

Promoting Recovery and Resilience for Children and Youth Involved in Juvenile Justice and Child Welfare Systems



National Children's Mental Health Awareness Day—May 9, 2012

Need for Trauma-Informed Services in Child Welfare and Juvenile Justice

Reducing the pervasive and harmful effects of violence and trauma is a growing challenge for systems that provide services to children. According to the U.S. Department of Justice, more than 1.6 million children and adolescents were involved in the juvenile justice system in 2008.¹ The U.S. Department of Health and Human Services estimated that nearly 400,000 children were in foster care in 2010.² Children and youth involved in these systems are more likely to have been previously exposed to potentially traumatic events,³ such as witnessing or experiencing physical or sexual abuse, bullying, violence in families and communities, loss of loved ones, refugee and war experiences, or life-threatening injuries or illnesses.

Children and youth involved in the juvenile justice or child welfare system who have serious emotional challenges are especially vulnerable. However, when services are uniquely tailored to help these children and youth, the savings in terms of cost and suffering are substantial. The cost of one case of abuse or neglect is estimated at more than \$200,000 over a lifetime.⁴ The cost of incarcerating a juvenile is estimated at over \$94,000 per year.⁵ It is harder to place a value on the lost potential of these youth and the suffering of children and their families when they cannot heal from their painful experiences.

SAMHSA Initiatives Providing Trauma-Informed Services

With the help of caring adults and child-serving systems that are trauma-informed, young people can develop coping skills and strengths following traumatic experiences. The **Substance Abuse and Mental Health Services Administration (SAMHSA)** and its partners are making great progress in helping these children through initiatives designed to promote evidence-based treatments, improve the ways that child-serving systems operate, train providers, and rally individuals and organizations throughout communities to become "Heroes of Hope." SAMHSA is spreading a powerful message: *Prevention*

works. Treatment is effective. People recover. Through various initiatives, SAMHSA provides funds to governments, tribes, and territories, along with academic, clinical, and community organizations, including mentorship programs to improve the lives of children, youth, and families.

This report highlights the positive results achieved by two of SAMHSA's initiatives that address the emotional and behavioral health needs of children and youth involved in the juvenile justice or child welfare system.

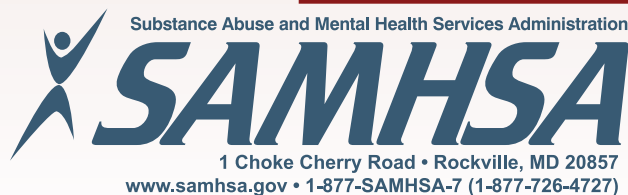
The **Comprehensive Community Mental Health Services for Children and Their Families Program**, or the Children's Mental Health Initiative (CMHI), funds government entities to adopt system of care principles and values to create a network of effective community-based services and supports to improve the lives of children and youth with serious mental health conditions and their families. Systems of care build meaningful partnerships with families, children, and youth; address cultural and linguistic needs; and use evidence-based

Highlights

Children and youth who are exposed to traumatic events have a higher probability of developing mental health conditions. The good news is that SAMHSA initiatives help these children and youth build resilience and recover by connecting them with supportive adults, providing evidence-based treatment, and training providers in trauma-informed care.

Children and youth involved in the juvenile justice or child welfare system are at particular risk of having experienced traumatic events. However, SAMHSA's CMHI and NCTSI have shown that with the appropriate care, these children and youth demonstrate

- Reduced behavioral and emotional problems
- Increased behavioral and emotional skills
- Reduced trauma symptoms
- Reduced substance use problems
- Improved functioning in school and in the community
- Improved ability to build relationships





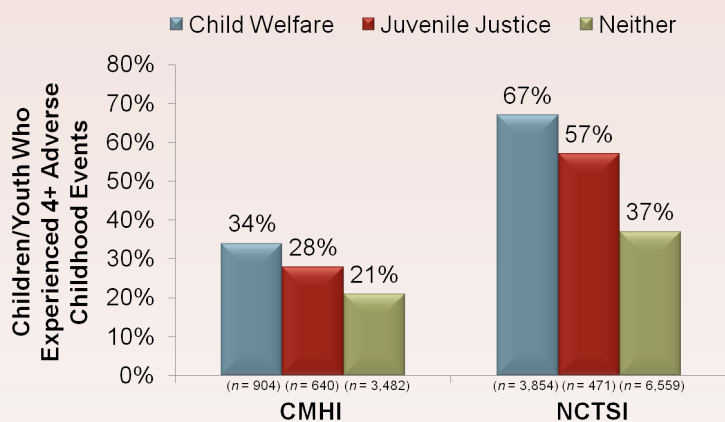
practices to help children, youth, and families function better at home, in school, in the community, and throughout life.

