Preparing for a Trauma Consultation in Your Juvenile and Family Court

Shawn C. Marsh, Ph.D.
Carly B. Dierkhising, Ph.D.
Kelly B. Decker, Ph.D.
John Rosiak, MA

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WWW.NCJFCJ.ORG

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WWW.NCJFCJ.ORG

P.O. Box 8970
Reno, NV 89507
www.ncjfcj.org

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*Being **trauma-informed** means asking*
“What happened to you and how can we help?”
versus
“What is wrong with you?”.

Executive Summary

The evidence is clear: traumatic stress can have substantial negative and lasting impacts on human development, functioning, and quality of life. An ever-growing body of research illuminates how child abuse and neglect, domestic violence, criminal victimization, and a host of other stressful experiences place people at risk for physical and mental health challenges, socio-legal problems, and even early mortality. The long-term human, social and economic costs associated with adverse experiences and traumatic events are substantial and emphasize the critical need for trauma-informed prevention and intervention to promote the lifelong well-being of youth, families, and communities.

Across the constellation of stakeholders working with our nation's most vulnerable children and families, juvenile and family judges and courts are in a unique position to promote healing and prevent future trauma. In 2013, the National Council of Juvenile and Family Court Judges (NCJFCJ) undertook development of a court trauma consultation protocol in response to an increase in requests for assistance from courts and allied systems (e.g., juvenile probation) seeking to become trauma-informed. Although the NCJFCJ and organizations such as the National Child Traumatic Stress Network (NCTSN) have an extensive history of providing training and technical assistance to courts on traumatic stress -- there was no known protocol for conducting this type of consultation and subsequent technical assistance to promote trauma-informed care in the unique environments and institutions of courts.

Based on work in other child and family service systems, the NCJFCJ collaborated with affiliates from the NCTSN and select courts to develop a trauma consultation protocol for juvenile and family court settings. With funding support from the Office of Juvenile Justice and Delinquency Prevention, the development team worked with six pilot courts from a range of geographically diverse jurisdictions to explore what it means to be a trauma-informed court. The initial conceptual framework was founded on the following key principles: (1) courts have an integral role in the healing process for the youth and families that they serve; (2) all court stakeholders should experience a sense of safety, personal agency, and connectedness when engaged with the court; and (3) court environment, practice, and policy impact all court stakeholders. Throughout this framework we embraced a public health orientation and the importance of universal precautions (treating all who come before the court as if they might have a history of trauma) when working with populations with a high likelihood of injury.

The information presented in this document aims to help judges and courts decide whether a trauma consultation is appropriate for their jurisdiction and to outline what courts can expect before, during, and after a consultation. It is important to note this manual is not a 'how to' guide for courts to conduct their own internal trauma consultations. The trauma consultation process is nuanced and courts can face unintended consequences in attempting to conduct its own consultation. Thus, we strongly recommend that courts engage experienced and objective external consultation teams as they strive to become more trauma-informed through a consultation process.

Why Should Juvenile and Family Courts Be Trauma-Informed?

Stress is a normal and adaptive physiological response to fear. Stress serves an important survival function in that it helps us respond to danger very quickly and with little thought – typically through "fight, flight, or freeze" mechanisms. Everyone has experienced, and in many cases, benefited from stress responses. However, when stress overwhelms our ability to function, it can result in what is known as toxic stress, traumatic stress or posttraumatic stress disorder (PTSD).

Every day thousands of youth and families walk through the doors of juvenile and family courts[1]. Prevalence data suggests many of these people have been exposed to severe and chronic traumatic events in their lives and consequently have developed symptoms and behaviors associated with complex traumatic stress (Buffington, Dierkhising, & Marsh, 2010). As a result, it is not unusual for these individuals to present with problems in a variety of areas such as social, emotional, behavioral and cognitive development. They are also likely to experience co-occurring mental health disorders (e.g., depression, substance abuse, etc.), as well as physical health problems. Ultimately, it is likely those coming to the attention of the court have been injured in some way either psychologically or physically.

In 2012, more than three million children were reported to authorities for abuse or neglect, with approximately two million of those cases being substantiated (Department of Health and Human Services, 2013). These reports overwhelmingly included allegations of neglect (78.3%) and were perpetrated by the child's parents (80.3%). The total lifetime economic burden resulting from new cases of child maltreatment in the United States was estimated to be $124 billion in 2008 (Fang, Brown, Florence, & Mercy, 2012). These estimated costs included child health care costs; adult medical expenses; lost productivity; and child welfare, criminal justice, and special education costs. Further, it has been estimated that up to ten million children per year are exposed to domestic violence, and up to 60% of these children are also exposed to other forms of child maltreatment such as physical or sexual abuse (Bragg, 2003).

In comparison to their non-delinquent peers, delinquent youth involved in the juvenile justice system tend to have higher rates of early adverse experiences such as child maltreatment, community violence and loss. Indeed, similar to youth involved with dependency court, nearly all youth who enter the juvenile justice system have histories of exposure to trauma, and many justice-involved youth

1 Juvenile and family courts, for the purpose of this document, include both state courts and tribal courts.

report exposure to chronic trauma across childhood and adolescence (Dierkhising et al., 2013). It is not surprising then that youth in the dependency system are at-risk for entering the delinquency system as evidenced by high rates of youth involved in both the child welfare and juvenile justice system (i.e., dually-involved youth; Herz, Ryan, & Bilchik, 2010). Involvement in the juvenile justice system also is expensive, with the United States incurring as estimated $8 to $21 billion each year in long-term costs alone for the confinement of youth (Justice Policy Institute, 2014).

