

ADOLESCENT DEVELOPMENT, MENTAL HEALTH, AND TRAUMA

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**In Defense of Youth: The Role and Responsibilities of Defense Counsel in Delinquency Court
Judicial Council of California – USD School of Law Children's Advocacy Institute
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OBJECTIVES

Review

Review key developmental changes in adolescent brain development

Understand

Understand the connection between mental health and delinquent behavior

Recognize

Recognize the impact of traumatic event exposure and trauma Reactions on the functioning of justice-involved adolescents

Consider

Consider the broader context of adverse childhood experiences and sociocultural factors

Highlight

Highlight how defense counsel can apply this knowledge to enhance day to day interactions with juvenile clients



TJ – A CASE ILLUSTRATION

POLL QUESTION #1

WHAT WOULD YOU ESTIMATE TJ'S
RISK FOR CONTINUED OFFENDING
IS?

- A. Low
- B. MODERATE
- C. HIGH

4 WAVES OF JUVENILE JUSTICE REFORM

(NATIONAL CAMPAIGN TO REFORM STATE JUVENILE JUSTICE SYSTEMS, 2013)



Rehabilitative approach – first juvenile courts



In re Gault – important yet incomplete due process protections



Punitive “get tough” on juvenile crime in 1980s and 90s



Lower arrests yet high costs of incarceration, greater recognition of developmental differences, balanced approach

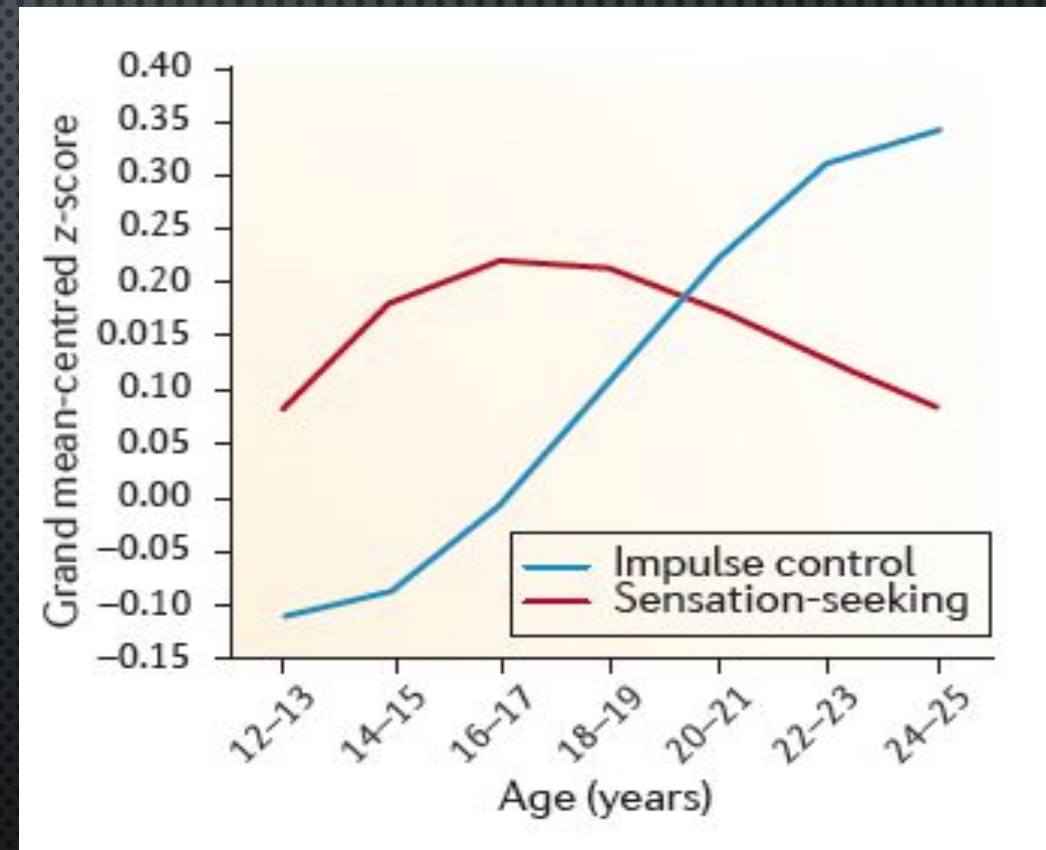
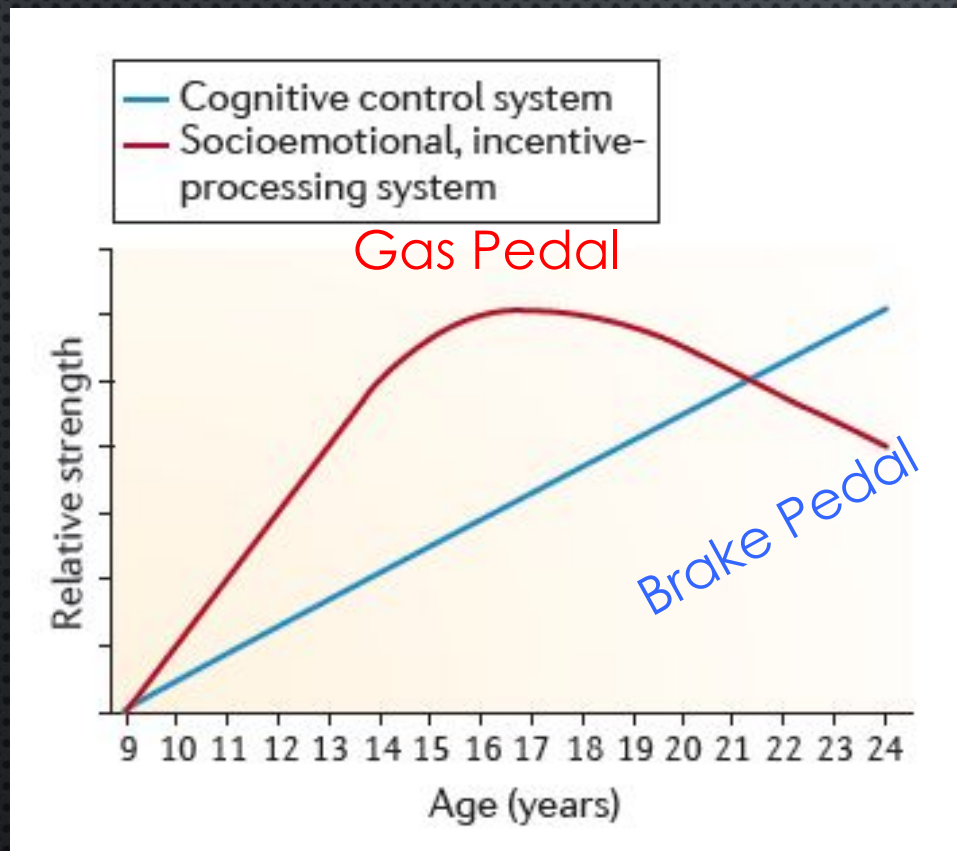
ADOLESCENT BRAIN DEVELOPMENT

- CHANGES IN BRAIN CHEMISTRY
- SYNAPTIC PRUNING
- MYELINATION
- EFFICIENCY OF NEURAL CONNECTIONS BETWEEN BRAIN STRUCTURES AND REGIONS



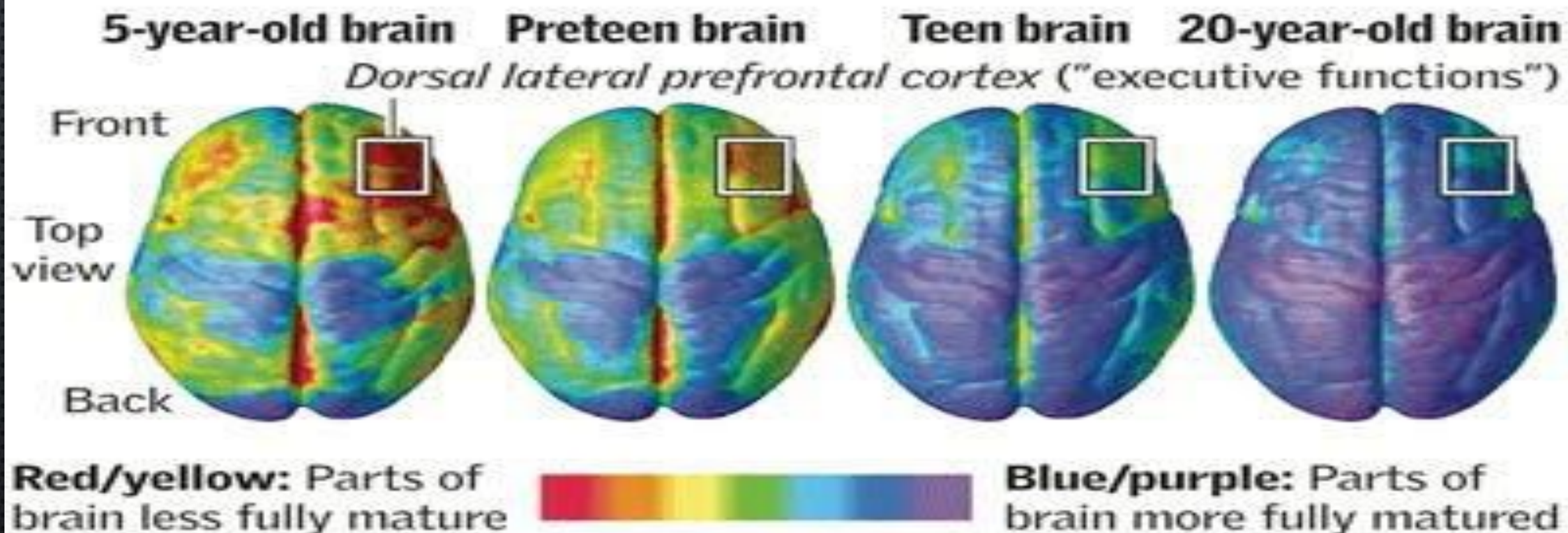
Bottom Line: Adolescent brains are under construction

DUAL SYSTEMS MODEL MAPS ONTO BEHAVIORAL DATA (STEINBERG, 2013)



