

Pennsylvania's Juvenile Justice Trauma Expansion Project

Angela Work
Deputy Director
Juvenile Court Judges' Commission



A Presentation Prepared for the
2024 CJAB Conference
Wednesday, April 10, 2024



PURPOSE OF PENNSYLVANIA'S JUVENILE JUSTICE SYSTEM

Act 33 of the Special Crime Session of 1995 included amendments to our Juvenile Act to include language now widely known as Balanced and Restorative Justice. With this, Pennsylvania became the first of what has become many states to incorporate BARJ as the statutorily mandated mission of the juvenile justice system.

BALANCED AND RESTORATIVE JUSTICE (BARJ) MISSION 42 Pa.C.S. §6301 (b)(2)

Consistent with the protection of the public interest, to provide for children committing delinquent acts programs of supervision, care and rehabilitation which provide balanced attention to:

- the protection of the community,
- the imposition of accountability for offenses committed and
- the development of competencies to enable children to become responsible and productive members of the community.



JUVENILE JUSTICE REFORM EFFORTS

MacArthur Foundation's *Models for Change* initiative (2005-2010)

- Aftercare
- Mental Health / Juvenile Justice-involved youth
- Disproportionate Minority Contact

Annie E. Casey Foundation's *Juvenile Detention Alternatives Initiative* (2011)

- Juvenile Detention Risk Assessment Instrument

Center for Juvenile Justice Reform at Georgetown University (2011)

- Standardized Program Evaluation Protocol (SPEP)
- Serious, Chronic and Violent Offender Recidivism Analysis

Council of State Governments (2014)

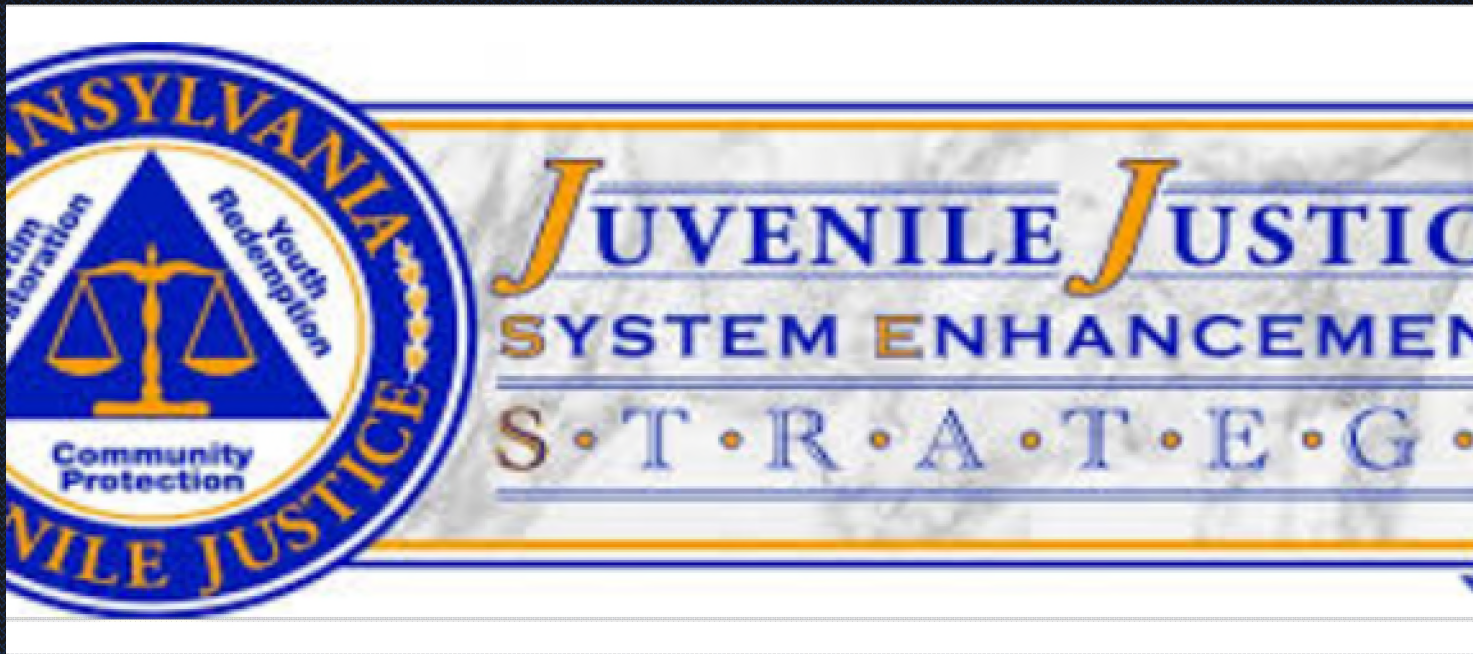
- Positioning Juvenile Justice Systems to Track and Use Data on Recidivism and Other Youth Outcomes Pilot Project

