from the University of Massachusetts Medical School. The training was designed to help juvenile court personnel identify, screen, and assess children for childhood trauma. Among the topics covered in the training were trauma and its impact on children, parents, and families; childhood trauma and the legal and juvenile justice systems; the assessment and treatment of trauma; and referral and contact information. The training paid special attention to transitional-age youth (18-24). The training specifically acknowledged that probation officers play a significant role with court-involved youth and can identify trauma symptoms in them. In addition to training probation officers, the curriculum afforded the opportunity to train judges, police officers, teachers, school counselors, and nurses. This training is now incorporated into in-service and new officer training for all probation service staff. The training is now broadening to incorporate vicarious trauma awareness so that probation officers can be aware of and responsive to their own well-being. In addition to this training, the Department of Youth Services (DYS), in partnership with the Child Trauma Training Center, is conducting training for all state direct-care staff in trauma-informed care. This training is focused on helping staff identify and assess trauma in youth involved with the juvenile justice system, recognize trauma symptoms, and employ trauma-informed practices in DYS services.

significant organizational change. Staff who can accept new ideas and ways of performing life roles, including their jobs, and incorporate these ideas into the fabric of their life will be more resilient than those who summarily reject change and innovation. Human services, including probation services, involve giving of one's own resources to others. The belief structure that the gift

of one's talents, wisdom, and compassion is important will contribute to aligning staff duties with their values. Thus, fostering a sense of altruism within the probation environment will create a more positive and satisfying work situation and more resilient employees.

Quality Assurance and Evaluation

Probation departments and other juvenile justice system organizations will typically have systems in place to measure performance. Selected metrics inform progress in achieving goals and realizing purpose and mission. These measures provide administrators the ability to adapt internal operations to better serve clients. In addition, they provide administrators with critical information on progress to share with chief executives, local legislators, and the general public on how the agency meets justice, rehabilitation, and community safety goals.

The design of a trauma-informed approach within probation will require identifying an accompanying set of metrics to measure progress and to assure quality. Further, it will require processes to collect these new data, which may require adjusting the current data collection and information technology systems accordingly.

Progress Monitoring

Probation departments and their partners will need to design systems for monitoring each agency's progress in implementing a trauma-informed approach. Since effective implementation requires cross-systems networking, interagency measures of progress will help inform the community's larger success. A careful crafting of objectives will facilitate the identification of data elements to be collected. These objectives can be associated with the step-by-step process of design and implementation. Some may be process measures—those that indicate whether and to what degree desired actions have been completed (e.g., number and percentage of probation staff trained on trauma). Some measures may be more qualitative (e.g., number and percentage of youth screened for trauma at intake using an evidence-based screening tool).

Progress monitoring should include a process for collecting feedback from staff and the youth being served. It should try to assess the capability of addressing vicarious trauma and steps to prevent vicarious trauma. It is recommended that a progress-monitoring system account for cultural differences among youth and families in service.

In addition to the above, consideration should be given to measuring the establishment of specific agreements with mental health, substance use, and other critical youth and family service organizations. Measures can include the results of screening, referrals for assessment and treatment, and consultations made with clinicians.

Fidelity

Evidence-based programs have been researched and evaluated under controlled conditions. Fidelity refers to the degree to which (1) program implementation complies with the research-based program design, and (2) staff have the skills to effectively administer the program. Programs may only have been evaluated for certain populations; there may be no evidence to support employing them with other populations, and they may be ineffectual for such groups. Too frequently, organizations breach fidelity to well-researched and evaluated programs. Program models may have seemingly rigid steps that are to be followed as prescribed and in a specific sequence. However, shortcuts and barriers (e.g., time constraints, staff turnover) lead to program drift, and the resulting program does not meet the standards set by the program developer and its attendant validating research. When program drift occurs, results are unlikely to meet expectations and can lead to dissatisfaction with the model. Juvenile justice agencies should consider collaborating with program developers or other local researchers to develop fidelity-monitoring protocols that are feasible for ongoing use in busy settings.

Outcomes

Outcomes refer to the results of the intervention. In this case, outcome measures would include those that indicate benefits of diversion programming and rehabilitation goals of youth in the system. They would also cover whether there was a positive effect on public safety (e.g., reductions in delinquent and criminal behaviors by participants, fewer violations of probation conditions). Using a formal program evaluation with long-term follow-up of program participants represents the ideal strategy for measuring program effectiveness, both within organizations and across systems. A second approach is to identify key youth and system measures and track them over time.

Too frequently, organizations breach fidelity to well-researched and evaluated programs. Program models may have seemingly rigid steps that are to be followed as prescribed and in a specific sequence. However, shortcuts and barriers (e.g., time constraints, staff turnover) lead to program drift, and the resulting program does not meet the standards set by the program developer and its attendant validating research.

Although formal program evaluations represent the ideal, they are also the most costly approach. Nonetheless, if a program evaluation can be supported, this is the recommended strategy for determining the program's impact. In the Funding section, it was suggested that

juvenile justice agencies and communities explore the possibility of partnering with research faculty or local research and evaluation firms to secure funding for design, implementation, and evaluation of trauma-informed systems of care. Most grant funders will require a formal evaluation of the implementation process, as well as youth and public safety outcomes. Such a process brings in an outside evaluator who can design and conduct a formal evaluation. Multi-year grants will allow for a longer evaluation period, allowing evaluators to follow up with youth who have been served by the juvenile justice system to determine its longer-term impact.

Even if it is possible to conduct a formal program evaluation, probation departments and other organizations should individually and collectively articulate a set of collectible measures to evaluate program outcomes. Such a process will establish pre-implementation benchmarks. Subsequently, at regular time intervals, data will be collected on these same measures to determine change. Consistent and long-term improvements in youth rehabilitation outcomes, justice goals, and community safety provide support for a trauma-informed approach to diversion for youth with behavioral disorders. In addition, by tracking these measures, it will allow for corrective actions to be taken should the youth not show improvement.

Using Evaluation Data to Support Trauma-Informed Care: Massachusetts Case Example

The Massachusetts Administrative Office of the Juvenile Court and the Department of Mental Health operate a juvenile court clinic staffed by trained clinicians. These clinicians conduct statutory and non-statutory evaluations of youth regarding delinquency and other matters brought before the court. For several years, one of the tools used in the evaluations has been the Adverse Childhood Experiences (ACE) screen, which provides data on traumatic-event exposure. The ACE data contribute to individual forensic evaluation recommendations, and the data are compiled and analyzed regularly to provide a picture of prevalence of traumatic-event exposures among youth evaluated by the Massachusetts juvenile court clinics. The results, provided to state agencies, providers, legislators, and other stakeholders, have helped advance the system's development toward a trauma-informed approach to forensic evaluations and court activities.

In its concept paper, SAMHSA outlines a few considerations for evaluation. The agency recommends consumer-satisfaction surveys. Additionally, it suggests that trauma survivors help inform the design and interpretation of performance measures. Expert evaluators can efficiently assimilate these considerations, as well as local priorities, into the larger program evaluation design.

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