

The Urgency Loop: A Trauma-Primed Reinforcement Cycle in Dually Involved Youth

Kenneth Peters

Cook County Public Defender Office

Author Contact: Kenneth.peters@cookcountyl.gov

Abstract

Youth who are simultaneously engaged in both the juvenile justice and child welfare systems—commonly referred to as dually involved youth—face disproportionately high rates of trauma exposure, psychiatric comorbidity, and adverse developmental outcomes. Traditional accounts of juvenile impulsivity often emphasize sensation seeking or underdeveloped executive function, portraying defiance as a product of poor judgment or deliberate noncompliance. Emerging evidence, however, highlights the role of negative urgency, defined as rash action in response to distress, as a more precise explanatory construct. This paper develops and applies the concept of the Urgency Loop, a cyclical process in which trauma-induced emotional dysregulation drives impulsive actions aimed at short-term relief, producing long-term negative consequences that reinforce distress and perpetuate maladaptive patterns.

Drawing from neuroscience, developmental psychology, and criminology, the Urgency Loop framework situates behaviors such as runaway episodes, aggression, and substance use not as thrill-seeking but as relief-seeking adaptations to overwhelming affective states. This reorientation challenges prevailing juvenile justice interpretations of 'willful defiance,' which often justify punitive sanctions and surveillance. Instead, the framework underscores how trauma reshapes limbic-prefrontal circuitry, heightens vulnerability to negative urgency, and interacts with systemic responses to exacerbate cycles of involvement.

This manuscript reviews theoretical models of impulsivity, empirical findings on trauma and neurodevelopment, and critiques of trauma-informed practice. It further explores implications for juvenile justice reform, including the potential utility of ecological momentary assessment, ethical considerations of pharmacological interventions, and the need for more nuanced adjudicative approaches. By reframing impulsive behavior as a neurobiological adaptation to distress rather than intentional rebellion, this work seeks to inform interventions that are more effective, equitable, and developmentally appropriate.

Introduction

Dually involved youth—those simultaneously engaged in both the child welfare and juvenile justice systems—are among the most vulnerable adolescents in the United States. They experience disproportionate rates of adverse childhood experiences (ACEs), psychiatric comorbidities, educational disruption, and long-term system involvement compared to youth in either system alone (Abram et al., 2004; Herz et al., 2012). Their behaviors, often labeled as 'defiant' or 'noncompliant' by courts and service providers, are frequently interpreted through a lens of volition and poor decision-making. This framing shapes punitive responses that exacerbate system entrenchment. Yet growing evidence suggests that many such behaviors may be better understood as efforts to regulate overwhelming affective states rather than as deliberate oppositionality.

A central construct in this reconceptualization is negative urgency, defined as the tendency to act rashly under conditions of emotional distress (Cyders & Smith, 2008). Distinct from sensation-seeking or general impulsivity, negative urgency emphasizes relief-seeking behavior: an attempt to escape acute dysphoria or anxiety, even at significant long-term cost.

Neurobiological research has demonstrated that trauma exposure alters limbic-prefrontal circuitry, heightening amygdala reactivity and weakening top-down regulatory control (McLaughlin et al., 2015). These changes bias youth toward short-term, maladaptive coping behaviors—including running away from placements, engaging in substance use, or displaying aggression—that can be mistakenly interpreted as criminal volition rather than as manifestations of impaired emotion regulation (Ford et al., 2012; Kerig, 2019).

This paper develops the concept of the Urgency Loop to describe the cyclical dynamics between trauma exposure, emotional dysregulation, and impulsive behavior in dually involved youth. The Urgency Loop frames maladaptive actions not as isolated incidents of defiance but as self-reinforcing feedback processes: distress leads to rash action, which produces short-term relief but long-term consequences, thereby perpetuating distress. While clinical psychology has examined negative urgency in the contexts of substance use, self-harm, and risk-taking (Anestis et al., 2009; Davis et al., 2017), its application to juvenile justice remains limited. By synthesizing these literatures, the present work aims to bridge gaps between neuroscience, trauma research, and criminology.

The stakes of such reframing are high. The U.S. juvenile justice system continues to privilege punitive accountability over contextualized understanding of behavior. Courts rarely incorporate neuroscientific or

trauma-based evidence when adjudicating cases, despite evidence that dually involved youth demonstrate markedly higher rates of posttraumatic stress disorder (PTSD), anxiety, and substance use than their non-system-involved peers (Hinckley et al., 2024; Abram et al., 2004). As a result, interventions remain reactive, emphasizing surveillance and sanction rather than regulation and support.