The experience of violence within the family is detrimental to children's well-being by contributing to developmental deficits, mental health disorders, and health problems across the lifespan. Children and adolescents who are exposed to child maltreatment and/or domestic violence are at increased risk for posttraumatic stress reactions, PTSD, depression, suicide, substance use, delinquency, arrest as a juvenile and adult, and unemployment (e.g., see Child Welfare League of America, 2011). Because of these cumulative effects of exposure to domestic violence and child maltreatment, adverse childhood experiences are considered to be a substantial public health problem (e.g., see The Adverse Childhood Experiences Study). However, it is important to note that adversity and trauma do not typically occur in isolation; rather, trauma exposure itself is a risk factor for subsequent victimization making maltreated children and adolescents an extremely vulnerable population.

The long-term and costly consequences of trauma exposure emphasize the critical need for stakeholders working with our nation's most vulnerable youth and families to be trauma-informed. In the constellation of stakeholders that form the healing community, juvenile and family courts are uniquely positioned to help identify individuals who have experienced trauma, ensure provision of appropriate intervention services, and improve the health and well-being of youth, families, staff and community. In many ways, our nation's juvenile and family courts can be considered the socio-legal emergency rooms for some of our most vulnerable populations.

We use the term 'trauma-informed' because of the large body of research, advocacy, and training that has accompanied this term compared to 'trauma-responsive' or other related terms. There has also been a more comprehensive effort within service systems and academia to develop a definition of 'trauma-informed' service systems (e.g., Dierkhising, Halladay-Goldman, & Ko, 2013; Griffin, Germain, & Wilkerson, 2012). It is from this work that we draw our knowledge base and guiding framework. The NCTSN defines a child- and family-service system as one in which all parties involved recognize and respond to the impact of traumatic stress on those who have contact with the system including children, caregivers, and service providers. Programs and agencies within such a system infuse and sustain trauma awareness, knowledge, and skills into their organizational cultures, practices, and policies. They act in collaboration with all those who are involved with the child, using the best available science, to facilitate and support the recovery and resiliency of the child and family. A service system with a trauma-informed perspective is one in which programs, agencies, and service providers: (1) routinely screen for trauma exposure and related symptoms; (2) use culturally appropriate evidence-based assessment and treatment for traumatic stress and associated mental health symptoms; (3) make resources available to children, families, and providers on trauma exposure, its impact, and treatment; (4) engage in efforts to strengthen the resilience and protective factors of children and families impacted by and vulnerable to trauma; (5) address parent and caregiver trauma and its impact on the family system; (6) emphasize continuity of care and collaboration across child-service systems; and (7) maintain an environment of care for staff that addresses, minimizes, and treats secondary traumatic stress, and that increases staff resilience (see http://nctsn.org/resources/topics/creating-trauma-informed-systems).

What are the Key Definitions for this Work?

Being trauma-informed requires court stakeholders to develop a shared meaning of key terms. Common terms and definitions related to trauma work are outlined below.

Adverse Childhood Experiences: As operationalized in the ACE study, these include stressful experiences that occur before the age of 18 years such as divorce, abuse or neglect, substance abuse in the home, etc. Research suggests that greater numbers of ACE experienced is associated with negative outcomes throughout life, up to and including early mortality.

From a Youth's Perspective: The Impact of Trauma on Adolescents

Unfortunately many children grow up in cultures and communities riddled with violence. This constant exposure to negative role models and traumatic events influences their understanding of morality, responsibility, malevolence, and human accountability. Consider Roger, a youth who grew up around extreme violence within his community and family. When he was a young boy he hated gangs because of what he saw they did to his family; as a child he just wanted to play baseball. But, when he lost his older brother to violence he took the path he previously hated; "I became angry and hateful. That was the day I shaved my head." He then became involved in gangs, committed violence, and received life without parole for involvement in a gang shooting. Unfortunately, there are many youth like Roger who struggle with horrific traumatic events and instead of being protected from violence, become involved in violence. Youth are very sensitive to the failure of family, school, or community to protect them or carry out justice. Looking back Roger wonders, "Before my brother was murdered, I was already going down a negative path. When I was nine years old, my mom had to take me to the police station, because I had assaulted another kid with a rock. From that point on, I always had a probation officer. Why, instead of a probation officer, didn't I have a counselor, a therapist, or somebody I could talk to? Why didn't someone say, 'This kid is being violent at nine years old: what's going on at home that he's like this?'" (National Child Traumatic Stress Network, 2013).

Child Maltreatment: Any act or series of acts of commission or omission by a parent or other caregiver that result in harm, potential for harm, or threat of harm to a child or adolescent (Centers for Disease Control, 2014).

Child Traumatic Stress: Reactions to trauma that develop in children and adolescents that persist and affect their daily lives (i.e., ability to function and interact with others) after the traumatic events have ended. Traumatic reactions can include a variety of responses, including intense and ongoing emotional upset, depressive symptoms, anxiety, behavioral changes, difficulties with attention, academic difficulties, nightmares, physical symptoms such as difficulty sleeping and eating, and aches and pains, among others. Children who suffer from traumatic stress often have these types of symptoms when reminded in some way of the traumatic event (Claiming Children, 2003).

> Not all children and youth who experience a traumatic event subsequently experience traumatic stress; the development of traumatic stress depends on a variety of individual (e.g., age, gender, etc.) and situational risk and protective factors (e.g., parental support, community safety, etc.).

Chronic Trauma: Sometimes called polyvictimization, chronic trauma involves multiple or varied traumatic events such as a child who is exposed to domestic violence at home, is involved in a car accident, and then becomes a victim of community violence, or longstanding trauma such as physical abuse or war (Child Welfare Committee of the National Child Traumatic Stress Network, 2008).

Complex Trauma: The most common type of trauma witnessed in juvenile and family courts and involves exposure to chronic trauma -- usually caused by adults entrusted with the child's care, such as parents or caregivers -- and the immediate and long-term impact of such exposure on the child (Child Welfare Committee of the National Child Traumatic Stress Network, 2008).