Judgment last to develop

The area of the brain that controls “executive functions” — including weighing long-term consequences and controlling impulses — is among the last to fully mature. Brain development from childhood to adulthood:



Sources: National Institute of Mental Health; Paul Thompson, Ph.D., UCLA Laboratory of Neuro Imaging

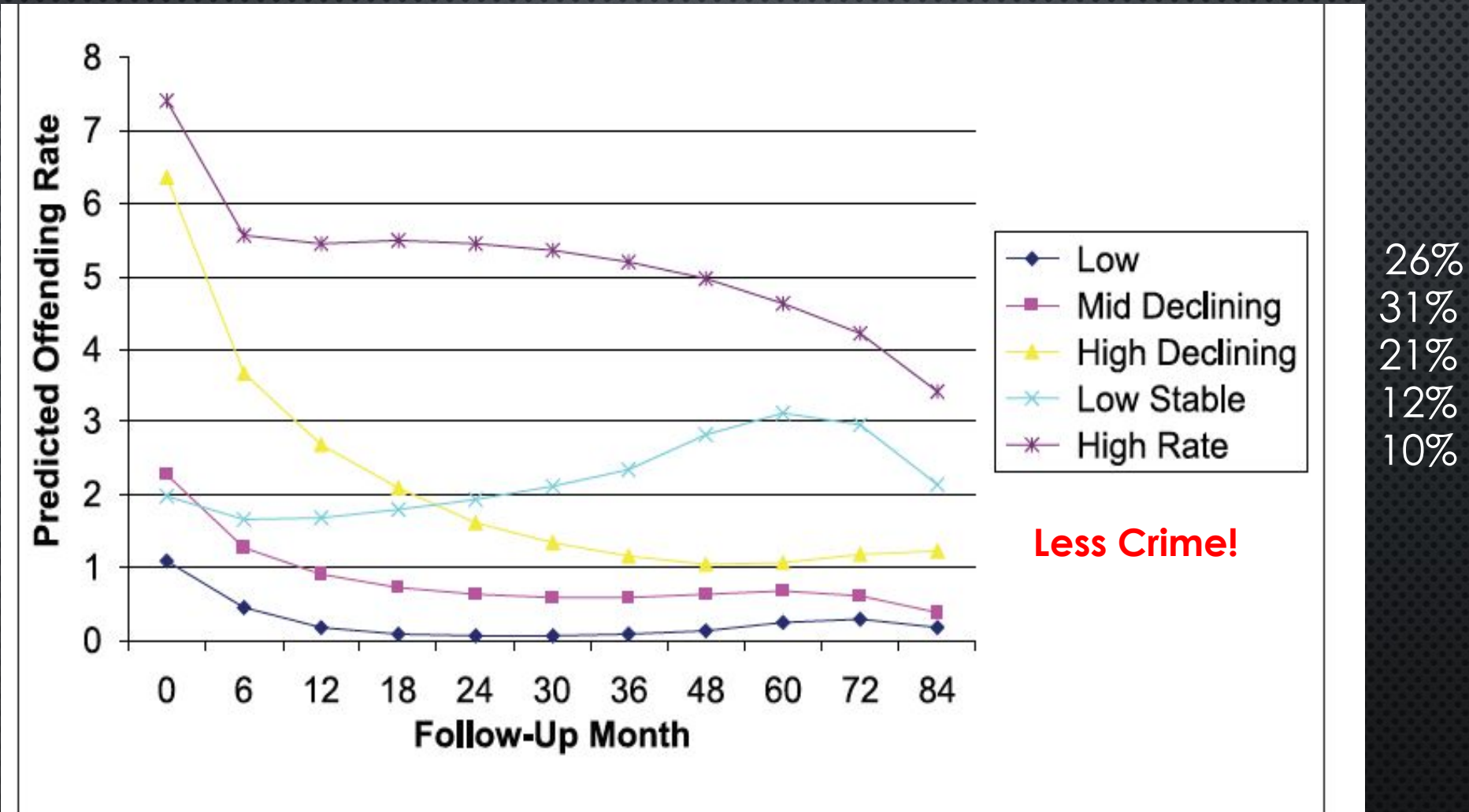
Thomas McKay | The Denver Post

SOME HIGHLIGHTS FROM THE PATHWAYS TO DESISTANCE STUDY (WWW.PATHWAYSSTUDY.PITT.EDU)



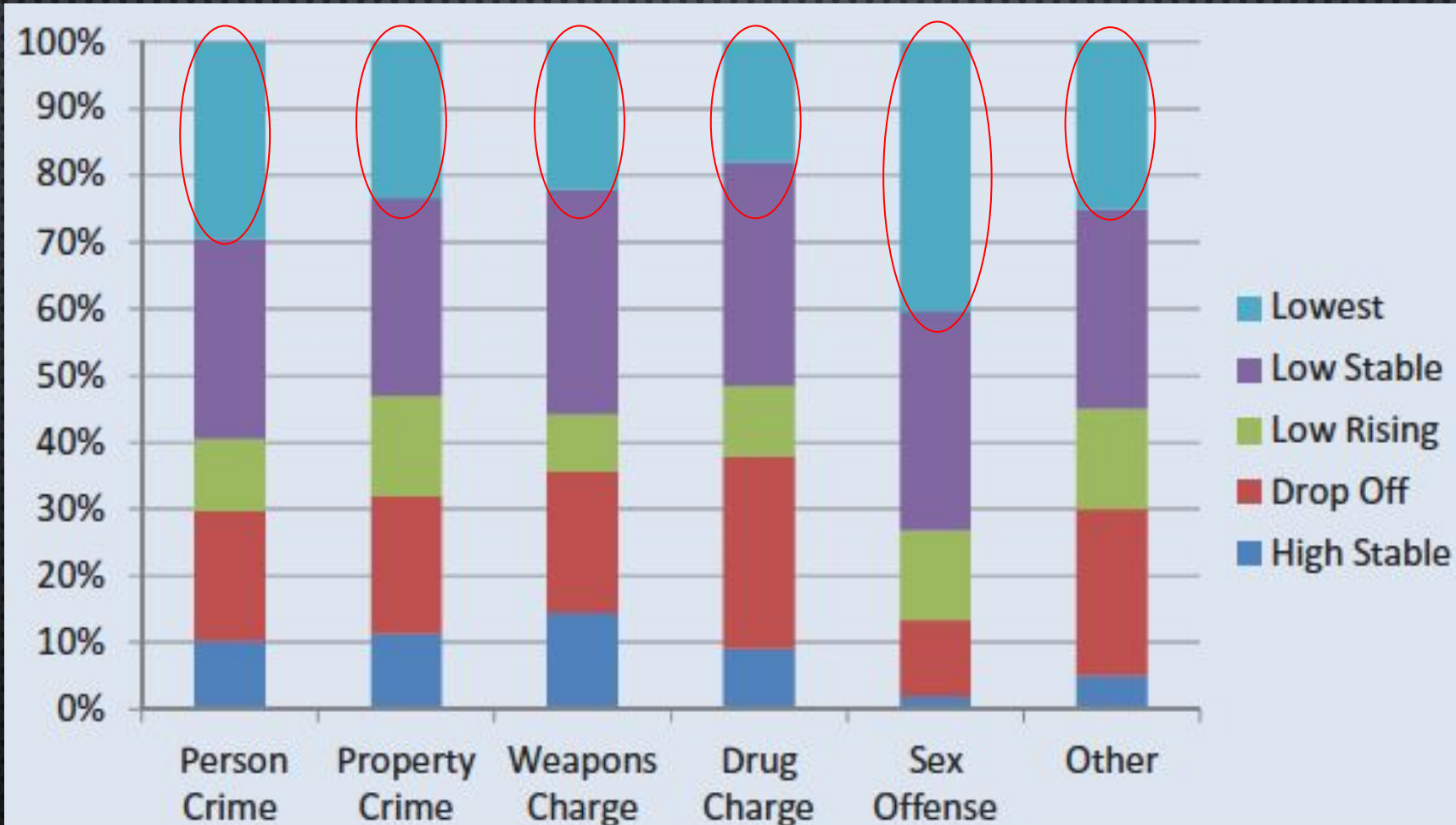
- MULTI-SITE (PHILADELPHIA AND PHOENIX) LONGITUDINAL STUDY OF SERIOUS ADOLESCENT OFFENDERS
- 1,354 ADJUDICATED YOUTH (14 TO 18 YEARS OLD)
- EACH PARTICIPANT FOLLOWED FOR 7 YEARS
- GOAL WAS TO UNDERSTAND PERSISTENCE, DESISTANCE AS WELL AS CHANGING SOCIAL CONTEXTS AND DEVELOPMENT
- 80+ PEER REVIEWED PUBLICATIONS BASED ON DATA GATHERED FROM THIS STUDY

UTILITY OF OFFENSE INFORMATION



Picquero et al., (2012)

