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Children's Action Corps
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Trauma in Dual Status Youth:
Putting Things In Perspective

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Practitioners in the child welfare and juvenile justice systems are aware that the children and youth they serve have likely experienced adverse and traumatic events sometime in their young lives. Behavioral and neuroscience research has begun to provide a picture of the potential for early trauma to negatively influence the development of children both psychologically and neurologically. Traumatic experiences can have significant impact on the mental health, physical health, and behavior of children and youth whom practitioners work to protect, treat, and rehabilitate.

The growing awareness of these effects has led to the need for interventions that take into account the relevance of trauma in the lives of young people with behavior problems. Such interventions can range from actions to remove the youth from an abusive situation to specialized trauma-based methods for treating behavior problems of young people.

The first step in such interventions is the identification of young people for whom trauma-based treatment is necessary and appropriate. Consistent with the field's concerns, a recent Attorney General's Report[1] has urged all child-serving organizations to "train their staff to identify, screen, and assess children for exposure to violence" (p. 70). The three terms can be reduced to two, because both screening and assessment can be used to "identify" exposure to violence. Together with trauma-based interventions, methods to screen and assess young people for trauma-based behavior problems are necessary to address the concerns that child welfare and juvenile justice providers have identified.

[1]Office of Juvenile Justice and Delinquency Prevention, 2012

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The Robert F. Kennedy National Resource Center for Juvenile Justice, led by Robert F. Kennedy Children's Action Corps, provides consultation, technical assistance, and training to enhance the performance of youth-serving systems and improve outcomes for youth and families touched by the juvenile justice system. The array of services and resources delivered by the RFK National Resource Center addresses: (1) youth with prior or current involvement in both the child welfare and juvenile justice systems, known as dual status youth, (2) the review and improvement of juvenile probation systems, and (3) the use of a model framework to address the state and national laws and policies governing the exchange and sharing of data, information, and records for youth and families.

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This brief is the first in a series on trauma-related procedures for use with dual status young people—children and adolescents who come into contact with both child welfare and juvenile justice systems. It describes generally the state of our understanding of the prevalence of trauma-based behavior problems and considerations in designing agreed-upon best practices to identify them. Some areas of a best practice are fairly well known but other areas are still in need of resolution. Subsequent briefs in this series will offer more detailed advice about tools for identifying trauma-based problems and will discuss current opportunities and limits in our efforts to identify and treat dual status youth when responding to psychological consequences of trauma.

The Scope of the Problem

Understanding the need for trauma-informed assessment and treatment begins with recognition of the scope of the problem. "Dual status" refers to youth who currently are, or by history have been, involved in both the child welfare system and the juvenile justice system.[2] What proportion of dual status young people might require special attention for trauma-based behavior problems? To find out, we need to ask about the prevalence of two issues among dual status youth: (a) exposure to potentially traumatic events, and (b) the behavioral or psychological difficulties arising from those events. As we will explain in a moment, these two types of prevalence are not the same.

Prevalence of Exposure to Potentially Traumatizing Events

Studies describing the prevalence of exposure to traumatic events ask young people to report whether they have experienced events that can be harmful and distressing (e.g., physical or sexual assaults, seeing others hurt or killed, abuse or serious neglect, natural disasters). Sometimes they are asked whether such events "ever" happened to them or whether they happened "in the past year." The events themselves would be expected to cause distress when they happen, but that might or might not lead to later behavioral or psychological problems. The results of trauma exposure studies, therefore, are best interpreted as the prevalence of *exposure to potentially traumatizing events that may have been stressful when they occurred, not necessarily the prevalence of longer-term traumatization*.

The great majority of young people in both child welfare and juvenile justice settings appear to have been exposed to potentially traumatizing events. Studies show that more than 80% of youth in juvenile justice settings[3] and over 70% of youth who require child welfare services[4] report having been exposed to more than one event that was potentially traumatic. Girls generally report more exposure than boys.[5]

These figures are only slightly higher than for young people who represent the general population of the U.S., about two-thirds (60% to 71%) of whom report exposure to at least one potentially traumatizing event at some point in their life.[6] Thus, the figures for exposure to traumatizing events for young people are fairly high across the board. This is instructive because it reminds us that many individuals exposed to potentially traumatic events do not become dual status youth. Some young people with such exposure are resilient and able to cope, with or without some short-term difficulty, or their long-term reactions do not reach a level of clinical significance. Nevertheless, although exposure to traumatic stress does not always lead to conditions that require child welfare or juvenile justice services, it clearly increases the likelihood they will be needed.

