

42nd Annual InterCourt Conference



Session 2B: Delinquency
and Trauma in Youth

March 12, 2026
Hilton Columbus at
Easton Town Center
Columbus, OH

FACULTY BIOGRAPHIES

KAREN GUERRIERI, LPCC/S, LICDC, SWA, has worked in the human services and juvenile justice fields for over 20 years, currently serving as the Clinical Supervisor in Mahoning County Juvenile Court's Clinical Services Department and Co-Chair of Stand Grow Thrive: Mahoning Resiliency Movement. As part of her therapeutic responsibilities, Karen provides individual, family, and group treatment services and is an Eye Movement Desensitization and Reprocessing (EMDR) trained therapist. She also oversees parenting education services provided through the Court.

In addition to her service at Mahoning County Juvenile Court, Karen is an adjunct faculty member at Kent State University, with over 15 years of experience teaching in both the Human Services and Human Development and Family Studies programs. She has presented at numerous conferences/venues on a variety of topics, including trauma, adverse childhood experiences (ACEs), and resiliency. Karen is particularly interested in the effects of trauma and adversity exposure on individual development and parenting, as well as the generational implications of adversity exposure.

KIM KEHL is the Project Manager for Trauma Informed Care at the Ohio Department of Children and Youth hold a Masters of Ed. from Wright State University, 1990 in Educational Leadership and a Bachelor of Science Kent State University, 1978, in Special Education and Elementary Education. He has been the Program Manager for Trauma Informed Care at the Ohio Department of Children and Youth since November 2021 through the present. He provides consultation and technical assistance to Ohio's Qualified Residential Treatment Programs (children's residential programs) on trauma-informed approaches and trauma treatment models. He develops and manages project plans which result in a comprehensive trauma-informed care approach for all QRTPS to meet the individual needs of youth served across Ohio's' child-serving residential agencies. He leads implementation of Trauma-Informed Care programming and policy across Ohio counties and provides comprehensive roadmaps for launch. He currently serves on the Board of Directors, for the Liberians in Columbus, Inc. (LICI) and the Ohio Citizen Advocates for Addiction Recovery (OCAAR).

Delinquency and Trauma in Youth

Karen Guerrieri, LPCC/S, LICSC, SWA
Clinical Supervisor
Mahoning County Juvenile Court

Kim Kehl
Consultant
Kehl Partnership Group, LLC



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Karen Guerrieri, LPCC-S, LICDC, SWA
Clinical Supervisor
Clinical Services Department
Mahoning County Juvenile Court

Kim Kehl, M.Ed.
Project Manager
Trauma-Informed Care
Ohio Department of Children and Youth



MIKE DEWINE
GOVERNOR OF OHIO



Assume Best Intent...

When we talk about stress and trauma, we can be reminded of events from our own lives that may cause discomfort, feelings of anxiety or other emotions.

Please assume that if there is anything you see or hear that causes you concern or uneasiness, it was not meant to, the only intent is to share information in an open and honest fashion to help care, support and serve.

Objectives

- Explore links between adversity and trauma exposure and delinquency.
- Explore ways trauma-informed approaches can support progress and reduce recidivism.
- Identify simple trauma-informed approaches at various Justice System points of contact.

What is trauma?

*Individual trauma results from an **event**, series of events, or set of circumstances that is **experienced** by an individual as physically or emotionally harmful or life threatening and that has lasting adverse **effects** on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.*

*When something happens to the body that is **too much, too fast, or too soon**—and we don't get enough safety or regard—it overwhelms the body and can create **trauma**. Contrary to what many people believe, **trauma** is not primarily an emotional response. **Trauma** always happens in the body.*

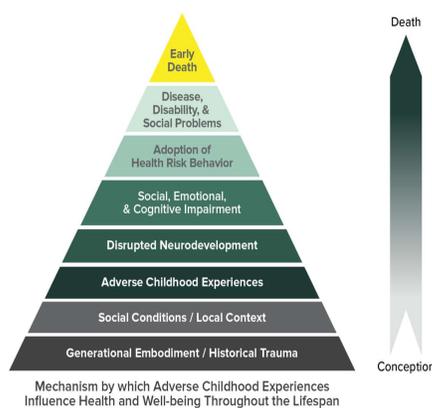


Traumatic Events

- (1) Render victims helpless by overwhelming force;
- (2) Involve threats to life or bodily integrity, or close personal encounter with violence and death;
- (3) Disrupt a sense of control, connection and meaning;**
- (4) Confront human beings with the extremities of helplessness and terror; and
- (5) Evoke the responses of catastrophe.

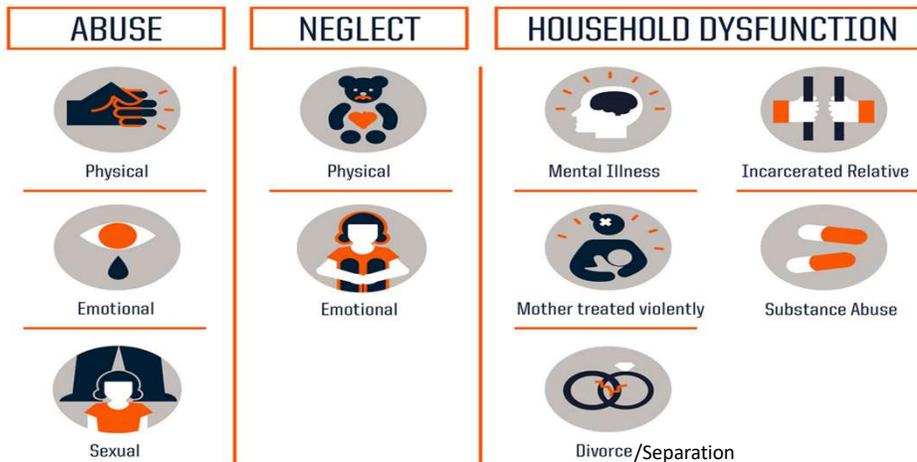
Judy Herman, Trauma and Recovery, (1992)

ACEs



The **Adverse Childhood Experiences Study** (ACE Study) is a research study conducted by Kaiser Permanente health maintenance organization and the Centers for Disease Control and Prevention (CDC). Participants were recruited to the study between 1995 and 1997 and have been in long-term follow up for health outcomes.

