

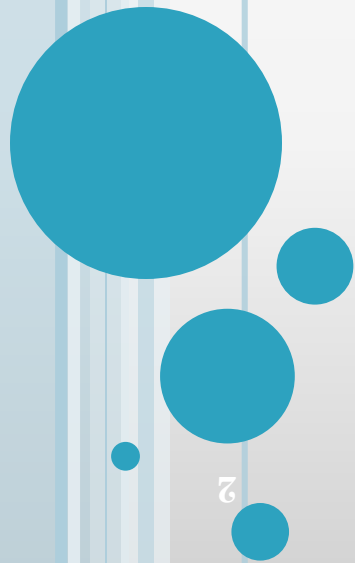
ACCOUNTING FOR TRAUMA IN THE COURT

Annual Healing to Wellness Court
Enhancement Training
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Vivian B. Brown, Ph.D.

WHAT DOES IT MEAN TO BE A TRAUMA-INFORMED COURT ?



IMPORTANCE OF TRAUMA-INFORMED SERVICES IN COURTS

- High prevalence of trauma in FDTC populations
- Parents need to understand impact of trauma on them and their children
- Need to reduce possible re-traumatization of parents and children
- TI services improve retention in services
- TI services improve family outcomes, including prevention of child disorders

DEFINITION OF TRAUMA

- Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being. (SAMHSA, 2013)

FAILURE TO IDENTIFY AND ADDRESS TRAUMA

- May lead to:
 - Withdrawal from services or non-adherence to court plans
 - Re-traumatization
 - Increase in relapse events
 - Increase in management problems
 - Poor treatment outcomes

RESPONSES TO TRAUMATIC EVENTS

- **FIGHT** – Individual in court acts in an angry/hostile way
- **FLIGHT** – Individual does not follow court plan or does not return to court
- **FREEZE** – Individual may be unable to communicate (Seen in children mostly)
- All of which affect individual's responses to court/agency requirements
- When you encounter a Fight-Flight-Freeze response, **think trauma first.**

TWO MAJOR STUDIES IN DEFINING TRAUMA-INFORMED PRACTICE

- The Adverse Childhood Events (ACE) Study
- Women with Co-Occurring Disorders and Violence Study (WCDVS)

ADVERSE CHILDHOOD EVENTS (ACE) STUDY

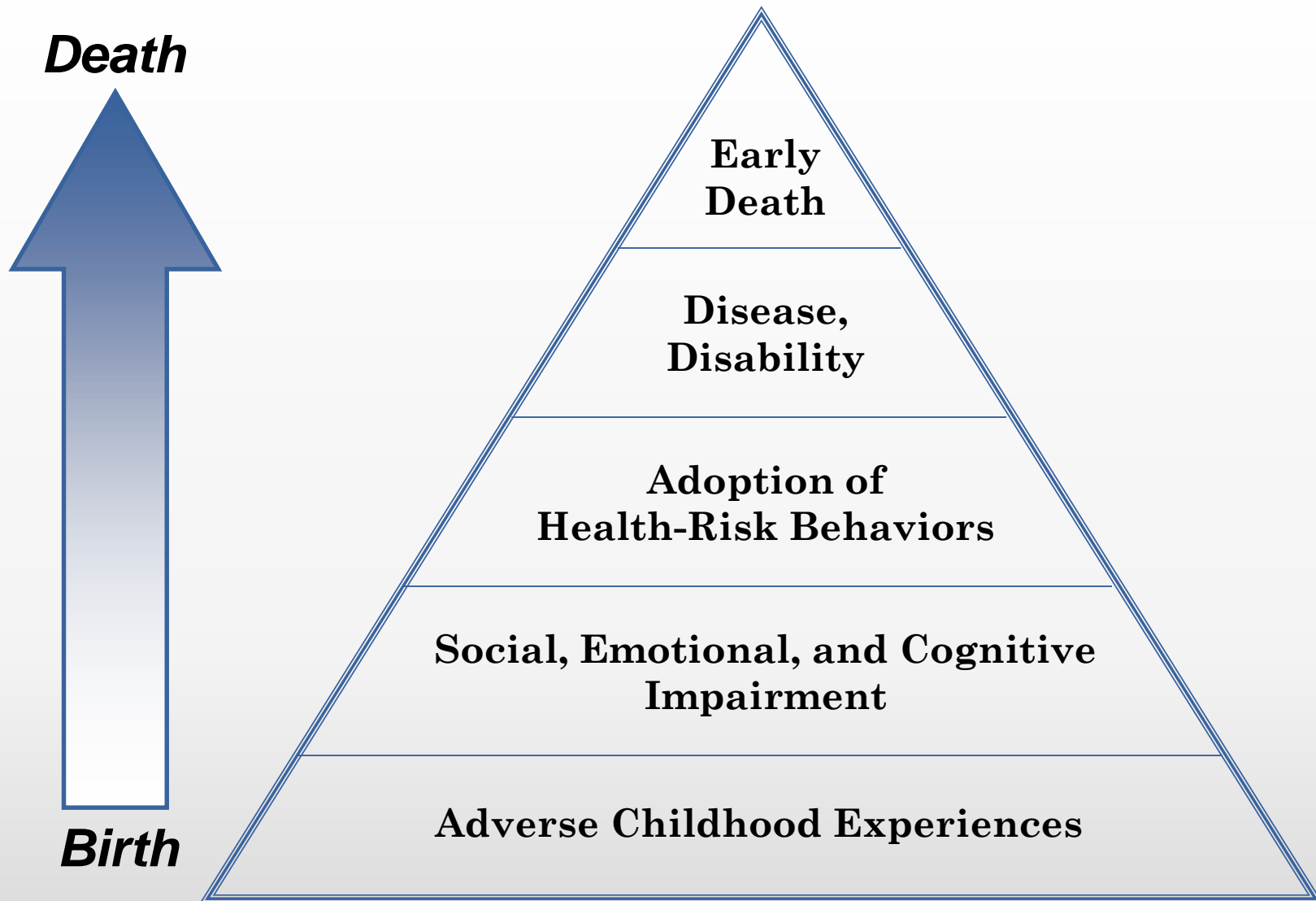
- Kaiser Permanente (Felitti) & CDC (Anda)
- Large-scale study of impact of traumatic childhood experiences on health and behavioral health (17,000 people)
- Investigating adverse childhood experiences and adult health status