UTILITY OF OFFENSE INFORMATION

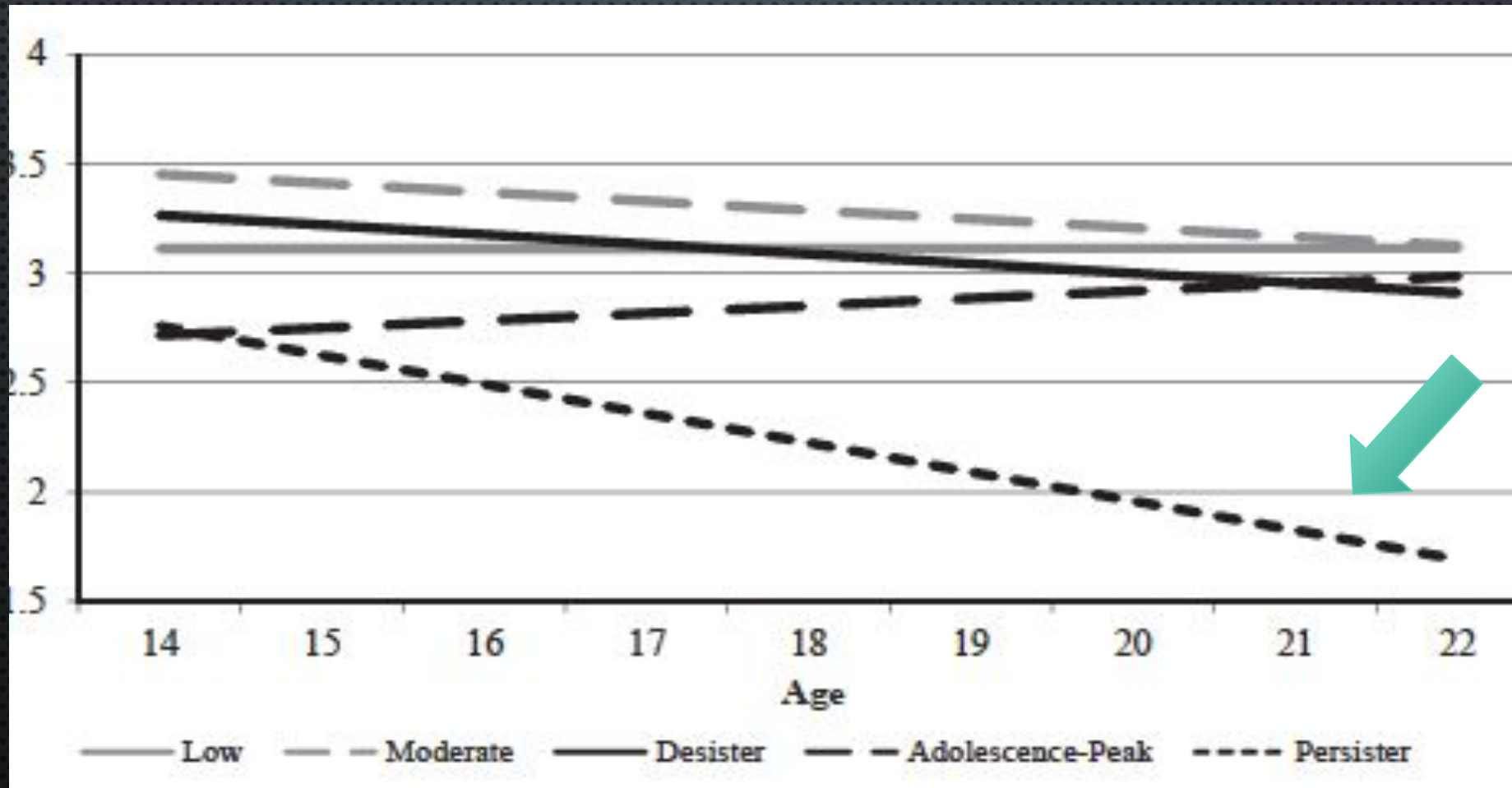


QUALITY OF SERVICES AND WHERE SERVICES ARE RECEIVED MATTERS!

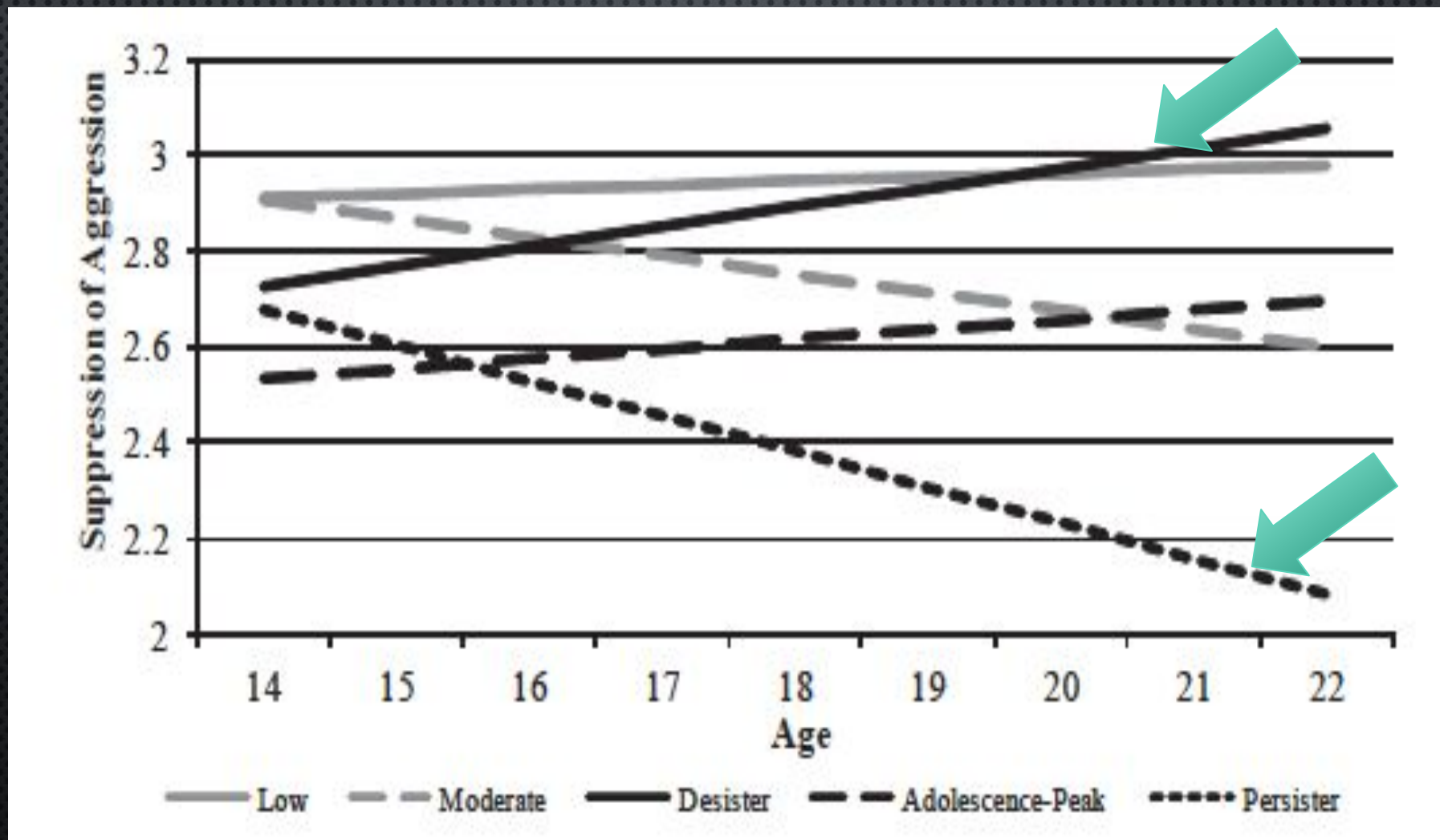
- 87% OF THE PDS SAMPLE HAD AT LEAST ONE INSTITUTIONAL STAY OVER THE FOLLOW-UP
- THOSE WITH PLACEMENT(S) SPENT 38% OF THE FOLLOW-UP PERIOD IN CARE
- 56% RECEIVED COMMUNITY-BASED SERVICES
- AFTER CONTROLLING FOR PLACEMENT DECISION, PLACEMENT HAD NO EFFECT ON LATER ARREST OR SELF-REPORTED OFFENDING
- LONGER STAYS DID NOT LEAD TO LOWER RE-OFFENDING RATES
- PLACEMENT OF LOW OFFENDING TRAJECTORY YOUTH IN INSTITUTIONS RESULTED IN AN INCREASE IN THEIR OFFENDING OVER TIME

PERSISTENT OFFENDERS SHOW “ARRESTED DEVELOPMENT” (MONAHAN ET AL. 2009)

Growth in Impulse Control



PERSISTENT OFFENDERS SHOW “ARRESTED DEVELOPMENT” (MONAHAN ET AL. 2009)



PERSISTENT OFFENDERS SHOW AN INCREASE IN ONE AREA! (MONAHAN ET AL. 2009)