Adverse childhood experiences - ACEs



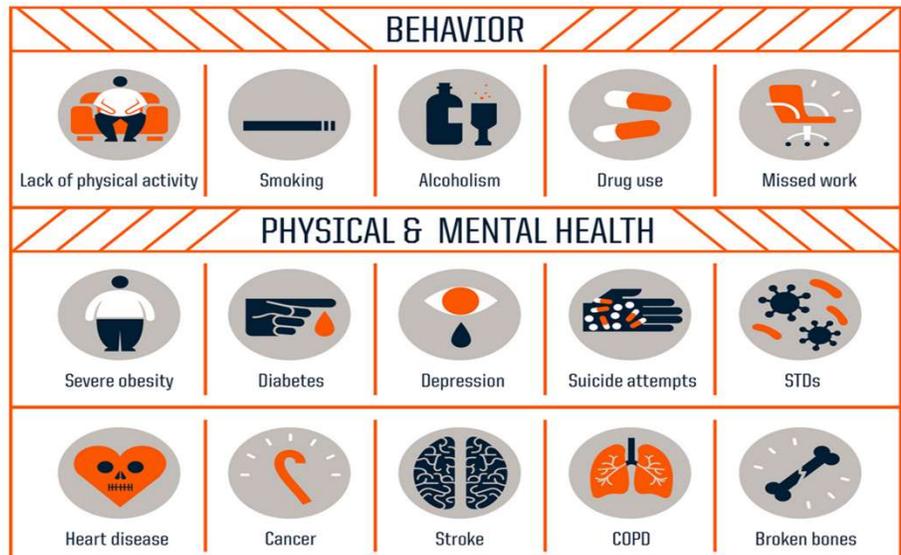
What this looks like in youth

- Seemingly inappropriate responses to participating in the legal process that may be reactions to past trauma exposure.
- **This may include:**
 - May misinterpret nonverbal cues
 - Reduced ability to focus and/or retain information
 - Disproportionate responses to expectations and/or social interactions
 - Distrust
 - Increased anxiety
 - Anger
 - Dissociation
 - Difficulty making decisions



ACE Score and Health Risk

As the ACE score increases, risk for these health problems increases in a strong and graded fashion



Potential Traumatic Events

Abuse	Loss	Chronic Stressors
Emotional	Abandonment	Poverty *
Sexual	Neglect	Racism
Physical	Separation	Involved Medical Procedures (Early childhood intrusive surgeries *)
Domestic Violence	Natural Disaster	Community Trauma
Witnessing or Experiencing Violence (includes seeing abuse of siblings) *	Accidents	Historical Trauma
Bullying * Cyberbullying	War/Community Violence *	Family Members w/ Substance Abuse Issues
Institutional		Homelessness *
Discrimination		

* Andrew Garner, American Pediatric Society and Harvard Center for the Developing Child, 2012

Mahoning County Juvenile Court ACE data

ACE Score Prevalence – Original ACE study vs. MCJC Youth

<u>Number of ACEs</u>	<u>ACE Study</u>	<u>MCJC Youth</u>
0	36.1%	17.0%
1	26.0%	20.6%
2	15.9%	15.0%
3	9.5%	10.0%
4 or more	12.5%	37.4%

Circumstances and dosage matter:

Experience of trauma affected by:

How?

Who?

When?

Where?

How
Often?

What
Happened
Next?

Guiding points...

- Interventions that decrease negative peer exposure and increase prosocial support is important
- Development of social and emotional skills supports decreased use of physical and verbal aggression.
- Justice involved youth experience significantly higher levels of sexual and community violence and report significantly higher levels of PTSD symptomatology.
 - Those reporting higher levels of delinquent activity (gun possession and gang involvement), also report higher levels of violence exposure.
 - Incarcerated youth with more serious delinquent histories display higher levels of PTSD symptomatology.
- Females are at greater risk for repeated interpersonal victimization (sexual abuse or being direct targets of community violence).
 - Females often reported more symptoms of disassociation.

An Examination of the Relationships between Violence Exposure, Posttraumatic Stress Symptomatology, and Delinquent Activity: Wood, J., Foy, D., Layne, C., Pynoos, R., James, C. Boyd. 2008

The facts . . .

Tragically, people may leave the courtroom worse off than when they came in having suffered **“Jurigenic Harm”** unanticipated harms caused by the justice system.

The use of trauma-informed responses reduces further harm.

Judge Michael Town (ret) Mediator, Arbitrator, Counselor

Why learn about trauma-informed responses

- Help you work with youth and adults with behavioral health challenges
- Increase awareness of the impact of trauma on behavior across the lifespan
- Ensure safety for everyone
- Develop trauma-informed responses
- Avoid re-traumatizing
- Reduce recidivism and promote recovery – **JUSTICE!!**



TRAUMA-INFORMED RESPONSES.....

