

Trauma Interventions and Systems Change in Rural Areas: The Role of the Juvenile Court Judge in Collaboration with Mental Health Professionals

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ABSTRACT

INTRODUCTION

“There is a myth that rural America is somehow Mayberry, Andy Griffith land; that everything is cool and safe and wonderful, when in fact it is not,” according to Janice Probst, director of the Rural Health Research Center in South Carolina (Moore, 2005, p. 33). Data from Rural Health Research Center surveys

indicate that rural adolescents are equally or more likely than both urban and suburban adolescents to be exposed to violence and drug activities. Data collected on 15 different measures of violence exposure examined in the Human Resources and Services Administration-funded Violence and Rural Teens Project

This article will focus on the evolution of the collaborative work of the Louisiana Rural Trauma Services Center (LRTSC), a Center within the National Child Traumatic Stress Network, and the 23rd Judicial District, a jurisdiction in south Louisiana serving three rural parishes. We will describe how the collaboration and joint efforts, and the changes that have been made in terms of availability of evaluation and treatment resources, seem to be influencing both the educational and judicial systems in St. James Parish and potential sustainability of some of the identified resources. The article will examine how the court and the LRTSC work together with emphasis on the evaluation, reporting and recommendation processes, outcomes and benefits to date, and challenges for the future.

demonstrate that there is no statistically significant lower prevalence of these indicators for rural youths. Similar to factors leading to risk in urban areas, rates of juvenile violence are higher in rural communities with more risk factors that include a large percentage of children living in single-parent households, a high rate of population turnover, and significant eth-

nic diversity (Osgood & Chambers, 2000). Mink, Moore, Johnson, Probst, and Martin (2005) reported that rural teens are significantly more likely than their urban and suburban counterparts to carry a weapon. Similarly, there is no rural-urban difference in the proportion of arrested juveniles who are sent to juvenile court; in

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2003, this proportion was similar in cities (70%) and in rural areas (71%) (Snyder, 2005).

Rural communities have many strengths, including a greater sense of cohesiveness and community than is often found in urban centers. In rural communities, schools can play even a more central role than in larger cities as a resource for students and families. Yet, rural schools are less likely to have support resources available for students, such as counseling or opportunities for mental health evaluation and services (Mink et al., 2005). Often there is a limited number of school mental health support staff, and few have training in violence prevention policies and practices or the skills necessary for work with traumatized youths. While the recognition of mental health problems in many settings may lead to stigmatization, in rural communities these problems also are often not perceived by school administrators as serious. Available national data indicate that there is a high level of exposure to violence and drug use in rural areas and a scarcity of school-based services aimed at responding to these issues. Youths whose behavioral and mental health problems contribute to their truancy and delinquency have few services available to them. This lack of services may lead to spiraling consequences as a result of the limited prevention and lack of early intervention initiatives available to rural youths.

This article will focus on the evolution of the collaborative work of the LRTSC with the 23rd Judicial District in St. James Parish, Louisiana. Judge Thomas Kliebert serves the entire 23rd Judicial District, which is comprised of Ascension, Assumption, and St. James Parishes. This article focuses only on the work in St. James Parish because the LRTSC is not currently working in the remainder of the district.

Louisiana Rural Trauma Services Center

The LRTSC was established in 2003 as a Center within the National Child Traumatic Stress Network, funded by the Substance Abuse Mental Health Services Administration. The LRTSC was designed to establish collaborations in three rural parishes in Louisiana to: (1) Provide evaluation and mental health services by child psychiatrists, psychologists, and social workers for school-age children and adolescents exposed to trauma; (2) Identify through local networking available resources

and increased availability to services; and (3) Build capacity within these parishes and other underserved areas of the state. Through partnerships and collaborations, the LRTSC is working to expand and improve mental health services for rural children and adolescents.