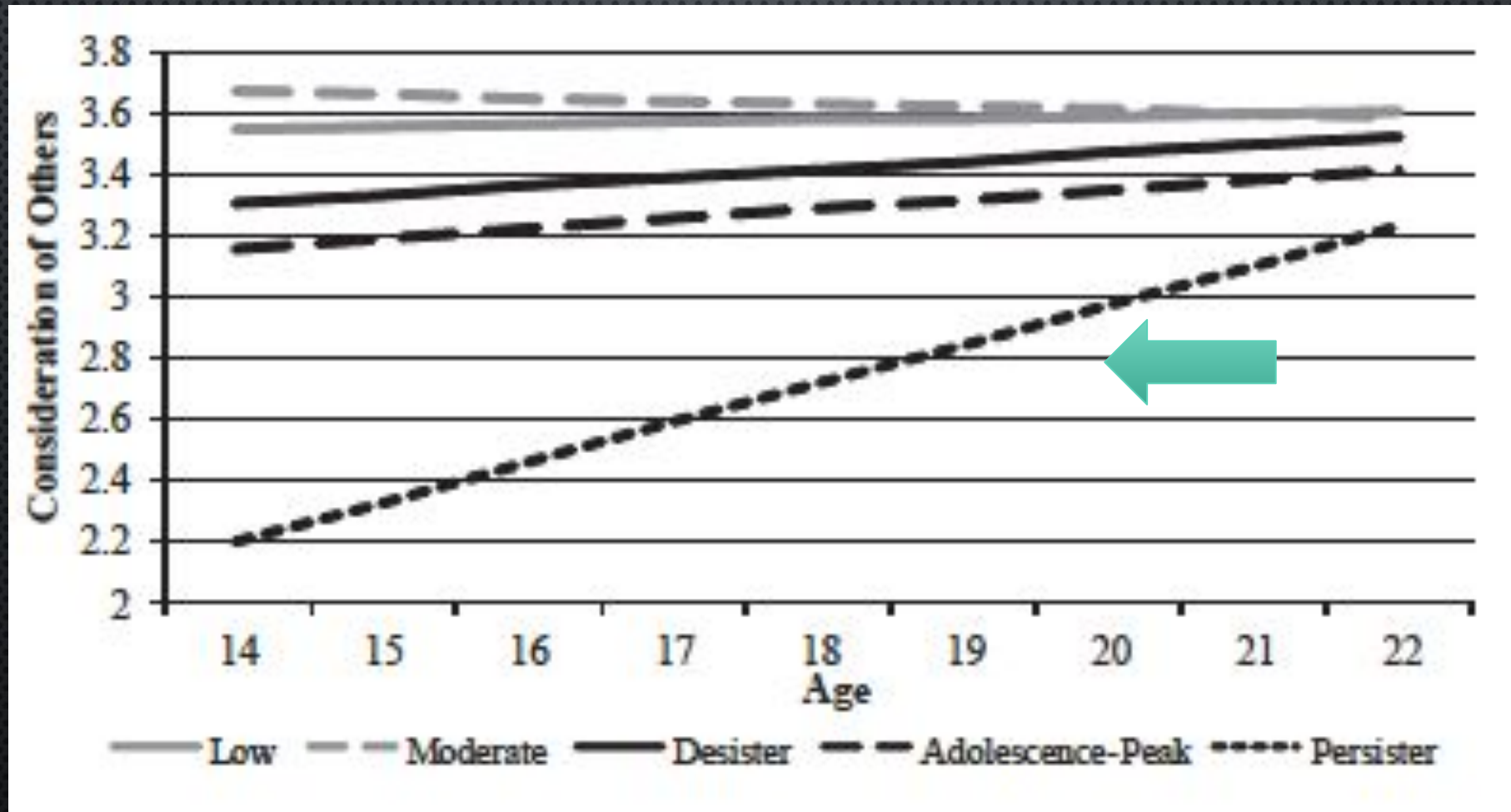
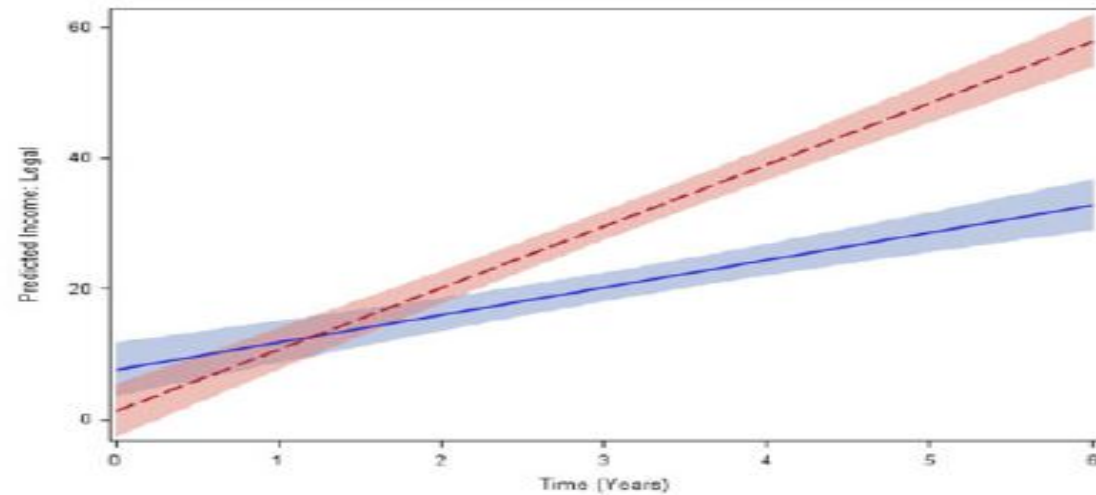
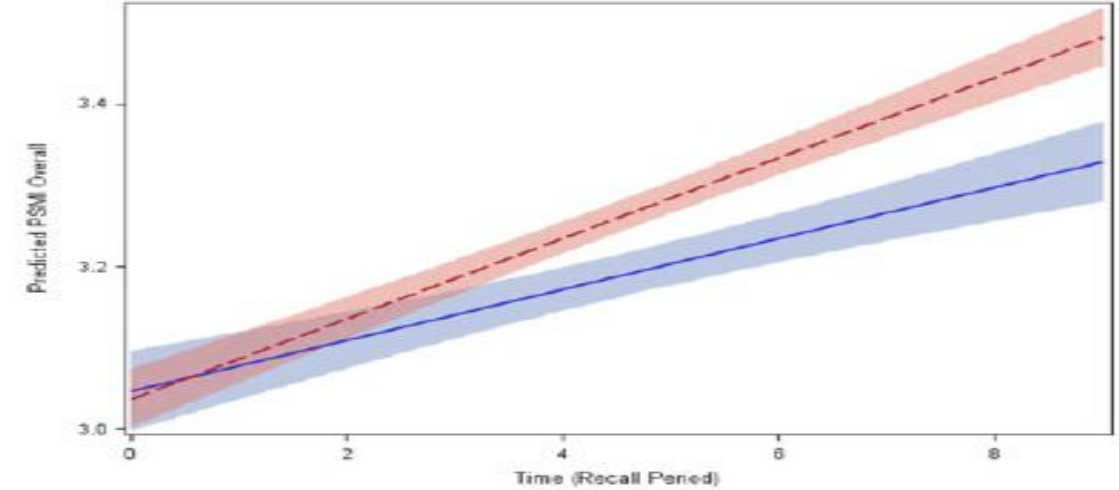


Figure 1. Differences Between “System Success” Cases and Matched Cases (Interaction Models)

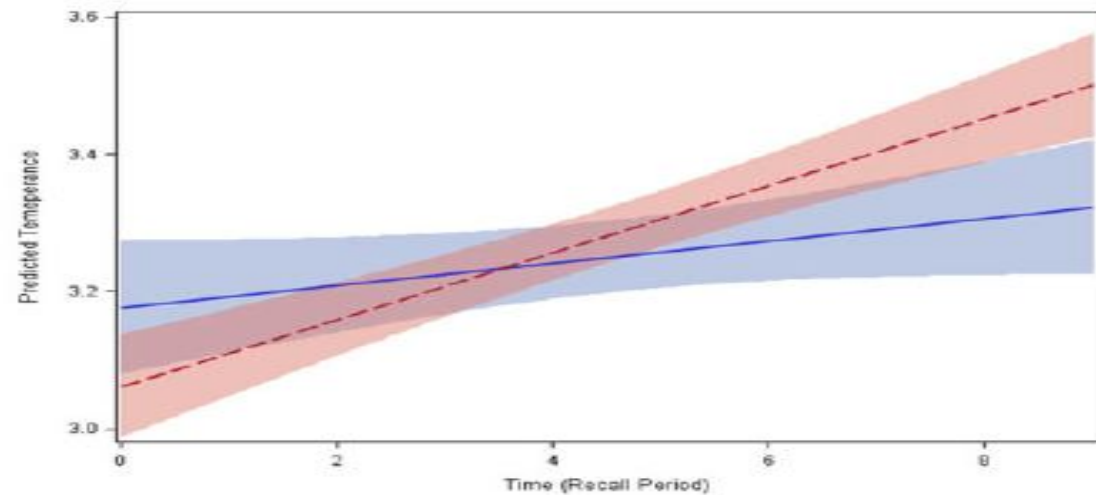
A Change in Money Made Per Day by Legal Work



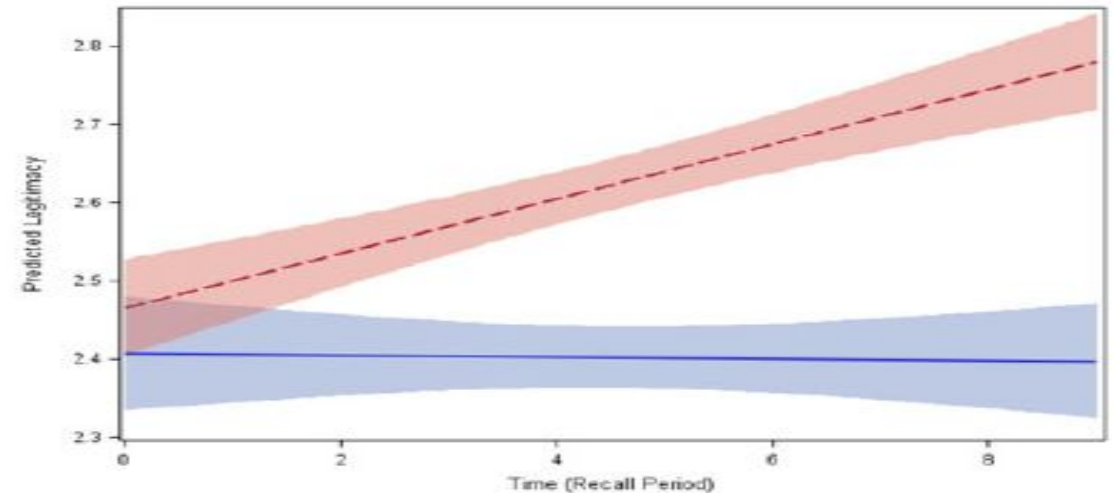
C Change in PSMI (Overall) Over Time



B Change in Temperance Over Time



D Change in Legitimacy Over Time



Success_cases — (0) Other (Matched) Case — (1) System Success Case

Even adolescents with serious juvenile offenses show a general trend toward less crime into young adulthood

Developmental changes impacting emotional and behavioral regulation continue to change into young adulthood

System penetration can disrupt important developmental trajectories of adolescents

**SOME PRACTICE
SUGGESTIONS
INFORMED BY
RESEARCH**

PREVALENCE OF MH DISORDER IN JJ (TEPLIN ET AL., 2002, 2013; WASSERMAN, 2002)