Office of Juvenile Justice & Delinquency Prevention (OJJDP) (current)

- Second Chance Act Demonstration Project

Council on Reform – Governor Wolf (2019)

Interbranch Juvenile Justice Task Force (2020)



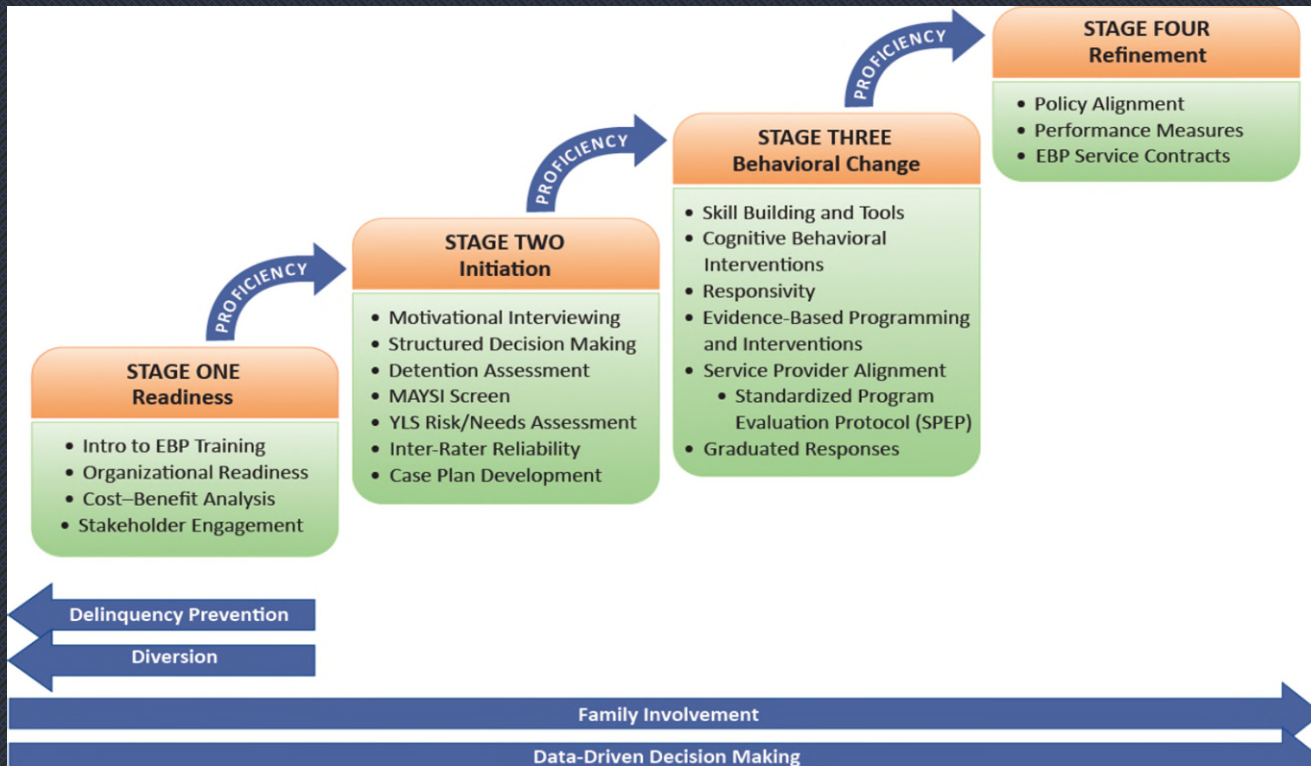
JUVENILE JUSTICE SYSTEM ENHANCEMENT STRATEGY (JJSES)