More than 27% of Louisiana's population is rural and 30% of Louisiana's children live in poverty (U.S. Census Bureau, 2000). Louisiana ranks second highest in the country for child deaths, and fourth highest in adolescent deaths attributed to accidents, homicide, or suicide (Kids Count, 2004). Despite the state's efforts within the educational system related to prevention activities and early intervention, 164,212 of the 731,351 students in Louisiana's public school system were suspended and 7,490 were expelled during the 2004 academic year (Louisiana State Education Progress Report 2003-2004, 2005).

The initial focus of the LRTSC was on two sources of entry for children and adolescents into the treatment and services system—a public-private partnership for school districts that meets the educational needs of rural children and hospital emergency services for traumatized youths.

Development of Court and LRTSC Collaboration

As in many rural areas, the judge in the 23rd Judicial District hears both adult and juvenile cases and has jurisdiction in criminal, civil, family, and juvenile cases. The judge hears juvenile and truancy cases in the parish for a full day once a month and on other days as needed. Although there is limited literature related to the rural judiciary, what is available suggests that rural judges are more likely than judges in urban areas to have key community roles resulting in their being more active in initiating services (Provorse & Sarata, 1989). Judges in rural jurisdictions may, by necessity, assume additional roles because of limitations and fragmentation in available services.

As the consultation and treatment components of LRTSC were established and effectively developed in three schools in St. James Parish, and as additional networks and better communication were facilitated, it became increasingly apparent to the court personnel (including the judge, attorneys, Families in Need of Services [FINS] personnel, and the sheriff), that better links between the

juvenile court and the schools were needed to support prevention and intervention activities within the region. The specific opportunities for collaboration between courts and schools evolved in several different areas.

First, the judge established a truancy court to take place when he heard juvenile cases each month, and this provided a logical link to the schools. In collaboration with the St. James Parish School Board, the judge made recommendations for implementation of a stricter and more detailed truancy policy than had previously been in effect. Prior to a child's judicial hearing, the LRTSC clinicians gave the judge insight into the root cause of the family issues contributing to the truancy. Second, it became clear that some students were having disciplinary and related problems in school such that juvenile court interventions were indeed necessary. Third, the judge hearing truancy and delinquency cases noted that these were dependent youths who were acting out; they often came from families with drug-related problems, had histories of parental neglect, or were otherwise involved in dependency cases. The judge noted that too many youths seemed to be "falling through the cracks," or were being maintained inadequately in school, and engaging in repeated episodes of truancy and delinquency, which resulted in high rates of recidivism. The judge requested innovative, collaborative efforts with LRTSC to help meet the needs of these youths and their families. The judge and LRTSC together took initial steps toward building an effective collaboration and establishing a process to work together.

Because of the current LRTSC co-director's experience in serving as faculty for judges, she is an effective communicator in both the mental health and legal fields facilitating the translation of legal and psychological jargon. With her extensive training and intervention efforts in juvenile and family courts across the United States, she brings a national perspective to the development of strategies to address rural issues and concerns. Initially, with the judge's permission, mental health professionals from the LRTSC sat in the courtroom and observed while the judge heard juvenile and truancy cases. The LRTSC clinicians noted how closely the judge was working with the court staff, including the FINS officer, school personnel, sheriff's deputies and juvenile officers, lawyers, and others, while also offering an additional perspective on the cases. The FINS program provides pre-delinquency interventions from a social worker to assist the child and

family in lieu of court adjudication. With the presence of additional mental health professionals in court, the judge recognized how helpful it would be in his decision-making process to have more information about the children and adolescents and their families who came before the court. He therefore ordered, on a case-by-case basis, that certain youths be evaluated by an LRTSC professional and that these professionals provide a written summary of the evaluation, including mental health recommendations to the court. The judge used school attendance records, disciplinary records, academic records, and his personal observations of the individuals in court to identify those that he felt would benefit from or merited a mental health evaluation. As this process evolved, it became increasingly clear to the judge that the LRTSC evaluations of youths and their families were of great use to him in making more knowledgeable, expeditious, and effective decisions.