Fight, Flight, or Freeze: The typical responses to threats that promote survival of a living organism (including humans). In other words, when faced with a serious threat we automatically seek to go on the offensive or defend our life, run away, or camouflage ourselves. In that case of the later (also known as detachment or dissociation), youth may perceive themselves as detached from their bodies (e.g., such as viewing themselves from the ceiling during stressful events) and feel as if they are in a dream or as if the experience is happening to someone else. Further, children may lose all memories or sense of the experiences having happened to them, resulting in gaps in time or even gaps in their personal history.

Hypervigilance: Abnormally increased arousal, responsiveness to stimuli, and scanning of the environment for threats that can develop after exposure to dangerous and life-threatening events (Dorland's Medical Dictionary for Health Consumers, 2007; Ford et al., 2000).

Intergenerational Trauma: Exposure of an earlier generation to a traumatic event that continues to affect the subsequent generations (American Psychological Association, Division 35, 2011).

Posttraumatic Stress Disorder: Upon exposure[2] to actual or threatened death, serious injury or sexual assault, the following symptoms persist beyond one month after the exposure: (1) experience intrusive re-experiencing symptoms (e.g., nightmares or flashbacks), (2) persistent avoidance of stimuli associated with the event(s) (e.g., person, place, object, thought, feeling or behavior) and/or numbing (e.g., lapses in memory and feelings of detachment), (3) negative alterations in cognitions and mood associated with the event(s) and (4) marked alterations in arousal and reactivity associated with the event(s) (e.g., hypervigilance) such as irritability and difficulty sleeping (Diagnostic and Statistical Manual for Psychiatric Disorders, Fifth Edition, 2013).

2 Exposure includes direct experience of an event, including witnessing the event, learning that a traumatic event occurred to a close family member or friend, or repeated or extreme exposure to aversive details of a traumatic event (e.g., first responder collecting human remains; police officers repeatedly exposed to details of child abuse).

Posttraumatic Stress Disorder in Children: According to the DSM-V, PTSD in young children (6 years and under) manifests emotionally and behaviorally distinct from those of older youth and adults in relation to reaching to diagnostic criteria. Specifically, younger children do not need to exhibit as many traumatic stress symptoms compared to their older counterparts to be diagnosed with PTSD and functional impairment is more directly linked to the familial or caregiving dynamic. This represents a significant step towards developmental sensitivity in symptom expression.

> Although many children experiencing child traumatic stress may not have all of the symptoms necessary to receive a diagnosis of PTSD, these children and youth likely still have impairments in functioning (e.g., academic problems, arrest, etc.) related to traumatic stress reactions.

Resiliency: A pattern of positive adaptation in the context of past or present adversity (Wright & Masten, 2005). In other words, it is the ability to "bounce back" from difficult experiences (American Psychological Association, 2014).

> Although children and families who come in contact with the juvenile court may not seem resilient because of their legal problems, when one considers the amount of adversity that has accumulated within these families and across generations they are, in fact, quite resilient. It is these resiliencies on which the juvenile court can capitalize.

Secondary Traumatic Stress: The emotional duress that results when an individual is exposed to details about the firsthand traumatic experiences of another. Its symptoms mimic those of posttraumatic stress disorder (PTSD). Accordingly, individuals affected by secondary stress may find themselves re-experiencing personal trauma or notice an increase in arousal and avoidance reactions related to the indirect trauma exposure. They may also "experience changes in memory and perception; alterations in their sense of self-efficacy; a depletion of personal resources; and disruption in their perceptions of safety, trust, and independence" (National Child Traumatic Stress Network, 2014).

Traumatic Event: An intense event that threatens or causes harm to one's emotional and physical well-being (Claiming Children, 2003; Diagnostic and Statistical Manual for Psychiatric Disorders, Fifth Edition, 2013).

Traumatic Reminders: Any person, situation, sensation, feeling, or object that reminds a child of a traumatic event. When faced with these reminders, a child may re-experience the intense and disturbing feelings tied to the original trauma (Child Welfare Committee of the National Child Traumatic Stress Network, 2008).

What is the Conceptual and Operational Framework of the Trauma Consultation Team?

All stakeholders associated with juvenile and family courts can help identify individuals exposed to trauma and ensure provision of appropriate intervention services. Court hearings with robust judicial oversight offer an invaluable opportunity for communication, coordination, and accountability across stakeholders as well as case type (e.g., dependency, delinquency, divorce, custody, etc.).

Guiding Framework

Shifts in how juvenile and family courts work with children and families have been evident since the establishment of the juvenile court. For instance, the increase in juvenile crime along with the inaccurate description of youth as "superpredators" in the 80's and 90's increased the focus on punishment and led to harsher and longer dispositions for delinquent youth. More recently there is a renewed focus on rehabilitation and recovery for both families and children that come in contact with the court. At the federal and national level there is a movement towards a developmentally-informed approach to juvenile justice that reflects the growing scientific literature and our understanding that adolescents are different from adults in ways relevant for the juvenile court, such as having less ability to control impulses and appropriately consider consequences of actions (e.g., see Bonnie, Johnson, Chemers, & Schuck, 2013). As part of this move to embrace science, there has been a call to the field to make contact with the juvenile justice system "rare, fair, and beneficial" for children and families (Office of Juvenile Justice and Delinquency Prevention, 2014).