Studies show also that there is a qualitative difference between the exposure to potentially traumatizing events of dual status youth and general population youth. The number and pervasiveness of traumatic events reported by youth in child welfare and in delinquency populations tend to be higher[7] than among general population youth.[8] This suggests that dual status youth more often experience "complex trauma"—that is, exposure to multiple traumatic events, often of an invasive, interpersonal nature, with the potential to have more wide-ranging and long-term impact.

[2] Wiig & Tuell, 2013

[3] Abram et al., 2004; Arroyo, 2001
[4] Greeson et al., 2011
[5] Cauffman et al., 1998
[6] Finkelhor et al., 2005; Copeland et al., 2007; Kessler et al., 1995
[7] Abram et al., 2004
[8] Finkelhor et al., 2005

Prevalence of Trauma-Based Behavior Problems

As already noted, exposure to potentially traumatizing events does not always lead to longer-range negative effects on young people's behavior. Whether the trauma exposure "caused" a youth's behavioral problems is something we want to gauge as much as possible to identify the proportion of youth who may need trauma-based interventions. This is particularly relevant when it comes to identifying and serving the complex needs of dual status youth.

The best data that we have on the prevalence of trauma-based behavior problems are for a specific type of problem, Posttraumatic Stress Disorder (PTSD). The criteria for diagnosing PTSD require a presumed connection between exposure to traumatizing events and persistent symptoms of distress. Current studies of PTSD prevalence in delinquent youth are difficult to interpret because they have used various measures of PTSD, samples from various types of juvenile justice settings (e.g., detention or post-adjudication), and defined prevalence within different time frames (e.g., lifetime, past year, past month). Perhaps for these reasons, reports of PTSD prevalence among delinquent youth in the five most frequently-cited studies are quite varied: 4.8%,[9] 11.2%,[10] 24.2%,[11] 32.3%,[12] and 48.9%,[13] but they are much higher on average than reported PTSD prevalence for general populations of young people which ranges from 5% to 9%.[14] PTSD rates for child welfare youth are less available, but one foster care study reported PTSD prevalence of about 30%.[15]

But this is not the whole story. Some young people may suffer lasting effects of trauma exposure without developing PTSD.[16] First, some may have anxiety, depression, or other symptoms that are related to their trauma histories and are serious enough to meet criteria for some psychiatric disorder other than PTSD.[17] Second, some may have trauma-based symptoms or behavior problems at a lower level of severity that does not meet psychiatric criteria yet is sufficient to cause them distress and impair their functioning in everyday life.

We know that the prevalence with which youth in more restrictive juvenile justice settings (e.g., detention and other facilities) meet criteria for one or more psychiatric disorders is about 50-65%[18] and that this is much higher than the 15-25% reported for young people in the general population.[19] Even though most of those young people have trauma histories, we cannot automatically presume that their symptoms are trauma-based, and we do not have data on the proportion for which that is the case (other than the PTSD studies noted earlier). Nevertheless, they too might benefit from interventions that take their trauma histories into account.

In summary, we know that for youth in child welfare and in delinquency populations, the prevalence of potential traumatizing experiences, as well as symptoms that could be caused by those experiences, are both extremely high. We know that for a significant proportion of them—those who have PTSD—exposure to traumatizing experiences are the cause of their behavior problems. We also have good evidence that for many other young people who do not meet PTSD criteria, trauma is at the root of their behavior problems and psychiatric symptoms, although we are less certain about their prevalence.

Why Identify Trauma-Related Problems in Dual Status Youth?

Research shows that trauma can be at the root of youths' later behavior problems and psychiatric disorders. Identifying trauma-related conditions therefore serves agencies' objectives to shape an appropriate treatment response, leading to placements or other responses that address their problems and minimize the likelihood of re-traumatizing the youth.