The LRTSC noted that their collaborative efforts with the court positively affected outcomes of their clients. Through the judge's engagement of children and adolescents and their families in court and his implementation of the convening authority of the court in the community, mental health treatment compliance rates improved. The judge often mandated patient follow-up and family involvement in the treatment process in ways that were clear to the family and helpful to the youth in court. Because of the rural nature of the area, the collaborating partners (i.e., sheriff's deputies, school personnel, other mental health personnel, child protection [Office of Community Services—OCS]) became more involved with the children and the community.

The LRTSC professionals have also become an integral part of the school environment, resulting in greater availability and utilization of mental health services. Teachers and other school professionals have learned to access the newly available services, and they use these services for children and adolescents when they identify problematic behaviors. Similarly, parents have had much greater involvement in the process than would have been expected based on the experiences of community mental health clinics and agencies. They have expressed appreciation for the school's concerns about their children and the ability to meet with LRTSC professionals working in the schools. By offering evaluations for children and adolescents and their families in juvenile court with subsequent treatment and follow-up, which is frequently offered within the schools, the process of engaging in

mental health services was considerably destigmatized. LRTSC professionals noted that family members, and the youths themselves, generally appeared relieved and grateful for the additional service and treatment options being offered to them and for the opportunity to make personal progress and avoid further legal difficulties.

In addition to the evaluations and services provided by the LRTSC, other parts of the community began to work together more effectively with the judge and LRTSC to meet the needs of these youths. For example, the Superintendent of Schools, with the permission of the St. James Parish School Board, added two full-time social workers to help implement court orders and services. This has improved the collaboration with the court and the follow-up of students in the school system. The social workers are also working in a proactive effort to prevent children from entering the court system. The head of the FINS program actively participates in all of the evaluation meetings and helps in the monitoring of follow-up. The regional director of Mental Health Services and OCS professionals have also become more involved in providing services when necessary.

Case Study

An 8-year-old boy who came with his maternal grandmother before the St. James Juvenile Court due to truancy was referred by the judge to the LRTSC for an evaluation. This referral was made after the grandmother, the child's caretaker, expressed frustration that her frequent attempts to get her grandchild to attend school regularly were unsuccessful. She said that she could not understand why the child adamantly refused to attend school and wished she had the skills to deal with his difficult behavior. The grandmother provided additional family background information indicating that his biological mother transferred custody of the child to the grandmother following validated allegations of neglect related to the mother's longstanding substance abuse history. OCS continued to supervise this child and made numerous, yet unsuccessful, attempts to work with the child's mother to help her comply with her treatment plan for possible future reunification.

The court ordered an LRTSC evaluation, which consisted of caregiver and child interviews and a battery of objective clinical measures and questionnaires. The evaluation revealed a significant history of traumatic life experiences for the child that were adversely impacting his behavioral and emotional functioning at home and his

adjustment and academic functioning at school. His history of early maternal neglect, abuse, and abandonment was revealed as well as his earlier inconsistent school attendance. The evaluation described the boy's history of disruptive behavior that included frequent fire setting, cruelty to animals, and food hoarding. He stated he was concerned that no one loved him and he showed indiscriminate attachment to strangers.

A written report of the assessment findings was presented to the judge with specific recommendations for court orders to be implemented by the court, school, caregiver, and other service providers. The collaborative relationships between the judge and the juvenile court staff, LRTSC, OCS, and school personnel allowed for expeditious implementation of the court's and LRTSC recommendations. Representatives from each of these service areas were present and worked collaboratively at subsequent court hearings. As the child's service and treatment needs became known, the judge ordered that the child have an additional academic evaluation and updated Individualized Education Plan (IEP) completed by school personnel. The judge also ordered that the child remain in the care of his grandmother pending further investigation of his mother's home by OCS. The child received ongoing individual and family psychotherapy and psychopharmacology services from a community-based counseling center. The child and grandmother were aided by the sheriff's office in obtaining transportation services to and from his scheduled appointments. The court-appointed attorney assisted the grandmother in applying for Social Security benefits. In addition, the clinician was able to provide the grandmother with parenting education and support to help her better understand her grandchild's behavioral difficulties. He also helped her recognize the importance of initiating and maintaining the psychotherapeutic and pharmacological treatment that her grandchild so desperately needed.

