Trauma-Informed Approaches in Juvenile Justice

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Introductions and Overview of Webinar

• Dr. Randy Moss – Integrated Counseling & Consulting

• Overview of webinar:
  ✓ Address needs of more diverse programs involved in learning communities
  ✓ Assist organizations to think about prevention and gaps in services
  ✓ Understanding the child in the system (‘youth offender’)
  ✓ Challenges around punishment vs. re-habilitation
  ✓ Role of TIC and application to TIC domains
  ✓ Example of implementation of TIC in JJ system
Trauma Informed Work with Youth Offenders

Culture of Understanding
Accessible Accountability
Releasing Youth from Multiple Prisons

Randy K Moss Ph.D.
Integrated Counseling & Consulting
If we could read the secret history of our enemies we should find in each man's life sorrow and suffering enough to disarm all hostility.

Longfellow
The “Real” Common Core

- Every Great Religion and Philosophy recognize that life is fraught with Suffering: Loss, Loneliness, Pain!

- The travails of life are not evenly distributed: They are **NOT** mostly caused by self-action

- In particular, suffering of children is outside their “sphere of influence”
Definitions

• Pain: The interpretation of sensations and stimuli that produce discomfort driving reactions and actions

• Suffering: The realization that desires and “life” might not reach its fulfillment, be without, and is finite

• Misery: The appraisal that “life” must be different for me to ‘thrive’ not just survive

• Complex Trauma: The imposing of suffering and misery from beyond our capacity to integrate the meaning or escape to pursue alternate paths
Same Clients, Different Locations

• 94 Percent of Urban Mental Health Clients had trauma (Switzer, 1999)
• 70-90 percent of Ohio’s (example) in residential MH services are victims of violence (Disability Rights Ohio, Newsletter 2011)
• 25 to 43 percent of Youth experience sexual mistreatment and abuse
• 66 percent of American youth experience community violence (APA, 2008)
• 71 Percent of children in the Developmental Victimization Study (Finkelhor, 2005) had experienced at least one major trauma
• Copeland (2007) reports 67.8 percent of all children had at least one major trauma
Same Client: Different Types of Services

• In one study of juvenile detainees:
  – 93.2% males and 84% females reported a traumatic experience
  – 11% of males and 18% of females meeting full criteria for PTSD
Polling Question 1

Our organization partners with the Juvenile Justice (JJ) Program in our community

• We have been involved in this partnership for more than 2 years

• We don’t have any partnership with Juvenile Justice

• We are thinking of partnering with our local JJ program
Universal Victim Private Logic

• The world is threatening and bewildering
• People are unpredictable and not to be trusted
• “I must do whatever I need to do to control you because if I let you control me, I am vulnerable to your abandonment and abuse”
• The world is punitive, judgmental, humiliating and blaming

• Adapted from Kauffman (Loss of the Assumptive World)
• Adapted from Janoff-Bulman (Shattered Assumptions)
In Juvenile Justice (I would contend anywhere) professionals are faced with two seemingly opposing demands:

1) To punish those that have broken the law and made society less safe and
2) To re-habilitate the youth to take their healthy place in the self-same society.

Ray Michelson (DJJ Alaska)
Problems with Accountability

• Commonly, TIC is not implemented because of the conflict with the above two demands:

• Learning about Trauma, Its Effects and Manifestations in the lives of those that we work with is vital, ethical, and essential for success in both realms (punishment (appropriate consequences) and rehabilitation).

✔ Education about Trauma is
  ✔ An explanation
  ✔ Not an excuse
  ✔ Essential to allowing teaching and understanding of self behavioral management
Accountability Amplified

• Punishment is not effective
• Behavioral Shaping is better
• Learning necessitates understanding
  - understanding needs empathy
  - empathy induces reflection
  - reflection helps us avoid re-traumatizing and trigger those we work with

A Youth Might Say

‘I can only be accountable when I understand and get what you want….I must see the result, believe I can get it, be safe to try and possibly fail, and be guided by somebody I can trust’
Polling Question 2

One major challenge we have in working with the juvenile justice program is:

Please use the chat box to enter one challenge
National Council Trauma Informed Care Domains

• Education of the workforce (Domain Three) establishes that to be effective personnel must ‘understand’ trauma in the lives of the youth they work with.

• Education of the workforce on their own histories (Domain Three and Domain Five) create the safety and supportive environment(s) absolutely vital to helping heal and support these youth. These Domains also produce safety in their own professional and personal lives.