- Change how we understand trauma
- Change the way we think
- Change the way we view an individual
- Changing the way we respond
- *Trauma-informed responses keep everyone safe.*
- **Shift the focus from “what’s wrong with you” to “what happened to you” so we can get to “what do you need”.**

Being trauma-informed helps you...

- See the entire person – not just what you see in court.
- Understand the person in front of you – who you are working with and what do they need?
- Understand the trauma of a court room and judicial proceedings
- Craft specific recommendations/ rulings.
 - Equitable, trauma-informed, and supportive of progress.
- Do the right thing!!!



Courtroom benefits

- People are treated with dignity and respect.
 - This lessens chance of re-traumatizing and promotes trust
- Create a safe place for everyone.
- When everyone is trained – then before, during, and after are safe



Justice System Principles of care

- Compassion, understanding, and respect
- Non-adversarial = avoid aggressive, assaultive, or punitive responses/ styles
- Be genuine
- Show you want to help – prevent the cycle
- Manner in inquiring into past – helpful, interested, non-intrusive
- Establish a relationship of trust – this takes time
- Adapt and adjust the courtroom – who is with the defendant/ party (abuser/boyfriend)
 - What can be done to support safety and trust?
- **You** set the standard for how people are treated when interacting with you, be it in your office, the lobby, or the courtroom.

Our Experiences shape who we are...

- How have your past experiences made you who you are today? What resources and supports encouraged you along the way?
- Case study – Felonious Assault Offense
 - Adolescent female, honors student, early college, community volunteer work, overly independent
 - father deceased with a history of incarceration, mother living with chronic illness, older sibling in prison
 - ACE score of 9 with 6 additional types of adversity experienced, history of inpatient hospitalization, engaged in therapy and completed group program through Court
 - Specialty docket referral for charges – poor engagement and slow progress initially, successful completion
 - Several months later – JR6 following severe injuries sustained from mother and mother's boyfriend. Despite level of injury, mother repeatedly requested DV filing of DV charges against child
 - She graduated in May of 2025 earning both her high school degree and an Associate's Degree from YSU. **She was valedictorian of her graduating class!!!**

Hallmarks of Trauma-Informed Court

- Identifying trauma
- Adjusting courthouse relationships
- Adapting strategies



Identifying trauma

- A person's trauma history may affect representation by making it difficult to get the **whole story** and a **consistent story**.
- **The individual may experience** shame, hopelessness, traumatic flashbacks and/or distrust.
- **Trauma survivors may** to present as to be angry and/or suspicious, or as withdrawn and with flat emotion, *or* to flood with an overload of information.



Identifying trauma

- The ability to **communicate** and develop a **relationship of trust** with individuals is critical and takes time.
- Court personnel **do not need to be a mental health expert** to recognize that what the client is describing, or behavior the client is exhibiting, is indicative of trauma.
- A person who has experienced trauma needs to be able to **feel safe**.



Adjusting the Relationship

- Court personnel need to be versed in a **wide array of strategies**.
- Working with people with trauma experience **requires investing extra time**.
- Transparently engaging the person in **developing solutions** can be empowering.
- Be open to **considering non-legal solutions** with the individual, such as referrals to trauma-informed therapy.
 - Educate yourself about what is available in your area.



Adapting Courthouse Strategies

- Remember, **the experience of going to court** in and of itself can be traumatic and/or re-traumatizing.
- People with trauma histories **can make terrible witnesses** for a variety of reasons.
- Make the situation as **predictable as possible** by explaining what to expect and rehearsing, if appropriate.
- **Consider adaptations** to traditional procedures if appropriate.
- Give extra thought to **the impact of Courtroom procedures**, especially if disclosure or discussion of traumatic experiences is needed.
- Reduce the number of times a story has to be repeated.



What do trauma-informed practices look like?

EXPERIENCE: Entering Courthouse

Metal detector goes off and the officer gruffly responds.

Response: Person with SMI becomes agitated and confused and decides to leave.

Alternative: Post a CIT trained officer at the door. Calmly and respectfully explain the process for entering the building and the procedure for what happens if metal detector goes off before the person goes through.



What do trauma-informed practices look like?

EXPERIENCE: Individual Gets Bad News



- **Response:** The individual becomes angry because they believe they are being punished.

- **Alternative:** Lawyer prepares the individual ahead of time. Tell them, “the team is concerned about you and may want to stay involved with you for a while longer so you can get the services you are eligible for.”

What do trauma-informed practices look like?

EXPERIENCE: Medication Adherence

Judge asks individual if they have been taking their medications as prescribed



- **Response:** Individual becomes agitated and defensive because they believe they are in trouble.

- **Alternative:** Judge meets with treatment team ahead of time, so they know in advance how the person is doing. If medication adherence is an issue, Judge can say, “I understand that you do not like taking your medication. Can you tell me what you don’t like about it and perhaps we can come up with a plan that works better for you?”

What do trauma-informed practices look like?

EXPERIENCE: Traumatized Family Member

Mother of young person with SMI takes care of all of his daily living needs to prevent re-hospitalization. In the past, when she has tried to give her son more responsibility, he has ended up in the hospital. The treatment team has been ineffective in helping the mother understand her son needs to learn and practice responsibility for his own mental health and other needs. They are becoming concerned about her well-being as well.

Response: Mother becomes emotional whenever the treatment team raises this issue, becoming distraught because she feels she has failed him.

