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### Meet the Presenters



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### WellPower's Juvenile Justice Program

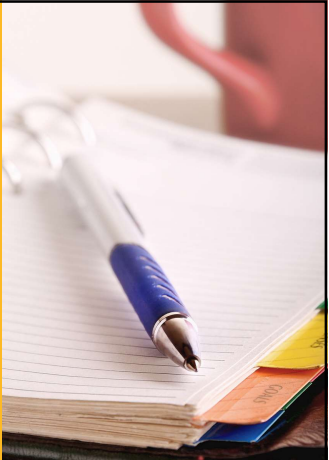
- Community-based mental health services to youth involved in any part of the juvenile justice system
- Five clinicians on the team
  - ✓ 3 LACs and 5 EMDR-trained Clinicians
  - ✓ 2 Spanish-speaking Clinicians
- We meet youth, literally and figuratively, where they are.
- Coordination and collaboration with Justice Partners is essential



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### Objectives of Today's Session

- Understand the unique issues regarding trauma and youth involved in the justice system.
- Integrate neuroscientific elements in practical ways to adapt treatment interventions.
- Understand the importance of the therapeutic relationship.
- Have practical tools to integrate into your chosen approach for processing trauma.



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***What modalities are you using?***

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***Trauma 101***

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### **Post Traumatic Stress Disorder (PTSD)**

Exposure to actual or threatened death, serious injury, or sexual violence

Intrusive, distressing memories or dreams related to the traumatic event(s)

Avoidance of trauma-related stimuli

Negative changes in thoughts and mood associated with the trauma

Increased arousal and reactivity, including irritability, hypervigilance, and difficulty sleeping

Symptoms lasting more than one month

Symptoms causing significant distress or impairment in social, occupational, or other areas of functioning

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### **Big "T" vs Small "t"**

#### **BIG "T" TRAUMAS**

- Refers to significant and major traumatic events that have a profound and long-lasting impact on a person's life.
- May life-threatening or involve serious harm to the individual or others
- Examples:
  - ✓ Physical or sexual abuse
  - ✓ Serious accidents or natural disasters

#### **SMALL "t" TRAUMAS**

- Refers to less severe but still distressing events that can accumulate and have a cumulative impact on an individual's mental health and well-being over time.
- Not life-threatening but cause emotional distress and challenge ability to cope.
- Examples:
  - ✓ Humiliation or embarrassment
  - ✓ Growing up in an environment where emotional needs are not met.

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### How Does Trauma Show Up in Our Nervous System



Compromises our ability to engage with others



Replaces pattern of connection with patterns of protection



When trauma is unresolved, it is part of our habitual autonomic patterns. Reactions are automatic and adaptive.



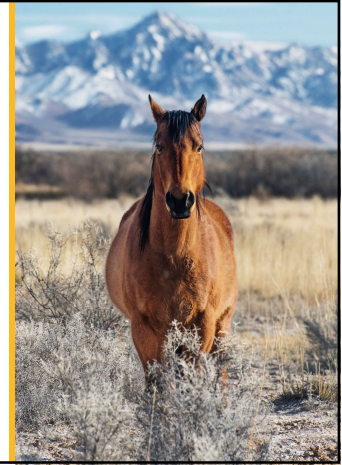
Trauma may be mistakenly identified as ADHD, bipolar, conduct disorders, etc. (i.e. hyperactivity, impulsivity, hypervigilance, etc.)



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### Trauma and Youth with Justice Involvement

- Consider trauma.
  - Trauma symptoms can often be mislabeled as: defiance, ADHD, resistant, criminal, etc.
- Trauma does not always present in an easily diagnosable form. Consider the "big picture."
  - Developmental Trauma Disorder
- Justice involvement is traumatizing.
- Racism and oppression is traumatizing.
- Futures orientation is often limited.



