

CSSD Chronicle

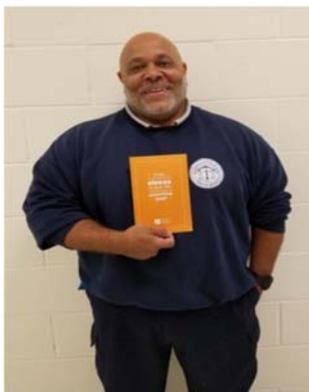
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Trauma-Informed Care in Juvenile Residential Services

Trauma Intervention – Trauma Affect Regulation: Guide for Education & Therapy (TARGET) was first introduced in 2005 as a pilot intervention in the New Haven and Hartford Juvenile Detention Centers. The approach was developed by Dr. Julian Ford, Professor of Psychiatry at UCONN and a nationally known expert on trauma and its effects on juveniles. Connecticut was the first juvenile detention system in the country to implement TARGET. The full TARGET curriculum consisted of ten sessions and was facilitated by previously trained Juvenile Detention Officers and Classification and Program Officers. The intervention is designed to teach adolescents how to cope with stress and trauma in a positive way rather than resorting to negative behavior. Juveniles are taught concepts such as S.O.S. (Slow Down, Orient and Self Check). S.O.S has been especially helpful for youths with behavior problems because it teaches them to slow the time between their emotional response and action. Helps them avoid many potentially disruptive behaviors and negative consequences, such as room restriction. Twelve years later TARGET is still an active cognitive behavioral intervention in the detention facilities, but it has been tailored to a shorter average length of stay within a juvenile detention facility of nine (9) days. CSSD worked with Dr. Ford and Advanced Trauma Solutions (ATS) to tailor the curriculum to four sessions to allow all juveniles to gain the benefits of trauma-informed care.

Recognizing Michael Thigpen, Juvenile Detention Officer in Hartford Detention for TARGET



Michael has been a Juvenile Detention Officer for over seventeen (17) years. Michael recently became the first staff to reach the "Proficient" status in delivering TARGET. To achieve "Proficient" status, Michael had to obtain a score of 75% or higher on a written test, achieve a 75% proficiency rate for a minimum of 12 TARGET sessions, and attend 80% of both individual and group consultations within six (6) months following his TARGET training.

Cathy Foley Geib, Deputy Director for Clinical, Education and Juvenile Residential Services, acknowledged that Michael's accomplishment is no small feat. Only through hard work, commitment to high-quality care, and perseverance can this status be achieved. "Thank you very much, Michael, for your dedication to implementing TARGET in the Hartford Juvenile Detention Center. Your diligence and commitment are greatly appreciated." Most juveniles in detention have a history of trauma, with over 80% experiencing multiple traumas. TARGET continues to be a valuable curriculum to help them cope.

Mental Health Perspective on Trauma in the Juvenile Residential Services (JRS) System—Within the JRS system, the mental health of the population includes high rates of trauma that transcends gender, race, socio-economics, and geographical location. The mantra "girls and trauma" is widely prevalent in history; however, the field of psychiatry has worked hard to successfully illuminate the high trauma rates also found in boys. A meta-research analysis conducted by the American Psychological Association was one groundbreaking initiative which concluded boys are exposed to more traumatic events on average than girls, although girls are diagnosed more frequently with Post Traumatic Stress Disorder (PTSD).

When we hear the word "trauma," we typically envision physical, verbal, and sexual abuse including human trafficking. We think of exposure to severe community violence and overt examples of neglect and maltreatment. These scenarios come to mind because they are so omnipresent within our continuum of care and require the most attention. Complex developmental trauma is another key area to be aware of when assessing and treating juveniles and emerging adults. This type of trauma often flies under the radar because these early experiences are encoded in sensory memory and typically not accessible in the present conscious awareness. These latent traumas are quite common within our juvenile justice population and can affect vital benchmarks of behavior, personality, and global functioning. The etiology of complex developmental trauma is multidimensional. Positive attachment theories and modern neuroscience have identified the important role that mirror neurons play in the ability to learn healthy emotional co-regulation from caregivers in one's early childhood environment (without caregiver continuity, consistent effective role modeling, and nurturing of important language and cognitive milestones, then a trauma-based mode of relating can root and thrive). The Polyvagal Theory developed by Dr. Stephen Porges provides a more sophisticated view of neuroreception and trauma response than the traditional linear model taught concerning the autonomic nervous system. The new paradigm lends increased evidence-based promise toward trauma treatments that work with mind-body synthesis and parasympathetic conditioning such as breathing techniques, mindfulness, meditation, and somatic integration. The JRS facilities support many of these principles through TARGET groups, individualized special needs plans, daily clinical support, and yoga classes offered on site.