ACE STUDY

- Recurrent & severe physical abuse - 28%
- Recurrent & severe emotional abuse - 11%
- Contact sexual abuse - 22%
- Neglect: Physical – 10%; Emotional – 15%
- Growing up in a household with:
 - Alcoholic or drug-user - 27%
 - Member being imprisoned - 6%
 - Mentally ill, chronically depressed, or institutionalized member - 19%
 - The mother being treated violently - 13%
 - Both biological parents NOT present - 23%

ACE STUDY

- Scoring system used – one point for each category of ACE before 18
- ACE's not only common, but effects were cumulative
- Compared to persons with ACE score of 0, those with scores of 4 or more were more likely to experience mental health problems (depression) with an even higher rate of attempted suicide; more likely to be involved with DV; more likely to have injected street drugs: more likely to have serious & multiple health issues.



The Influence of Adverse Childhood Experiences Throughout Life
ACE's Major Determination of Health & Well Being (Felitti, 2003)

WOMEN WITH CO-OCCURRING DISORDERS AND VIOLENCE STUDY

- 5 year National Study funded by SAMHSA – 9 sites in the country
- 2,729 women enrolled in the study
- 54% White, 18% Latina, 29% African American
- Women had diagnoses of mental illness, substance use disorders, and trauma/violence
- Women were to have 2 previous treatments