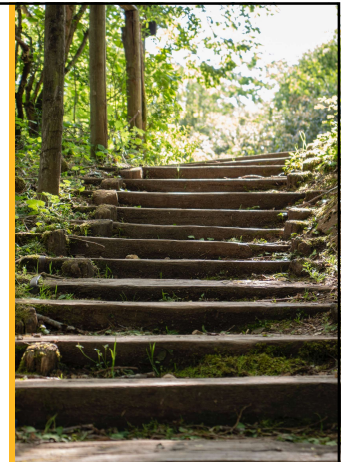
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### Juvenile Justice Specific Considerations

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### Challenges Unique to Justice-Involved Youth

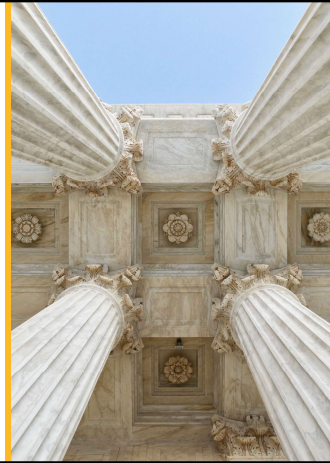
- Systemic Racism and Oppression
- Role of the Justice System in Treatment
- Your Role as a Therapist
- Managing Confidentiality
- Role of the Family System
- Assessing for Dissociation



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### Ways Systemic Racism and Oppression Impact Youth

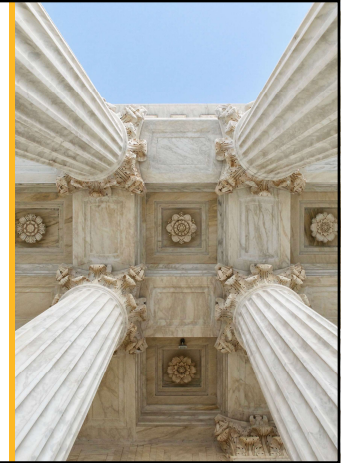
- Overrepresentation
  - Black youth represent 5% of the population in CO, but make up 14% of the youth arrested and 18% of youth in detention.
  - Hispanic youth represent 39% of the population in CO, but make up 49% of the youth arrested and 49% of youth in detention.
- Harsh sentencing
  - Black and Hispanic youth are more likely to be sent to juvenile detention centers and are more likely to receive longer sentences than white youth for similar offenses.
- Trauma



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### Ways Systemic Racism and Oppression Impact Youth

- Disadvantages in life outcomes
  - Youth who are involved in the juvenile justice system are more likely to experience negative life outcomes, such as poverty, unemployment, and housing insecurity.
- Lack of support
- Importance of Clinician Self Reflection of Implicit Bias



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### Justice System in Treatment

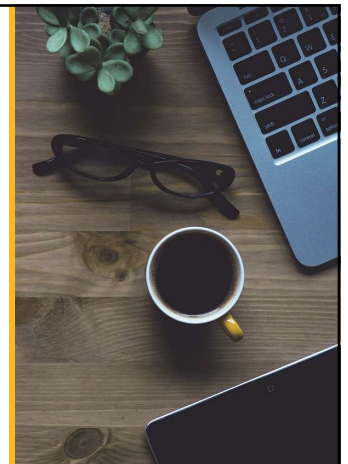
- "Mandated to treatment"
- May take a one-size fits all approach (CBT, MST, etc.) or make requests that are not possible.
- System is not built to be trauma informed.
- Importance of positive collaborative relationships with justice partners.
  - ✓ Provide psychoeducation on issues related to mental health and trauma.



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### Your Role as a Therapist

- Remember who your client is, and what your ethical obligation is.
  - ✓ Confidentiality and ethics are less ambiguous than they might feel.
  - ✓ Mandated reporting and duty to warn do not include reporting past or planned crimes unless your client is at "imminent" harm, or is threatening imminent harm to others.
- Advocate role for therapist
- "What is in the best interest of the client?" is our guiding ethical principal. What are some ways the best interests of our youth may impact boundaries?
- Modeling healthy adult attachment
- Show up as your authentic self. Sometimes our non-therapist parts play a role.



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### Managing Confidentiality

- Be clear about the limits of confidentiality.
- Establish trust and build rapport.
- Involve the client in decision-making.
- Obtain informed consent when contacting partners.
- Regularly review and reassess confidentiality.



