

Question Posted to Mental Health Committee Members: Do any of your agencies use a trauma screening? If so can you share what screening, community side usage, and do you have a training that you are willing to share?

Delaware	Rebecca Richmond, Psy.D.	We don't utilize a specific model in Delaware, but our staff have all been trained in the Mental Health in Juvenile Justice and Think Trauma Toolkit curriculums.
	Licensed Psychologist	
	Divs. Of Prevention and Behavioral Health Services (DPBHS)	
	New Castle County Detention Center	
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Hawaii	Dr. Marie Vorsino, Clinical Psychologist, Child and Mental Health Division	We are part of a Trauma Focused CBT collaborative, which we use with identified youth. We have been using that for about 8 months with both boys and girls. Previous to that most of the trauma focused care was with the girls and through a grant that was awarded to our system about four years ago. We use the
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Maryland	Dr. Michael Ito	We use the Trauma Symptom Checklist for Children for our youth 16 and under; and the UCLA PTSD rating scale for others.
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		In Montana we administer the MAYSI-2 upon the youth's admission into the facility and then follow-up with the Trauma Symptom Checklist for Children and other admission screens and assessments (Suicide Probability Scale, Beck, K-BIT 2, and CD screenings). Part of our intake also includes a biopsychosocial interview with licensed staff via the YLS/CMI that works to identify static and dynamic risk/protective factors that are incorporated into the youths' individual treatment plan.
Montana	Brenda Kneeland	
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New Mexico	George E. Davis, MD	

	Director of Psychiatric Services	<p>In New Mexico we also use the MAYSI-2 as a very quick and rudimentary screen when they walk in the door. And then we followup with the TSI (Trauma Symptom Inventory) for those who give initial indication of trauma. I would offer some cautionary notes, however. Both of these are screens only, and as is the case with nearly all screening instruments, they primarily search for later trauma and PTSD symptoms. The most prominent association with later delinquency is, however, early developmental trauma such as neglect and abuse in the first three to five years of life. We have found that more than 90% of the delinquency admissions to our facilities have this sort of developmental trauma. New Mexico has an association with the Child Trauma Academy (childtrauma.org), and what we have noted is that a skilled clinical interview is much more accurate in the determination of developmental trauma than any particular screening instrument.</p>
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		<p>We use DBT as our primary milieu and treatment at our female facility. OYA is not implementing a specific model, but rather incorporating various aspects of Trauma-Informed Care. We use a lot of the work from Dr. Bruce Perry, the ACE Study, and other research to inform training and policy development and inclusion of more trauma-informed treatments. As I mentioned in my email yesterday, the Advanced Behavioral Directives are an aspect of our implementation. We are also implementing Positive Youth Development and Collaborative Problem Solving as core models for how we work with our youth. We do not have a screening for all youth in OYA (many of our youth are served in the community). However, we do use the MAYSI-2 as a screening for all youth entering close custody, which includes ratings on traumatic experience. We also use the SCL-90-R as a screening for all youth entering close custody, which includes anxiety scales.</p> <p>Additionally, we complete Advanced Behavioral Directives with our youth entering close custody. The ABDs are completed via conversation with the youth, and focus on obtaining history of trauma, triggers, and identifying interventions that may retraumatize the youth versus those that will be more effective, both proactively and in response to crisis. The ABDs are updated as we gain more insight into the youth's needs and response to various interventions.</p>
Oregon	Whitney Vail, PsyD	
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Texas	Madeleine M. Byrne, PsyD, LCSW, LSOTP	We use the UCLA PTSD rating scale for trauma assessment.

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Virginia	Mark H. Murphy	We have been piloting a DBT style program modeled after the work Yvonne is doing in MA. The initial results are quite encouraging. On the pilot units, staff have been trained in the same skills and responses as the residents so that they can reinforce and encourage application.
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