It is also important to highlight that there are high rates of co-morbidity between externalizing behavioral conditions such as Conduct Disorder and trauma based conditions including PTSD. Manifestations of trauma in adolescence can present as anger, disinhibited or inhibited social engagement, negative attitudes toward staff, and aggressive reactivity due to an overly sensitized nervous system. The fight, flight, or freeze mechanism in the primitive locus of the brain has the potential to run untethered and present as textbook oppositionality unless a more discerning look is given. With any trauma model, it is imperative to instill a dual framework that nurtures the concept of brain neuroplasticity while simultaneously reinforcing safety and boundaries. The first limb embodies a working baseline of positive appraisal support, staff adaptability, non-judgment, relationship building, and rewards/incentives. The second limb must ensure that developmentally appropriate consequences are administered due to violations of established guidelines, in particular, if at-risk or dangerous behaviors are present. Restorative Justice offers a system of support and accountability making youth primed to adapt to more socially acceptable behaviors, develop increased empathy and respect for the self and others, and acquire greater self-regulation on their pathway of healing, resiliency, and survival in the real world.



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STRESS Research—The Structured Trauma-Related Experiences and Symptoms Scale (STRESS) is a screening tool that all juveniles receive upon intake to detention. The tool takes a look at lifetime and past year exposure is taking into consideration both witnessed and personally experienced trauma. Dr. Keith Cruise, Associate Professor at Fordham University, Department of Psychology and the Co-Director for the Center of Trauma Recovery and Juvenile Justice did a study using the STRESS with juveniles in detention to determine the impact of trauma on mental health symptoms, follow-up assessment, and legal outcomes. The study also looked at poly-victimization and emotional and behavioral problems associated with PTSD. The study revealed that poly-victimization is not indicative of worse legal outcomes; however, there was a pattern of poor detention behavior and more re-offending twelve (12) months post detention admission for youth who are poly-victimized.

Trauma-Informed Training—In October, Classification and Program Officers, Program and Services Supervisors, and Community Residential Services Staff attended CSSD's Frameworks: 8 Principles for Effective Practices. The eight principles in this model include; assess risks, needs and strengths, enhance motivation, target interventions, address cognitive-behavioral functioning emphasizing skill acquisition, provide positive reinforcement, provide ongoing support, measure outcomes and provide an overarching quality assurance system. This framework helps support how juvenile staff communicates and interact with juveniles, who are victims of trauma. The TARGET curriculum fits well into CSSD's framework as it is an evidence-based cognitive behavioral intervention that teaches juveniles skills to regulate their behavior, which is supported by a well-designed quality assurance system. CSSD has noted improvement in the reduction of the outcomes related to reductions in negative stress reactions, including incident reports, room restriction, and loss of recreation have all improved since the implementation of TARGET in the JRS system.



While CSSD attends to the risks and needs of its clients through the risk reduction framework, CSSD also has begun to attend to the needs of its staff through the promotion of staff wellness. Juvenile Detention Staff experience inherent risks of vicarious trauma during their work. In response, as part of the 2017 In-Service training for all detention staff, the CSSD Training Academy offered Stress Management training. During this training staff learned how to self-regulate their breathing through use of meditation and how to de-stress and take care of themselves, along with discussing the balance of working in a detention facility environment and home life. The CSSD Training Academy received positive feedback about this training and is looking to include additional Wellness trainings in the 2018 In-Service schedule.

As Gary Roberge, Executive Director, stated at the Staff Health and Wellness Symposium this past June, “We have to take care of ourselves in order to take care of our clients and the public.”

For more information on the Trauma-Informed Care in Juvenile Residential Services, please contact Nicole Herrington at Nicole.Herrington@jud.ct.gov.

The CSSD Chronicle is a regular publication of information and news about the Court Support Services Division. Questions or comments on this edition, or suggestions for future articles, can be directed to Rookmanie.Bissessar@jud.ct.gov.