



Improving Trauma-Focused Services for Youth Involved in the Juvenile Justice System



Last year there were [11,000 referrals](#) to juvenile court in Connecticut, representing enough children to fill more than 22 average-sized public schools. Most of these children have been repeatedly exposed to trauma and a majority have unmet mental health needs. Trauma exposure includes domestic violence, sexual abuse, physical and emotional maltreatment, community violence, natural disasters, and traumatic loss.

Although many youth exposed to trauma do not experience ongoing concerns, the prevalence of posttraumatic stress disorder (PTSD) symptoms among justice-involved youth is very high. Exposure to trauma and the resulting PTSD symptoms and other reactions have been linked to [lifelong problems](#) with interpersonal functioning, cognitive functioning, substance abuse, and mental health concerns including PTSD, anxiety, depression, eating disorders, and conduct disorders. The lifetime societal costs associated with child maltreatment have been estimated at [\\$210,012 per child](#).

Juvenile Justice Involved Youth

Unmet mental health needs:

50% to 70% of youth in the juvenile justice system have at least one diagnosable mental health disorder.

Exposure to trauma:

Between 75% and 93% of youth involved in the juvenile justice system have experienced at least one potentially traumatic event.

Development of PTSD:

Up to 50% of justice-involved youth experience PTSD symptoms (eight times higher than community rates).

A Comprehensive Mental Health System

The prevalence and impact of trauma exposure and traumatic stress reactions among justice-involved youth demonstrate the need for expanding and improving trauma-informed and trauma-focused services. Among states, Connecticut has emerged as a leader in developing trauma-informed systems and disseminating trauma-focused evidence-based practices. This progress is outlined in depth in CHDI's IMPACT: [Advancing Trauma-Informed Systems for Children](#) (September 2015).

Developing a Trauma-Informed System

Collaboration, identification of mental health needs, diversion, and treatment are four key elements of a comprehensive mental health system for youth in the juvenile justice system. Connecticut's Court Support Services Division (CSSD) along with the Connecticut Department of Children and Families (DCF) and CHDI have partnered to address these elements by further expanding trauma-informed services, more effectively identifying children in need of these services, and improving collaboration and the coordination of care.

Implementing Trauma Screening

CHDI and partners at the Consultation Center at Yale University and DCF developed a brief trauma screening measure, the [Connecticut Trauma Screen](#), which is now being used by child welfare staff, juvenile probation officers and other juvenile justice staff to quickly and effectively identify children who may be suffering from exposure to trauma. In 2014, six Child Youth Family Support Centers (which serve low to moderate risk justice-involved youth) used the Connecticut Trauma Screen (CTS), to screen all referred youth. During the first ten months of implementation, 720 youth were screened for trauma and Center staff reported:

- 37% of youth screened reported previously unknown trauma exposure
- 75% youth screened reported trauma exposure
- 41% indicated a high likelihood of suffering from clinically significant PTSD symptoms

Collaborating to Provide Trauma-Focused Treatment

In 2014, CHDI and CSSD brought together community mental health agencies, Juvenile Probation Officers (JPOs) and the Child Youth Family Support Centers for a yearlong learning collaborative in TF-CBT. In addition to training mental health clinicians to offer TF-CBT to justice-involved youth, the learning collaborative process fosters collaboration across all systems and is an important factor in the provision of services for youth.

Preliminary results of TF-CBT for justice-involved youth are promising, including significant improvements in school attendance, substance use involvement, and remission in depression from pre to post treatment. Of the 16 justice-involved youth who completed TF-CBT treatment, 69% saw a remission in PTSD diagnosis. Caregivers expressed high rates of satisfaction with TF-CBT (92%).

Next Steps

Unfortunately, barriers still remain to connecting justice-involved youth with trauma-focused services such as transportation challenges, insurance co-pays, lack of trust in service providers, limited caregiver involvement in treatment, and anxiety about discussing trauma. The TF-CBT Juvenile Justice learning collaborative is working to address these barriers, along with other initiatives in CT such as [CONNECT](#) and the implementation of [Connecticut's Behavioral Health Plan for Children](#), both led by DCF.

To make it possible for youth in the juvenile justice system to benefit from having access to a trauma informed system that can understand the effects of trauma exposure, identify youth suffering from trauma, offer access to evidence-based trauma services, and support effective collaboration between systems it is important to:

1. Continue providing cross-training and ongoing implementation opportunities for juvenile justice staff and behavioral health providers to foster cross-system collaboration.
2. Consider implementing trauma screening more broadly for justice-involved youth.
3. Identify and address barriers to successful engagement in trauma-focused treatment.
4. Evaluate the role of trauma and trauma treatment in reducing recidivism rates.

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