This article pursues three goals. First, it reviews theoretical and empirical research on negative urgency, trauma, and adolescent neurodevelopment, situating these constructs in the context of dually involved youth. Second, it proposes an integrated Urgency Loop model that accounts for the feedback between distress, impulsivity, and system response. Third, it explores implications for juvenile justice practice, including the promises and limitations of trauma-informed approaches, the potential utility of real-time assessment technologies, and the ethical complexities of pharmacological interventions. In doing so, it argues for a shift in judicial and policy frameworks: from conceiving youth as willfully defiant actors to understanding them as distressed adolescents caught in maladaptive Urgency Loops.

Theoretical Framework: The Urgency Loop

The Urgency Loop is proposed as a conceptual model to capture the cyclical relationship between trauma exposure, emotional dysregulation, impulsive action, and the reinforcing consequences that sustain maladaptive patterns of behavior in dually involved youth (see Figure 1). At its core, the Urgency Loop reflects the construct of negative urgency, or the tendency to engage in rash behavior when experiencing intense negative affect (Cyders & Smith, 2008). Trauma exposure increases vulnerability to this process by altering neural pathways in the amygdala, hippocampus, and prefrontal cortex, thereby heightening reactivity to stress and impairing top-down regulation (McLaughlin et al., 2015).

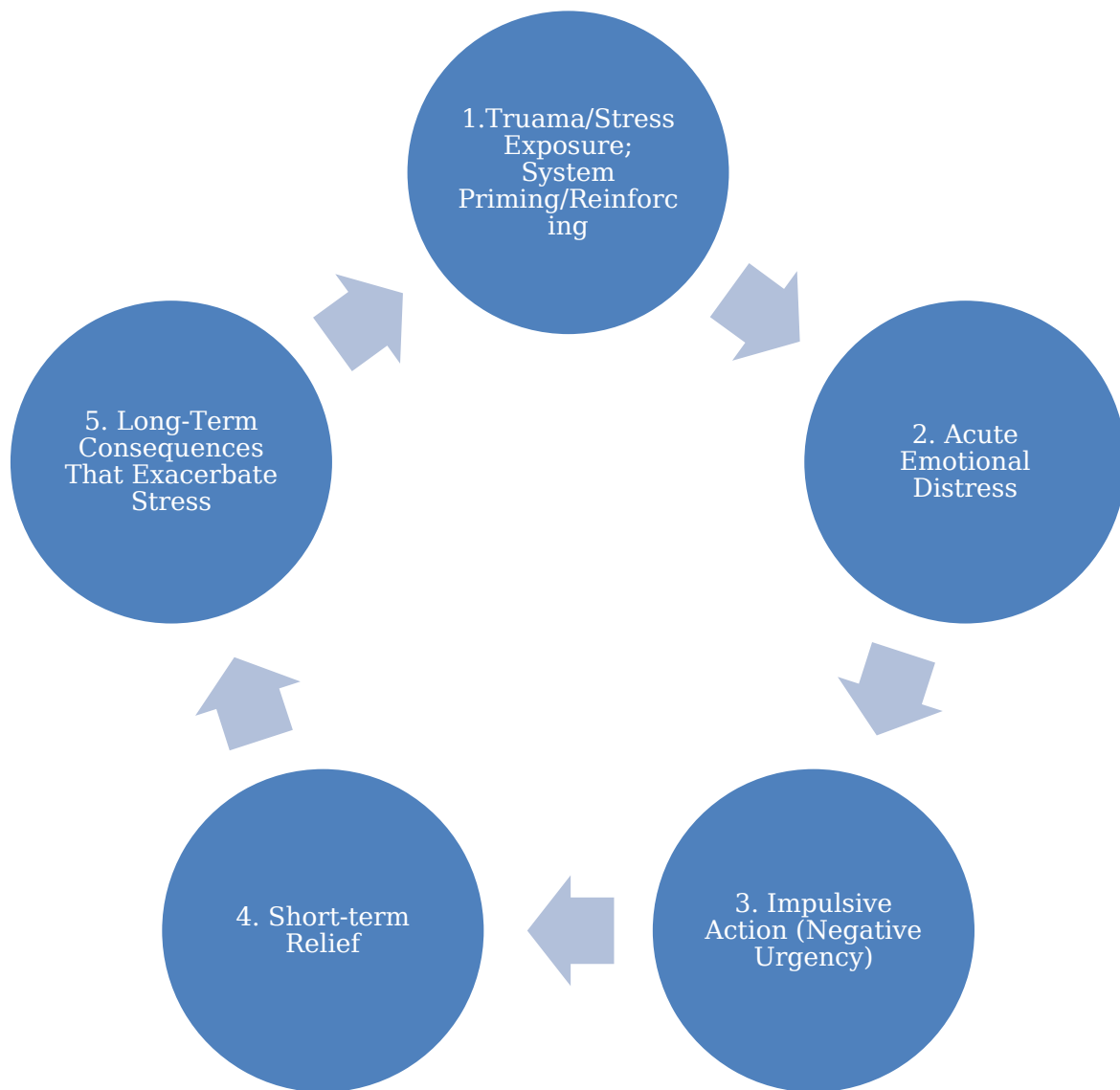


Figure 1. The Urgency Loop: A trauma-primed reinforcement cycle.

