Assessing the DJJ Client for PTSD and Complex Trauma

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April 15th, 2019
Overview

- What’s Different About Assessing for Trauma in the DJJ Population?

- What are the Treatment Markers for Assessment and Treatment of Youth Impacted by Trauma in the DJJ Population?

- Doing a Quality Assessment - What Can Be Done to Increase the Chances that DJJ Youth will Respond with Openness and Honesty

- How to Overcome Resistance
What’s Different About Assessing for the Impact of Trauma in the DJJ Population

- They may or may not meet criteria for PTSD
- They often present with Complex Trauma
- You need to use a variety of markers for success of treatment
- They are often resistant
PTSD versus Complex Trauma

- **PTSD** - hallmark symptoms include 1) re-experiencing or intrusion; 2) avoidance; 3) changed thoughts and feelings; and 4) hyper-arousal symptoms.

- **Complex Trauma** - hallmark feature is dysregulation- 1) neuro-biology; 2) affect; and 3) behavior; this dysregulation then affects changes in 4) interpersonal difficulties; 5) self esteem issues; 6) self-injurious behaviors; and 7) cognitive difficulties.
What Do We Know From Child Development Research

- How the Brain Reacts to Stress
- Brain Changes with Chronic Stress
- Attachment Problems in Response to Stress
- Innate Stress Responses in Children
- Epigenetics
So What Are the Implications of this Research on Assessing the DJJ Population for Trauma?

- Establishing a safe trusting environment at the time of the trauma evaluation may or may not have occurred.
- Set up conditions that will increase likelihood of getting accurate honest information.
Implications Prior to Doing the Trauma Evaluation (continued)

- Address the elephant in the room - the newness of the relationship - sense of safety and trust - talk about the possibility, educate them on why that might be the case,

- Start with a full trauma evaluation (UCLA PTSD Reaction Index for DSM-5, CPSS, CAPS-CA-5)

- Add other assessments as needed for depression, anxiety, Oppositional Defiant Behavior, aggression, etc.
Implications Prior to the Evaluation (continued)

- Demonstrate and encourage transparency

- Explain the process (Psycho-education)- what you are looking for- keep it general as you explain- be careful about triggering before you even start

- Demonstrate and encourage honesty

- Let them know that you will ask for details, but give them an out- explain how they can do it

- Encourage them to let you know if it feels too long- divide it into 2 sessions if needed. Don’t say we are almost done, let’s finish this (if you are close, let them know and ask them if they are up for finishing it. If they say no, it’s more important that you keep your promise to them than to complete the form).
Goals of a Good Trauma Evaluation

- Getting an accurate assessment of their exposure and their current level of PTSD
- Building your relationship - continuing engagement and building trust
- Psycho-education - consciously chose the language you use (i.e. PTSD versus “when bad things happen in our lives, and how it affects us”).
- Gradual Exposure
Eliciting Exposures

Know the assessment tool

If they indicate a positive response, simply say, “Tell me about it.” Respect whether or not they are able to do that—take what they give you.

If they answer “no” to something you know has happened, gently talk about your goal about transparency and let them know you are aware of it, but if they put up resistance, respect that.
After Eliciting Exposures

- When you finish the part of the assessment that identifies exposures, list them back to the client.
- List with as much specificity as you have.
- Ask which one or ones currently bother them the most.
- Tell the client to think about that one (and any others you think may be important) as they answer the next set of questions.
Eliciting Current Symptoms

- Set the parameters (how far do you want them to think back?)
- Anchor that date to something if possible
- Explain the possible responses, and test with some sample questions to insure that they understand the responses. i.e.- How many times in the past month have they eaten breakfast?, How many days in the past month have they played soccer?, How many times in the past month have they had a headache?
When possible, insert the name of one or more of the traumas they have experienced (gradual exposure) as you ask the questions about symptoms.

Vary how you name the traumatic event if it may be difficult to hear (i.e. “when your Dad died,” “when your dad committed suicide,” “when your Dad hung himself,” “when your father passed away”). Saying it in different ways when doing gradual exposure is a gentler way of de-sensitizing a client to the event.
Case Study #1 - Devon

Devon was a 16 yo biracial male who was adjudicated and placed on house arrest after multiple assault arrests and convictions. He wore an ankle monitor and had been court ordered to attend outpatient psychiatric treatment, specifically trauma treatment because the court thought there was a connection to the fact that he had witnessed his mom stab her boyfriend 7 years earlier.

Upon intake, he presented as shut down and with flat affect. He did not think that treatment was needed, and was just attending so that he could “stay out of jail.” He had no trouble explaining the superficial details of “what happened” when mom stabbed her boyfriend and was arrested. Aunt presented as hopeless, at her wits end, thinking that nothing was going to work.
Case Study #2 - Isabella

Isabella was a 13 yo Hispanic female who had been previously arrested for multiple petty crimes. Her most recent crime was an armed robbery, where a store owner was shot, and she was sentenced to a residential treatment detention facility. Early childhood trauma history revealed that both mom and dad had mental illnesses. Mom had a diagnosis of bipolar disorder, and Dad had a diagnosis of schizophrenia. Isabella was removed from her parents at the age of 5 years old, when she and her 3 year old brother were found left unattended in a crack house. They were emaciated and unkept. Isabella had chlamydia. Both were developmentally delayed.

They lived with an aunt and uncle for 3 years during which time they were both physically abused. Thus started their entry into Department of Social Services, where they were placed in numerous homes without success.
The brother was eventually adopted, but the family could not manage Isabella, and she was separated from her brother. There was an unsubstantiated report of sexual abuse at one of the foster homes when she was 10 by a 17 yo foster sibling. Lying, stealing, and aggressive behaviors increased, she started using marijuana and cocaine, and by the age of 13, she was sentenced to a detention treatment facility.

Upon intake, Isabella was guarded and angry. She cursed a lot and refused to engage in treatment. She was getting into trouble for conflicts with peers on the unit, and was oppositional with staff.
Explaining Findings and What Comes Next

- When you are finished with the evaluation, remind the client that sometimes it is difficult to be really honest with someone you have just met. Normalize that and encourage them to tell you anything they might have been unable to tell you before as soon as they can.

- Do any additional evaluations (CES-DC, Modified Overt Aggression Scale, Spence Anxiety Scale, etc.)

- As soon as the evaluation is complete, you can begin to share the results.

- If using the language, “PTSD,” let them know if they met full or partial criteria.

- Instill hope.
Explaining Findings and What Comes Next

- Explain the plan of treatment (i.e. TF-CBT, if indicated)

  - What’s Important to Cover
    - Effectiveness of the treatment modality (40 RTCs)
    - How long treatment takes (3-6months)
    - Who will be involved (Patient only/caregiver as well?)
    - Skill building initially
    - If treatment has caregiver involvement, how and why will that be done
Explaining Findings and What Comes Next

- What is Covered - continued
  - There will be a time when you have them talk about the bad things they have experienced
  - You will share their story to the caregiver before they do (and why-1) to allow parents to have their own reactions, and 2) to prepare them to be good supports to their child)
  - You will then have the client share their story with their caregiver (in some form that you agree on together)
  - You will retest, and then have a party!
Thank-you!

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