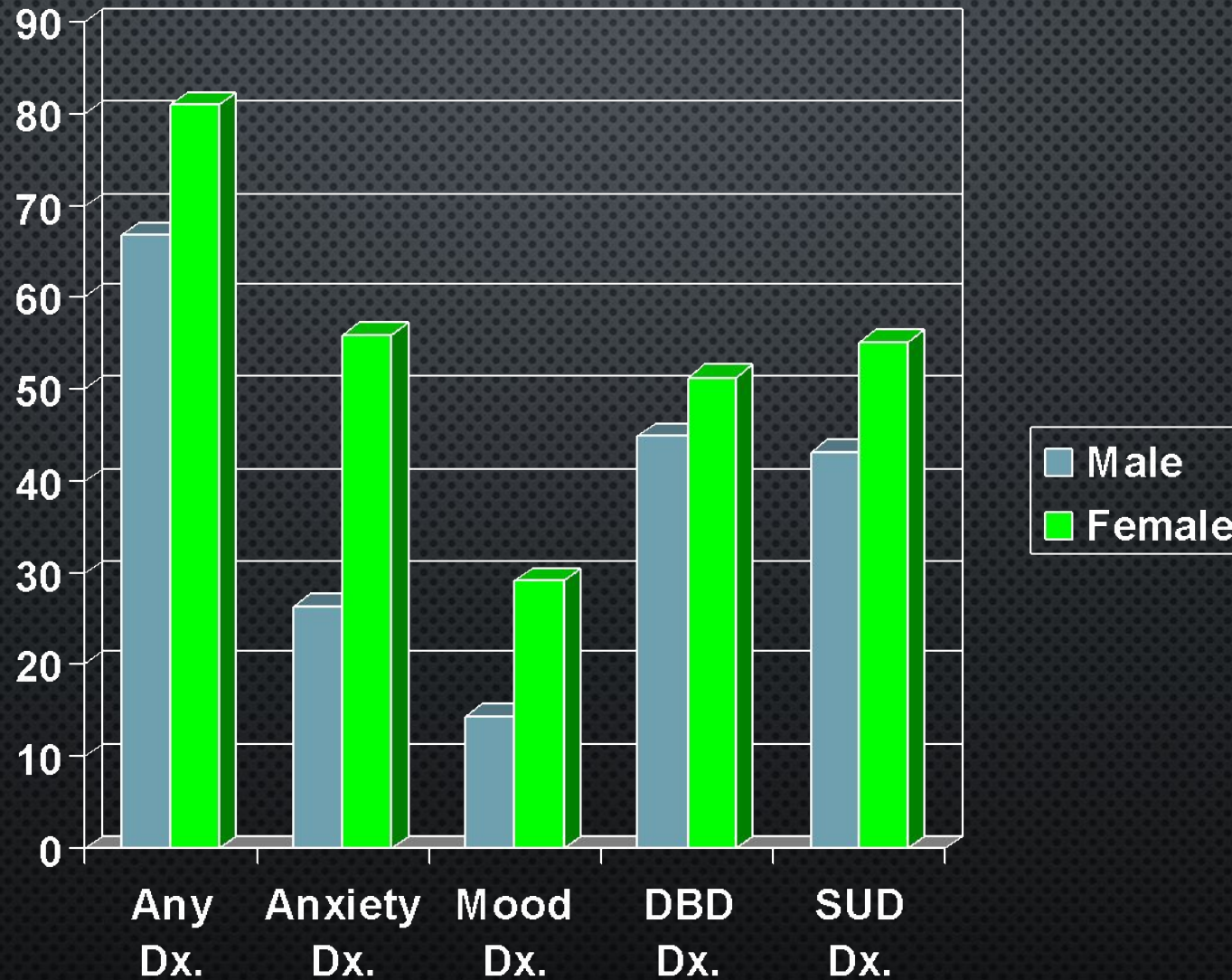
- BASED ON CURRENT STUDIES CONDUCTED AT A FEW JJ FACILITIES, IT SEEMS . . .
- OVER 65% OF JJ ADOLESCENTS MEET DSM CRITERIA FOR AT LEAST ONE DISORDER (VS. 20% IN GENERAL POPULATION)
- RATES OF DISORDERS VARY BY
 - GENDER (HIGHER FOR GIRLS 74% VERSUS 66%)
 - RACE (HIGHEST FOR WHITES AND LOWEST FOR BLACKS)
- HAVING > 1 DISORDER IS COMMON (46% MALES; 57% FEMALES)

MENTAL HEALTH PREVALENCE IN JJ

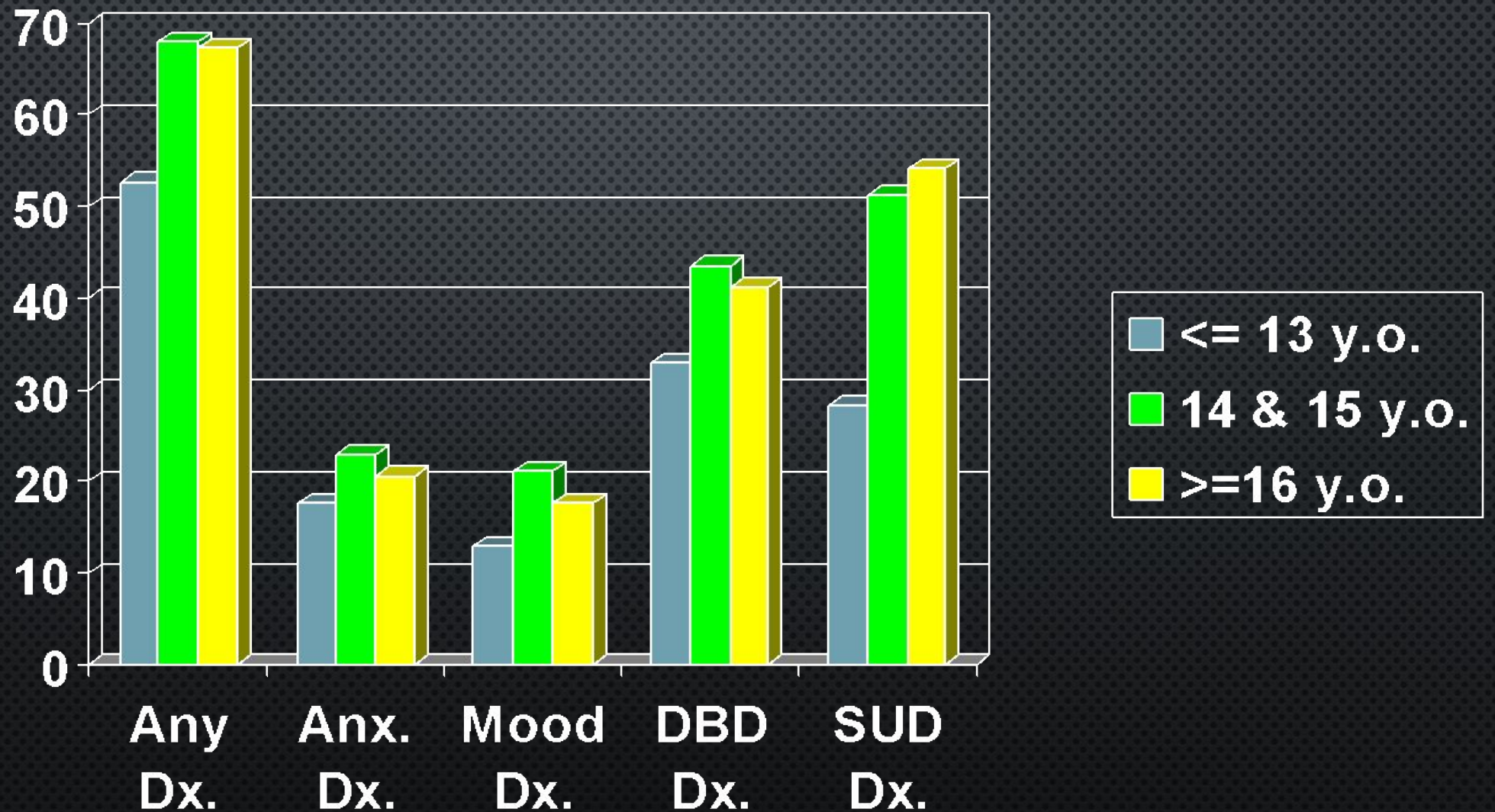
SHUFELT & COCOZZA
(2006)

- MULTI-STATE, MULTI-GATE ESTIMATE OF MENTAL HEALTH DISORDERS
- 1 400 YOUTH ACROSS 29 JJ PROGRAMS
- 70.4% MET CRITERIA FOR ONE DSM DISORDER
 - 46.5% DBD, 46.2% SUD, 34.4% ANXIETY, 18.3% MOOD
- 61.8% MET CRITERIA FOR A DSM DISORDER AFTER EXCLUDING CONDUCT DISORDER AND SUBSTANCE USE DISORDERS
- OVER 60% MET CRITERIA FOR 3+ DISORDERS
- 27% MET CRITERIA FOR SEVERE DISORDER

IMPACT OF GENDER (SHUFELT & COCOZZA, 2006)