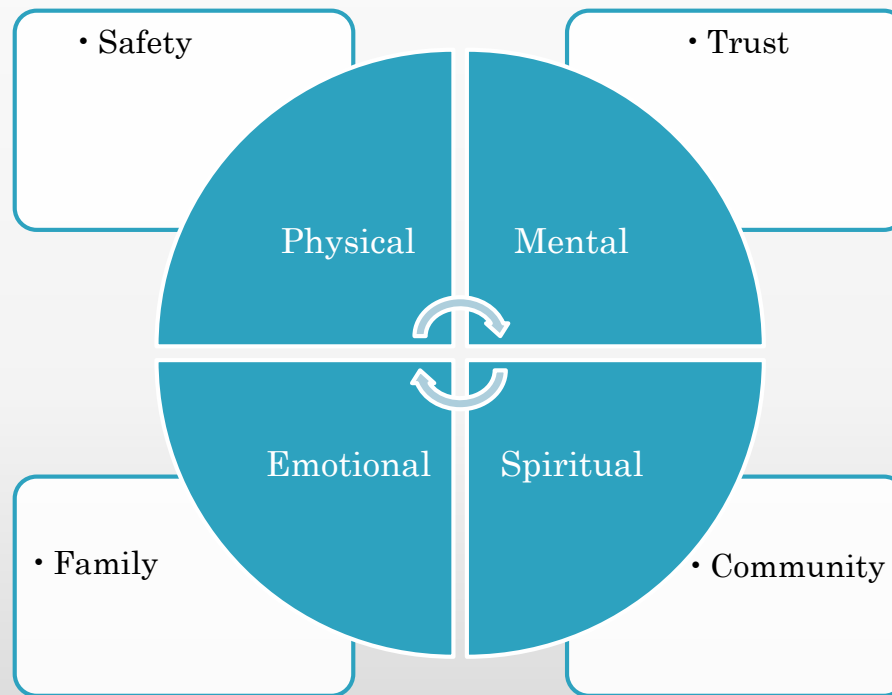
LESSONS LEARNED FROM WCDVS

- The study found that services were most effective if they:
 - Integrated trauma-specific interventions, substance use services, and mental health rather than treat these problems separately
 - Used group environments and interventions to help restore trust and promote healing (e.g., Seeking Safety, TREM, Beyond Trauma)
 - Included peers (consumer/survivor/recovering”) staff in the planning and delivery of services.
 - Were embedded in a trauma-informed practice

IN A TRAUMA-INFORMED COURT

- Court creates a safe and calm environment in which everyone feels safe, supported, respected, & engaged
- Court practices and requirements are delivered in ways that avoid re-traumatization and do not overwhelm participants.
- Court provides clear information about what client can expect and supports client choice whenever possible.

BALANCE AND WELLNESS



RE-TRAUMATIZATION

- Refers to the psychological & physiological experience of being triggered (by a sound, sight, sensation) that recalls the original abuse.
- Triggers may include strip searches, use of handcuffs or restraints, seeing security personnel with guns, shouting and insults, presence of a batterer in the courtroom (at the same time participant is asked about physical abuse), child removed from home.

PRINCIPLES OF TRAUMA-INFORMED CARE (HARRIS & FALLOT, 2001)

- **Safety:** Ensuring physical & emotional safety, and minimizing re-traumatization
- **Trustworthiness:** Maximizing trust, making tasks clear, and maintaining appropriate boundaries
- **Choice:** Supporting participant choice and control whenever possible
- **Collaboration:** Maximizing the sharing of power with participants and team members
- **Empowerment:** Emphasizing participant skills-building and empowerment