The loop unfolds in five interrelated stages:

1. Trauma/Stress Exposure → Youth with histories of maltreatment, neglect, or systemic instability carry heightened allostatic load, priming their stress response systems (Oral et al., 2016).
2. Emotional Distress → Chronic hyperarousal, intrusive memories, or relational insecurity contribute to overwhelming affective states, often manifesting as anxiety, irritability, or dysphoria (Ford et al., 2012).
3. Impulsive Action (Negative Urgency) → In the face of acute distress, the youth engages in rash behavior—running from placement, substance use, or aggression—not primarily for pleasure but for relief from intolerable internal states (Kerig, 2019).
4. Short-Term Relief → The impulsive act temporarily alleviates distress, reinforcing the behavior through negative reinforcement processes.
5. Long-Term Consequences → The action results in punishment, system sanctions, or worsened relationships, which increase stress and reinitiate the cycle.

This cyclical process generates a self-reinforcing feedback loop: emotional distress drives impulsive action, the action produces short-lived relief, but its long-term consequences exacerbate trauma and stress exposure, looping back into heightened distress. Over time, the loop entrenches maladaptive behaviors and deepens youth entanglement with both welfare and justice systems.

By positioning impulsivity within this loop, the model challenges traditional justice narratives of 'defiance' as volitional misbehavior. Instead, it reframes such behaviors as relief-seeking adaptations rooted in trauma and neurobiological dysregulation. This framework sets the stage for evaluating how existing research on trauma, impulsivity, and juvenile justice can be synthesized to inform system reform.

Literature Review

Impulsivity Models

Impulsivity has long been recognized as a heterogeneous construct in psychological science, encompassing multiple pathways of rash or poorly regulated behavior. Traditional models of adolescent risk-taking, such as Steinberg's (2010) dual-systems model, attribute heightened impulsivity to the imbalance between an accelerated socioemotional reward system and a more slowly maturing cognitive control system. This developmental asynchrony is posited to underlie normative increases in sensation seeking during adolescence, explaining behaviors such as experimentation with substances or delinquency.

However, the dual-systems account is insufficient for explaining impulsive acts that arise specifically under conditions of negative affect. Cyders and Smith (2008) advanced the UPPS-P model of impulsivity, identifying five distinct facets: negative urgency, positive urgency, lack of premeditation, lack of perseverance, and sensation seeking. Negative urgency—defined as the tendency to act rashly when distressed—has shown the strongest and most consistent associations with maladaptive outcomes in adolescents, including aggression, binge drinking, non-suicidal self-injury, and criminal behavior (Anestis et al., 2009; Settles et al., 2012). By contrast, sensation seeking often predicts risk-taking behaviors that are exploratory rather than dysregulated, underscoring the importance of distinguishing urgency-driven action from developmental experimentation.

Meta-analyses reinforce the centrality of urgency. Liu (2019) synthesized findings across studies of childhood maltreatment and impulsivity, concluding that negative urgency represents a key mechanism linking early adversity to later psychopathology. These studies align with evidence from task-based paradigms, such as Allen et al.'s (2021) emotional stop-signal task validation, which confirmed that individual differences in urgency traits predict failures of inhibitory control under distress.

Importantly, urgency-driven behaviors are not merely transient states but appear to represent enduring dispositions shaped by both genetic and environmental factors. Twin studies indicate heritability of impulsivity traits, with urgency facets demonstrating particularly strong familial aggregation (Cyders & Smith, 2008). At the same time, environmental exposures such as maltreatment, chronic stress, and system involvement amplify urgency's expression, particularly in adolescence when prefrontal regulation remains incomplete (McLaughlin et al., 2015).

These models collectively suggest that negative urgency is distinct from

both sensation seeking and general impulsivity. For dually involved youth, this distinction is critical: behaviors like absconding from placement, substance use, or reactive aggression are more accurately interpreted as distress-driven relief-seeking than as thrill-seeking. The Urgency Loop framework extends these insights by embedding urgency within a cyclical process of trauma exposure, impulsive action, short-term relief, and long-term system consequences.

Trauma and Neurodevelopment

A large body of research has documented the profound neurodevelopmental consequences of childhood trauma, neglect, and chronic stress exposure. Adverse childhood experiences (ACEs) are strongly predictive of psychiatric comorbidity, substance misuse, and delinquent outcomes in adolescence (Felitti et al., 1998; Baglivio et al., 2014). Neurobiological studies provide convergent evidence that early adversity alters brain structure and function in ways that bias individuals toward heightened emotional reactivity and impaired self-regulation (Teicher & Samson, 2016).