[9] Wasserman et al., 2002
[10] Abram et al., 2004
[11] Burton et al., 1994
[12] Steiner et al., 1997
[13] Cauffman et al., 1998
[14] Breslau et al., 1991; Kessler et al., 1995; Kilpatrick et al., 2003; Perkonigg et al., 2000
[15] Dale et al,1999
[16] Dyregrov and Yule 2006
[17] Ackerman et al. 1998; Costello et al. 2002; Kerig et al., 2006; Kilpatrick et al. 2003
[18] Teplin et al., 2002; Wasserman et al., 2002
[19] Costello et al., 1996; Kazdin, 2000

As the previous discussion demonstrated, most dual status youth have trauma in their histories. In this sense, merely being identified for child welfare and juvenile justice services is a fairly dependable sign that youth have been exposed to traumatizing conditions. One would not need extensive methods to identify trauma if that were all we wanted to know. There are reasons, however, to identify more closely the nature of trauma and its impact on individual youths as they are encountered in child welfare and juvenile justice settings.

One reason is that trauma-based problems come in many forms and intensities, and there is no single treatment response that is appropriate for that wide range of conditions. What treatment course we will take depends on those differences among youth in the nature and impact of their trauma. We want to provide the right treatment approach for each youth. So we need to identify not just whether they have been traumatized, but also when and in what ways.

This approach has a second implication. We want to avoid applying the wrong treatment approach for the youth's condition, including avoidance of treatment where it may be harmful. Some youth who have histories of exposure to potentially traumatic events do not necessarily need trauma-based treatment that focuses on their traumatic histories. As we will describe later, most trauma-based therapies require re-visiting their trauma experiences. For youth whose current problems are not related to earlier traumas they have experienced, this re-exposure to the events might be damaging rather than therapeutic.

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A final reason to know which youth need specific types of treatment is to improve our agencies' management of their treatment resources. Promoting trauma-informed care does not mean providing trauma-based treatment to every youth who has been exposed to something that may or may not have been traumatic. It means recognizing the role of trauma in most youths' lives and applying trauma-based treatment in cases in which it is needed. Effective and efficient use of resources involves targeting specific approaches for specific youths, avoiding their application indiscriminately. To do that, we need methods that identify youths' specific trauma-based needs.

The other type of information we need is the nature of their current psychological conditions and its relation to their past trauma histories. As noted earlier, sometimes this relation is captured in a psychiatric disorder—PTSD—in which the current symptoms are closely linked to trauma exposure. At other times it is a matter of determining how current behavior problems or symptoms other than those that constitute PTSD may be related to earlier trauma.

One might conclude that another reason for identification of trauma-related problems is to anticipate and reduce the likelihood of harm to others. There is a compelling argument for the notion that since "violence begets violence," youth with histories of physical abuse may be at increased likelihood of being violent towards others. For example, one study found that youth with a history of neglect or physical abuse and child welfare involvement had greater odds of being arrested as a youth or adult than youth with no child welfare involvement.[20] However, the connection between physical abuse and delinquency or violence is not that straightforward. Studies report different findings depending on the way the samples were selected, whether other risk factors were taken into account, and whether the outcomes were measured based on youth self-reports or official arrest records. For example, the previous study also found that among youth already involved with the juvenile justice system, there was no difference in the proportion of those who had a subsequent violent arrest as an adult for youth with or without a history of physical abuse. The association between prior traumatic events and later violence is complex because it depends on the nature and chronicity of these events,[21] and probably also whether the youth has significant protective factors to mediate the effects.

[20] Widom and Maxfield, 2001

[21] Ford et al. (2010) found youth with multiple types of victimization in the past (poly-victimization) were at increased risk of delinquency compared to youth with less prior trauma experiences.

In summary, the identification task is not so much a matter of determining whether the youth has been exposed to trauma, but which types of trauma, under what circumstances, and with what time frames. In a dual status group of young people, these are the types of conditions that help identify youths who might have "complex trauma" involving more serious and pervasive traumatic exposure and thus the greater likelihood of trauma-based problems. Then we need to identify those cases in which their current symptoms or distress are related to their earlier traumatizing experiences.

The purpose of this identification is to apply appropriate treatment methods to their trauma-related problems as those problems may relate to their ability to cope, function in society, and to benefit from delinquency-related interventions. The purpose is not to identify those at risk of further delinquency or violence, although for some, traumatic histories may increase the likelihood of certain types of aggression.[22] Risk assessments are more appropriate for this purpose, although they may benefit from being combined with trauma screening.

Identifying Trauma and Trauma-Related Problems in Dual Status Youth

Child welfare and juvenile justice programs that want to develop appropriate procedures for identifying youths with trauma-related problems will need to attend to two sets of questions: (a) what methods will be used and (b) what policies, procedures and resources are necessary?

Trauma-Based Screening and Assessment Methods

Current methods for identifying youth who might need attention for trauma-related problems are of two broad types: *screening* and *assessment*.