- Concept of the JJSES “born” in June 2010.
- Designed to organize / sustain “lessons learned” from various initiatives begun under Pennsylvania’s Models for Change initiative, while incorporating other evidence-based practices.
- Perhaps the most comprehensive juvenile justice reform strategy in the country.

JJSES STATEMENT OF PURPOSE

We dedicate ourselves to working in partnership to enhance the capacity of Pennsylvania's juvenile justice system to achieve its balanced and restorative justice mission by:

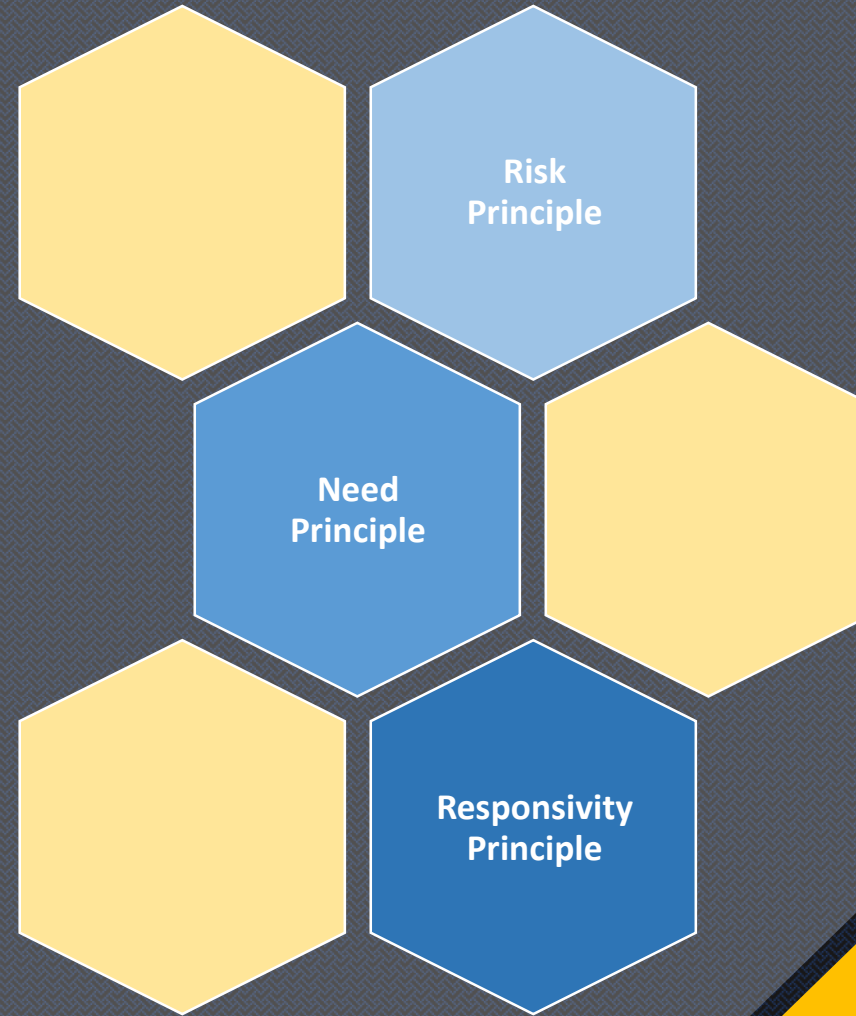
- Employing evidence-based practices, with fidelity, at every stage of the juvenile justice process;
- Collecting and analyzing the data necessary to measure the results of these efforts; and, with this knowledge,
- Striving to continuously improve the quality of our decisions, services and programs.