McLaughlin et al. (2015) distinguish between two dimensions of adversity—threat and deprivation—each of which has distinct neurodevelopmental correlates. Threat exposures, such as physical abuse, are associated with hyper-reactivity of the amygdala and heightened attentional vigilance to negative stimuli. Deprivation exposures, such as neglect, are associated with reduced cortical thickness and disrupted connectivity in regions supporting executive control. Both pathways contribute to dysregulated affect and increased vulnerability to negative urgency.

Functional neuroimaging studies support this account. For example, Herringa et al. (2013) found that adolescents with PTSD symptoms showed hyperconnectivity between the amygdala and salience networks, coupled with hypoconnectivity between the amygdala and prefrontal control regions. These patterns predict greater emotional lability and difficulty suppressing impulsive responses under distress.

Structural studies converge on the hippocampus as another critical locus of trauma's effects. Smaller hippocampal volumes have been reported in maltreated youth, impairing the consolidation of contextual safety signals and promoting overgeneralized threat responses (Teicher & Samson, 2016). Such impairments reduce the capacity to inhibit impulsive reactions in non-threatening contexts, thereby increasing reliance on urgency-driven relief behaviors.

Trauma's impact on neurodevelopment also manifests in stress-response

physiology. Chronic activation of the hypothalamic-pituitary-adrenal (HPA) axis leads to allostatic load, sensitizing the body to future stressors (Gunnar & Quevedo, 2007). These physiological vulnerabilities intersect with developmental immaturity of the prefrontal cortex, which continues to develop into the mid-20s, producing a window of heightened vulnerability.

For dually involved youth, these neurodevelopmental adaptations are compounded by system-level instability, such as placement disruptions and repeated exposure to coercive authority. Wolff et al. (2017) demonstrated that ACE scores strongly predicted recidivism among juvenile offenders, even after controlling for demographics and offense severity. Such findings reinforce the Urgency Loop framework's premise: trauma primes youth for dysregulated responses, negative urgency drives relief-seeking actions, and system responses create further instability that recycles distress.

In sum, trauma's effects on brain and stress systems establish the neurobiological substrates of urgency-driven behavior. These findings underscore why punitive interpretations of defiance fail to capture the adaptive logic of relief-seeking in the aftermath of developmental adversity.

Juvenile Justice Interpretations of Behavior

A central challenge in addressing dually involved youth is how the justice system interprets their behavior. Historically, juvenile courts have been guided by a *parens patriae* philosophy, framing youth misconduct as a symptom of immaturity and emphasizing rehabilitation. However, in practice, many systems have shifted toward punitive logics, treating defiance and noncompliance as willful misconduct requiring sanction.

Research indicates that such interpretations systematically mischaracterize behaviors driven by negative urgency. Abram et al. (2004) documented that youth in juvenile detention have extremely high rates of trauma exposure and posttraumatic stress disorder, yet their behaviors are often framed as disciplinary infractions rather than symptomatic manifestations of distress. Similarly, Ford et al. (2012) showed that aggression in justice-involved youth with complex trauma is more closely linked to affective dysregulation than to antisocial intent.

System responses to behaviors such as running away from placements, skipping mandated programs, or substance use illustrate this dynamic. While such actions are frequently interpreted as intentional defiance of court authority, qualitative studies suggest they are often attempts to cope with unmanageable stress or unsafe environments (Evans-Chase, 2014). These misinterpretations escalate youth deeper into the system: Herz et al. (2012) found that crossover youth are more likely than their peers to receive

formal petitions, detention, and probation violations, even controlling for offense type and severity.

Negative urgency offers a lens for understanding these dynamics. Relief-seeking actions such as substance use or absconding may temporarily reduce emotional distress but are treated by courts as evidence of incorrigibility. This produces a feedback loop in which punitive responses generate further instability and trauma, reinforcing the very urgency-driven behaviors they aim to suppress. Wolff et al. (2017) showed that ACE exposure predicted not only initial justice involvement but also recidivism, underscoring how systemic responses can entrench vulnerability rather than resolve it.

Scholars have criticized the justice system's reliance on compliance-based metrics for gauging rehabilitation, noting that such measures disproportionately penalize traumatized youth who struggle with regulation. A focus on behavior without attending to context obscures the neurobiological and psychological underpinnings of urgency-driven actions, perpetuating cycles of sanction and recidivism.

Taken together, the literature highlights a disjuncture between judicial interpretations of misconduct and empirical evidence about trauma and urgency. This misalignment reinforces the Urgency Loop, as distress-driven actions elicit punitive responses that amplify rather than ameliorate underlying vulnerabilities.