When striving to implement a developmentally-informed approach to court practice, this effort is by definition inclusive of trauma-informed practice because trauma and development are inextricably linked. Strong connections have been made between exposure to trauma and "derailed" development in that traumatic experiences change the brain in ways that cause people to think, feel and behave differently. In this approach, being attuned to what a child, youth, or family needs to promote well-being and healthy development should incorporate consideration of prior adversities regardless of the type of case before the court (e.g., dependency, domestic violence, divorce, delinquency). Further, this approach recognizes thematic and interrelated issues common among system-involved children, youth, and families: mental health, substance abuse, domestic violence, educational disengagement, and trauma or adverse experiences. Subsequently, this approach incorporates a public health orientation and recognizes that most people whom appear before the court are psychologically or physically injured in some way. Approaching injured parties through a holistic and contextual lens

encourages responsiveness to the *needs* of children and families versus processing based on the *needs* of institutions such as courts and those that seek to administer justice (e.g., hearing schedule preferences, docketing practices, paperwork requirements, staffing of information desks, etc.). For many people with a history of trauma, the judge and court are critical in identifying need and then coordinating proper interventions and evidence-based treatment to promote and sustain recovery. Responding in a developmentally-informed – and thus a trauma-informed – manner is hypothesized to enhance a sense of procedural justice and improve outcomes for both those seeking justice as well as those administering justice.

This change in focus of justice-serving systems has occurred because there have been significant advancements in science from multiple disciplines (e.g., behavioral science, developmental science, neuroscience, and public health) that have illuminated our understanding of the challenges and resiliencies of those involved in juvenile and family court.

> The shift toward trauma-informed practice and policy in juvenile and family courts is not a fad: it is a way of thinking about and responding to those injured that is supported by science.

The foundation of science-based reform is the basis for our guiding conceptual and operational framework for trauma-informed courts.

Juvenile and Family Courts are a Critical Point of Intervention in the Healing Community

Courts are part of the community and play an important role in improving the lives of youth and families. Juvenile and family courts are uniquely positioned to encourage better outcomes for youth and families because they come in contact with them when they are vulnerable and often distressed, which makes the court experience a critical time for intervention. The decisions made in a courtroom, facilitated by myriad stakeholders (e.g., attorneys, social workers, probation officers, etc.), can become more trauma-informed by incorporating such practices as ordering trauma screening, individualized trauma assessment, and **evidence-based treatment for traumatic stress**. The effectiveness of these court orders and the success of judicial decision-making are dependent on agencies and systems working collaboratively with a common understanding and vision and in a culturally-informed manner. Cross-system and cross-agency collaboration can streamline services, maximize resources by reducing duplicative services, and reduce confusion by utilizing consistent treatment and service planning.

A court that is founded on trauma-informed principles can be a safe and effective point of intervention for the youth and families that it serves. The trauma consultation team recognizes that all juvenile and family courts are unique and present with its own organizational culture based on geographic region (e.g., tribal, rural, and urban), local policy, structure of the court (e.g., separate dependency and delinquency dockets), size of the community they serve, and a host of other factors that are often out of the court's control. The trauma consultation process is intended to identify and cultivate the strengths of all of the court stakeholders within the context of the court community.

Feeling Safe, In Control, and Connected are Integral to Healing from Trauma

Courts play an important role in helping ensure injured parties experience safety, sense of personal control (i.e., agency or self-determination), and connection to positive social supports. These conditions are required to promote healing and cultivate resilience among those injured or experiencing traumatic stress.

Safety is of the utmost importance when recovering from trauma or experiencing and managing traumatic stress. If people feel psychologically or physically threatened they cannot heal from trauma and will have difficulties benefiting from services. The experience of trauma can lead to symptoms of hypervigilance that can increase ongoing perceptions of threat regardless of the degree to which there is an actual threat. Juvenile and family courts must work especially hard to minimize threats and maximize safety, both real and perceived, by those before the court in order to be effective.

Self-determination or "personal agency" is the awareness that individuals are in control of their life and active in decision-making that impacts their life. People who experience trauma can feel they have lost control over their lives or bodies, which can contribute to feelings of helplessness and shame. In order to promote healing, the juvenile court must seek to help re-establish feelings of agency and self-efficacy. This is especially difficult given the role of courts and judicial officers in making directives about system-involved children and families. Nevertheless, it is essential that the voices of youth and families are heard, validated, and that they feel they are part of the decision-making process to the best extent possible.

Social support is a protective factor that promotes resiliency in human beings. Those that have traumatic histories, due to the trauma itself or because of the problematic symptoms related to trauma exposure, are often isolated and disconnected from positive social supports. Courts can actively promote important social connections by ensuring injured parties have access to and contact with persons of character. Doing so helps injured parties heal by reducing isolation, forming positive connections, providing support, and offering a community in which to learn and practice skills important to recovery.

Trauma-informed Practice also Considers Staff Experiences

Establishing safety, promoting personal agency, and facilitating social connection does not only apply to the youth and families in the courtroom; it also applies to the stakeholders within the court (e.g., judicial officers, attorneys, court staff, clinicians, etc.). Each and every person who touches the lives of youth and families through the juvenile court are essential in the healing process, and are therefore impacted by the youth and families that they serve. Many court staff are chronically exposed to the traumatic histories of court involved children and families as well as the devastating effects of trauma on their families. Further, court environments and the administration of justice are stressful. Consequently, court personnel that do not feel safe, do not feel they can determine their own actions, and do not experience positive social support in the work environment often become vulnerable to burnout and developing secondary traumatic stress.

The Story of Michelle:

As a child, Michelle went through many negative physical and emotional experiences: her father battered her mother, there was substance abuse in the home, a neighbor sexually abused her, and she lived in a community marked by gangs and violence. Eventually, her home life became so toxic she was removed from her parents at the age of 12 and placed in foster care – only to run away after a heated fight with her foster parents over how she chose to dress. While on the run, Michelle was arrested for shoplifting, and subsequently became involved in the juvenile justice system. The years to follow were marked by an ongoing cycle of failed foster home placements, probation violations and further arrests for delinquent activities, several stays in juvenile detention, and a number of hospital stays for suicidal ideation. By the age of 16, Michelle was institutionalized after stabbing another girl during a fight at school. Her behavior in the youth correction facility is marked by conflicts with staff and other residents and regular rule violations that keep her on a restricted status. She has few positive relationships with staff and peers, and her parents rarely visit.