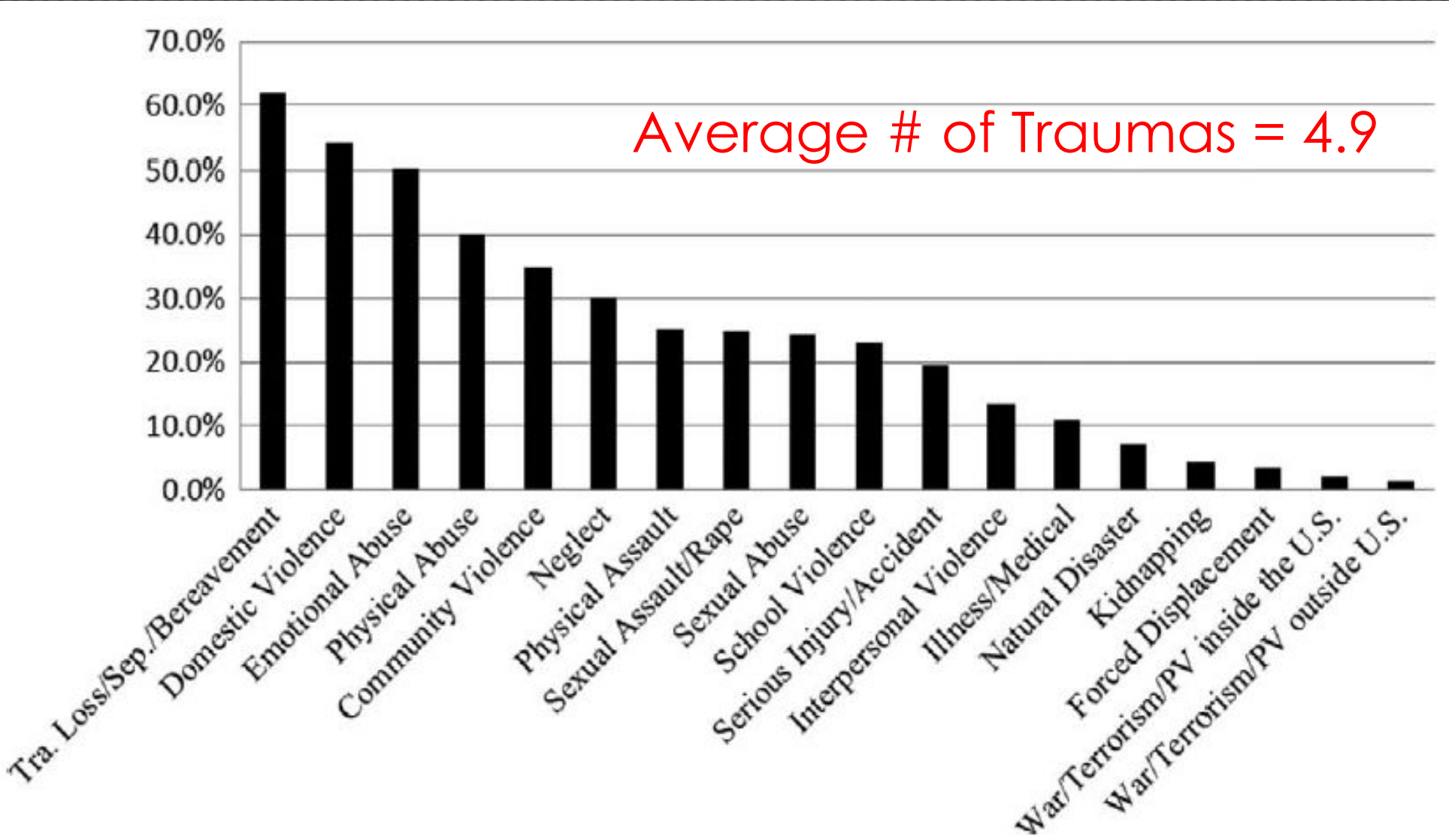
IMPACT OF AGE (TEPLIN ET AL., 2002)



TRAUMA EVENT EXPOSURES IN JUVENILE JUSTICE SAMPLES – WHAT WE KNOW

- HISTORY OF EXPOSURE TO AT LEAST ONE POTENTIALLY TRAUMATIC EVENT IS COMMON (APPROXIMATELY 90%) AMONG DETAINED YOUTH (ABRAM ET AL., 2004; FORD ET AL., 2008)
- TYPES OF ENDORSED TRAUMAS ARE SIMILAR ACROSS MALE AND FEMALE YOUTH (EXCEPT DOMESTIC VIOLENCE & SEXUAL ABUSE > FEMALES THAN MALES) (SEE DIXON ET AL., 2005; KERIG ET AL., 2009)
- THREATENED WITH A WEAPON, PHYSICAL ASSAULT, WITNESSING A VIOLENT CRIME ARE REPORTED AT HIGH RATES (BETWEEN 30 TO 60%) (ABRAM ET AL., 2004; FORD, HAWKE, & CHAPMAN, 2010)

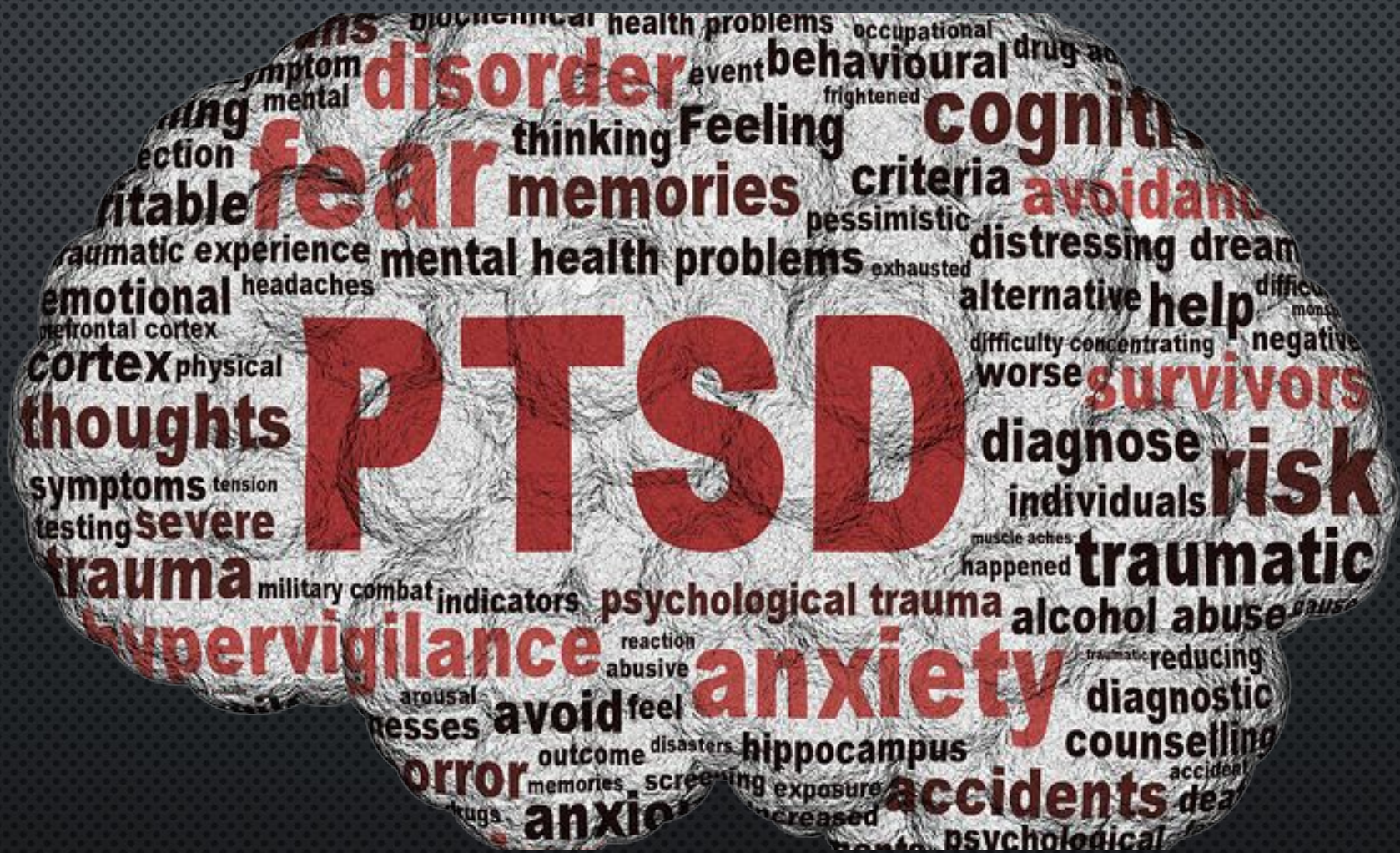
TRAUMA EXPOSURES FROM JUSTICE-INVOLVED SUBGROUP NCTSN CORE DATA SET



ADVERSE CHILDHOOD EXPERIENCES (ACES) - A CRITICAL LINK

- JJ-INVOLVED ADOLESCENTS WERE FOUR TIMES MORE LIKELY HAVE ACES SCORES (4+) RELATIVE TO ORIGINAL ACES STUDY (BAGLIVIO ET AL., 2014)
- STUDIES WITH JJ SAMPLES (BAGLIVIO ET AL, 2021; GRAF ET AL., 2021 FOR REVIEWS) OVER THE PAST TWO DECADES HAVE LINKED ACES TO
 - SUICIDE IDEATION
 - GANG INVOLVEMENT
 - SELF-REPORTED OFFENDING
 - OFFICIAL ARRESTS
 - GENERAL AND VIOLENT RECIDIVISM

Multiple factors impact the ACES/offending link



TRAUMA REACTIONS

Intrusive Recollections

- (distressing memories)

Avoidance

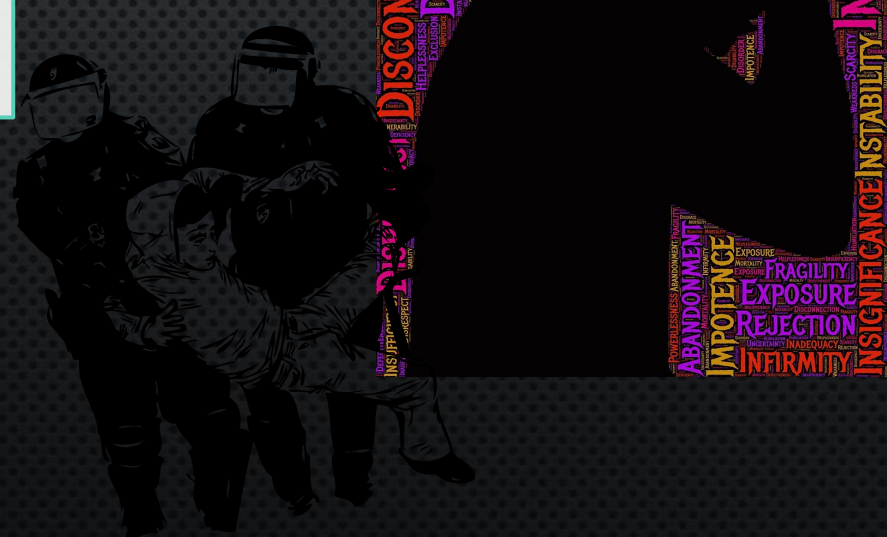
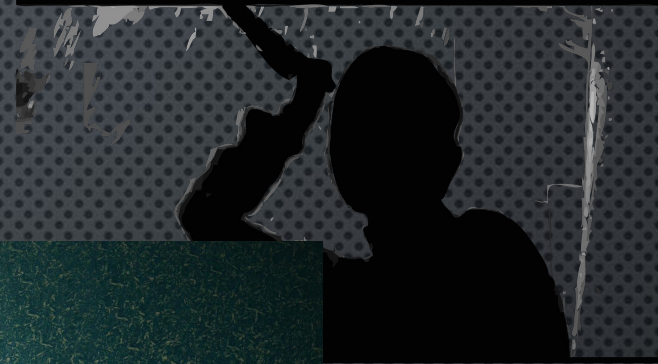
- (avoiding thought/memories/places/people)