Alternative: Gently, but firmly, explain that her son is under an AOT order and, as such, is responsible for adhering to his treatment plan. Commend her for what she has done and assure her that the treatment team and the court will be there to help catch him if he begins to decompensate to help him get back on the path to recovery. She is free to focus on being his mother and not his caretaker.

A trauma-informed approach reflects adherence to six key principles rather than a prescribed set of practices or procedures for both litigants and witnesses:

1. Safety
2. Trustworthiness and Transparency
3. Peer Support
4. Collaboration and Mutuality
5. Empowerment, Voice, and Choice
6. Cultural, Historical, and Gender Issues



SAMHSA Trauma- Informed Approach

SAMHSA's Concept of Trauma
and Guidance for a Trauma-
Informed Approach, July 2014

- **Realizes** the widespread impact of trauma and understands potential paths for recovery;
- **Recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
- **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices; and
- Seeks to actively resist **"re-traumatization"**

What about trauma-informed practices . . .

- It is important that attorneys, judges, magistrates and other court personnel receive training on trauma-informed care and are **well-versed** in the application of these practices within the Justice System.
- Trauma-informed practices require **building connections** with other social services, such as mental health, housing, transportation, employment, childcare, and substance abuse treatment.
- Trauma-informed practices require **increased time and resources** dedicated to training and collaboration across social service systems.

What can courts do:

- Adopt formal policies/ mission statements.
–(judges example???)
- Develop hardwired practices and procedures.
- Review all programs, procedures, formal policies. Amend if needed.
- Administrators/judges validate importance of staff. Court personal provide validation to those on case load.
- Staff members are provided options and support regarding tasks.

SAMSHA GAINS Institute

Budgets....

“Your budget is your policy.”

TIC training and resources should be embedded in budget to ensure policy and practice reflect value placed on TIC efforts. (Or not...)

SAMSHA GAINS Institute

Court Physical Environment

- Environment should promote a sense of safety and collaboration.
- Physical safety (parking lot, lobby, waiting rooms).
- Emotional safety (staff are respectful, attuned to signs of distress, address individuals by name, take into account dangerous situations).
- Individuals are given clear guidance in advance of what to expect.

SAMSHA Training

When you go into a court you don't know what's going on because you're terrified. There are guns, they've got you chained up, and you're under the influence. All these things are happening at once.
— Trauma Survivor



Physical Environment	Reaction of Trauma Survivor	Trauma-Informed Approach
The judge sits behind a desk (or “bench”), and participants sit at a table some distance from the bench.	Feeling separate; isolated; unworthy; afraid.	In some treatment courts, the judge comes out from behind the bench and sits at a table in front.
Participants are required to address the court from their place at the defendant’s table.	Fear of authority; inability to communicate clearly, especially if an abuser is in the courtroom.	When practical, ask the participant to come close; speak to them beside or right in front of the bench.
A court officer jingles handcuffs or keys while standing behind a participant.	Anxiety; inability to pay attention to what the judge is saying; fear.	Eliminate this type of nonverbal intimidation, especially if you have no intention of remanding the individual. Tell the court officers not to stand too close. Respect an individual’s personal space.
Multiple signs instruct participants about what they are not allowed to do.	Feeling intimidated; lack of respect; untrustworthy; treated like a child.	Eliminate all but the most necessary of signs; word those that remain to indicate respect for everyone who reads them.

From Elements of Trauma-Informed Court
SAMHSA

Engagement

- Solicit engagement and involvement of people who have been involved with Court services, people in recovery, trauma survivors, people receiving services, family members.
- Give them a voice and meaningful choice when appropriate
- Actively solicit opinions of people in recovery, trauma survivors, family members through suggestion box, focus groups, advisory boards. Explore what is and what is not working.

SAMHSA GAINS Institute

Training and Workforce Development

- Training should be on-going
- Training should include all staff
- Self-care resources available for staff
- Maintain awareness of secondary trauma

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Monitoring and QA

- Ongoing assessment, tracking, monitoring of trauma-informed practices
- Use evidence-based trauma-specific screening, assessments, and treatments

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What about me?

YOU WOULDN'T LET THIS HAPPEN TO YOUR PHONE.



DON'T LET THIS HAPPEN TO YOU EITHER.



SELF-CARE IS A PRIORITY.
NOT A LUXURY.

Vicarious trauma

- Trauma affects not only the victims, witnesses, and litigants who appear in court, but also judges and other court staff.
- Vicarious trauma is defined as “repeated or extreme exposure to details of the event(s).”
- Repeated exposure to pictures or videos (such as autopsy photos; a dead body at a crime scene; the results of an assault) qualifies as vicarious trauma if it is related to work.
- Anyone who regularly works or appears in courts may be exposed to this kind of repeated exposure to graphic photos, videos, or testimony about horrific events