Trauma *screening* methods are structured tools, brief and simple to use, designed for use by persons without specialized clinical skills who administer them to every youth entering some point of the child welfare or juvenile justice system. Most of these tools ask the young person to report on trauma-related information based on their own memory, thoughts and feelings. They are not designed to be "diagnostic." They identify youth who "might" have some problem in question ("screened in"), separating them from youth who are "highly unlikely" to have the problem in question ("screened out"). The former youth are then referred for assessment, which employs more detailed methods that usually require clinical training.

An *assessment* is more extensive, requires staff with specialized professional training, and can provide information about whether a youth does in fact have the problem in question (e.g., diagnosis) and whether treatment is warranted.[23] The purpose of assessment is to offer a definitive conclusion about the youth's trauma-related needs, which is intended to inform a treatment plan.

Trauma screening and assessment tools are not all alike in their purposes, and different tools are better for the variety of purposes and resources that a particular agency might have. The second brief in this series will identify several of the screening and assessment tools that are available for identifying youth with trauma-based problems and disorders.

Focusing for now on trauma screening tools, they can be divided into three broad types:

- Screening for exposure to potentially traumatizing experiences
- Screening for PTSD—exposure to traumatizing events as well as symptoms associated with a specific reaction to that exposure
- Screening for a variety of psychological symptoms that are sometimes related to exposure to traumatic events

Regarding *screening for exposure*, such tools would be of little use for most child welfare and juvenile justice agencies if all they identified was whether a young person had been exposed to a past traumatizing event. As we have seen, the answer for most dual status young people

[22] Ford, J. D., Fraleigh, L. A., & Connor, D. F. (2010).

[23] Grisso, Vincent & Seagrave, 2005; Vincent, Grisso & Terry, 2007

would be "yes." What is needed is a tool that will provide information about exposure to various types of traumatizing experiences (e.g., physical abuse, sexual abuse, neglect), whether the youth's exposure has been to one of those types or multiple types, when exposure has occurred (e.g., in early childhood or recently), and whether exposure was episodic or occurred over a period of time.

Screening tools for PTSD typically include a way to identify both exposure and specific types of symptoms currently experienced by the youth that are known to be associated with traumatic reactions (e.g., emotional numbing, hypervigilance, recurrent triggering of memories of the trauma). As described earlier, many youth have trauma-based psychological and behavioral problems yet may not meet criteria for PTSD. The decision about whether to use a PTSD screening tool, therefore, will depend on whether the agency wishes to focus on PTSD, which is the most serious trauma-based disorder, or whether it wishes to identify youths who have a broader range of behavioral or emotional problems related to their trauma exposure.

If the agency wants to identify the broader range of problems potentially related to trauma, it can consider the third category of screening tools, those that identify *psychological symptoms of distress* (e.g., depression, anxiety, aggressive reactions). Some of these tools also have the ability to identify exposure to traumatic events. But they do not indicate whether the symptoms are related to trauma exposure. If the youth is "screened in" on both symptoms and exposure events, this would be the signal to refer the youth for an assessment—a more comprehensive evaluation process—to determine whether the symptoms appear to be related to the trauma exposure.

The second brief in this series will describe in more detail the circumstances in which agencies might wish to use these various types of trauma screening tools. In addition, it will identify various ways in which assessment following screening can be accomplished. In general, assessment will need to be conducted by qualified professionals.

Implementing Trauma-Based Screening and Assessment

Efforts to identify trauma-related problems in dual status youth must attend not only to using the right methods, but also implementing them properly. Most tools have been validated when used with specific populations of youth, in certain types of settings, with certain instructions to youth who are screened. Those tools are valid in everyday use only to the extent that they are administered and used as described in their manuals. Later briefs will describe the many ways in which agencies must attend to implementing these manual-based conditions in actual practice. In addition, two issues of implementation require special consideration because of the multiple agencies that typically serve dual status youth.

When to Share Information

Dual status youth by definition are being served by multiple agencies. To what extent should or can those agencies share information across agencies? This raises two types of information-sharing issues.

First, agencies implementing trauma screening methods that ask about current abuse (not all tools do this) should be prepared to occasionally uncover information about current and on-going abuse that is subject to mandatory reporting laws. Agencies must develop policies for staff to follow to determine when reports of abuse or maltreatment must be made to designated authorities. Likewise, the agencies should have standard language in place to disclose this potential for mandatory reporting to the youth and parents before trauma screening and assessment is conducted.