The **Donald J. Cohen National Child Traumatic Stress Initiative (NCTSI)** aims to raise the standard of care and improve access to services for children and youth who have experienced trauma. NCTSI supports the National Child Traumatic Stress Network (NCTSN), a network of grantees from academic, clinical, and community entities that jointly develop, disseminate, and provide training on evidence-based practices; integrate trauma-informed treatment and practices into child-serving systems; and promote and deliver effective community programs for children and youth exposed to traumatic events.

Youth in Child Welfare or Juvenile Justice Who Have Experienced Traumatic Events

CMHI and NCTSI address the special challenges involved in providing support to children and youth who are involved in the child welfare or juvenile justice system. Data show that these children and youth face particular hardships over and above other children and youth receiving services through CMHI and NCTSI. They were more likely to have been exposed to multiple potentially traumatic events than those not involved with these systems (see Figure 1).

Figure 1. Children and Youth Entering CMHI or NCTSI Services Who Have Experienced 4+ Potentially Traumatic Events



CMHI. Upon entering CMHI-funded systems of care, 34% of children and youth involved in the child welfare system and 28% involved in the juvenile justice system had experienced **four or more** types of traumatic events. These children and youth were more likely to be living outside their home, often in foster care or residential treatment centers. They also were more likely to have made a

suicide attempt in the past 6 months. Substance use problems were reported at intake for 14% and 36% of youth involved in the child welfare and juvenile justice systems, respectively.

The children and youth involved with these systems also struggled with interpersonal skills, such as working with others. However, they did not differ from others in their *intrapersonal* strengths, such as talking about feelings and keeping positive outlooks on life. These findings suggest that while children and youth involved in the juvenile justice or child welfare system may have more issues to address and need to develop additional skills, they also have strengths on which to build resilience. CHMI helps children and youth develop these strengths.

NCTSI. Children and youth served through NCTSI were exposed to potentially traumatic events; 67% of those involved in the child welfare system and 57% of those involved in the juvenile justice system experienced **four or more** potentially traumatic events; 86% of those involved in the juvenile justice system and 93% of those in the child welfare system were exposed to a recurring traumatic event before entering services. For example, of those exposed to physical maltreatment/abuse, 79% of children and youth involved in the child welfare system and 83% of those involved in the juvenile justice system reported that they experienced physical maltreatment/abuse more than once before entering NCTSI services.

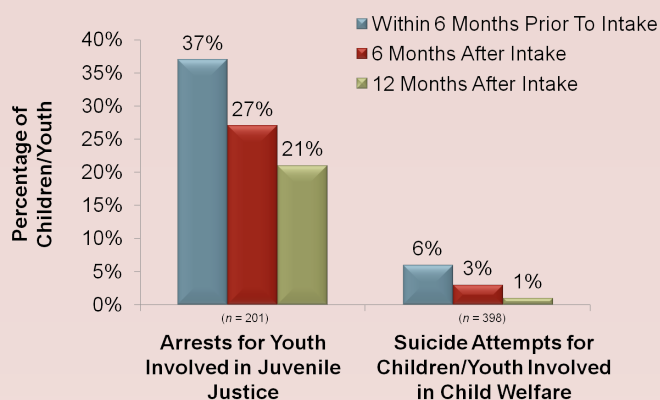
Children and youth served by NCTSI and involved in the child welfare or juvenile justice system show high levels of difficulty in school and in forming relationships with others. Also, behavior problems are more likely to be reported for children and youth involved in one of these systems than for children and youth who are not. At intake, 61% of those involved in child welfare and 77% in juvenile justice experience behavior problems both at home and in their communities. In addition, these children and youth show symptoms of psychological distress such as depression and posttraumatic stress disorder at higher rates than others. Substance use problems were reported at intake for 11% and 46% of youth involved in the child welfare and juvenile justice systems, respectively.