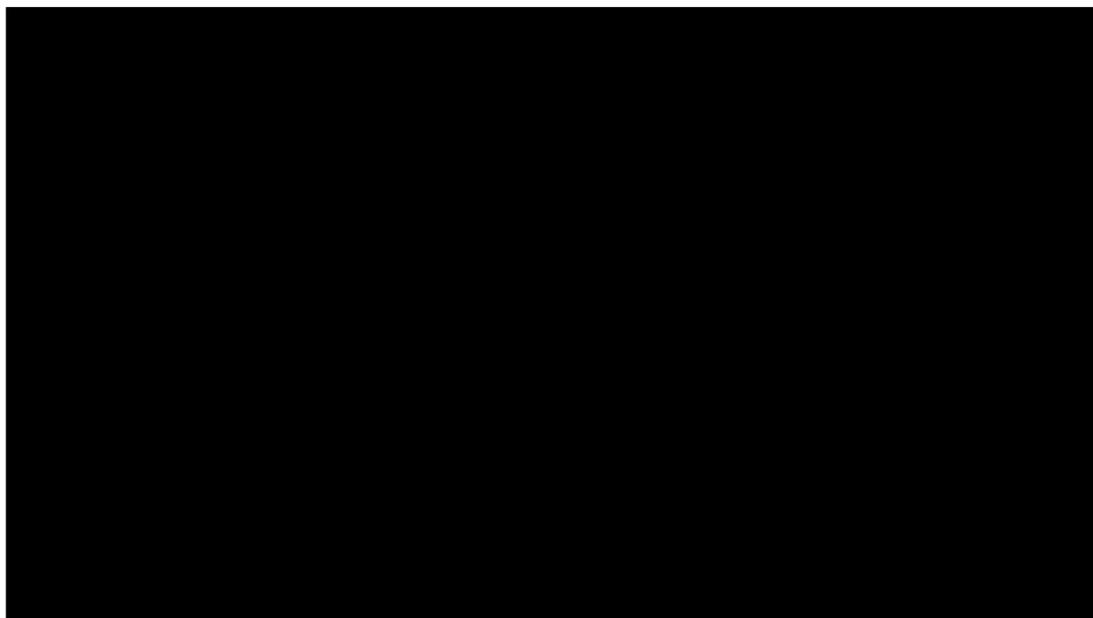
Vicarious Stress for Justice System Professionals

- Contributing factors:
 - Overloaded dockets
 - Severe time limitations
 - Prohibition from responding to attacks
 - Making decisions without all the facts
 - Dealing with pro se litigants
 - Hearings every day about the destructive things people do
 - Feelings of powerlessness to do anything about people’s lives
 - Lack of reliable courtroom security
 - Threats on their lives
 - Lack of privacy in personal lives

- **WHAT VS. WHY**

- When you know your **why** – then....

- your **what** has more impact because you're walking in or towards your purpose



Resources

National Council for Juvenile and Family Court Judges

[Trauma-informed Courts - NCJFCJ](#)

Policy Research Associates

[Promoting Access to Justice through Trauma-Informed Courts
\(prainc.com\)](#)

THANK YOU!

Karen E Guerrieri
Clinical Supervisor, Clinical Services Department
Mahoning County Juvenile Court
kguerrieri@mahoningcountyoh.gov
330.740.2244 x. 6412

Kim Kehl
Project Manager, Trauma-Informed Care
Ohio Department of Children and Youth
Kim.kehl@childrenandyouth.ohio.gov
614-207-2377

July 2025

Trauma-Informed Care Series Delinquency and Trauma in Youth – Part One

What we know

According to the Substance Abuse and Mental Services Administration (SAMHSA) trauma results from an **event**, series of events, or set of circumstances that is **experienced** by an individual as physically or emotionally harmful or threatening and has lasting adverse **effects** on the individual’s functioning and physical, social, emotional, or spiritual well-being.

Trauma can impact individuals in many ways, including socially, psychologically, academically, physiologically, and economically. Greater exposure to stress and trauma, increases the risk of chronic health conditions and engaging in risky behaviors.

Most youth who develop delinquent behaviors and become involved with the juvenile justice system have experienced significant adversity and trauma.¹ Adverse Childhood Experiences (ACEs) such as parental divorce, incarceration and domestic violence are strongly linked to juvenile delinquency, gang involvement, violence and increased involvement in the juvenile justice system.²

Many traumas also stem from family environments where caregivers or siblings are facing challenges such as substance use, mental health conditions, unemployment, legal issues, incarceration, or discrimination. Youth from marginalized communities and those from low-income backgrounds are disproportionately represented in the juvenile justice system and more likely to experience these additional stressors. Trauma can also be community-oriented and generationally transmitted so that youth and often their parents and caregivers are unaware of or underestimate the amount of trauma youth are exposed to and the impact on their behavior. Often what first looks like misbehavior can really be a survival strategy as a response to trauma or adverse childhood experiences.

¹ Adapted from: Buffington, K., Dierkhising, C.B., Marsh, S.C., (2010) *Ten things every judge should know about trauma and delinquency*. NCJFCJ

² Adapted from: Health Policy Institute of Ohio (2021). *Economic Impact of ACEs in Ohio*.

Youth exposed to trauma often struggle with school, family relationships, substance use, sexualized behavior, risk-taking, delinquency, and running away. While these behaviors may seem like disregard for the law, self and other safety, they are often coping mechanisms or efforts to avoid further trauma.

Youth who have experienced adversity and trauma, often have serious difficulties in several areas which put them at risk for involvement in the juvenile justice system. Some of the areas that an at-risk youth have trouble with include:³

	<i>Stopping to think before reacting</i>
	<i>Setting and achieving goals that involve positive outcomes</i>
	<i>Handling intense feelings of frustration and anger without resorting to aggression</i>
	<i>Handling intense feelings of disappointment and hopelessness without becoming isolative, reckless, self-harming, or suicidal</i>
	<i>Using alcohol and drugs to cope with frustration, boredom, and hopelessness</i>
	<i>Developing and maintaining relationships based on mutual trust and well-being</i>
	<i>Following social and legal rules and expectations</i>
	<i>Recognizing their own self-worth and positive accomplishments</i>

³ Complex Trauma Treatment Network of the National Child Traumatic Stress Network. (2016). *Complex trauma: In juvenile justice-system involved youth*. Los Angeles, CA, & Durham, NC: National Center for Child Traumatic Stress.