• Domain Five forces reflection on the concept of safety, the application of power, the role of coercion, and from ‘whose’ perspective should the relationship be considered.
When Trauma is Not Identified or Misunderstood

• Negative behaviors viewed as intentional and willful

• Relationship between unwanted behaviors & trauma not seen

• Unwanted behaviors are not seen as adaptive, responsive to trauma, or result of brain development.

  o Trauma Triggered Behaviors are survival-based, well-learned and practiced, and reinforced by non-trauma informed interventions and personnel.
When Trauma is Not Identified or Misunderstood

Worst case scenario, punitive and shaming interventions may be used— to be distinguished from respectful adult redirection and the maintaining of accountability — typically exacerbate behaviors of concern and alienate youth from helpers and help.

You remind them of those that hurt them, exploited them, abandoned them, lied to them, wasn’t real with them….
Crucial Reframes

• Manipulative is not always bad
• Willful doesn’t mean different is possible (at least now)

• Believing in Rehabilitation is undermining TIC

There is not re-habilitation only HABILITATION

These youth have not learned, practiced, or mastered the typical developmental or social skills due to the complex chaos and trauma in most of their lives!
## Old Traditional View vs. Trauma Informed View

<table>
<thead>
<tr>
<th>Assumptions</th>
<th>Understandings</th>
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</thead>
<tbody>
<tr>
<td>• Youth is sick</td>
<td></td>
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<tr>
<td>• weak</td>
<td></td>
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<tr>
<td>• permanently damaged</td>
<td></td>
</tr>
<tr>
<td>• not using coping skills</td>
<td></td>
</tr>
<tr>
<td>• negative attention seeking</td>
<td></td>
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<tr>
<td>• demanding, whiney</td>
<td></td>
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<tr>
<td>• manipulative</td>
<td></td>
</tr>
<tr>
<td>• intentional and willful</td>
<td></td>
</tr>
<tr>
<td>• labeled</td>
<td>• Behavior is neurobiological based</td>
</tr>
<tr>
<td></td>
<td>• adaptive to dangerous circumstances</td>
</tr>
<tr>
<td></td>
<td>• physical consequence of trauma exposure</td>
</tr>
<tr>
<td></td>
<td>• reactive, impulsive</td>
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<tr>
<td></td>
<td>• result of limited social skills</td>
</tr>
<tr>
<td></td>
<td>• limited ability to self soothe</td>
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<tr>
<td></td>
<td>• trying to meet needs</td>
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## Old Ways of Doing vs. TIC Enlightened Being

<table>
<thead>
<tr>
<th>Tradition of Toughness Conduct</th>
<th>TIC Conduct</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Sterile and institutional setting: youth should not be comfortable</td>
<td>• Personalized and welcoming setting</td>
</tr>
<tr>
<td>• Relationship based on compliance</td>
<td>• Relationship based on collaboration</td>
</tr>
<tr>
<td>• Trust is never earned</td>
<td>• Trust earned over time</td>
</tr>
<tr>
<td>• Do as I say, not as I do</td>
<td>• Role model</td>
</tr>
<tr>
<td>• Consequences are at the “top end” and not open for discussion</td>
<td>• Consequences are related to behavior and used to teach more appropriate</td>
</tr>
<tr>
<td>• Boundaries are compromised in the name of safety</td>
<td>social skills</td>
</tr>
<tr>
<td></td>
<td>• Appropriate boundaries and safety for everyone are considered at all</td>
</tr>
<tr>
<td></td>
<td>times</td>
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</tbody>
</table>
### Power as Stick vs. Authority as Example

<table>
<thead>
<tr>
<th>Tradition of Toughness Language</th>
<th>TIC Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Formal names, numbers, third person, labels</td>
<td>• Calling resident by preferred name</td>
</tr>
<tr>
<td>• Aggressive loud tone, abruptness demanding compliance</td>
<td>• Calmly communicating changes and consequences</td>
</tr>
<tr>
<td>• Using combative, coercive, threatening language</td>
<td>• Using collaborative and solution focused language</td>
</tr>
<tr>
<td>• Communicating inferiority while maintaining overly rigid boundaries</td>
<td>• Communicating genuine concern while maintaining appropriate boundaries</td>
</tr>
</tbody>
</table>
Universal Frequent Staff Errors or Trauma Triggers

- Personal Space trespassing
- Touching without permission or warning
- Ignoring
- Intimidation as motivation
- Rescuing, breaking boundaries
- Not demonstrating appropriate emotions
- Splitting youth loyalty
- Using the relationship as reward or punishment

- Demanding respect without deserving it or earning it
- Hiding behind “equality” and “fairness” in applying all rules
- Not knowing the source or reason for an intervention except it is “how it has always been done!”
Polling Question 3

We are/plan to be engaged in implementing TIC in the local juvenile justice program. Our major challenge is:

- Leadership buy-in
- Culture change
- Where to begin
Eight Years
Alaska’s Journey toward Trauma Informed Care
Principles and Lessons learned
Getting to TIC

• Becoming Trauma Informed is not easy or short-term

• In DJJ, TIC is the natural enhancement of Restorative Justice and then Strength-Based interventions

• TIC is not just composed of Trauma Specific Services or specialized Trauma Focused units. TIC is a lens for organizing the policies, the attitudes, the work, and the relationships around walking with traumatized fellow humans. It creates horizontal and vertical safety, support, and healthy feedback systems.