SAMHSA Initiatives Support Recovery from Traumatic Events and Build Resilience

CMHI. One-third of children and youth in the child welfare system and nearly 40% involved in the juvenile justice system showed significant improvements on measures of emotional and behavioral symptoms and strengths in the first year after entering services in systems of care. They improved their ability to relate to others, which is important in building long-lasting supportive relationships, and improved their emotional strengths, such as managing their anger. Among youth 12 and older who identified substance use problems at intake, 36% involved with the child

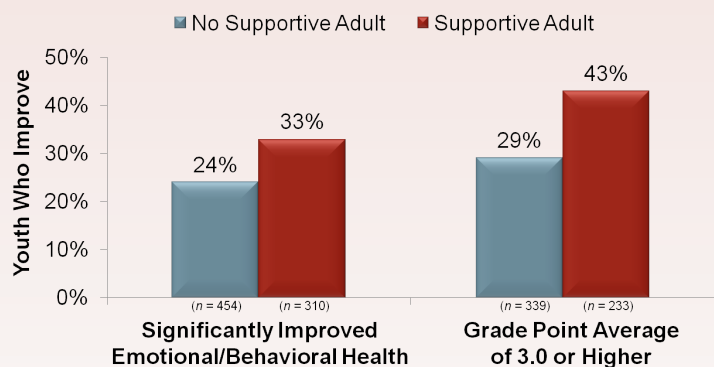
welfare system and 32% involved with the juvenile justice system reported no substance use problems after 6 months. Figure 2 shows that youth 11 and older involved in the juvenile justice system were less likely to be arrested, and children and youth involved in the child welfare system were less likely to make suicide attempts after entering system of care services.

Figure 2. Arrests and Suicide Attempts Decrease Among Children/Youth After Entering CMHI



A goal of SAMHSA's initiatives is to help children and youth receiving services build strengths and resilience. Having continuing relationships with supportive adults—family or community members—increased positive outcomes among youth 11 and older who had no such adults in their lives before entering CMHI services. About half of these youth connected with supportive adults—adults with whom they could talk in times of trouble—within the first 6 months in systems of care. Figure 3 shows that these youth had better outcomes in improved symptoms and school functioning than those without supportive adults.

Figure 3. CMHI: Emotional and Behavioral Health and Academic Performance Improve When Youth Have a Supportive Adult*

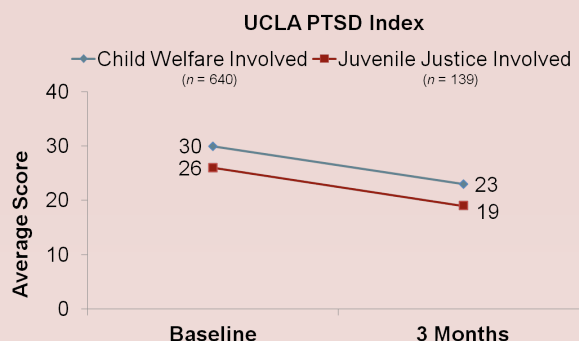


*Supportive adult could include family member or someone from the community

NCTSI. Results were similarly positive for children and youth receiving services through NCTSI who were involved in the child welfare or juvenile justice system. Figure 4 indicates

that children and youth involved in this initiative experienced significant reductions in trauma symptoms during the first 3 months of treatment.

Figure 4. NCTSI: Child and Youth PTSD Symptoms Improve



As shown in Table 1, academic problems and behavior problems at home decreased significantly among children and youth involved with child welfare or juvenile justice after 6 months of treatment. Fewer youth in the juvenile justice system had contacts with law enforcement or substance use problems, and fewer children and youth in the child welfare system showed difficulties building relationships.