Critiques of Trauma-Informed Approaches

Trauma-informed care has gained prominence across child welfare, mental health, and juvenile justice systems as a guiding paradigm for understanding and responding to youth behavior. The approach emphasizes recognizing the prevalence of trauma, avoiding re-traumatization, and fostering environments that promote safety and healing (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014). While these principles have advanced system awareness, a growing body of scholarship raises critical concerns about the uncritical adoption of trauma-informed frameworks.

First, trauma-informed care risks reducing complex youth identities to their trauma histories. It could be argued that overemphasis on trauma can essentialize youth as permanently damaged, overlooking resilience, agency, and structural determinants of behavior. We should consider that trauma-informed discourse can obscure systemic inequities—such as poverty, racism, and inadequate services—that also shape behavioral outcomes.

Second, evidence for the effectiveness of trauma-informed interventions in justice contexts remains limited. While trauma-informed training improves staff attitudes and knowledge, robust evaluations of youth outcomes are scarce. Ford and Blaustein (2013) highlight that interventions often fail to account for developmental timing, focusing on general psychoeducation rather than specific skills to regulate urgency-driven behavior. This creates a mismatch between conceptual models and actionable practice.

Third, emerging interventions raise ethical and practical questions. Ecological momentary assessment (EMA) has been proposed as a means of capturing real-time fluctuations in affect and impulsivity, potentially offering new insights for intervention (Shiffman et al., 2008). However, questions remain regarding surveillance, privacy, and feasibility in court-involved youth. Pharmacological approaches, such as trials of opioid antagonists or SSRIs to reduce impulsivity, show some promise in adult populations (Wehry et al., 2012), but evidence in adolescents is scarce and ethically complex.

Finally, the broad framing of trauma-informed care can dilute accountability for systemic harms. Focusing narrowly on trauma histories risks deflecting attention from the structural violence perpetuated by systems themselves—placement instability, punitive detention, and coercive authority—which exacerbate rather than alleviate distress. Without integrating a critical systems perspective, trauma-informed initiatives may inadvertently reinforce the very cycles they aim to disrupt.

In sum, critiques of trauma-informed care emphasize the need for nuance: recognizing trauma's role without reducing youth to pathology, grounding interventions in evidence, and situating behavioral responses within broader social and systemic contexts. For the Urgency Loop framework, this means acknowledging trauma as a critical driver of negative urgency while also interrogating how justice responses can perpetuate cycles of dysregulation.

Application to Juvenile Justice

The Urgency Loop framework offers an important corrective to dominant paradigms in juvenile justice practice, which often interpret maladaptive behaviors as intentional defiance rather than relief-seeking responses to overwhelming distress. Applying this framework to justice contexts allows for reexamination of how youth behaviors are perceived, adjudicated, and managed by courts, probation officers, and placement facilities.

Misinterpretation of Relief-Seeking

Behaviors such as running away from foster care, failing to attend mandated programs, or engaging in substance use are commonly treated as evidence of incorrigibility. Yet empirical evidence suggests these actions often represent attempts to regulate unbearable affective states (Evans-Chase, 2014; Ford et al., 2012). Within the Urgency Loop, these behaviors provide temporary relief but attract punitive consequences that exacerbate trauma and reinforce the cycle. Reframing such behaviors as distress-driven adaptations rather than willful disobedience has profound implications for both practice and policy.

Case Vignettes and Illustrative Examples

Consider a 15-year-old youth in foster care who repeatedly absconds from placement. Traditional justice interpretations view this as evidence of oppositionality, justifying detention. Through the Urgency Loop lens, the behavior may be understood as an effort to escape an environment that triggers traumatic memories or produces intolerable anxiety. Similarly, a youth who engages in substance use while on probation may be less motivated by thrill-seeking than by the desire to blunt intrusive memories or hyperarousal. In both cases, punitive responses deepen the Urgency Loop by increasing instability, surveillance, and stigma.

Systemic Challenges

Despite increasing awareness of trauma, justice systems remain oriented toward compliance and sanction. Probation violations for missed appointments, placement disruptions, and school infractions disproportionately affect dually involved youth, who already face structural disadvantages (Herz et al., 2012). The Urgency Loop highlights how these systemic responses often serve as accelerants rather than correctives, producing heightened distress and further negative urgency-driven behaviors.

Policy and Practice Implications

Application of the Urgency Loop suggests several key shifts. First, courts and probation systems must incorporate contextualized assessments of

behavior, distinguishing between defiance and distress-driven urgency. Second, interventions should prioritize strategies that enhance emotion regulation capacities, such as dialectical behavior therapy (DBT) skills, rather than relying solely on surveillance and sanction. Third, systemic practices must be restructured to reduce instability—ensuring continuity of placements, access to trusted adults, and opportunities for safe coping outlets. Finally, policies must address structural inequities, recognizing that trauma is compounded by socioeconomic disadvantage, racial disparities, and inadequate access to services.

