

Trauma Focused Cognitive Behavior Therapy: Enhancing Safety in the DJJ Population

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Agenda

- Why Teens in the DJJ system need a different approach to safety?
- What May Enhancing Safety Include in the teen in DJJ system

How is the Safety Component Different with the DJJ Population

- Often DJJ teens have had complex early childhood trauma histories and the child never develops a healthy starting point- they start with deficits.
- Safety takes on a much bigger role in treatment.
- May be a much bigger portion of treatment.
- Usually done after the Trauma Narrative, but psycho-education about it should be introduced earlier because of how it affects safety and trust

Deficits that May Occur in Early Childhood Traumas

- Problems with Cue Perceptions
- Emotions Identification
- Problem Solving

Deficits that May Occur in Early Childhood Traumas (cont.)

- Sense of Safety
- Ability to Trust
- Impulse Control Around Stealing, Lying, and Hoarding

Safety Issues by Trauma Type

- Physical Abuse- avoiding being a victim; avoiding re-enactment behaviors; anger management, future relationship problems
- Sexual Abuse- avoiding being a victim, avoiding re-enactment, boundary issues, how to develop a healthy relationship, assertiveness training

Safety Issues by Trauma Type (cont.)

- Domestic Violence- how to be in a mutually respectful relationship. anger management
- Neglect- feelings identification, how to read cues in others, how to manage impulse control around lying, stealing, and hoarding, how to develop interactive relationships
- Parents with Drug Addictions- may be any of the above in addition to psycho-education around risk

Safety Issues by Trauma Type (cont.)

- Parents with Mental Illness- depends on how the illness manifests; discussion about risk to them, warning signs
- Chaotic Family environment- how to return to their home without returning to old habits, planning for their return, avoidance of returning to drug use or old lifestyle, helping parents be a part of the solution (if feasible)
- Being Placed into the System (DCSF, DJJ,etc.)- independent living skills

In Vivo- May Take on a Different Role

- Often teens will have multiple triggers- yelling, difficulty engaging in and enjoying age-appropriate sexual development,
- Always start by looking at the teen's core beliefs around the triggers first, then develop your goal and steps to achieve their goal (hierarchy of fears)

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. Records indicated that he was born into an inner city family where there was a lot of chaos in the environment. Mom and Dad were drug addicts. It was unclear whether or not Devon was exposed in utero to drugs and alcohol. He lived with mom and dad for the first 3 years of his life, and was removed after he came to his Head Start Program with multiple bruises on his body. Dad was arrested soon afterwards on a drug charge, while Devon was living with a foster family. Mother got herself into treatment, and was able to reunify with him after a year's separation. They lived in a dangerous inner city environment, where Devon was exposed to multiple episodes of community violence, including 1 shooting, 2 stabbings, and multiple muggings.
- Mother then became involved in a relationship with an abusive boyfriend when Devon was 6 years old, and he witnessed domestic violence for the next 3 years. It culminated in him, at the age of 9, witnessing mother stab her boyfriend, and she was arrested and sent to prison. The aunt again became his legal guardian.

Devon (cont.)

- He did fairly well for about a year. He had changed schools and was passing. He reported some conflict with peers, but seemed to be adjusting. At the age of 11, however, he was expelled from his school for bringing a knife to school. He then started on a downhill trajectory with multiple arrests for aggression and assaults. The last assault resulted in severe injury to his victim.
- 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.

Enhancing Safety for Devon

- Anger Management (SPRITE)- 1) safety, 2) psycho-education, 3) recognize anger, 4) identifying and changing unhealthy thoughts, 5) taming anger (relaxation techniques to delay, distract, do something incompatible with anger, and relax), 6) enhance effective communication skills
- Safety Planning in his Community for when he was “off the box”- relative safety mapping for his community (people, places, times)
- Time Management and development of diversion activities and hobbies

Enhancing Safety for Devon (cont.)

- How to Read Cues in Others
- 5 Step Approach to Problem Solving

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.

Isabella (cont.)

- 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.

Isabella (cont.)

- Course of treatment took 5 months
- Trust and safety were addressed every session
- Transparency was paramount

Enhancing Safety for Isabella

- Curbing impulse control for lying and stealing-habit extinction approach
- How to develop healthy relationships- how to relate in non-sexual ways- how to manage strong sexual impulses
- Victim Prevention- what would potentially dangerous situations look like

Enhancing Safety for Isabella (cont.)

- Anger Management (SPRITE)- 1) safety for herself and others, 2) psycho-education, 3) recognize anger, 4) identifying and changing unhealthy thoughts, 5) taming anger (relaxation techniques to delay, distract, do something incompatible with anger, and relax), 6) enhance effective communication skills that are mutually respectful
- Psycho-education around knowing warning signs of mood disorders
- Developing healthy self esteem
- Independent Living Skills- within the context of the environment she is returning to

Thank-you!

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