How would you assess Michelle's sense of safety, self-determination, and social support as conditions of healing?

Is Your Juvenile or Family Court Ready for a Trauma Consultation?

An essential component of an effective court reform effort includes the designation of a judicial leader who is willing to establish a team of key stakeholders who demonstrate strong leadership and collaboration both across and within the various components of a court system. Both the judicial leader and the court team should be willing to examine how their court processes affect everyday practice and how their practice impacts everyone involved with the court, including court staff. It is important that court stakeholders are prepared to work closely together to identify common challenges, as well as potential improvements based on evidence-based practices. As with any group – new or existing – tackling important system reform efforts, there may be periods of "forming, storming, norming, and performing" then adjourning (Tuckman, 1965).[3]

Courts should be committed to system improvement and a process of self-examination. It takes time, focus and effort to establish system-wide change. Addressing the issue of trauma, means making the commitment to put in place a number of new strategies and practices, and problem-solve unforeseen barriers as they arise. Addressing trauma is not a matter of providing a one-time training for court staff; rather, it requires champions at every level of the court system to consistently follow through on all trauma-informed improvements. The treatment of trauma itself requires special knowledge and skills, and it is critical to involve those disciplines that have such expertise, such as clinical psychologists, social workers, and other behavioral healthcare providers. Courts that have established programs and practices that can incorporate or access such expertise are well-situated to becoming a trauma-informed court.

With this context in mind, the following questions can help you determine if your court is ready for a NCJFCJ trauma consultation.

Question 1: Do you have the foundation for a successful trauma consultation?

Preparing for a trauma consultation requires an assessment of readiness. There are many steps in the process of conducting a trauma consultation in a court setting, and *judicial leadership is the*

3 Spend the time needed to assemble the group (forming). Allow for the conflicts or differences of perspectives that will emerge (storming). Work with the group to resolve differences, find areas of agreement, and figure out constructive ways to deal with the trauma issues the group perceives (norming). Put the members of the group to work to accomplish the work of the trauma consultation (performing). Celebrate successes and plan for group turnover to enhance sustainability (adjourning). In the course of this work the group will have to become more educated about trauma and its impact on adolescent and adult development.

foundation. A trauma consultation requires access to the court, access to pertinent stakeholders, and leadership/authority to complete the consultation successfully. Accordingly, the NCJFCJ recommends that a judicial officer serve as project lead. Judicial officers, by nature of their position, have the unique ability to convene stakeholders, encourage buy-in across all components of the court, and hold the court and court stakeholders accountable for completing the consultation. Further, judicial officers are uniquely positioned to implement and sustain recommendations for improving environment, practice and policy. Judges should provide leadership for:

- selecting the stakeholders who will work with the consultation team;
- helping define the scope and purpose of the consultation;
- facilitating access to the court;
- ensuring the consultation results are taken into consideration or implemented if feasible; and
- institutionalizing the consultation process as a "way of thinking" within the organizational culture of the court rather than seeing the consultation as a singular and isolated event.

Question 2: Do you have the necessary stakeholders at the table?

The leadership responsible for initiating the trauma consultation should identify the key stakeholders who will participate in and utilize the results of a consultation. Oftentimes, stakeholder groups have already been formed by the court for other projects, and those groups are ideal for implementing trauma-informed improvements. Whether using an existing group or forming a new group to inform the trauma consultation process, it is critical that:

(a) the group is of manageable size (we recommend no more than 8-10 people);

(b) only stakeholders that have a cogent role or interest in the outcome of the consultation be included; and

(c) stakeholder representatives have decision-making or resource assignment authority.

A typical stakeholder team might contain a combination of individuals from different disciplines and perspectives. Often this team is comprised of a judge, representatives from prosecution and defense counsel, child welfare and juvenile probation staff, court administration, security or law enforcement, and a court school liaison or clinical staff (e.g., court clinician) if available. CASA volunteers and community mental health professionals from outside the court system also can often provide unique perspective and expertise. Involving people from other systems that impact the lives of court-involved youth and families can bring in the broader perspective from those who many see a different part of the lives of those youth and families.

Oftentimes it is encouraged that courts consider including a "youth and parent" voice either as part of the stakeholder group or through interviews and focus groups with the NCJFCJ consultation team during the site visit. Consumers themselves, such as parents and youth who have successfully graduated from the court, can indeed be tremendous assets. However, a great deal of caution, attention, and clinical judgment must be exercised in identifying and vetting youth and family consumers to participate in the trauma consultation process. Ideally, consumer candidates should have a relatively remote history of involvement with the court and have demonstrated a stable mental health status. The process of physically returning to court or discussing their experience in the court system has the potential to remind consumers of previously feeling unsafe or scared. Thus, attention

should be paid to evaluate their personal readiness to cope with any anticipated or unanticipated trauma reminders. For this reason, we recommend that the actual NCJFCJ consultation team be consulted prior to involving and recruiting consumers to be involved in consultation activities.

Question 3: Are you and all stakeholders on the same page?

Developing a shared understanding of the purpose of the consultation (i.e., "Why conduct a consultation of your local court?") and the scope of the consultation (i.e., "What does the consultation need to cover?") is critical for success. Oftentimes, within existing stakeholder groups, the purpose of a consultation is relatively easy to establish as one part of an ongoing system improvement effort. However, it is recommended that the purpose of a trauma consultation be discussed openly so that there is a transparent and logical connection to the direction the court wants to take to continuously improve how youth, families and court staff members are treated in the system. Making the intention of the consultation explicit also helps prevent mission drift and serves as a foundation to continuously evaluate the necessity of proposed activities. In other words, a shared vision and purpose can help avoid pitfalls such as unnecessary use of resources to collect data that are not ultimately used.