Table 1. Significant Improvement in Academic Performance and Emotional and Behavioral Health for Children and Youth in NCTSI

Outcome	Child Welfare		Juvenile Justice	
	Entry into Services	6 Months	Entry into Services	6 Months
Academic problems	50%	45%	72%	53%
Behavior problems at home	66%	58%	82%	60%
Difficulties building relationships	56%	46%	51%	40%
Law enforcement contacts ^a	14%	8%	44%	13%
Substance use problems ^b	11%	10%	46%	21%

^aYouth aged 11 and older. ^bYouth aged 12 and older.



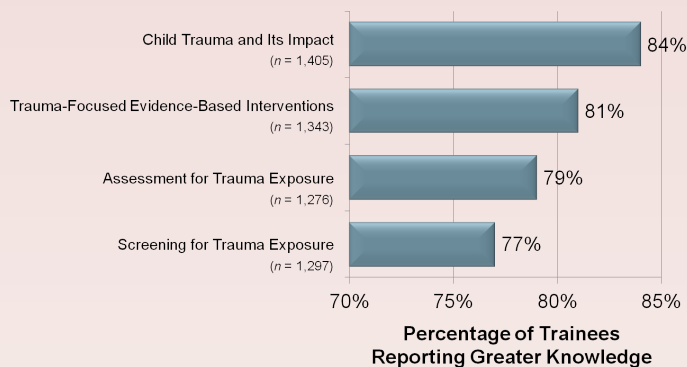
SAMHSA Is Building a Trauma-Informed Workforce

Another major goal for SAMHSA is to improve the quality of treatment provided to those affected by traumatic events. With SAMHSA grant support, NCTSN centers train and provide consultation to staff from child-serving systems to raise

knowledge and awareness about trauma and increase access to quality care for children and youth who have experienced trauma. (For more information about NCTSN's efforts to build a trauma-informed workforce, please visit www.samhsa.gov/children.) NCTSN centers train professionals from juvenile justice and child welfare agencies on how to adopt trauma-informed perspectives and deliver trauma-focused evidence-based practices, including Trauma-Focused Cognitive Behavioral Therapy (TF-CBT); Attachment, Self-Regulation, and Competency (ARC); Child-Parent Psychotherapy (CPP); and Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS). (Please visit www.samhsa.gov/children for more information on trauma-focused practices.) Figure 5 shows the knowledge gained by professionals through training.

Figure 5. Knowledge Increases Among NCTSI-Trained Child Welfare and Juvenile Justice Professionals

Topics Covered in Training



Sending a Rallying Call: Prevention Works. Treatment Is Effective. People Recover.

SAMHSA is demonstrating that treatment is effective, people recover, and children are resilient. The evidence is clear: SAMHSA programs such as CMHI and NCTSI are succeeding in helping children and youth affected by trauma and serious mental health challenges to recover and build resilience by connecting families with comprehensive system of care services and trauma-informed treatment. More information is available at www.samhsa.gov/children.

Spotlight on Heroes of Hope

Several CMHI grantees maintain programs aimed at connecting children and youth involved in mental health services with supportive adults. K-Town Youth Empowerment Network in Knoxville, Tennessee, is one such program. At K-Town, one in three youth enrolled in services is currently involved with the justice system. Often, these youth have few supportive adults in their lives. K-Town began a program matching these youth with trained and certified adult mentors who have also been mental health service consumers. The program's lead evaluator, Dr. Heather Wallace, says the idea is to provide young people with someone who can understand what they are going through. "[The program] gives them a model for healthy behaviors and interactions with others."



Sources of Data

CMHI: Children and youth receiving services in federally funded systems of care range in age from birth through 21 years and must meet the standardized diagnostic criteria for serious emotional disturbance. Findings are based upon data collected through 2011 by the national evaluation of system of care communities funded from 2005 to 2008. Of 6,609 children and youth with data available at intake, 779 (11.8%) were involved in the juvenile justice system, and 1,162 (17.6%) were involved in the child welfare system. Participants were reassessed at 6-month intervals.

NCTSI: Grantees provide treatment and services to children and youth from birth through age 21 who have experienced traumatic events. Findings are based upon data collected through 2011 by the NCTSI communities. Of the 15,343 children and youth with complete data at intake, 1,214 (7.9%) were involved with the juvenile justice system and 5,937 (38.7%) were involved with the child welfare system. Participants were assessed at 3-month intervals until the end of treatment.

References

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