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### Role of the Family System

- **Cultural Sensitivity and Humility:** Understand cultural norms, beliefs, and values that influence attitudes towards the justice system.
- **Engagement and Trust-Building:** Trust and rapport-building is just as important with family as with youth.
- **Education and Information:** Provide clear and accessible information on the legal system and mental health treatment.
- **Conflict Resolution:** Conflicts may arise within families as they navigate the challenges of the justice system.

**All kids need at least one trusted adult in their life.**



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### Assess for Dissociation

- Dissociation as a spectrum and **a strategy for survival.**

#### MILD

- Daydreaming
- Foggy
- Checked out
- Spacey
- Forgetful

#### MODERATE

- Losing track of time
- Intentionally numbing
- Lost in the past
- Overwhelmed by affect, emotion, or somatic sensations

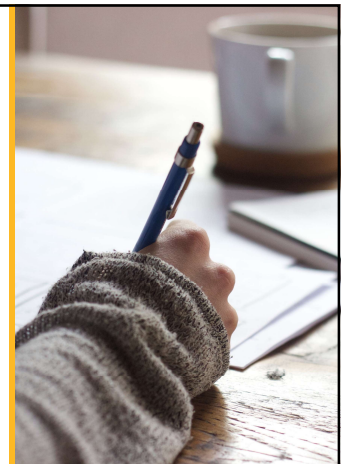
#### SEVERE

- Significant time loss, especially in present
- Cannot identify feelings or notice/feel body
- Intense emotion take over
- Presence of alters

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### Assessing for Dissociation

- Be mindful of presentation and potential interpretations of affect (i.e. oppositional, "shut down," etc.)
- Use screening tools:
  - ✓ Adolescent Dissociative Experiences Scale (A-DES)
  - ✓ Child Dissociative Checklist (CDC)
- ✓ Psychoeducation, Grounding techniques, mindfulness, body awareness work, Parts Work if dissociation is present.



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### Considerations Not Addressed

- Currently detained and committed youth
- Gang involvement
- Substance Use and Co-occurring Disorders
- Economic Stability and Resource Needs
- Sex Offenses



### Window of Tolerance

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### The Window of Tolerance

- Window of Tolerance is another way of describing our Autonomic Nervous System (ANS).
- Window of Tolerance is the range in which we can feel our emotions and respond to the world around us in a healthy way.
- It is unique to each individual and can be influenced by various factors.
- When we are within our Window of Tolerance, we can think clearly, connect with others, and navigate life's challenges effectively.



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### The Window of Tolerance

- We are outside our window when we encounter stressors or triggers that alert our nervous systems responds.
- Our Nervous Systems respond:
  - ✓ Hyperarousal: Fight or Flight response
  - ✓ Hypoarousal: Freeze, Appease, Collapse/Numb response
- The goal:
  - ✓ Expand our Window of Tolerance
  - ✓ Tolerate more intense emotional experiences without becoming overwhelmed or shut down



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## Signs of Regulation and Dysregulation

### HYPERAROUSAL (SYMPATHETIC)

- Hyperalert
- Hypervigilance
- Defensiveness
- Anxious
- Overwhelmed/Disorganized
- Highly irritable
- Aggressive
- Dissociative

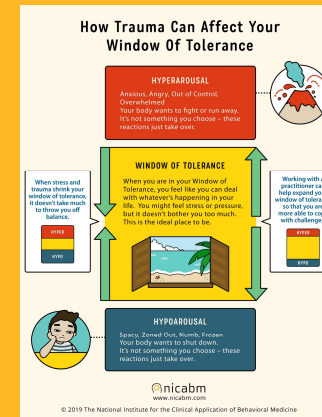
### WINDOW OF TOLERANCE

- Think logically/clearly
- Makes eye contact
- Display wide range of emotions
- Feels grounded and in the body
- Internal awareness
- Ability to communicate

### HYPOAROUSAL (PARASYMPATHETIC)

- Helpless
- Numb
- Non-expressive
- Lethargic/Tired
- Lacking motivation
- Dull/Restricted Affect
- Depressed
- Isolated
- Dissociative