Once the local stakeholder team agrees on why they want to participate in a consultation (i.e. what is the specific referral question?), and available resources are identified, it is then necessary to concretely define the scope of the consultation. For the purpose of this manual, it is assumed the juvenile or family court is the unit of analysis. In other words, it is assumed that only environments, practices, and policies that are under the authority of the court will be included in the consultation (versus allied agencies and community service providers). However, every court is different, and this basic unit of analysis (i.e., "the court") can vary substantially depending on how your system is organized. For example, in some juvenile courts, detention facilities are co-located in the same physical plant – and thus would be ripe for inclusion in an environment, practice and policy scan. Whatever the variance in your court, it is strongly recommended that project stakeholders frequently revisit what the scope of the trauma consultation is and ensure that there is a clear understanding about what it means to define the court as the unit of analysis (i.e., defining the outer range of what is appropriate to consultation) and to ensure there is ongoing stakeholder buy-in.

It addition, courts may want to consider that much smaller units of analysis might be appropriate given your resources and the stated purpose of the consultation. For example, it might not be initially feasible to do a consultation of your entire court. Rather, the scope might start small by focusing efforts on a given courtroom, or docket/case type, or a waiting area, or the security area at the entrance to the court. This strategy can lead to seeing the value of a larger, comprehensive trauma consultation and the natural motivation to apply the trauma consultation lens to other areas of the court.

The following questions can help guide your self-assessment to ensure that all stakeholders have a shared understanding of your effort to become a trauma-informed court:

- Who in the court community has identified addressing trauma as a need?
- Why do we want to do a trauma consultation? (Improve our court practices? Address issues youth and family face more effectively by using evidence-based practices? Decrease incidents of aggression and/or violence in the court? Reduce burn-out, absenteeism and turnover? Reduce recidivism? Is everyone frustrated with shrinking budgets and capacity to provide services? Diversion from deeper involvement in the

juvenile justice system? Reduce secondary traumatic stress among court staff? Greater efficiency? Improved outcomes for youth and families? Greater respect by the general public for adopting innovative practices? Improved quality of life for court staff?)

- What data related to trauma, trauma screening, trauma treatment, outcomes, etc. are being collected? How is the data used?
- Is there the political will to use the findings of the trauma consultation and work to institutionalize "trauma-informed practice" in the culture of the court?

Question 4: Can you afford a consultation?

Most courts can secure funding to support a trauma consultation, and in some cases, the NCJFCJ might be able to conduct a consultation via existing grants or cooperative agreements. However, it is critical for the consultation leadership and stakeholder group to explicitly identify what resources can be committed to conducting a consultation. In other words, efforts to become more trauma-informed involve not just finances, but time for activities such as: preparing for the consultation visit; assisting during the consultation visit; following up with the consultation team; and participating in action planning, evaluation efforts, etc. (see Table 1 for an overview of suggested timeframes). A commitment to trauma-informed court practice can be time intensive as it is an ongoing process to change thinking, culture, and practice. Ultimately, however, the benefits to the court, court-users, court staff, community partners and local community can be substantial in both humanitarian and financial terms. Even though some interventions can appear expensive at the outset – they can actually result in cost savings. For example, one cost benefit evaluation of **Functional Family Therapy** with juvenile probationers found that for every dollar spent there was $11.86 in benefit – a rate of return on financial investment of 641% which is only a correlate of the return on human investment (Washington State Institute for Public Policy, 2011).

TABLE 1. SUGGESTED TIMEFRAMES FOR CONSULTATION ACTIVITIES									
Consultation Phase:	**Pre-Consultation**			**Consultation Visit**			**Post-Consultation**		**Action Plan & Sustainability**
Consultation Activity:	Consider if a consultation is right for you.	Request a Trauma Consultation	Consultation of Request and Notification	Planning Meeting	Distribute Stakeholder Electronic Survey	Court observation, focus groups, interviews and case file consultation	Receive Consultation Report	Consultation Report Process Call	Follow-Up Consultation Site Visit
Consultation Timeline:			Within 2 weeks of request	3 months prior to Consultation Visit	30 days prior to Consultation Visit	≈ 2 days on site	30 days after site visit	30 days After Receipt of Consultation Report	Within 3 months of receiving the Consultation Report

How Should Courts Prepare for a Consultation?

The trauma consultation team will work with the designated point of contact at the court to coordinate the consultation site visit. To get the most out of a trauma consultation it is important for the consultation team to see your court as it is (see **Business as Usual** below); meaning, without any changes or accommodations made in anticipation of the consultation. The trauma consultation team needs to understand how your court operates on a regular day-to-day basis to be able to make the best assessment of your environments, practices, and policies. Other than notifying court staff of the trauma consultation purpose, timing, and activities – no special changes in operations are warranted. The consultation team will work with the point of contact from the court to address issues of confidentiality, roles and responsibilities, a planning meeting, the pre- and/or post-consultation stakeholder survey, necessary post-consultation follow up, and any other special considerations.

Business as Usual: The trauma consultation team does not serve any role related to enforcement, sanctioning, or certification. Rather, the team works with the court in a collaborative manner to collect accurate information to assess the court's trauma-informed policies and practices. With this in mind, we strongly encourage courts and their staff to continue business as usual and not adjust their work when the consultation team is on-site or in preparation for the team's arrival. The team acknowledges that each court is unique and has different rules for visitors; the team will work with you in advance about how to best notify court staff when the consultation team will be on site and how consultation team members will be identified during the site visit.

