

**7th Annual Excellence in Juvenile Defense Conference
April 25-26, 2019**

Placement Advocacy

Considerations for placement advocacy (social science/ best interest framework)—

- A traumatic event can involve interpersonal events such as physical or sexual abuse, war, community violence, neglect, maltreatment, loss of a caregiver, witnessing violence or experiencing trauma vicariously; it can also result from severe or life-threatening injuries, illness and accidents.
- At its core, a traumatic event is an experience in which a situation occurs that is frightening, dangerous, or violent that is out of the control of the individual and results in feelings of fear, anxiety, and/or stress.

What to consider when advocating for out of home placement:

- Reminder that every placement move is an additional traumatic event and can prompt a youth's belief that they need to go in to survival mode. Thus, behaviors at time of placement can look more dangerous/aggressive/defiant based on the youth's need to be in control due to their trauma history. These behaviors may be drastically different once stabilized in placement and do not indicate a need for higher level of care independently from other factors
- Necessity of appropriate level of care based on need (mental health treatment, substance abuse treatment, family therapy, independent living skills, etc) rather than higher level of care for containment purposes only
 - Level of care assessment, psychological evaluation, neuropsych eval, trauma screen, trauma informed mental health assessment
 - Barriers to these assessments pre-release
- Access to trauma informed care for immediate and ongoing intervention (continuity of care)
- Proximity to, and continuing engagement with, natural support systems (family, school, clubs/groups, etc)
- Monitoring of community safety through pre-trial and/or probation services

(Bound and Broken Report <http://static.aclu-co.org/wp-content/uploads/2017/03/Bound-and-Broken-report-Feb17-complete.pdf>)

- Youth who have experienced trauma may be more likely to be involved in illegal behavior for a variety of reasons, including the neurological, psychological and social effects of trauma.
- A growing body of research in developmental neuroscience has begun to uncover the pervasive detrimental effects of traumatic stress on the developing brain.
- The majority of brain development is completed during the first five years of life, with the most critical development occurring within the first two years. Considering that the average first trauma exposure in children who experience trauma occurs at five years old, the

experience of trauma in childhood is likely to impact some critical aspect of this brain development.

- Brain structures responsible for regulating emotion, memory and behavior develop rapidly in the first few years of life and are very sensitive to damage from the effects of emotional or physical stress, including neglect.
- People who have experienced trauma often have abnormal blood levels of stress hormones, and the parts of the brain responsible for managing stress may not function as well as in people who have not been exposed to trauma.
- Also, a decreased integration of the left and right sides of the brain following prolonged stress exposure can affect the ability to use logic and reason and can result in poor problem-solving skills.
- Although the most critical brain development occurs in early childhood, the part of the brain responsible for rational decision-making does not fully develop until the mid-20s. Because of this extended maturation process, in March 2005 the U.S. Supreme Court abolished the death penalty for people who committed their offense prior to age 18, citing scientific evidence that children should not be held accountable to the same extent as adults.
- People who experienced trauma as children are also more likely to develop life-long psychiatric conditions, including personality disorders, conduct disorder, ADHD, depression, anxiety, substance abuse disorders and posttraumatic stress disorder (PTSD)

Screening for Trauma

- Children are rarely screened for trauma in the juvenile justice system.
- Lack of evidence-based assessment tools that are specific to meet the needs of the juvenile population. Tools that identify trauma and can assist with determining placement.
- It's not easy for youth to be open and honest with someone they just met.
- Behavioral responses to trauma will often manifest as delinquent or defiant behaviors. Educate your caseworkers, probation officers, pre-trial officers, judges and legal team about trauma and the impact it has on your client and push for rehabilitative services. (Approximately 75-90 percent of juvenile justice involved youth have experienced trauma victimization There is a huge link between trauma exposure and mental illness (65-70 percent of youth in custody suffer from one or more mental health disorders)

Effects of Trauma:

- Substance abuse, behavioral problems, mental health, poor relationships, inability to manage emotions, trouble feeling safe, concentrating (spacing out), hypervigilance, impulsiveness, nightmares, difficulty to trust ("before they are going to hurt me, I'm going to hurt the")
- In turn causes fear, powerlessness, anger and pain.

How do we do things in a trauma informed way:

- Clients need to feel like they matter, empowerment, physical safety, emotional safety,
- Tell client what you're going to do and why you did it. It helps with engaging them in dialogue, so they feel a sense of safety and control. Respect, information,
- Slow down and try not to react- be mindful of what the client is going through.
- Don't misuse your power, don't engage with power struggles.

Responding to behavior

- Flexibility with consequences:
- Patience
- Don't take it personally
- Encourage recovery
- Support/motivate/link to treatment
- Collaboration
- Empowerment
- Choices
- Respect
- Trustworthiness
- Individualize treatment recommendations
- Validate trauma and experiences your client has been through

It's not "What's the matter with you" ... it should be "What's happened to you?"

Treatment for Trauma

- Think outside the box with therapy. CBT, animal assisted, art therapy, music therapy, play therapy, build upon a youth's interests and get creative. Don't settle for cookie cutter treatment or treatment plans for our youth.
- Be aware that when a youth is working through their trauma they may act out. It's like ripping off a scab and letting your body heal again. We see this with youth that haven't been able to attach, they will push people away to avoid getting hurt and self-sabotage when they are scared.
- Children will act before they think, this is part of brain development. Running as a way to protect themselves. This what they know, and it can take time to rewire the brain to regulate emotions and change negative behavior.

Trauma from incarceration:

- For youth who have experienced trauma and are entering the justice system, the process of arrest and incarceration can itself represent a traumatic event.
- Confinement has been shown to exacerbate the symptoms of mental disorders, including PTSD, and the act of processing youth into juvenile custody (for example, using handcuffs, searches, isolation and restraints), as well as the risk of abuse by staff or other youth can be traumatizing.
- In particular, characteristics of correctional facilities, such as seclusion, staff insensitivity or loss of privacy, can exacerbate negative feelings created by previous victimization, especially among PTSD sufferers and girls. Youth in correctional facilities are frequently exposed to verbal and physical aggression, which can intensify fear or traumatic symptoms.
- Detention facilities ARE NOT treatment facilities and do not provide trauma informed care or treatment to juveniles. Detention can stunt biological, social and psychological development. In addition, Incarceration itself can be traumatic. (BOUND AND BROKEN REPORT) **Consider trauma exposure when deciding sentencing and placement**