

Mindful Continuing Education

Developing Trauma-Informed Interventions for Juvenile Justice Involved Youth

Introduction

1. According to the authors, many youth end up in the juvenile justice system, not because of the seriousness of their crime but because appropriate community-based treatments and services to address their specific needs are lacking, their conditions have not been recognized, or because:

- A. The relevant service systems are not coordinating effectively
 - B. Of their exposure to an educational system that has continuously failed to meet their needs
 - C. They have been repeatedly exposed to cycles of violence, poverty, and despair
 - D. Of an overall inability to counteract developmental influences that impact thought processes and decision-making
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2. To effectively identify and respond to youth with behavioral health conditions in contact with the juvenile justice system, states must adopt a specialized approach that encompasses each of the following strategies EXCEPT:

- A. Integrating a wide array of service agencies and court processes
 - B. Coordinating mental health and substance use services and supports, and emphasizing early intervention
 - C. Selecting treatment methods that are personalized and that include engagement and retention as a priority
 - D. Using evidence-based programs and practices to treat the complex needs of these youth
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Background

3. Youth involved in the juvenile justice system are disproportionately exposed to traumatic events compared to the general adolescent population, and among these youth prior traumatic event exposure is associated with higher rates of mental and substance use disorders, academic problems, suicide attempts, and:

- A. Delayed brain and body development

- B. Premature death**
 - C. Health problems**
 - D. Poor daily functioning**
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Psychological Trauma and Its Effects

4. In general, trauma-related disorders arise due to brain chemistry and brain development processes intertwined with health and social factors.

- A. True**
 - B. False**
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5. Which of the following is NOT one of the likely factors that affect the intensity, duration, and overall severity of an adolescent's reaction to trauma?

- A. Pre-existing risk factors**
 - B. Single vs. multiple traumas and/or chronic exposure to trauma**
 - C. Intentional vs. unintentional victimization**
 - D. Level of immediate stabilization/support following trauma**
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Clinical Manifestations of Trauma Disorder

6. When youth are anxious, pessimistic, and hypervigilant as a result of exposure to traumatic experiences, their information processing is often impaired, so they tend to perceive people with distrust, view places and activities as dangerous even when they are safe, and even when they are actually resilient and appreciated by important people in their lives, they may perceive themselves as:

- A. Powerless and rejected**
 - B. Unfeeling and repulsive**
 - C. Insignificant and unlovable**
 - D. Damaged and irredeemable**
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SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach

7. Which of the following is NOT one of the principles of SAMSHA's trauma-informed approach to care?

- A. Both staff and clients must feel safe physically and psychologically and the support of people who have lived with traumatic stress is encouraged to help foster hope, build**

trust, and enhance collaboration

B. A trauma-informed care setting must emphasize building honest and open relationships among clients, family members, and staff, and trauma victims must learn how to and then take appropriate responsibility for self-healing

C. Trauma-informed care involves a leveling of power between staff and clients, thereby creating partners in care and decision making, and organizations and their members should use youth values, culture, traditions, and orientations as strengths that will facilitate healing and growth

D. Trauma informed care must be provided in an environment that functions in harmony, full of mindfulness, compassion, and hope where everyone is encouraged to be emotionally healthy with each other and for each other

Outcomes-Systems

8. When creating effective trauma-informed care environments, organizations should provide leadership to support adoption of a trauma-informed approach, provide continuing and shared care, institute productive and healing interactions, update policies and procedures, build a trained and skilled workforce, and:

A. Demonstrate outcomes of trauma-informed care compared to treatment as usual

B. Provide adequate time, funds, and resources for a smooth implementation

C. Conduct evaluations and focus on quality improvement

D. Incorporate consumers' voices into agency practices

Implementation Domains-Leadership

9. Embedding a trauma-informed care approach into probation services will inevitably require a systems change to operations and services, but the fundamental probation goals should remain intact, including increasing community safety, fostering rehabilitation of involved youth, and:

A. Assuring justice

B. Addressing treatment needs

C. Successful reintegration of youth into the community

D. Decreasing recidivism

Policy and Procedures

10. In order to implement a trauma-informed approach in juvenile justice settings, SAMSHA recommends policies that call for conducting universal screening procedures,

making appropriate and timely referrals, communicating with other providers, and aligning diversion and supervision goals with:

- A. The needs of the whole person**
 - B. Treatment and recovery goals**
 - C. Individual, family, and community responsibilities**
 - D. Development needs**
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Environment

11. Whenever possible, staff working with youth who have experienced trauma should sit behind a table or desk when developing diversion or supervision plans, as sitting next to the youth may seem threatening or too familiar.

- A. True**
 - B. False**
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Engagement and Involvement

12. Engagement strategies to involve trauma-affected youth in services include fostering a safe supportive atmosphere, building supporting positive interactions and:

- A. Offering multiple types of assistance**
 - B. Respecting the youth's concerns and fears**
 - C. Allowing them to tell their story**
 - D. Addressing barriers to care**
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Intervention Continuum

13. To the degree possible, practitioners should use methods that meet rigorous clinical research standards and that are designed to address the diagnoses and individuals in their care, and treatment should include therapeutic modalities, family approaches, and psychopharmacological medication interventions as indicated, and be:

- A. Skills-based**
 - B. Comprehensive**
 - C. Dynamic**
 - D. Individualized**
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Treatment

14. An effective trauma-informed care system for youth in the juvenile justice system should focus on each of the following goals EXCEPT:

- A. Remediate the symptoms associated with traumatic stress**
 - B. Restructure faulty cognitions**
 - C. Promote healing and recovery while building protection and resilience**
 - D. Address functional deficits**
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Continuing Supports

15. Youth with trauma-related disorders require comprehensive assistance characterized by continuity of care and shared responsibility, such as mentoring programs that can link youth with adults who can continue to repair impaired trust relationships, reinforce treatment gains, model productive adult behavior and:

- A. Treat them as equal partners in their treatment and recovery**
 - B. Help them navigate the challenges of implementing change**
 - C. Help them form an appropriate understanding of their world and themselves**
 - D. Help explore long-lasting life interests**
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Workforce Development

16. Trauma training for juvenile justice personnel should cover the impact of trauma on youth development, delinquency, trauma triggers, safety planning, de-escalation, skills for working with traumatized youth, and vicarious trauma

- A. True**
 - B. False**
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Skills for Working with Trauma Survivors

17. Which of the following is NOT one of the recommendations cited to help manage trauma survivors' behavioral symptoms that may interfere with desired outcomes?

- A. Do not use authoritative or punitive reactions to emotional or aggressive outbursts as this may inadvertently reinforce those behaviors and exacerbate the trauma disorders**
 - B. Help youth slow down and reorient themselves to a situation rather than react to it**
 - C. Provide training that includes case studies of actual trauma survivors**
 - D. Provide skills that will help staff refrain from overreacting to confrontation and instead use it as an opportunity to model calmer responses**
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Preventing Vicarious Trauma

18. Vicarious trauma, which may be experienced by behavioral health professionals because of past exposure to traumatic events and/or current exposure to trauma of survivors, is also referred to as empathic burnout.

- A. True**
 - B. False**
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19. Job specific behaviors that may result from vicarious trauma include:

- A. Perfectionism and over-attention to details**
 - B. Detachment**
 - C. Negative Self-Perception**
 - D. Hyperarousal**
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Quality Assurance and Evaluation

20. Evidence-based programs have been researched and evaluated under controlled conditions, and the degree to which program implementation complies with the research-based program design and that staff have the skills to effectively administer the program is referred to as:

- A. Constancy**
 - B. Fidelity**
 - C. Conformity**
 - D. Adherence**
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