Negative Alterations in Thoughts or Mood

- (self/others, emotions)

Arousal and Reactivity

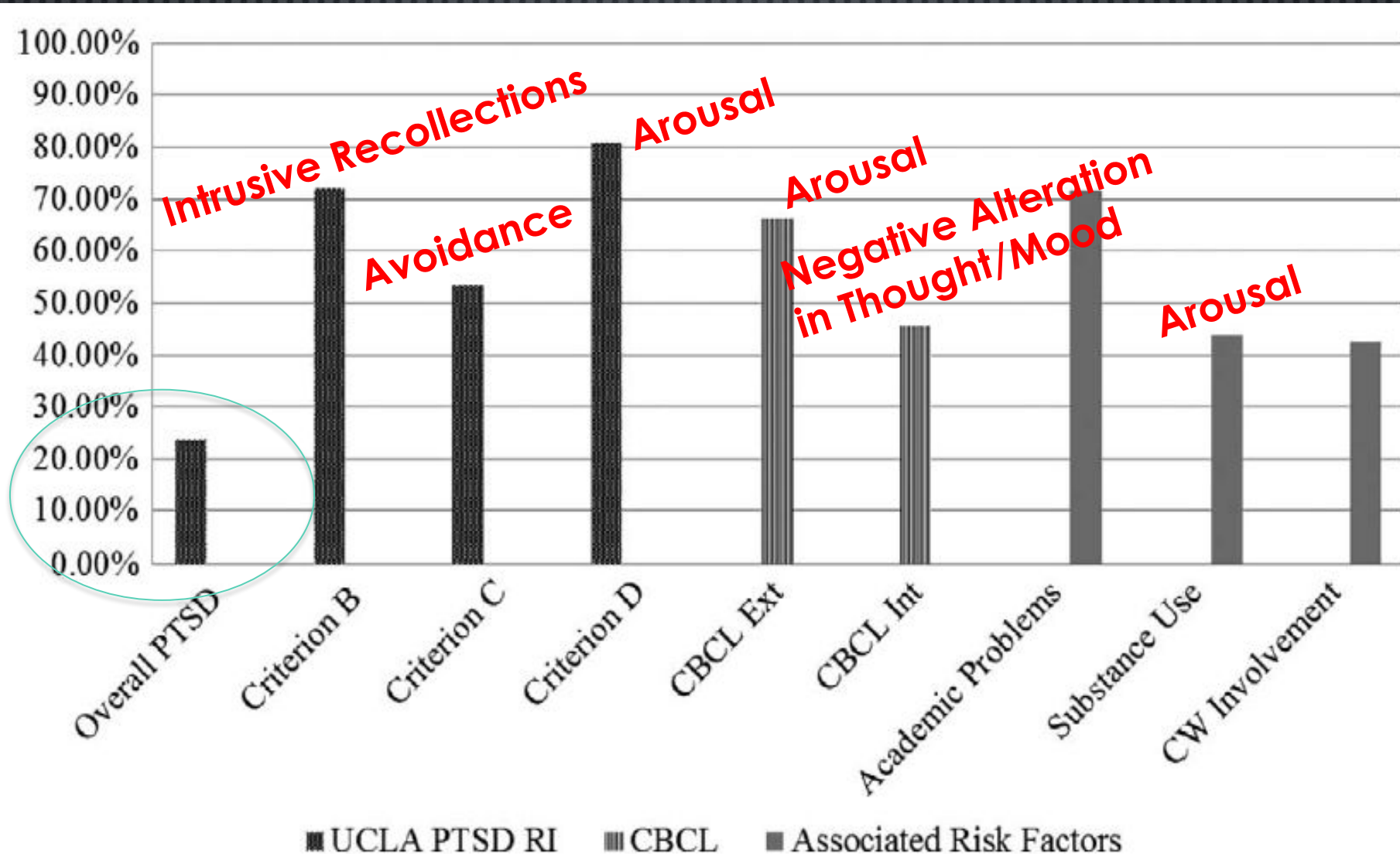
- (reckless/self-destructive behavior)



PTSD PREVALENCE

- IN A SAMPLE OF 132 DETAINED ADOLESCENTS (12% FEMALE; 79% BLACK) 22.9% RATE OF CURRENT PTSD DETECTED USING THE K-SADS-PL (HINE ET AL., 2021)
- ACROSS 21 STUDIES, REPORTED PTSD DIAGNOSTIC RATES (16,136 DETAINED ADOLESCENTS) (MULTI-COUNTRY SYSTEMATIC REVIEW; BEAUDRY ET AL., 2021)
 - 8.6% DIAGNOSTIC RATE FOR MALES (95% CIs 6.4% - 10.7%)
 - 18.2% DIAGNOSTIC RATE FOR FEMALES (95% CIs 13.1% - 23.2%)
- COMORBIDITY IS THE RULE (40% OF YOUTH WITH TRAUMA HISTORY DIAGNOSED WITH AT LEAST ONE OTHER MOOD, ANXIETY OR DISRUPTIVE BEHAVIOR DISORDER (D'ANDREA ET AL., 2012)
 - 93% OF DETAINED YOUTH WITH PTSD MET CRITERIA FOR AT LEAST ONE COMORBID DISORDER (TEPLIN ET AL., 2013)

POST TRAUMATIC STRESS SYMPTOMS AND ASSOCIATED MENTAL HEALTH PROBLEMS IN THE JUSTICE-INVOLVED SUBGROUP NCTSN CORE DATA SET



Adolescents in the juvenile justice system show high rates of mental health problems that require screening/assessment and intervention

This high rate includes high rates of traumatic event exposure and current trauma reactions that disrupt an adolescent's ability to self-regulate

These problems can de-stabilize adolescents and must be considered in juvenile case planning

**SOME
PRACTICE
SUGGESTIONS
INFORMED BY
RESEARCH**

DISABILITY AND JUVENILE JUSTICE

- ADA AND IDEA REQUIRE THAT JUSTICE-INVOLVED ADOLESCENTS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES RECEIVE APPROPRIATE ACCOMMODATIONS (TEDESHI & JUNEWICZ, 2018)
- IMPACT OF DYNAMIC RISK FACTORS (ATTITUDES & SKILLS) ARE DIFFERENTIALLY RELATED TO RECIDIVISM FOR JUSTICE-INVOLVED ADOLESCENTS WITH AN INTELLECTUAL DISABILITY (VAN DER PUTT ET AL., 2014)
- RATES OF LEARNING DISABILITIES ARE MORE THAN THREE TIMES HIGHER IN JUSTICE-INVOLVED ADOLESCENTS RELATIVE TO YOUTH IN THE COMMUNITY (33 VERSUS 8%; QUINN ET AL., 2005); A DISABILITY RATE OF 39.8% WAS DOCUMENTED IN A LARGE SAMPLE OF JUVENILE OFFENDERS IN LONG-TERM CUSTODY (CRUISE ET AL., 2011)
- VERBAL IQ, READING COMPREHENSION, AND ORAL LANGUAGE SKILLS ARE KNOWN PREDICTORS OF COMPREHENSION OF LEGAL MATERIAL (E.G., MIRANDA WARNINGS — SEE ZELLE ROMAINE, & GOLDSTEIN, 2015)

SOME PRACTICE CONSIDERATIONS RELATED TO DISABILITIES

At the point of intake, educational records and disability information is unlikely to be known – reinforces a universal precautions approach

Disabilities involve a discrepancy between what is expected based on chronological age and a youth's specific functioning in relevant domains – age cannot be used as a good indicator of intellectual, reading, and writing abilities

Based on reported verbal IQ (Low average) and rates of disability (33 to 40%) reading materials should be benchmarked at around a 4^h to 5th grad reading level to maximize comprehension

Specific patterns with offense rates and recidivism are not consistent – but impact on case planning is clear – consider ID/DD as a specific responsivity factor (via the RNR Model)

HIGHLIGHTS REGARDING POVERTY, RACE, AND CULTURE

- USING ACES AS A PROXY FOR UNDERLYING ADVERSITIES HAS FOUND SPECIFIC ASSOCIATIONS WITH MENTAL HEALTH PROBLEMS AND ARREST TRAJECTORIES (SEE BAGLIVIO ET AL., 2015; BEVILACQUA ET AL, IN PRESS)
- AMONG JUVENILE OFFENDERS, SUBGROUPS EXIST THAT SHOW DIFFERENTIAL IMPACT OF NEIGHBORHOOD AND PEER LEVEL FACTORS THAT IMPACT RATES OF MENTAL HEALTH PROBLEMS (LOGAN-GREENE, ET AL. 2018)
- HIGH POVERTY RATES ARE OBSERVED AMONG BLACK AND LATINX JUSTICE-INVOLVED ADOLESCENTS AND ARE MORE LIKELY TO EXPERIENCE CONSEQUENCES OF LIVING WITHIN POOR COMMUNITIES (FARRINGTON, TOFI, & PIQUERO, 2016; KOBALL & JIANG, 2018)
- INDIVIDUAL FACTORS (RACE/ETHNICITY, OFFENSE TYPE) REVEAL STRONGER EXPLANATORY POWER THAN STRUCTURAL LEVEL INDICATORS (POVERTY, RACIAL INEQUALITY) IN PREDICTING JUVENILE COURT CASE PROCESSING (PECK, LEIBER, & BEAUDRY-CYR, 2019)

POLL QUESTION #2

- BASED ON THE INFORMATION PRESENTED WHAT STATEMENT BEST SUMMARIZES CURRENT KNOWLEDGE ON ADOLESCENT BRAIN DEVELOPMENT AND MENTAL HEALTH PROBLEMS
 - A. ADOLESCENTS ARE REALLY ADULT-LIKE IN THEIR FUNCTIONING AND WARRANT ADULT-LEVEL SANCTIONS WHEN THEY COMMIT CRIMES
 - B. ADOLESCENT BRAINS ARE IMMATURE AND THIS IMMATUREITY SHOULD EXCUSE THE DELINQUENT BEHAVIOR THEY ENGAGE IN
 - C. ADOLESCENT BRAINS ARE STILL DEVELOPING AND IMPACT THE ABILITY TO SELF-REGULATE THEIR EMOTIONS AND BEHAVIORS
 - D. HIGH RATES OF MENTAL HEALTH PROBLEMS AND DISABILITIES CAN FURTHER IMPACT SELF-REGULATION
 - E. BOTH C & D

SOME TAKE HOME POINTS

ADOLESCENTS NEED BUFFERS — NOT BARRIERS!