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## Window of Tolerance Activity

*With a partner, take turns describing the Window of Tolerance. We'll have five minutes (two minutes each) and then come back to de-brief.*

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## Co-Regulation

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### Co-Regulation

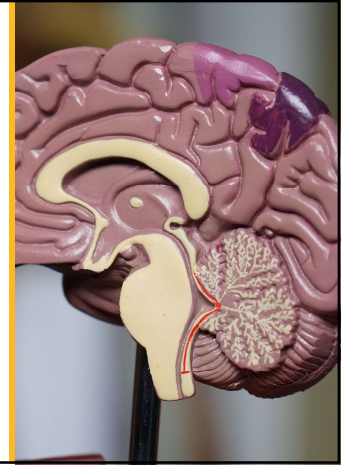
- Co-regulation is “the mutual and dynamic process through which our nervous systems attune to one another.”
- We suffer when our biological need for connection is unmet.
  - ✓ Hyperarousal reaches out through mobilization (i.e. interrupting, arguing, fighting for attention)
  - ✓ Hypoarousal shuts down (i.e. silence, distancing, isolating)



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### Co-Regulation

- Co-regulating presence is about being right here, right now, with your whole entire being.
- We cannot do good therapy outside of our Window of Tolerance.
  - ✓ Your nervous system serves as coregulator.
  - ✓ Invites a sense of belonging and feeling safety
  - ✓ It occurs naturally through non-verbal cues, facial expressions, vocal tones, and body language.



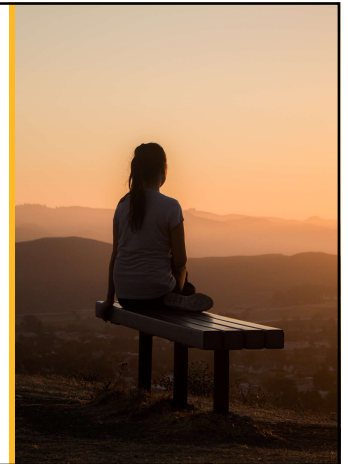
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### ***Practical Tools and Adaptations***

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### Process What's Possible

- Address small “t” traumas over big “T” traumas
- Symptom reduction can allow deeper healing
- The importance of relationship – presence over process
- Pay attention to flooding – building tolerance is essential (even to the good feelings)



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### Window of Tolerance as Tool

- Provide psychoeducation on Window of Tolerance
- Some ways to integrate Window of Tolerance into session:
  - ✓ Befriending the Nervous System
  - ✓ Autonomic Short Story
  - ✓ Glimmers and Triggers Map
  - ✓ Window of Tolerance Anchors



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### Befriend the Nervous System/ The Four R's

- Recognize the state (Where are you in your Window?)
- Respect the survival state.
- Regulate/Co-regulate
- Re-story



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### Autonomic Short Story

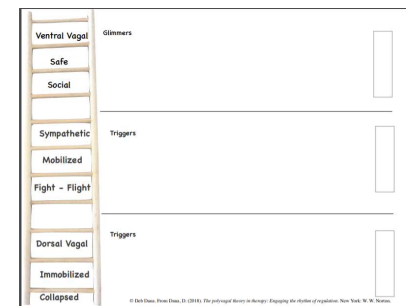
- I am in \_\_\_\_\_ state.
- My system is responding to....
- My body wants to.....
- My brain makes up the story that.....
- When I review my short story, I notice.....