- Stakeholder Engagement
- YLS Risk/Needs Assessment
- MAYSI~2 Screen
- Responsivity

TRAUMA & THE JJSES

FUNDAMENTAL PRINCIPLES





Behavioral health is not a significant **risk** factor for recidivism when examined alongside empirically validated factors (criminogenic **needs**)



While behavioral health symptoms are not criminogenic needs, they are **responsivity** factors



When present, responsivity factors may impact how youth respond to supervision and treatment services.



Treating symptoms may remove a barrier that could interfere with services.

BEHAVIORAL HEALTH & RISK-NEED- RESPONSIVITY

TRAUMA

- Trauma is a broad term that includes exposure to traumatic events, trauma reactions and associated mental health difficulties.
- We know that youth who are exposed to multiple adverse childhood events are at greater risk for reoffending, after accounting for individual and family static and dynamic risk factors (Baviglio, 2015).
- While there is little empirical evidence on how best to sequence interventions for specific criminogenic needs, there is general consensus that the person must be physically and psychologically stable to participate and make progress.
- Therefore, stabilizing mental illness, trauma, and PTSD may be necessary prior to programming addressing criminogenic needs.



TRAUMA

- The majority of youth involved with the juvenile justice system have experienced traumatic events, with at least 75% having experienced traumatic victimization (Sprague, 2008).
- A study of youth in detention found that over 90% of youth had experienced at least one trauma, 84% experienced more than one trauma, and over 55% reported being exposed to trauma six or more times (Abram et al., 2013).

1

Phase 1

- Trauma Screen Training

2

Phase 2

- Trauma Screen Implementation and Data Collection

3

Phase 3

- Trauma Informed Decision Protocol Implementation

4

Phase 4

- Ongoing Data Collection

5

Phase 5

- Capacity Building

PENNSYLVANIA TRAUMA EXPANSION PROJECT

CHILD TRAUMA SCREEN

CTS

- Brief screen of lifetime traumatic event exposure and current trauma symptoms being used in multiple settings
- 10-items (4 exposures; 5 symptoms)
- Initial validation sample was children/adolescents in outpatient community-based trauma services in Connecticut
- Ongoing validation of the cut-scores with justice involved adolescents on probation in Connecticut
- Authors have validated cut scores for both youth and caregiver reports that indicate decent accuracy in identifying youth who also endorse significant trauma symptoms

CTS

1. Four items covering traumatic event exposures
2. Six items covering active trauma reactions aligned with DSM-5 PTSD Criteria B-E

*Using the validated
Cut Score of 6+ to
indicate need for
Secondary
Screening and
Possible Follow-up!*

CTS Child Report (Age 6-17)

1 Child Name/ID: _____ Age: _____ Gender: Male Female Other

Administered By: _____ Date Completed: _____

2 **EVENTS:** Sometimes, scary or very upsetting things happen to people. These things can sometimes affect what we think, how we feel, and what we do.

	Yes	No
1. Have you ever seen people pushing, hitting, throwing things at each other, or stabbing, shooting, or trying to hurt each other?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has someone ever really hurt you? Hit, punched, or kicked you really hard with hands, belts, or other objects, or tried to shoot or stab you?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has someone ever touched you on the parts of your body that a bathing suit covers, in a way that made you uncomfortable? Or had you touch them in that way?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has anything else very upsetting or scary happened to you (loved one died, separated from loved one, been left alone for a long time, not had enough food to eat, serious accident or illness, fire, dog bite, bullying)? <i>What was it?</i>	<input type="checkbox"/>	<input type="checkbox"/>

3 **REACTIONS:** Sometimes scary or upsetting events affect how people think, feel, and act. The next questions ask how you have been feeling and thinking recently.