The second issue pertains to sharing of screening, assessment and treatment information between systems. This sharing can help coordinate services and improve case management decision-making, and can help identify children at risk for maltreatment or delinquency.[24] In this sense, sharing of screening or assessment information for dual status youth regarding their exposure to potentially traumatic events or trauma-related symptoms could reduce the amount of screening needed (if this is a necessary goal)

[24] Slayton (2000, March)

and improve case planning. On the other hand, care should be taken to ensure the dissemination of information is not used to push young people further into the juvenile justice system.[25] For example, if courts perceive the presence of a significant trauma exposure history as increasing a youth's risk to public safety, the information could be prejudicial. Similarly, if the information is used to argue for deeper penetration into the system in order for a youth to obtain services, the exchange of information could be equally damaging to youth. One of the important matters of policy that must be considered is the degree to which screening and assessment information will be shared with other agencies, especially within the juvenile justice system.

trauma screening and assessment tools are not all alike in their purposes

Avoiding Over-Screening

Dual status youth are in contact with multiple agencies, so they may encounter trauma-related screening several times within short time periods. If youth are being asked about a litany of negative events that occurred in their life during their intake into the child welfare system, and then again when they step into the juvenile justice system, and then again in each setting within the juvenile justice system, this can have undesirable effects. Speaking of the events over and over runs the risk of re-traumatizing the youth. In addition, some youth will simply "tune out" (or answer everything in the negative) if they are asked trauma-related questions over and over in standardized screening procedures, therefore invalidating the results. This is a particular risk for youth who are in and out of the system and quickly learn that endorsing certain problems on screening tools may subject them to something they do not want to do (e.g., counseling). Attention needs to be given to reducing repetitive screening and assessment. This can sometimes be dealt with by having interagency agreements about the sharing of information, while exercising limits noted earlier regarding implications for youths' involvement in juvenile justice processes of adjudication.

[25] Wiig & Tuell (2013)

Responding to Trauma-Related Problems in Dual Status Youth

When dual status youths' behavioral problems are identified as being trauma-based, agencies will want to refer youth to programs that are trauma-informed regarding their interventions. At the broadest level, this may mean programs in which staff members are aware of the role of trauma in youths' behavior problems. Such awareness has increased considerably in recent years, aided by special training for staff members in trauma-informed care in many child clinics, child welfare programs, and juvenile justice settings that work with dual status youth.

At a more specific level, agencies often will wish to refer dual status youth with trauma-related disorders to specialized forms of treatment intervention. The number and types of such interventions that target trauma as a basis for youths' disorders has increased substantially in recent years. The National Child Traumatic Stress Network (NCTSN) lists over 40 treatment methods that meet its criteria as empirically-supported treatments or promising practices for the treatment of trauma-based disorders in children and adolescents.[26]

Reviewing this range of options, one will discover that they have certain core elements in common, but that they differ in many ways. Some are designed for specific target populations (e.g., ages or socioeconomic environments of youth), focus on specific disorders (e.g., PTSD) or on trauma-based disorders in general, and they vary in their applications to individual youth, groups of youths, or families. Some are designed for specific settings (e.g., schools, clinics, juvenile justice programs). Most important, many communities will have some, few, or none of these treatments available for referral. The third brief in this series will describe trauma-targeted treatment methods for dual status youth and offer guidance in matching youths to treatment programs.

[26] http://www.nctsnet.org/resources/audiences/parents-caregivers/treatments-that-work

Conclusions

This brief described the significance of children's exposure to violence and other potentially traumatic events and basic matters to consider when systems wish to identify trauma-related problems among dual status youth. Exposure to potentially traumatic events is widespread and requires significant intervention in many, but not all, cases. Identification and intervention of trauma-related issues is of utmost importance, but it must be implemented with care so that methods are used in ways that maintain their value and manage resources wisely. The following points summarize what is needed:

- A clear objective about what needs to be identified: exposure to potentially traumatizing experiences, or symptoms of distress, or both
- A best-practice protocol for screening and assessment with recommended tools that have been validated for the program's objective and for use in the program's population
- Guidelines for the appropriate protections of information and sharing of information across agencies with respect to trauma-related issues
- An appropriate response protocol to screening and assessment information that takes into account the nature, presence and severity of trauma-related symptoms
- Staff training on the screening response and appropriate service referral strategies

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