What can we do

SAMHSA provides practical guidance for leaders such as programs, judges and administrators who are seeking to implement a trauma-informed approach in their systems.

- ✓ Ensure that all staff as well as all youth and families have the knowledge, tools and resources needed to **realize** the impact of trauma in youths' daily lives.
- ✓ **Recognize** the role that trauma-related reactions and survival coping play in youths' behavioral, emotional, and legal problems.
- ✓ **Respond** in a manner that enhances the safety of the youth as well as the community and the youth's ability to achieve her/his full potential through developing a healthy lifestyle, skills, and relationships. And,
- ✓ Prevent **re-traumatization** or the triggering of trauma-related memories.⁴

The National Child Traumatic Stress Network (NCTSN) has identified essential elements of trauma-informed practice to support youth in the juvenile justice system who have been complexly traumatized. These are:⁵

- ❶ Ensure the physical and psychological safety of all youth, family members, and staff through the development of trauma-informed policies and procedures.
- ❷ Identify youth who have experienced complex trauma through carefully timed screening.
- ❸ Offer clinical assessment and trauma-focused intervention traumatized youth who have been identified in the screening process.
- ❹ Provide trauma-informed programming and staff education on complex trauma for staff across all components of the juvenile justice system.
- ❺ Recognize and respond to the adverse effects of secondary traumatic stress in the workplace to support workforce safety, effectiveness, and resilience.
- ❻ Engage youth and their families as partners in all juvenile justice programming and therapeutic services.

⁴ Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884, 2014.

⁵ Adapted from Complex Trauma Treatment Network of the National Child Traumatic Stress Network. (2016). *Complex trauma: In juvenile justice-system involved youth*. Los Angeles, CA, & Durham, NC: National Center for Child Traumatic Stress.

- ⑥ Engage youth and their families as partners in all juvenile justice programming and therapeutic services.
- ⑦ Through cross-system collaboration, ensure the provision of continuous integrated services to justice-involved youth who have experienced complex trauma.
- ⑧ Review practices and policies to ensure that they address the diverse and unique needs of all groups of youth.

Several evidence-based practices (EBPs) are available to families, professionals, courts and communities for responding to youth who are impacted by trauma. Combined with the strategies above, we can minimize the likelihood of a youth entering the juvenile justice system. We can support them staying in school and reducing the possibility of out-of-home placement, both goals of DCY.

PLEASE NOTE: This is part one of a two-part series on Delinquency and Trauma in Youth. Part Two will focus on “Responding to Delinquency, Trauma and Youth.”

RESOURCES

988 Suicide and Crisis Lifeline

Ohioans who are experiencing a mental health or addiction crisis and their family members can call, chat, or text 988 to reach a trained counselor who can offer help and support.

Ohio Mental Health and Addiction Services

- OhioMHAS Learn and Find Help for a variety of resources on support prevention, treatment, and recovery.
[Learn and Find Help | Department of Mental Health and Addiction Services \(ohio.gov\)](#)
- Resources
[Resources | Department of Mental Health and Addiction Services \(ohio.gov\)](#)

Ohio Department of Children and Youth (DCY)

Team members at DCY are committed to making Ohio the best place to start and raise a family. The team is focused on helping all children live up to their full potential by providing developmentally appropriate services and resources from before they are born through adulthood. [The mission](#) is to promote positive, lifelong outcomes for Ohio youth through early intervention, quality education, and family support programs. Caregivers are essential to a child's healthy growth and development. Whether you are looking for child care options, parenting tips, or resources for a healthy pregnancy, DCY offers families of all shapes and sizes with [resources to meet their needs](#).

Ohio Department of Youth Services

[The Division of Community Engagement and Reentry](#) is responsible for overseeing the community service program and volunteer & religious services, as well as supporting the reentry planning process. They work to obtain birth certificates and replacement social security cards for youth prior to release and they participate in interdisciplinary team meetings and release panels to address the reentry needs of our population. The Division also collaborates with the Ohio Department of Mental Health and Addiction Services, Opportunities for Ohioans with Disabilities, and the Office of the Ohio Public Defender.

The National Child Traumatic Stress Network

NCTSN was created by Congress in 2000 as part of the Children's Health Act to raise the standard of care and increase access to services for children and families who experience or witness traumatic events. This unique network of frontline providers, family members, researchers, and national partners is committed to changing the course of children's lives and moving scientific gains quickly into practice across the U.S. Several resources are [available through NCTSN](#).

Annie E. Casey Foundation

[The Foundation's](#) work focuses on strengthening families, building stronger communities and ensuring access to opportunity, because children and young people need all three to succeed. They advance research and solutions to overcome the barriers to success, help communities demonstrate what works and influence decision makers to invest in strategies based on solid evidence.

The Center for Innovative Practices (CIP)

[CIP is a training and technical assistance center](#) housed within the Begun Center. A recognized Center of Excellence, it has provided support to community-based agencies that seek to implement interventions that improve outcomes for youth and families for over 20 years. These interventions are evidence-based and specific to the needs of the organization and community. CIP provides initial training of the particular intervention(s) to the organization, then continues to support the work through technical assistance and consultation.

The MacArthur Foundation

Over the past decade, the [Models for Change](#) initiative advanced reforms to make juvenile justice systems more fair, effective, rational and developmentally appropriate. Based on ground-breaking research, this national effort improved outcomes for kids and communities, while holding young people accountable for their behavior.