By situating maladaptive behaviors within the Urgency Loop, juvenile justice systems can move beyond punitive interpretations toward practices that acknowledge both the neurobiological and systemic dimensions of youth distress. This reorientation holds the potential to reduce recidivism, improve well-being, and align justice responses with developmental science.

Discussion

The Urgency Loop framework integrates psychological, neurobiological, and criminological research to provide a novel account of impulsive behavior in dually involved youth. Rather than conceptualizing noncompliance and risk behaviors as evidence of deliberate defiance, the model reframes them as relief-seeking strategies rooted in trauma-related dysregulation. This reorientation has several important implications for research, practice, and policy.

Integrating Theory and Practice

The Urgency Loop underscores the importance of emotion regulation as a core treatment target. Interventions that explicitly address negative urgency—such as dialectical behavior therapy (DBT), trauma-focused cognitive-behavioral therapy (TF-CBT), and mindfulness-based approaches—offer promising avenues for mitigating urgency-driven behaviors. By contrast, punitive or compliance-focused strategies may exacerbate dysregulation and entrench youth further in the justice system (Ford & Blaustein, 2013).

Intervention Implications

Emerging technologies provide new possibilities for operationalizing the urgency loop. Ecological momentary assessment (EMA) has been used in adolescent populations to capture real-time fluctuations in affect and impulsivity (Shiffman et al., 2008). Integrating EMA into probation or therapeutic contexts could allow for early identification of distress states that precede urgency-driven behavior. Pharmacological interventions, though ethically complex, represent another potential avenue. Preliminary evidence suggests that agents targeting stress and reward pathways (e.g., SSRIs, naltrexone) may reduce impulsivity in adults (Wehry et al., 2012), but rigorous trials with adolescents are lacking.

Ethical Considerations

Applying the Urgency Loop also raises ethical questions about surveillance, autonomy, and systemic accountability. While tools like EMA may improve monitoring, they risk replicating carceral logics if deployed without safeguards. Trauma-informed rhetoric must not obscure systemic inequities that perpetuate distress, including racial disparities in detention, placement instability, and resource scarcity. A truly developmentally informed justice response requires balancing individualized treatment with structural reform.

Future Directions

Further research should refine the measurement of negative urgency in justice populations, examine neurobiological mechanisms through longitudinal designs, and evaluate targeted interventions for effectiveness in

reducing recidivism. Greater integration of neuroscience and developmental psychology with juvenile justice practice will be critical to advancing both theory and reform.

Overall, the Urgency Loop highlights the need for a paradigm shift: away from punitive interpretations of youth behavior, and toward approaches that recognize maladaptive actions as trauma-driven adaptations. Such a shift holds potential not only to improve outcomes for dually involved youth but also to advance broader goals of equity and justice.

Limitations

While the Urgency Loop provides a novel conceptual framework for understanding the behaviors of dually involved youth, several limitations must be acknowledged.

First, much of the empirical research on negative urgency and trauma relies on cross-sectional designs. This limits the ability to infer causal pathways between trauma exposure, neurobiological dysregulation, and urgency-driven behaviors. Longitudinal studies are needed to disentangle developmental trajectories and determine whether urgency functions as a mediator, moderator, or outcome of trauma.

Second, most neuroimaging and psychophysiological studies have been conducted on relatively small, non-representative samples. Justice-involved youth are often excluded from neuroscientific research due to logistical and ethical constraints, raising questions about generalizability. Expanding inclusion of system-involved populations will be essential for validating the urgency loop framework.

Third, measurement challenges persist. Self-report instruments such as the UPPS-P Impulsive Behavior Scale (Cyders & Smith, 2008) provide valuable insights but are subject to bias and may not fully capture state-dependent fluctuations in urgency. More robust multimethod approaches—including behavioral tasks, EMA, and physiological indices—are required.

Fourth, intervention research remains underdeveloped. While DBT, TF-CBT, and mindfulness-based approaches show promise, few trials have been conducted specifically with dually involved youth. Similarly, pharmacological interventions remain largely unexplored in adolescent populations, raising ethical questions about medicalizing behavioral regulation.

Finally, the Urgency Loop, while centered on individual neurobiological processes, may insufficiently capture structural and systemic contributors to distress. Factors such as poverty, racism, and system-level instability interact with trauma and urgency in complex ways. Without incorporating these macro-level determinants, there is a risk of over-pathologizing youth while neglecting the systemic inequities that perpetuate their vulnerabilities.

Acknowledging these limitations highlights avenues for future research and underscores the importance of situating the Urgency Loop within a broader developmental and sociostructural context.