How often did each of these happen in the <u>last 30 days</u> ?	Never/ Rarely	1-2 times per month	1-2 times per week	3+ times per week
5. Strong feelings in your body when you remember something that happened (sweating, heart beats fast, feel sick).	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
6. Try to stay away from people, places, or things that remind you about something that happened.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
7. Trouble feeling happy.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
8. Trouble sleeping.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
9. Hard to concentrate or pay attention.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
10. Feel alone and not close to people around you.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

NOTES:

© 2017, Lang & Connell, Child Trauma Screen. ALL RIGHTS RESERVED. Permission is granted to reproduce and use without modification for non-commercial purposes. www.CHDI.org/cts

CTS Secondary Screening Query

- Triggered by a Trauma Reactions Score of 6+
- Mirrors the the MAYSI-2 secondary screening process
- 7 questions
- Focus is on onset, duration, recent triggers, and coping responses
- Does not require the adolescent to provide specific information about the triggering traumatic event(s)
- Don't ask the questions in response to each reaction item
- If administering other MAYSI-2 secondary screening forms, administer the CTS Secondary Screen Query last

CTS - Key Take Away Points



CTS cut score of 6+ is identifying 24.6% of youth as in need of second screening and follow-up – this is consistent (but slightly higher) than results found in other settings



Witnessing violence (physical violence) (61.2%) and trauma loss (59.9%) are most common traumatic event endorsements



CTS ANTICIPATED OUTCOMES

- To build a capacity to use a trauma screen (CTS) and mental health screen (MAYSI~2) at intake along with a risk/need assessment (YLS) to make recommendations and develop case planning from a trauma informed approach.
- We would also like to see a juvenile justice system that is more trauma-informed and trauma-responsive. One that universally screens for trauma-related impairment followed by a comprehensive mental health assessment for youth who screen positive; and one that makes evidence-based trauma-specific interventions available to youth and families in the system.



OVERVIEW OF THE TIDP

- 9 step decision-making framework that integrates results from the
 - risk/needs assessment (YLS/CMI),
 - trauma screening (CTS), and
 - other mental health screening (MAYSI-2).
- Underlying framework is the RNR model.



TIDP CONTINUED

- Consistent with the Responsivity Principle traumatic events, trauma reactions, and mental health concerns can be viewed as Specific Responsivity Factors.
- The TIDP alerts juvenile probation staff that the responsivity factor is either associated with, explains, or increases the connection between a criminogenic need and delinquent behavior.

INFORMING THE CASE PLANNING PROCESS

- Most basic level
 - Does this youth need a comprehensive trauma assessment?
 - Does this youth need trauma-specific treatment?
- Moderate level
 - Improved decision-making and case planning
 - Can help prioritize need areas that will be targeted and indicate whether trauma treatment is needed to address that need
- Advanced
 - All the above
 - Increased understanding of how the youth's trauma history is impacting likely response to juvenile justice management
 - When new problems occur, the TIDP can serve as a reminder about the youth's trauma history/symptoms and tailor the case manager's response



TIDP PROJECT GOAL

- To develop and test the implementation of a Trauma Informed Decision Protocol that integrates trauma screening and risk/needs assessment results into a replicable framework for juvenile justice case planning based on the Risk-Needs-Responsivity model.

TRAUMA EXPANSION PROJECT KEY COMPONENTS

1. CTS screening process helps to identify what youth need in terms of further trauma assessment and possible trauma services.
2. Plotting the CTS and MAYSI-2 results on the TIDP form prepares the probation officer to more critically consider mental health as specific responsivity factors.
3. TIDP Level of Concern ratings can help prioritize high criminogenic needs for the case plan.
4. TIDP Level of Concern ratings can also signal the need for a SMART Action item that is responsivity based when developing the case plan.
5. A case plan informed by the YLS, CTS, MAYSI-2 and TIDP increases the likelihood of a higher criminogenic need/case plan match with trauma-responsive action items.
6. Result is a balanced case plan that truly integrates all three of the RNR principles.



Closing Comments & Questions

Contact:

- **Angela Work**
Deputy Director
Juvenile Court Judges' Commission
awork@pa.gov