Confidentiality: In some jurisdictions, courts require the trauma consultation team to adhere to specific rules of confidentiality in order to protect youth and families. Any necessary orders or agreements regarding confidentiality should be staffed with the consultation team and be in place prior to the site visit. In addition, the consultation team will collect informed consent or assent as necessary from all court staff, agencies, stakeholders, youth, and families that participate in individual or focus group interviews. Information collected during the course of the consultation will be reported in aggregate form to the extent data allows and will not include identifying information.

Roles and Responsibilities: The juvenile court must identify a point of contact or liaison that will assist in coordinating the logistics of the visit with the consultation team. This person will assist with coordinating a planning meeting (see below), arranging travel plans for the consultation team if necessary, scheduling among the court staff that will be participating in individual or focus

group interviews, and ensuring the consultation team has access to a sufficient number of court proceedings.

Planning Meeting: There should be an initial planning call between the individual(s) requesting the consultation and the consultation team. During this call the consultation team should be notified of any specific areas of concern or areas where the court feels its needs a higher level of evaluation (e.g., psychological assessment instruments, security, cultural/linguistic competency, etc.). During this meeting the consultation team will also request any additional information that may be necessary (e.g., policy manuals, sample trauma screens, statistics on the population the court serves, etc.) which the consultation team liaison should subsequently provide to the team with a sufficient amount of time for the team to consultation the materials (e.g., two weeks or depending on the amount of information requested).

Pre-Consultation Baseline Stakeholder Survey: Courts are required to distribute a web-based pre-consultation stakeholder survey one month prior to the consultation visit. This survey provides valuable information to guide the consultation process, as well as serve as a baseline against which to measure future and ongoing court performance. Survey participants should include all court staff such as judges, public defenders, prosecutors, social workers, probation officers and when possible youth and family consumers (see prior note of caution regarding obtaining consumer input). The survey is anonymous and all responses will be reported in an aggregate manner. In some cases, the pre-survey will be supplemented by a post-survey of stakeholders. Both surveys are designed to capture perspectives on definitions of trauma, collaboration across stakeholders, resources, and other information on practice within the jurisdiction (see sample survey **here**).

Special Considerations for Your Court: Juvenile and family court professionals are often quite busy and have limited availability, making it difficult to schedule activities outside of hearings. The consultation team is mindful of the strain that additional activities can place on courts and individuals. Besides individual and focus group interviews, when possible, the consultation team's visit should revolve around the court schedule or docket to reduce additional strain on time and scheduling.

What Should You Expect During the Consultation?

Length of Consultation: Trauma consultation site visits generally last one and one-half days to two days. There might be special circumstances that would require the team to stay longer (e.g., facilitating a town hall meeting or incorporating on-site training); but those additional activities would be decided on and arranged for in the pre-consultation planning phase in collaboration with the court.

Consultation Team: A typical trauma consultation team is multidisciplinary and usually consists of 2-3 content experts with experience working with juvenile and family courts. For example, a consultation team might consist of a psychologist with expertise in social, developmental or clinical psychology; an expert in domestic violence; and an expert in dependency and/or delinquency systems. The consultation team will have substantial expertise in trauma and justice systems, such as: (1) trauma and traumatic stress; (2) how trauma impacts human development and behavior; (3) how human behavior is linked to physical and social environments, interpersonal interactions, and the policies of systems/institutions; and (4) research, program evaluation, or organizational assessment experience in juvenile and family courts.

Environmental Observations and Scan: Observing the environment is an important part of the consultation. Sense of control in any given environment -- but particularly those that offer little expectation of control -- has been linked to the degree to which people experience stress or arousal and are impacted by stressors such as noise, temperature extremes, and crowding (Wener, 2012). Particular areas of interest are places that can be stressful and likely to trigger psychological and behavioral reactions, such as parking lots, security entrances, waiting rooms, and courtrooms themselves. Thus, as part of this environmental scan, the consultation team will measure temperature, lighting levels, humidity, and sound levels in various areas of the court. In addition to tracking and comparing these readings to those taken in other courts, the consultation team will compare them to suggested guidelines (e.g., see Woodson, Tillman, & Tillman, 1992).

Consultation Activities: During the visit, the consultation team will engage in varied activities, including focus groups, interviews, file consultations, and hearing observations (see below). The consultation visit is designed to provide the consultation team with a cross-sectional snapshot of how youth, families and court staff experience a typical encounter with the court across the various types of court (e.g., dependency, delinquency, drug/family/problem-solving etc.), types of case (e.g.,

pre-hearing staffing, mediation, trial, etc.), as well as judicial officers and their respective courtrooms. Again, these activities are intended to provide a snapshot of a typical encounter with the juvenile or family court that a young person or family who has experienced trauma would experience.[4]

Direct Court Hearing Observation: Hearing observation is a critical activity while on site as it allows the consultation team to observe key stakeholders in action and to develop a sense of case flow, demeanor, tone, stress, service matching, timeliness, etc. Depending on the jurisdiction and the scope of the consultation, the team will observe hearings across case types (e.g., delinquency, dependency, drug court, protection hearings, or other specialty dockets) and utilize a standardized observation rating form.

Focus Groups and Individual Interviews: The consultation team will conduct focus groups (a gathering of 4-8 participants) and individual interviews with staff members employed by the court or by an agency that works closely with the court (e.g., child protective services, juvenile probation or detention workers, attorneys, consumers, security staff, treatment providers, and court administration staff). The focus group sessions and the individual interviews will last approximately 30 minutes, will be facilitated by one or two team members, and will be guided by a semi-structured set of questions. Participants will be informed that participation in individual interviews and focus groups is voluntary and their responses will remain anonymous; they will also sign consent or assent forms to this effect.

> It is not necessary or expected for participants in the consultation to either have experienced trauma or for them to disclose any personal information regarding their own history of exposure to trauma within or beyond the court.