Conclusion

This paper has advanced the Urgency Loop as a conceptual model for understanding the behaviors of dually involved youth—those navigating both the child welfare and juvenile justice systems. By integrating psychological theories of impulsivity, neurobiological evidence on trauma and development, and criminological analyses of system responses, the Urgency Loop reframes maladaptive behaviors not as willful defiance but as relief-seeking adaptations to overwhelming distress.

The literature review demonstrated that negative urgency is a critical dimension of impulsivity, distinct from sensation seeking and closely linked to trauma exposure. Neurodevelopmental research further illustrated how adversity reshapes limbic-prefrontal circuitry, sensitizing youth to emotional distress and impairing regulation. Justice system interpretations, however, often overlook these mechanisms, framing urgency-driven behaviors as misconduct and responding with punitive sanctions. Trauma-informed care, while an important corrective, must also be applied critically to avoid overgeneralization and neglect of systemic inequities.

Application of the Urgency Loop to juvenile justice highlights the risks of misinterpretation and underscores the need for developmentally informed, context-sensitive interventions. Policies should prioritize stability, relational safety, and regulation-focused supports over compliance-based sanctions. Interventions such as DBT, TF-CBT, and EMA hold promise, though more rigorous evaluation is needed. Ethical questions about surveillance and pharmacological interventions demand careful consideration.

Ultimately, the Urgency Loop contributes to a paradigm shift in juvenile justice: one that recognizes distress as the engine of impulsivity and seeks to interrupt cycles of trauma and sanction. By adopting this framework, researchers, practitioners, and policymakers can advance more effective, equitable, and humane responses to the needs of dually involved youth.

Author Disclosure Statement on AI Assistance

The author affirms that the conceptualization, theoretical framework, and analysis presented in this manuscript are original and the sole work of the author. Artificial intelligence tools (e.g., ChatGPT) were used only as an aid in locating and summarizing relevant literature. All information provided by AI tools was independently verified by the author prior to inclusion. No text was automatically generated and included without author review, revision, and confirmation.

References

- Abram, K. M., Teplin, L. A., Charles, D. R., Longworth, S. L., McClelland, G. M., & Dulcan, M. K. (2004). Posttraumatic stress disorder and trauma in youth in juvenile detention. *Archives of general psychiatry*, 61(4), 403-410. <https://doi.org/10.1001/archpsyc.61.4.403>
- Allen, K. J. D., Johnson, S. L., Burke, T. A., Sammon, M. M., Wu, C., Kramer, M. A., Wu, J., Schatten, H. T., Armey, M. F., & Hooley, J. M. (2021). Validation of an emotional stop-signal task to probe individual differences in emotional response inhibition: Relationships with positive and negative urgency. *Brain and neuroscience advances*, 5, 23982128211058269. <https://doi.org/10.1177/23982128211058269>
- Anestis, M. D., Selby, E. A., & Joiner, T. E. (2007). The role of urgency in maladaptive behaviors. *Behaviour research and therapy*, 45(12), 3018-3029. <https://doi.org/10.1016/j.brat.2007.08.012>
- Baglivio, M. T., Epps, N., Swartz, K., Huq, M. S., Sheer, A., & Hardt, N. S. (2014). The prevalence of adverse childhood experiences (ACE) in the lives of juvenile offenders. *Journal of Juvenile Justice*. https://www.prisonpolicy.org/scans/Prevalence_of_ACE.pdf
- Cyders, M. A., & Smith, G. T. (2008). Emotion-based dispositions to rash action: Positive and negative urgency. *Psychological Bulletin*, 134(6), 807-828. <https://doi.org/10.1037/a0013341>
- Davis, J. P., Dumas, T. M., Berey, B. L., Merrin, G. J., Cimpian, J. R., & Roberts, B. W. (2017). Effect of Victimization on Impulse Control and Binge Drinking among Serious Juvenile Offenders from Adolescence to Young Adulthood. *Journal of youth and adolescence*, 46(7), 1515-1532. <https://doi.org/10.1007/s10964-017-0676-6>
- Evans-Chase, M. (2014). Addressing Trauma and Psychosocial Development in Juvenile Justice-Involved Youth: A Synthesis of the Developmental Neuroscience, Juvenile Justice and Trauma Literature. *Laws*, 3(4), 744-758. <https://doi.org/10.3390/laws3040744>
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *American journal of preventive medicine*, 14(4), 245-258. [https://doi.org/10.1016/s0749-3797\(98\)00017-8](https://doi.org/10.1016/s0749-3797(98)00017-8)