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### Glimmers and Triggers Map

- Triggers occur when we are outside our Window.
- Glimmers occur when we are in our window.
- Describe specific factors that move us to that part of the window.
  - Start with hyper- or hypo- first.
  - Move into the window

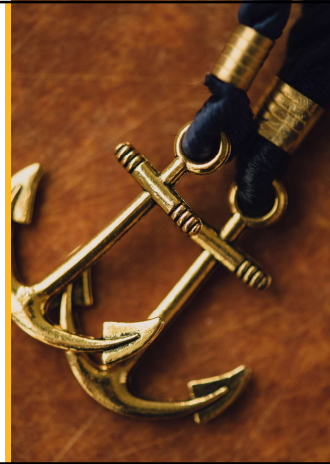


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## WoT Anchors Exercise

(Adapted from Deb Dana)

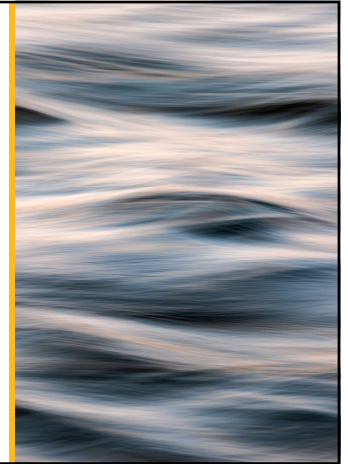
1. Who – Reflect on the people in your life and make a list of those who bring you a feeling of safety and welcome. This can also include pets, people who are no longer living, people you haven't met, and spiritual figures.
2. What – Think about what you do that brings you into your WoT.
3. Where – Take a tour of your world and find the physical places that bring you cues of safety.
4. When – Identify moments in time when you feel anchored in your WoT.
5. Make a portfolio – put them in a journal, draw them, make a list, etc.



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## Movement

- Hyperarousal:
  - ✓ A key feature of hyperarousal (think hyperactivity)
  - ✓ Find movement that uses activated energy in an organized, safe way
- Hypoarousal:
  - ✓ Movement is missing in hypoarousal (think collapse)
  - ✓ Find movements that gently energize
- Window of Tolerance:
  - ✓ A natural part of being in the window and with connection
  - ✓ Find movements that prolong the experience of being in the window



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## Music

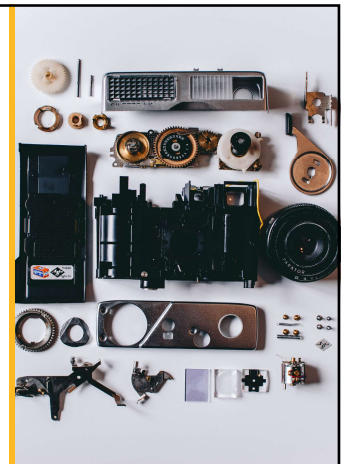
- Emotional Expression
  - Allows youth to express complex and intense emotions
- Music-Assisted Narrative Building (Creating a Playlist)
  - A way of structuring and externalizing youth's experience
- Lyric Analysis
  - Analyzing and discussing song lyrics



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## Parts Work

- Also known as Internal Family Systems or Ego States
- Holds the assumption that we all have "parts" of ourselves. Each part has a role and function.
  - Clients are multidimensional.
- Involves identifying, understanding and working with a client's "parts."
- **No bad parts.** All parts exist to serve the whole.
  - What was once adaptive, has become maladaptive.
- The goal is to heal and integrate these parts.



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### Fraser's Dissociative Table Technique

- Adapted to help individuals identify and understand the different parts of themselves.
- Who is driving the bus?
  - How does this part show up for you?
  - How did it get this job?
  - How effective is the job?
  - If it didn't have to do this job, what would it rather do?
  - What does this part want you to know?
  - What does it want for you?
- What would happen if it stopped doing its job today (may need to reassure that we are not asking for that).



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### Using Fraser's Dissociative Table Technique

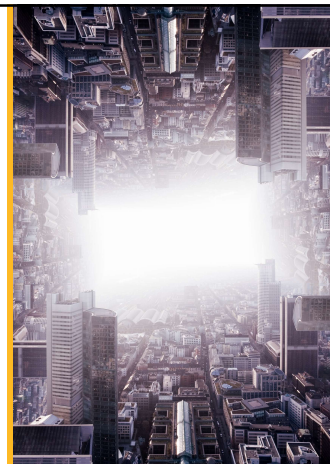
1. **Explain the purpose of the intervention:** To help them identify and manage their different parts.
2. **Invite client to image a table:** It can be as big or as small. No harm can come to them in this space. You also use a board meeting analogy.
3. **Invite their oldest, wisest self/most adult part/most resourced part to the table.**
4. **Identify Parts:** Assure client that we are not there to change or eliminate any part.
4. **Gather information about each part** as identified in the previous slide.
5. **Facilitate communication and collaboration among the different parts.** Client can also use the table as a tool for self-reflection and self-awareness outside of therapy.
  - What would each part need to trust the oldest, wisest self?
6. **Review and revise the table.**