For more information about trauma-informed and trauma-responsive programming contact:

Kim Kehl

Project Manager, Trauma-Informed Care

Kim.kehl@childrenandyouth.ohio.gov

August 2025

Trauma-Informed Care Series Responding to Delinquency, Trauma and Youth – Part Two

In the July issue of this series, we learned that most youth who develop delinquent behaviors and become involved with the juvenile justice system have experienced significant adversity and trauma. Adverse Childhood Experiences (ACEs) such as parental divorce, incarceration and domestic violence are strongly linked to juvenile delinquency, gang involvement, violence and increased involvement in the juvenile justice system.

Longitudinal research demonstrates that childhood traumatic stress is predictive of adolescent delinquency (Ford, Elhai, Connor, & Frueh) and that, once youth are on a delinquent course, traumatic stress is associated with the severity of youths' offenses and their likelihood of recidivism.

What Can We Do

There is hope for youth who are at risk or are on the path to becoming involved in the juvenile justice system. Effective interventions and strategies must be rigorously analyzed and have evidence for improving outcomes for juvenile justice-involved youth with trauma histories, as well as being acceptable to the youths, their families, the courts and legal representatives, and juvenile justice staff.

The National Child Traumatic Stress Network¹ suggests that several key issues should be considered before providing a therapeutic intervention to traumatized youth at risk for or involved in the juvenile justice system or referring youth for assessment and treatment.

Is the youth likely to be able to engage in and benefit from trauma-focused therapy?

What modalities and approaches to therapy best fit the youth's needs/stage of change?

What is the goal of therapy in the context of the youth's juvenile justice involvement?

What is the justice system's readiness to support therapy by providing trauma-informed services?

Who will be informed about therapy progress/outcomes and how will they utilize this information?

What resources are in place to ensure the youth's safety and benefit during and after therapy?

¹ Adapted from: *Evidence-Informed Interventions for Posttraumatic Stress Problems with Youth Involved in the Juvenile Justice System*, NCTSN, 2014



Additional Clinical Considerations²

Safety	Safety is paramount not just for the youth but also for his/her caregiver(s) and significant others (e.g., siblings).
Ethnocultural Background	A youth’s background can influence the probability of arrest, and the severity of consequences faced by youth at every stage of the juvenile court process.
Developmental Level	Beyond what may be considered normal age related responses, developmental delays should also be considered. Youths also may be physically or psychosocially mature beyond their objective chronological age, in ways that may increase their risk of victimization or adverse legal sanctions.

Interventions for Traumatized Youth Involved in Juvenile Justice

<p>Trauma Affect Regulation: Guide for Education and Therapy (TARGET)</p> <p>For more information:</p> <p>trauma-affect-regulation-guide-for-education-and-therapy-2024.pdf</p>	<p><i>TARGET</i> is a strengths-based, present-centered, educational/psychotherapeutic intervention designed to prevent and treat traumatic stress disorders. The manualized program comprises a seven-step sequence of skills based on the FREEDOM Steps, designed to enable participants to recognize, understand, and gain control of stress reactions by enhancing their adaptive capacities for emotion regulation, mental focusing, executive function, mindfulness, and engagement.</p>
<p>Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)</p> <p>For more information:</p> <p>Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS) NC Child Treatment Program</p>	<p><i>SPARCS</i> is a manually guided and empirically supported group treatment designed to improve the emotional, social, academic, and behavioral functioning of adolescents exposed to chronic interpersonal trauma and/or separate types of traumas. It was designed to address the needs of adolescents who may still be living with ongoing stress and experiencing problems in several areas of functioning including difficulties with affect regulation and impulsivity, self-perception, relationships, somatization, dissociation, numbing and avoidance, and struggles with their own purpose and meaning in life as well as worldviews that make it difficult for them to see a future for themselves.</p>

² Adapted from: *Evidence-Informed Interventions for Posttraumatic Stress Problems with Youth Involved in the Juvenile Justice System*, NCTSN, 2014



<p>Trauma and Grief Component Therapy for Adolescents (TGCT-A)</p> <p>For more information:</p> <p>Trauma-Grief Component Therapy for Adolescents (TGCTA) TGCTA is an evidence-based program that addresses the complex needs of older children and adolescents</p>	<p><i>TGCT-A</i> is a manualized group or individual treatment program for trauma-exposed or traumatically bereaved older children and adolescents that may be implemented in school, community mental health, clinic, or other service settings. It is a modularized, assessment-driven, flexibly tailored treatment manual and accompanying youth workbook that includes detailed instructions for conducting individual or group sessions. Specific treatment modules (and specific sessions within modules) are selected, prioritized, sequenced, and emphasized based on clients’ specific needs, strengths, circumstances, and informed wishes. The intervention contains a variety of components organized into four modules.</p>
<p>Motivational Interviewing (MI)</p> <p>For more information:</p> <p>Understanding Motivational Interviewing Motivational Interviewing Network of Trainers (MINT)</p>	<p><i>MI</i> is a client-centered, directive method designed to enhance client motivation for behavior change. It focuses on exploring and resolving ambivalence by increasing intrinsic motivation to change. <i>MI</i> can be used by itself, as well as in combination with other treatments. It has been utilized in pretreatment work to engage and motivate clients for other treatment modalities. While not specifically listed as a trauma EBP, its focus on partnership, acceptance, compassion and empowerment really enables any user to adopt a way of doing whatever else they do with another person in a manner that respects their autonomy and empowers change.</p>
<p>Think Trauma: A Training for Working with Justice-Involved Youth</p> <p>For more information:</p> <p>Think Trauma: A Training for Working with Justice Involved Youth, 2nd Edition The National Child Traumatic Stress Network</p>	<p><i>Think Trauma</i> is a skills-based, interactive trauma-focused training curriculum for frontline staff, educators, administrators, and others who work with adolescents in juvenile justice residential settings. The curriculum is developed in four modules and designed to be used in any program serving adolescents with trauma experiences that need all staff to have a common understanding of trauma and its impact. It can be used prior to implementing more trauma-specific services or beginning the journey of becoming a more trauma-responsive program.</p>