• Implementation takes 1) Time, 2) Commitment, 3) Resources, 4) Patience
Implementation of TIC: The Science

Regardless of the setting, the population, and the personnel, the following are the distillates of Implementation Science (Fixsen et al)

A. Average time to culture change and maturity is five to seven years
B. There are different stages that can be traced to know the development
C. Change requires shifts in expectations, resources, and increases in supervision
D. 90 percent of failures of implementation lie with Administrations loss of vision, under-resourcing, being impatient, or not convinced of the known and anticipated outcomes and benefits of Trauma Informed Care
Implementation Science

• Local Data helps drive any clear implementation (your restraint data, the number of personnel worker compensation claims, number of seclusions, etc.)
• Policy development arises from principle experimentation and evidences leading to universalizing the application to this setting and populations
• Organizations need to adopt the principles and skills first before attempting to adapt to local conditions (mastery before refinement)
• Consultation and Guidance (internal and external) are important to avoid implementation drift, loss of focus, and disruptive frustration
Facility One TIC Restraint Data

- ITU
- D2
- Total

July: 15
Aug: 12
Sep: 2
Oct: 6
Nov: 5
Dec: 9
Jan: 6
Feb: 4
March: 5
Ownership of the Process

• Ownership is considered a top down/bottom up convergence to deal with the ideal and the actual. Communication and shared vision and mission meet to solidify the actions and sustain the effort.

• Ownership is facilitated by breaking down the wall between provider, administration, and client (Resident).

**Save for the grace of God there I go also!**

• Ownership is where our gifts, skills, and perspectives of life and our scars are shared to “habilitate” those less lucky, less gifted, less taught.

**They are Injured not Broken, Bad, or Rejects……**
Trauma Informed Care In Justice

- Is a PROCESS, not a program
- Anyone can be trauma informed (correction professionals, mental health professionals, nurses, cooks, janitor, etc.)
- Promotes safety for everyone
- Provides understanding how trauma can lead to problematic behavior/emotional control
- Recognizes system practices can be re-traumatizing
- Relationship based
Being Trauma Aware/Informed

1. Trigger + Non TI response = Greater chance, Negative outcome
2. Trigger + TI response = Greater Chance, Positive outcome
“Being” Trauma Informed

- Being trauma-informed is about your relationship and how it plays outs daily over time. (The youth sees your Total Relationships as either for or against him/her…. Gordon Hodas)

- It is NOT a special type of therapy, a “professional role” or direct intervention. An attitude and deliberate reflection on OUR actions

- Being is different than doing. Trauma attacks the victims “Being,” our relationships and interventions and “Beings” are the healing ingredients.
Healing and Implementation: Common Ground

• Both of the ‘changes’ are determined by a central ingredient

RELATIONSHIP

• Research shows clearly that any changes (organizational, community or intrapersonal) are first and foremost affected by relationships, a type of connection, alliance, that facilitates the transfer of the best knowledge, skills, and ground for mastery and maturity.
Becoming and Not Doing

• Trauma Informed Systems, People, and Practices are a reflection of the self and less about checking boxes of interventions, skills development classes, or policies. Trauma Informed Care is a state of “Being” (being in empathic attunement with our fellow citizens). It requires reflective practice (organization can be reflective too), deliberate (working on those areas, with data and planning, of weakness or less than optimal desired outcome, and patience (acceptance of human foible but not of self-serving behaviors that trigger, hurt, or exert damaging power).

The “other” is a Subject and not the object of my subjectivity.

adapted by Emanuel Levinas
On Becoming Trauma Informed

1. Realize that almost everybody you selectively serve in your practice or comes through police or court’s door has been affected by Trauma and Adverse Childhood Experiences

2. Treatment as usual has succeeded only to a limit and we can, with the better science, help more, support more, save more youth

3. You don’t do Trauma Informed, you BECOME Trauma Informed

4. Start, be patient, don’t under-resource, and seek support

5. Demand Humane and Safe relationships: now, and in the change

6. Expect positive change: Hope for frequent miracles!!