DEVELOPMENTAL CHANGES IMPACTING EMOTIONAL AND BEHAVIORAL REGULATION CONTINUE TO CHANGE INTO YOUNG ADULTHOOD

HOW WELL ANY GIVEN ADOLESCENT FUNCTIONS IS DEPENDENT ON A NUMBER OF FACTORS INCLUDING

- **ENVIRONMENTAL FACTORS**
- **ABUSE/NEGLECT, TRAUMATIC EVENT EXPOSURE**
- **MENTAL HEALTH/DISABILITY**
- **SYSTEM LEVEL FACTORS (DMC/REI, IMPLICIT BIAS)**

PRESENCE OF ANY OF THESE FACTORS CAN INCREASE THE PROBABILITY OF REDUCED EXECUTIVE FUNCTIONING (POOR PLANNING, IMPULSE CONTROL, DECISION-MAKING, AND REASONING)

A 19-year-old Knoxville man faces sentencing later this month after being found guilty of murder in a 2015 fatal robbery.



Tyshon Booker watches as a witness comes to the stand during a hearing at the Knox County Criminal Court on Friday, Feb. 10, 2017. *BRIANNA PACIORKA/NEWS SENTINEL*

<https://www.knoxnews.com/story/news/crime/2018/03/08/knoxville-teen-awaits-sentencing-2015-murder-case/407446002/>

<https://podcasts.apple.com/us/podcast/kids-sentenced-to-life-the-case-of-tyshon-booker/id1567820046?i=1000526443646>

WHY USE A TRAUMA-INFORMED APPROACH?

- OVERALL GOOD PRACTICE
- PROACTIVELY ADDRESSES POTENTIAL IMPACT OF TRAUMA
- BUILDS RAPPORT AND STRENGTHENS WORKING RELATIONSHIPS
- DECREASES LIKELIHOOD OF CASE-INTERFERING BEHAVIORS
- INCREASES CLIENT'S WILLINGNESS TO BE A COLLABORATIVE PARTNER
- MORE PRODUCTIVE INTERVIEWS □ MORE EFFECTIVE REPRESENTATION

KEY POINTS TO KEEP IN MIND

Trust: Adolescents with a history of trauma exposure have difficulty trusting others, even those in a position to help

Control: Lack of control and power can be a major trauma reminder

Survival Mode: Further decreases ability to focus, process information and engage in effective decision-making

FOCUS ON STRENGTHS AND GOALS

All adolescents have strengths that can be built upon and highlighted – keep an eye out for them

Asking about what is most important to the client can help to build rapport and provide meaningful avenues for advocacy

If you've set goals for the interview or you know the client's goals, you can return to those goals when transitioning to a new line of questioning

Goals can also be used to refocus the interview if the adolescent seems to be getting overwhelmed or shutting down

BODY LANGUAGE

Communicate

Communicate that you're listening by making eye contact, leaning in, nodding, and maintaining an open posture

- Cultural differences can impact how body language such as eye contact is interpreted



Be

Be mindful of body language that might inadvertently communicate dominance or highlight the power differential



Pay

Pay attention to client's body language

SOCIOCULTURAL CONSIDERATIONS

Unconscious biases and stereotypes based on culture can inadvertently impact our perceptions of clients and therefore our interactions

Cultural differences and experiences can impact how client perceives you, your role and the relationship

Inherent power differential may feel even more significant for adolescents from historically marginalized communities

Recognize, acknowledge, and take steps to give back power

ADOLESCENTS WITH DISABILITIES

Use shorter sentences and smaller words

Avoid jargon

Summarize frequently

Ask client to reflect back what he or she heard or understood

Expressive vs receptive language disabilities

Be mindful of asking youth to read and sign forms

DON'T FORGET TO CHECK IN WITH YOURSELF

- HEARING DIFFICULT STORIES FROM CLIENTS ALL DAY LONG INEVITABLY TAKES A TOLL
- BUILDING SAFETY FOR THE CLIENT AND UTILIZING THESE STRATEGIES REQUIRES FOCUS AND ATTENTIVENESS, WHICH ARE MORE DIFFICULT WHEN WE'RE EXPERIENCING OUR OWN REACTIONS
- IDENTIFYING AND MAINTAINING AWARENESS OF OUR OWN TRIGGERS AND WARNING SIGNS CAN HELP US TO KNOW THIS MIGHT BE HAPPENING SO THAT WE CAN INTERVENE
- RE-FOCUSING ON YOUR PURPOSE AND WHAT IS MOST IMPORTANT TO YOU CAN BE VERY EFFECTIVE





Pause – Reset – Nourish (PRN)* to Promote Wellbeing Use as Needed to Care for Your Wellness!

All of us face a variety of stresses daily. Currently, you may be dealing with additional responsibilities at work and new challenges with parenting. Consider your level of distress before deciding what approach you'd like to take to address it. Gauging your level of distress is as important as practicing self-care strategies. The PRN framework is one such strategy and reminds us of the types of practices that help promote wellbeing and enhance resilience. Just like you would take a medication PRN, or as needed, to address unwanted symptoms, you can Pause-Reset- Nourish to help replenish yourself when needed. These practices can help to reset and rebalance your nervous systems, and can be done frequently throughout each day in just a few minutes. Consider these simple steps:

Pause:

Check in with your internal experiences or how your body is feeling at the present moment.

By taking a slow conscious (diaphragmatic) breath you can pause to check on how you are feeling inside. Repeat this at least 3 times. As you become more aware of what is happening inside your body, you might realize that you are anxiously ruminating over something, holding stress or tension in different parts of the body, feeling that your mind is cluttered, having intense emotions (e.g., frustration, anger, anxiety) or grieving the loss of a loved one, patient, or the loss of routines due to COVID-19. It may be more than one thing, making the need to pause all the more important.

There are many ways to do slow conscious breathing, click to watch a demonstration of the [4-7-8 technique](#) or the [square breathing technique](#).

*The [PRN Framework](#) was created by Diana Tikasz, Hamilton Health Sciences, 2020.

Reset:

Actively do something to help you feel steadier, more calm, confident or focused on your next task. Be kind to yourself and remember that these are difficult times.

- When you sense you are ruminating or your mind is full, try to reset by having a quiet moment. Consider continuing slow breathing (e.g., [3 minute breathing space](#)), meditation, practicing mindfulness, petting an animal, taking a brief walk outside, or looking at a photo that puts a smile on your face.
- When negative experiences are overwhelming you, try to reset by focusing on a positive thing that happened or an affirmation, sharing gratitude, watching a short funny video or meme, talking with a colleague, or practicing grounding.
- When unsure of how you are feeling but recognize you are uncentered, try to reset by observing the feeling, acknowledging it, and letting it pass through your mind like it is on a conveyor belt. Accepting the current situation allows us to acknowledge our desire for things to be different than they are.
- When you become critical of yourself, try to reset by interrupting those thoughts with self-compassion or talking to yourself as if you were a caring supportive friend.

Nourish:

Soak in something positive that replenishes your mind-body-heart-soul-or spirit. Turn your focus towards something that helps you remember your own strength and resilience, or reminds you to take time to tend to yourself. You may ask yourself, "What do I need to nourish myself right now?"

- Think about something that has been rewarding or meaningful at work or at home. You might remind yourself of why you got into this profession, how you helped someone, or a meaningful moment with your family or loved ones.
- If a loved one has died, consider ways to honor them by reminiscing with others who knew them, reflecting on a positive memory you have of them, contributing to a cause they found important, or doing a kind act in their name.
- Consider affirmations or reminders that help you feel prepared to deal with the stress or challenges you are facing; this may help you harness your own strength and resilience.
- Consider engaging in moments of playfulness, light-heartedness, and creating meaningful social connection with others. This might include enjoying a family activity; laughing, singing or chanting; dancing, or other ways that bring you joy; engaging in meaningful cultural practices or rituals; connecting with a significant other or a beloved pet; celebrating a success at work or with loved ones; or doing something for others in need (donating time for charity, baking for a neighbor).

<https://www.nctsn.org/resources/prn-to-promote-wellbeing-as-needed-to-care-for-your-wellness>

AND THE LAST TIPS

- **ANTICIPATE ALARM REACTIONS**

- FIDGETY, DEFIANT, DISRESPECTFUL, SUDDEN CHANGES IN MOOD, SHUTS DOWN SUDDENLY REFUSES TO TALK, STRONG REACTIONS TO MINOR EVENTS, SPACING OUT, AVOIDS EYE CONTACT, “I DON’T CARE — WHATEVER”

- **ANTICIPATE TRIGGERS**

- THINGS THAT MAKE ME FEEL UNSAFE, THINGS THAT TAKE CONTROL AWAY FROM ME, THINGS THAT MAKE ME FEEL DISRESPECTED, THINGS THAT ARE BORING, THINGS THAT SEEM LIKE TOO MUCH TO DEAL WITH, VIOLATIONS OF MY PERSONAL

- **DON'T OVERLOOK RESILIENCY**

- NOT ALL YOUTH WITH TRAUMA EXPOSURE HISTORIES DEVELOP PTSD
- DO LOOK FOR POSITIVE COPING RESPONSES EVEN IN THE PRESENCE OF SYMPTOMS



Helpful

Trustworthy

Worthy

Attentive

Wise

Able

Confident

Accepting

Open

Unique

Worthy

Courageous

Playful

Brilliant

Thoughtful

Humble

Attractive

Innocent

Generous

Valuable

Daring

Trusting

Generous

Understanding

Tender

Determined

Peaceful

Enthusiastic

Decisive

Trusting

Able

Adventurous

Flexible

Responsible

THANK YOU!

FURTHER QUESTIONS?

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