Restoring healthy development and functioning and personal safety are key goals for trauma informed juvenile justice providers and systems. Interventions that help to establish a safe environment and prevent further re-traumatization are essential not only for young people but also for the staff and clinicians who work with them. Enabling youths to recover from emotional and behavioral problems caused by traumas, adversity and post-traumatic stress is attainable for most youths. When post-traumatic emotional and behavioral problems are effectively addressed in all services and programs within the juvenile justice system, everyone – youths and their families, adults who are responsible for public safety, and the entire community – can become safer and healthier. When young people are safer and healthy, they are likely to succeed in school and remain in their families, both priorities of DCY.

**For more information about trauma-informed and trauma-responsive programming contact: Kim Kehl Project Manager, Trauma-Informed Care
Kim.kehl@childrenandyouth.ohio.gov**

RESOURCES

988 Suicide and Crisis Lifeline

Ohioans who are experiencing a mental health or addiction crisis and their family members can call, chat, or text 988 to reach a trained counselor who can offer help and support.

Ohio Department of Behavioral Health (formerly known as Ohio Department of Mental Health and Addiction Services, OMHAS)

- OhioMHAS Learn and Find Help for a variety of resources on support prevention, treatment, and recovery.
[Learn and Find Help | Department of Mental Health and Addiction Services \(ohio.gov\)](#)
- Resources
[Resources | Department of Mental Health and Addiction Services \(ohio.gov\)](#)

Ohio Department of Children and Youth (DCY)

Team members at DCY are committed to making Ohio the best place to start and raise a family. The team is focused on helping all children live up to their full potential by providing developmentally appropriate services and resources from before they are born through adulthood. [The mission](#) is to promote positive, lifelong outcomes for Ohio youth through early intervention, quality education, and family support programs.



Ohio Family and Children First (OFCF)

OFCF and county Family and Children First Councils (FCFCs) help families seeking government services by streamlining and coordinating existing services for families seeking assistance for their children. OFCF and FCFCs also partner with state and local system partners to build system capacity and address gaps. Council's core functions areas are Building Community Capacity, Coordinating Systems and Services, Family Engagement and Empowerment and Shared Accountability. Find your County FCFC at: [Find your County FCFC contact | Ohio Family & Children First](#)

Youth Navigator Network (YNN)

YNN helps Ohio's youth and young people who have been in care or recently transitioned out of care access resources, navigate complicated forms and processes, and build an expanded network of support. Full-time YNN Navigators can talk directly with youth about the challenges they are facing or opportunities they are striving for. Navigators will meet youth where youth are, listen first, and offer direct help as they are able. Areas Navigators can help with basic needs, food and shelter, health and wellbeing, housing access, family relations, jobs and careers, legal and financial, school and education, and parenting and childcare. More information can be found at [Contact Us - Youth Navigator Network](#)

Ohio Department of Youth Services (ODYS)

[DYS is the juvenile corrections system](#) for the state of Ohio. DYS is statutorily mandated to confine felony offenders, ages 10 to 21, who have been adjudicated and committed by one of Ohio's 88 county juvenile courts. During their stay with DYS, youth are engaged in programming that is designed to address their criminological and behavioral needs. Each of the DYS facilities also operates a year-round school that offers general curriculum as well as vocation opportunities. DYS reaches thousands of youths in Ohio. Beyond youth in facilities and those on parole, DYS supports community programs throughout the state offering youth opportunities and services to encourage positive change.

The Office of Juvenile Justice and Delinquency Prevention (OJJDP)

The OJJDP [Model Programs Guide](#) contains information about evidence-based juvenile justice and youth prevention, intervention, and reentry programs. It is a resource for practitioners and communities about what works, what is promising, and what does not work in juvenile justice, delinquency prevention, and child protection and safety.

The California Evidence-Based Clearinghouse for Child Welfare (CEBC)

[The CEBC](#) helps to identify and disseminate information regarding evidence-based practices relevant to child welfare. Evidence-based practices are those that have empirical research supporting their efficacy. The CEBC Program Registry provides information on both evidence-based and non-evidence-based child welfare related practices to statewide agencies, counties, public and private organizations, and individuals. This information is provided in simple



straightforward formats reducing the user's need to conduct literature searches, review extensive literature, or understand and critique research methodology.

The Center for Trauma Recovery and Juvenile Justice (CTRJJ)

[CTRJJ provides training and education](#) to initiate and enhance trauma-informed services and treatment for youth in or at risk for involvement in juvenile justice that is: (1) grounded in implementation science; (2) supports active partnership with youth and families; (3) prioritizes positive youth development; and (4) enhances systemic engagement of system stakeholders in change process via three elements.

National Child Traumatic Stress Network (NCTSN)

The dissemination of standardized, effective, trauma-informed clinical interventions is a central means by which the NCTSN seeks to advance the standard of care for traumatized children and to increase the nation's capacity to meet the needs of these children. In recognition of the diverse needs of the child and adolescent populations served by NCTSN sites across the country, the [interventions and treatments](#) identified span a continuum of evidence-based and evidence-supported interventions ranging from rigorously evaluated interventions to promising and newly-emerging practices