During the clinician's follow-up contact with the child's grandmother, she stated that she was grateful for the support offered by the court, school, and mental health personnel and felt far less overwhelmed with the challenges she faced related to caring for her grandson. Although she still had problems with her grandson's school attendance, she stated that, despite his frequent protests, he attended school regularly and was less anxious since he began receiving additional special education services and individualized tutoring. She recognized

Working in Rural Jurisdictions - Recommendations

1. Build a trusting relationship between the court and mental health professionals. Set up meetings with key people including the judge, superintendent of schools, social workers, child protection agency, sheriff, and other relevant court personnel to talk about concerns and needs of both groups.
2. Have mental health professionals, school personnel, and others who interface with the court attend hearings in juvenile court to learn about the structure and possibilities for collaboration.
3. Mental health professionals need to be available to do evaluations for the court when requested, as well as provide follow-up with questions and needed referrals for services.
4. A written summary of the evaluation needs to be provided in a timely manner for the judge including clear recommendations for the youths.
5. School personnel and others who interface with youths in the community need to reassess the service availability and possibilities for improving services within the school and other settings.
6. Additional meetings need to be held periodically to review the progress of the collaboration.

that the skills she learned through parenting education and family therapy helped her to be more understanding of and patient with her grandchild's difficult behavior; furthermore, she was able to implement structure and household rules which helped improve his behavior and emotional functioning. As a result, she described the child as happier, more loving and outgoing, and doing better in school.

Summary of Collaboration between the LRTSC and the Rural Court

As noted earlier, there has been increased collaboration among the court, the schools, law enforcement, the community agencies, and LRTSC professionals. Evaluations and meetings prior to each court hearing appear to be helpful in facilitating needed services and follow-up for the youths and their families. The availability of better evaluations and treatment plans appears to be having a positive effect on improving outcomes that include improving compliance with court orders and treatment plans, reducing recidivism, and decreasing the frequency of behavioral problems, truancy, school suspensions, and expulsions. There has been an increased appreciation for the crucial role that the judge can play in establishing and implementing the plans necessary to positively impact outcomes for youths in difficulty. In May 2005, FINS sponsored a statewide conference, with involvement by LRTSC professionals as well as a respected juvenile judge from another jurisdiction, for the judiciary, FINS workers,

OCS, mental health, and other community professionals to educate and provide further training that will be helpful for other parishes facing similar issues. Outreach is continuing as the LRTSC provides education for local pediatricians and primary care physicians so that they can recognize and become responsive to the needs of traumatized children and adolescents as well as to the recommendations of LRTSC professionals working with the schools and court. An educational forum for rural physicians is planned in late 2006.

Remaining Challenges

The court and the LRTSC still face several challenges in St. James Parish. There is increased urgency to respond to the need for additional services for the troubled youths and their families who appear in juvenile court with difficulties related to their underlying behavioral and emotional disturbances. Depending on the deficiencies in their behavioral and emotional functioning, these individuals would benefit from services ranging from temporary respite services for mild offenders to in-patient residential placement for more severe and/or repeat offenders where intensive psychotherapy and medication management is an integral part of treatment. Although locked juvenile detention facilities are often the first line of defense for detaining juvenile offenders, it is imperative that collaborative relationships between judges and mental health professionals be made as a means of early identification and intervention with this

high-risk population of youths. Rapid response services (including next-day appointment availability) by mental health clinics are needed as well as other follow-up services for high-risk children and adolescents and their families. After-school and weekend services for adolescents, including counseling, tutoring, community services, and recreational and physical activities would be an important prevention and intervention component in these underserved communities. Social skills building for many of the youths who appear in court is needed so that they can function better in school and in the community. Reintegration programs for youths unable to function in school on a full-time basis are also needed.

