



Let's Talk about **TRAUMA!**

OR: "Fight the fire, not the Smoke!"

In the Juvenile Justice field it's easy to confuse symptoms with root problems!

As one example, if there is a PROBLEM that makes a young man 46 TIMES more likely to exhibit the SYMPTOM of intravenous drug use, can we afford to ignore the problem?

THE CENTER FOR DISEASE CONTROL IN ATLANTA REPORTS
THAT ADVERSE CHILDHOOD EXPERIENCES (TRAUMA) IS...

"...ONE OF, IF NOT THE, LEADING
DETERMINANT OF THE HEALTH
AND SOCIAL WELL-BEING OF OUR
NATION."

What if the same basic problem increased the likelihood that he will be arrested as a juvenile by 59% and his risk of an arrest for a violent crime rises by 30%? What if the problem also drastically increased the likelihood of involvement with prostitution, rape, child and spousal abuse, and suicide? Don't we, as a society and as professionals, often fight these symptoms (the "smoke") and neglect the real issue (the fire)?

Our presenters firmly believe that we cannot adequately address the issues of crime and delinquency, and the attendant costs to our society, without seeing those we work with through a "trauma lens."

Background Knowledge for Finding Solutions: The Nature of Trauma

At the end of this section participants will be able to:

- Define trauma and describe how it differs from everyday stress
- Recognize the prevalence of trauma in our country, and particularly in the lives of juvenile justice-involved youth
- Explain the effects of trauma on the structure and the function of the brain
- Describe key adolescent developmental tasks, and the short and long term impact of trauma on social, emotional, physical and cognitive development
- List specific ways in which trauma can impede academic success
- Describe the impact of trauma on a youth's relationships with family, friends and helping professionals
- Recognize the role of trauma in emotional and behavioral dysregulation
- Describe trauma and loss triggers and how they contribute to problematic behavior
- Identify several reliable/valid tools used in juvenile justice settings to screen for trauma exposure/trauma impact
- Describe the difference between general mental health treatment and trauma-specific treatment; list the most common models of evidenced –based trauma treatment approaches
- List common psychological diagnosis associated with trauma signs and symptoms and understand the potential for inaccurate diagnosis leading to ineffective treatment
- List the key characteristics of a trauma-informed juvenile justice system
- Define institutional re-traumatization; recognize the significant potential for youth to be re-traumatized within the criminal justice system and list basic methods for combating this problem
- Recognize the importance of personal and professional self-care; define Vicarious Trauma, Compassion Fatigue and Burnout; complete a self-rating using the Hudnall Stamm's ProQOL; list strategies for enhancing self-care
- Understand the role of resilience in buffering the effects of trauma

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ABOUT THE PRESENTERS

Audrey Smith, MA, Licensed Psychologist, is the founder and executive director of Parkside Psychological Associates (PPA), a privately owned practice specializing in the treatment of individuals whose lives have been impacted by traumatic experiences. Ms. Smith is the co-creator of the Community Abuse Response Team (CART). For the last 20 years, CART has been providing therapy to child and adult victims of sexual abuse as well as adolescents and adults convicted of

sexual crimes. In this role Parkside has established collaborative working relationships with Juvenile Probation offices, as well as the offices of County, State and Federal Probation and Parole.

Harry Nelson, MA, is a co-assistant director at Parkside with 35 years of experience in the human service field, including work in the areas of inpatient and outpatient mental health, street based social work, and crisis services. Much of his energy is spent in the area of training and education including trainings with local police forces and the FBI. For 13 years Mr. Nelson taught Service Planning for the Office of Educational and Regional Programming at Western Psychiatric Institute and Clinic in Pittsburgh.

For the past several years, the leadership and staff at PPA have been working to create a holistic approach to helping people affected by trauma. During the last year, Audrey and Harry have shared the results of the landmark Adverse Childhood Experiences (ACE) study with audiences totaling well over 1000 people. In addition, they have led multi-day expanded trauma workshops for Juvenile Justice offices, Children and Youth Services teams, Public Schools and Foster Parents.

The ultimate vision is the development of “trauma informed communities” following the example of our friends in Tarpon Springs, FL. You can read more about this initiative at peace4tarpon.org. We look forward to communities aware of the effects of personal adversity on individuals and families and willing to address its causes and consequences.