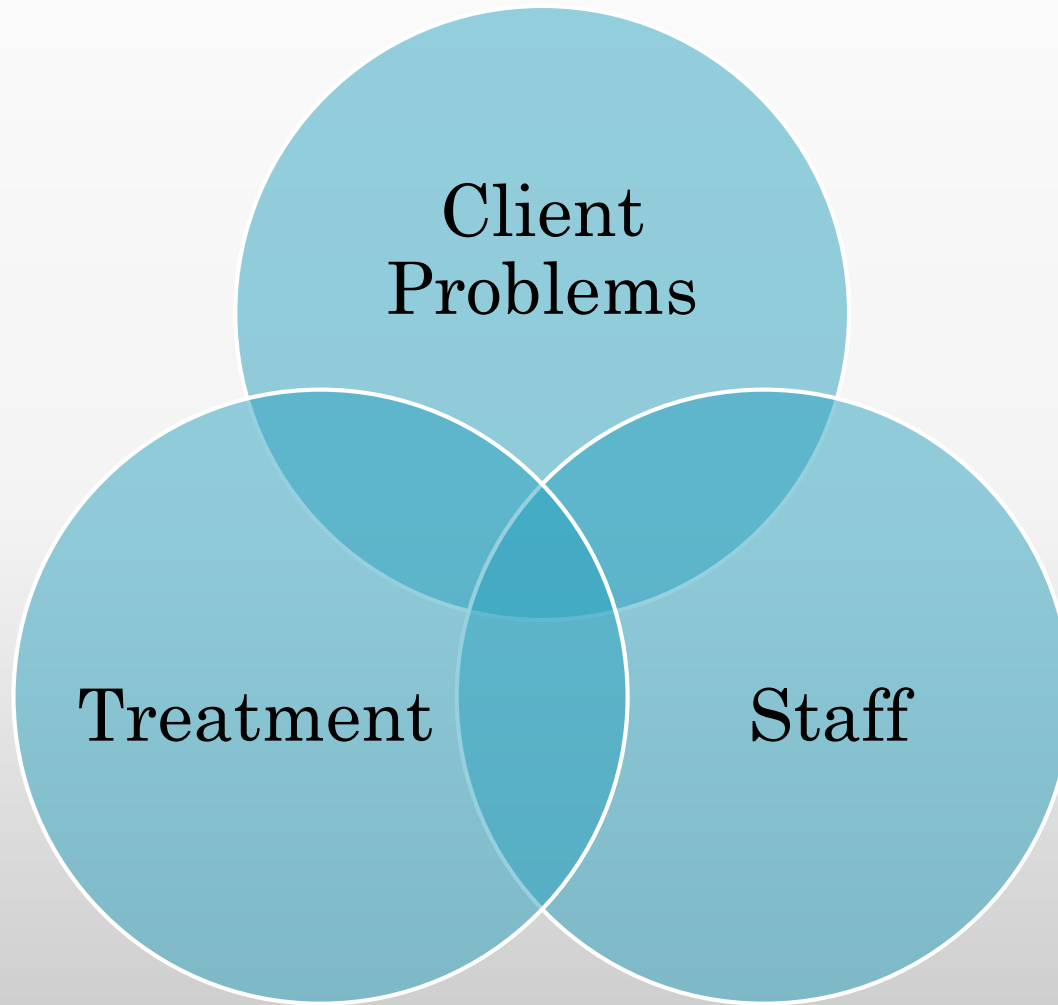
SANCTIONS

- Sanctions should take into consideration behaviors that were precipitated by the trauma, such as not complying with drug testing because observed testing triggered memories of sexual abuse.
- If participant is otherwise compliant with treatment & other requirements, but not responding to treatment interventions make therapeutic adjustments (adjust treatment plan).

IMPORTANCE OF PARENTING TRAINING

- Mothers with a history of trauma: may be unable to hear their child's distress; may find parenting stressful; and have less nurturing parenting styles.
- Parents need to be encouraged to talk to their babies(First 5 LA program – “Talk-Read-Sing”).
- Parents need to be taught to smile at, praise, and play with babies in a reciprocal, non-intrusive way.
- Parents need to understand & practice routines for times that might be stressful (bedtime, mealtime).

THREE LEVELS OF BURDEN



SECONDARY TRAUMATIC STRESS

- For staff listening to participants' trauma may take an emotional toll on your functioning.
- Individuals affected by secondary stress may find themselves re-experiencing personal trauma or notice an increase in arousal and avoidance reactions.
- Strategies for prevention/intervention include:
 - Caseload balancing
 - Self-Care – exercise, nutrition, spirituality, peers
 - Workplace self-care groups
 - Clinical Supervision

TRAUMA-INFORMED SYSTEMS CHANGE AND ASSESSMENT

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TRAUMA- INFORMED ASSESSMENT FOR FDC AND PARTNERS

- Falloot & Harris (2004) developed an Agency Self-Assessment, involving 5 core elements:
 - Safety
 - Trustworthiness
 - Collaboration
 - Choice
 - Empowerment
- Brown (2008) adapted the Assessment into a System/Agency “Walk-Through” that allows staff/administrators to move through system processes through the eyes of the client

ASSESSMENT, CONT'D

- We look at each step from first contact with the court to referrals for treatment and other options, to identify “triggers” and develop an Action Plan that includes several possible solutions for each potential trigger.
- The constant question is: “Could this procedure/step/practice upset or trigger a client?”
- It is a mutual information-gathering strategy that does not feel like a judgment; When we look through the “trauma lens”, we understand that we may be unintentionally re-traumatizing clients.

ASSESSMENT, CONT'D

- Formulation of Action Plan includes:
 - Issues - Potential Triggers – Possible Solutions
- The Team then spends time expanding possible solutions, and implementing them
- Trainings and TA then grow from the Assessment and Action Plan

FOR MORE INFORMATION

- www.cestudy.org
- Brown, VB, Harris, M, Falot, R (2013) Moving toward trauma-informed practice in addiction treatment: A collaborative model of agency assessment, *J. of Psychoactive Drugs*, 45(5).
- Brown, VB, (2017) *Through a Trauma Lens: Transforming Health and Behavioral Health Care Systems*, Routledge Publishing.