Finally, through the work of the LRTSC in several rural Louisiana parishes, it has become increasingly clear that there is a great need for similar evaluation, intervention, and treatment services in other parishes to help high-risk youths and prevent more serious problems. In fact, eight parishes have already requested additional help in provision of services; however, the ability to extend services is limited due to lack of financial or professional resources. In addition, because of the trauma experienced by many children and families due to loss and displacement from urban to rural areas following Hurricanes Katrina and Rita, the need for additional interventions, programs, and services in rural Louisiana has grown. Many of the rural schools and courts are now more crowded without additional resources being available to handle the increased needs.

Conclusion

The 23rd Judicial District in St. James Parish and the Louisiana Rural Trauma Services Center have experienced a number of beneficial outcomes and lessons learned that other rural jurisdictions can apply. In order for the juvenile court to function effectively, there was a need to mobilize resources and build capacity to serve the needs of children and families. To address this situa-

tion, increased collaboration between the court, school systems, law enforcement, and mental health professionals and identification of other available resources was needed. A rural judge and court staff are often the center of informal communication networks and can be key partners in the provision of services for youths and families. Collaborations, such as the one described in this article, can result in much better communication and cooperation between schools, service providers, clinicians, and the court, with greater involvement by various professionals in providing needed services. It is recognized that transitional services, reintegration, and follow-up services for children and their families are urgently needed. Additional resources in the parish are needed to prevent recidivism and to help high-risk youths achieve their potential as well as to identify and assist in preventing siblings and other family members from entering the court system.

In conclusion, while there are community strengths, limited resources in rural jurisdictions often result in difficulties obtaining adequate evaluation and treatment services for children and adolescents who appear in court. The collaborative efforts of the court and the LRTSC emphasize the importance of identifying and responding to the mental health needs of youths in the juvenile justice system in an effort to address and prevent causes of juvenile crime and delinquency (Wasserman et al., 2003). The experience of the 23rd Judicial District in St. James Parish and the LRTSC has shown that building trust in a relationship among a variety of professionals who care about children and adolescents can make a positive difference. Such models of collaboration have been effective as in this program, to reduce the stigma associated with receiving mental health services. It is hoped that the experience of the collaborative partners in Louisiana's 23rd Judicial District may help other jurisdictions develop programs to better meet the needs of high-risk youths in their communities.

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REFERENCES

- Kids Count. (2004). Annie E. Casey Foundation, Available online at <http://www.aecf.org/kidscount/sld/index.jsp>.
- Louisiana State Education Progress Report, 2003-2004. (2005). Louisiana Department of Education.
- Mink, M., Moore, C., Johnson, A., Probst, J., & Martin, A. (2005). *Violence and rural teens: Teen violence, drug use and school-based prevention services in rural America*. Rockville, MD: Office of Rural Health Policy, Health Resources and Services Administration.
- Moore, J. (2005, June). Research of note: Violence among rural youth. *Youth Today*, 33.
- Osgood, D. W., & Chamber, J. M. (2000). Social disorganization outside the metropolis: An analysis of rural youth violence. *Criminology*, 38, 81-111.
- Provorse, D., & Sarata, B. (1989). The social psychology of juvenile court judges in rural communities, *Journal of Rural Community Psychology*, 10, 3-15.
- Snyder, H. (August 2005). *Juvenile arrests 2003*. Office of Juvenile Justice and Delinquency Prevention, Washington, DC: U.S. Department of Justice.
- U. S. Census Bureau, Census, 2000. Available online at <http://www.census.gov/index.html>.
- Wasserman, G. A., Jensen, P. A., Ko, S., Coccozza, J., Trupin, E., Angold, A., Cauffman, E., & Grisso, T. (2003). Mental health assessments in juvenile justice: Report on the Consensus Conference. *Journal of the American Academy of Child and Adolescent Psychiatry*, 42(7), 752-761.