File Consultations: Consultation of case files typically involves access to 5-10 case files of each case type (e.g., dependency, delinquency, civil protection, etc.). To the degree possible, case files should include not only case processing information (e.g., various orders, petitions, dispositions, etc.) but also psychosocial information (e.g., psychological screening/assessments, progress notes, etc.) even when this information is maintained in two separate files.

Wrap Up: Before leaving the site, the consultation team will have a final debrief meeting with the lead judge and any stakeholders invited by the judge to address questions and consultation next steps. At this time the court should not expect any formal recommendations from the consultation team. It is important that the consultation team has a chance to consultation and integrate all observations and data collected during the visit before formal recommendations can be provided. The consultation team will remind the court of the goal to have the final report available within 30 days and consultation suggestions/options for sustainability (see below).

4 To the extent feasible, it is desirable to include input from those children and families involved with the court – past or present. This input can take several forms, including consultation of consumer satisfaction surveys that might already be in place in the court; including consumers in the pre-site visit survey; and interviews or focus groups with court consumers while on site.

How Do You Use the Consultation Recommendations and How Do You Sustain Your Work?

For courts to improve the degree to which they are trauma-informed, it is critical they do not adopt a "one-and-done" approach. Ideally, within 30 days of the consultation visit, the consultation team will author a report summarizing consultation activities, impressions, recommendations, and suggested next steps for both the court and consultation teams. The consultation team recommends that the court participate in a call with the team within 30 days of receipt of the consultation report to clarify any questions, discuss the site's action plans, and confirm the role of the consultation team moving forward.

The consultation team strongly recommends that within three months of receiving the consultation report, at least one member of the team return to the court to facilitate action planning. This follow-up visit is critical for setting a meaningful and measurable framework for evaluating and sustaining improvement over time. An important part of the process is measuring trauma-informed changes that were implemented as the result of the consultation report. This means employing process measures to help identify the steps taken to put changes in place. It also means implementing outcome measures to determine if the changes made a positive difference, and to what extent. The consultation team can help operationalize how to monitor fidelity to practice improvements and evaluate the impact of new practice on dependent variables of interest (e.g., number of incidents of aggression/violence on site; number of staff sick days, etc.) as well as problem-solve data collection issues (e.g., realistic collection points, case level versus aggregate, behavioral outcomes versus attitude change, etc.). Further, the team can offer guidance on what instrumentation tools and resources might be available and appropriate for use by the court moving forward in their effort to be increasingly trauma-reformed. Ultimately, courts are encouraged to widely share their "lessons learned" from their work.

> For more information on initiating and sustaining organizational change see the Breakthrough Series Learning Collaborative quality improvement methodology (Institute for Healthcare Improvement, 2003)[5]

5 A Breakthrough Series Collaborative is a short-term (6- to 15-month) learning system that brings together a large number of teams to seek improvement in a focused topic area. Since 1995, IHI has sponsored over 50 such Collaborative projects on several dozen topics involving over 2,000 teams from 1,000 health care organizations. Teams in such Collaboratives have achieved significant results, including reducing waiting times by 50 percent, reducing worker absenteeism by 25 percent, reducing Intensive Care Unit costs by 25 percent, and reducing hospitalizations for patients with congestive heart failure by 50 percent.

Summary

Becoming a trauma-informed juvenile or family court does not only mean educating system stakeholders, community agencies, and youth and family consumers about trauma and its impact on human development; it also includes utilizing trauma-informed practices, skills, and strategies to reduce traumatic stress, cultivate resilience and improve the well-being of children and families in their care and the staff that work with them. Requesting a trauma consultation is one way to work towards the goal of being a trauma-informed juvenile court that better serves youth, family, and staff. As part of this effort, careful consultation of this guide can help jurisdictions and juvenile courts decide whether a consultation is right for them, prepare for a consultation if they decide to proceed, and use the consultation recommendations to implement and maintain efforts to be trauma-informed.

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Appendices

Adverse Childhood Experiences (ACE) Study: http://www.acestudy.org

American Psychological Association: Evidence Based Practice in Psychology: http://www.apa.org/practice/resources/evidence/index.aspx

Conceptual framework for trauma-informed courts (article): http://www.ncjfcj.org/sites/default/files/Marsh%20Dierkhising_Conceptualizing%20Trauma-Informed%20Courts_%202013%20NCJFCJ%20condensed.pdf

Mind of Mario (training audio): http://insideandout.wbez.org/content/mind-mario-trauma-and-juvenile-justice

National Center for Trauma-Informed Care: http://www.samhsa.gov/nctic

National Center for PTSD: http://www.ptsd.va.gov/

National Child Traumatic Stress Network (NCTSN): http://www.nctsn.org

NCTSN Learning Center for Child and Adolescent Trauma: http://learn.nctsn.org

National Council of Juvenile and Family Court Judges: http://www.ncjfcj.org

SAMHSA's National Registry of Evidence-Based Programs and Practices: http://www.nrepp.samhsa.gov/

Ten things every juvenile court judge should know about trauma and delinquency (article): http://www.ncjfcj.org/sites/default/files/Trauma%20Bulletin.pdf

Tip sheet for clinicians: http://www.nctsn.org/sites/default/files/assets/pdfs/testifying_fact_sheet_final.pdf

Tip sheet for judges: http://www.ncjfcj.org/sites/default/files/Trauma%20Tips%20for%20Judges.pdf

Trauma and resilience (report): http://www.jlc.org/sites/default/files/publication_pdfs/Juvenile%20Law%20Center%20-%20Trauma%20and%20Resilience%20-%20Legal%20Advocacy%20for%20Youth%20in%20Juvenile%20Justice%20and%20Child%20Welfare%20Systems.pdf

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