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### Future Self Resource

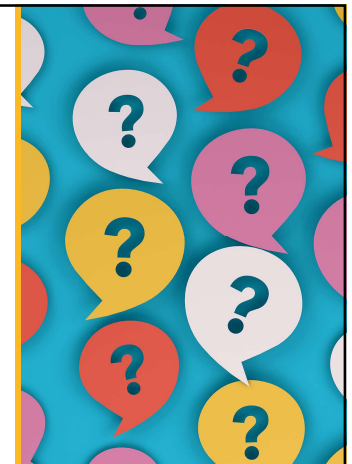
(Adapted from Rebecca Kase)

- **Identify adaptive qualities and characteristics:** What are 3-5 words or phrases your future self can identify that reflects how you coped with the crisis?"
- **Reflect on each phrase or word one at a time.**
- **Hold the word/phrase in your mind:** Notice all the imagery that goes along with it, the emotions and body sensations.
- **Increase adaptive responses to present day stressors:** What is one or two things you could do between now and next time we meet, that would get you closer to embodying these qualities?



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### Questions?



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**Thank you!**

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### Resources

- **Systemic Racism and Oppression:**
  - The Sentencing Project. (2021). Racial Disparities in Juvenile Justice. <https://www.sentencingproject.org/publications/racial-disparities-in-juvenile-justice/>
  - The National Child Traumatic Stress Network. (2017). The Impact of Racism and Trauma on Child and Adolescent Health. [https://www.nctsn.org/sites/default/files/resources/impact\\_of\\_racism\\_and\\_trauma\\_on\\_child\\_and\\_adolescent\\_health.pdf](https://www.nctsn.org/sites/default/files/resources/impact_of_racism_and_trauma_on_child_and_adolescent_health.pdf)
  - Kaba, F., & Mohammed, A. (2019). Youth Prisons Are Obsolete. Here's What We Can Do Instead. TEDx Talks. <https://www.youtube.com/watch?v=5eOsDfjSEBU>
  - Acevedo, Y. (2019). Understanding the Impact of Racism on Juvenile Justice. Child Trends. <https://www.childtrends.org/understanding-the-impact-of-racism-on-juvenile-justice>
  - National Juvenile Justice Network. (2020). Race & Ethnicity. <https://www.njjn.org/race-ethnicity>
- **Window of Tolerance:**
  - Polyvagal Exercises for Safety and Connection: 50 Client-Centered Practices by Deb Dana
  - Polyvagal-Informed EMDR: A Neuro-Informed Approach to Healing by Rebecca Kase

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### Resources

- **Confidentiality:**
  - Barnett, J. E., & Cooper, L. (2009). Ethical practice in forensic psychology: A systematic model for decision making. American Psychological Association.
  - Grisso, T. (2005). Evaluating competencies: Forensic assessments and instruments (2nd ed.). Springer.
  - Gutheil, T. G., & Appelbaum, P. S. (1991). Clinical handbook of psychiatry and the law (2nd ed.). Williams & Wilkins.
  - Knott, E. A., & Friedman, B. (2017). Legal and ethical issues in treating justice-involved youth. Child and Adolescent Psychiatric Clinics of North America, 26(1), 113-123.
  - National Child Traumatic Stress Network (NCTSN). (2013). Making ethical decisions when working with justice-involved youth: A toolkit for clinicians. Retrieved from [https://www.nctsn.org/sites/default/files/resources/making\\_ethical\\_decisions\\_when\\_working\\_with\\_justice-involved\\_youth.pdf](https://www.nctsn.org/sites/default/files/resources/making_ethical_decisions_when_working_with_justice-involved_youth.pdf)

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