- Ford, J. D., Chapman, J., Connor, D. F., & Cruise, K. R. (2012). Complex trauma and aggression in secure juvenile justice settings. *Criminal Justice and Behavior*, 39(6), 694–724. <https://doi.org/10.1177/0093854812436957>
- Ford, J. D., & Blaustein, M. E. (2013). Systemic self-regulation: A framework for trauma-informed services in residential juvenile justice programs. *Journal of Family Violence*, 28(7), 665–677. <https://doi.org/10.1007/s10896-013-9538-5>
- Gunnar, M., & Quevedo, K. (2007). The neurobiology of stress and development. *Annual review of psychology*, 58, 145–173. <https://doi.org/10.1146/annurev.psych.58.110405.085605>
- Herz, D., Ryan, J., & Bilchik, S. (2010). Challenges facing crossover youth: An examination of juvenile-justice decision making and recidivism. *Family Court Review*, 48(2), 305–321. <https://doi.org/10.1111/j.1744-1617.2010.01312.x>.
- Herrington, R. J., Birn, R. M., Ruttle, P. L., Burghy, C. A., Stodola, D. E., Davidson, R. J., & Essex, M. J. (2013). Childhood maltreatment is associated with altered fear circuitry and increased internalizing symptoms by late adolescence. *Proceedings of the National Academy of Sciences of the United States of America*, 110(47), 19119–19124. <https://doi.org/10.1073/pnas.1310766110>
- Hinckley, J. D., Adams, Z. W., Dellucci, T. V., & Berkowitz, S. (2024). Co-occurring trauma- and stressor-related and substance-related disorders in youth: A narrative review. *Medical research archives*, 12(8), 10.18103/mra.v12i8.5688. <https://doi.org/10.18103/mra.v12i8.5688>
- Kerig, P. K. (2019). Linking childhood trauma exposure to adolescent justice involvement: The concept of posttraumatic risk-seeking. *Clinical Psychology: Science and Practice*, 26(3), Article e12280. <https://doi.org/10.1111/cpsp.12280>.
- Liu R. T. (2019). Childhood Maltreatment and Impulsivity: A Meta-Analysis and Recommendations for Future Study. *Journal of abnormal child psychology*, 47(2), 221–243. <https://doi.org/10.1007/s10802-018-0445-3>
- McLaughlin, K. A., Sheridan, M. A., & Lambert, H. K. (2014). Childhood adversity and neural development: deprivation and threat as distinct dimensions of early experience. *Neuroscience and biobehavioral reviews*, 47, 578–591. <https://doi.org/10.1016/j.neubiorev.2014.10.012>
- Oral, R., Ramirez, M., Coohey, C., Nakada, S., Walz, A., Kuntz, A., Benoit, J., & Peek-Asa, C. (2016). Adverse childhood experiences and trauma informed

care: the future of health care. *Pediatric research*, 79(1-2), 227-233.
<https://doi.org/10.1038/pr.2015.197>

Perry, B. D. (2001). The neurodevelopmental impact of violence in childhood. In D. Schetky & E. P. Benedek (Eds.), *Textbook of child and adolescent forensic psychiatry* (pp. 191-203). American Psychiatric Press, Inc..

Schmid, M., Petermann, F., & Fegert, J. M. (2013). Developmental trauma disorder: pros and cons of including formal criteria in the psychiatric diagnostic systems. *BMC psychiatry*, 13, 3. <https://doi.org/10.1186/1471-244X-13-3>.

Settles, R. E., Fischer, S., Cyders, M. A., Combs, J. L., Gunn, R. L., & Smith, G. T. (2012). Negative urgency: a personality predictor of externalizing behavior characterized by neuroticism, low conscientiousness, and disagreeableness. *Journal of abnormal psychology*, 121(1), 160-172.
<https://doi.org/10.1037/a0024948>

Shiffman, S., Stone, A. A., & Hufford, M. R. (2008). Ecological momentary assessment. *Annual review of clinical psychology*, 4, 1-32.
<https://doi.org/10.1146/annurev.clinpsy.3.022806.091415>

Steinberg L. (2010). A dual systems model of adolescent risk-taking. *Developmental psychobiology*, 52(3), 216-224.
<https://doi.org/10.1002/dev.20445>

Teicher, M. H., & Samson, J. A. (2016). Annual Research Review: Enduring neurobiological effects of childhood abuse and neglect. *Journal of child psychology and psychiatry, and allied disciplines*, 57(3), 241-266.
<https://doi.org/10.1111/jcpp.12507>

Wehry, A. M., Beesdo-Baum, K., Hennelly, M. M., Connolly, S. D., & Strawn, J. R. (2015). Assessment and treatment of anxiety disorders in children and adolescents. *Current psychiatry reports*, 17(7), 52.
<https://doi.org/10.1007/s11920-015-0591-z>

Wolff, K. T., Baglivio, M. T., & Piquero, A. R. (2017). The Relationship Between Adverse Childhood Experiences and Recidivism in a Sample of Juvenile Offenders in Community-Based Treatment. *International journal of offender therapy and comparative criminology*, 61(11), 1210-1242.
<https://doi.org/10.1177/0306624X15613992>