Promoting Resilience in Treatment Courts: Best Practices in Trauma-Informed Care

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Tempe
Making waves in the desert
Treatment Courts in Tempe

- Mental Health Court
- East Valley Regional Veterans Court
- More to come...
Human Services Partners

- Community Supervision Services
  - Diversion/Probation
- CARE 7
  - Crisis Intervention
- HOPE Team
  - Homeless Outreach
Session Objectives

- Understand the biology of stress - review of the Adverse Childhood Experiences Study
- Identify symptoms of trauma and damaging stress in culturally diverse populations
- Introduction of best practices in trauma-informed care, along with ethical considerations
Objectives, cont.

- Understand the intersection of trauma-informed care principles and Adult Drug Court Best Practice Standards
- Application of practical tools to move from a trauma-aware court to a trauma-informed court
Adverse Childhood Experiences (ACEs) & Resilience
“In the beginner's mind there are many possibilities, but in the expert's mind there are few.”

-Shunryu Suzuki
Ecological Perspective
Experience Shape Perspective
(Identity, Values, Ideas, Beliefs, Safety, Trust)
Scientific Advances
are shifting the way that we understand human health and behavior
For Better or Worse

- Early experiences build brain architecture
- Serve and return interactions shape brain circuitry
- Toxic Stress derails healthy development
The Adverse Childhood Experiences (ACE) Study

How many of you are familiar with the ACE Study and the research findings?
Adverse Childhood Experiences (ACE) Research Study

- CDC/Kaiser Permanente (Dr. Felitti and Dr. Anda)
- 17,421 participants
- Middle Class, predominately white, college educated
Adverse Childhood Experiences

**ABUSE**
- Physical
- Emotional
- Sexual

**NEGLECT**
- Physical
- Emotional

**HOUSEHOLD DYSFUNCTION**
- Mental Illness
- Mother treated violently
- Divorce
- Incarcerated Relative
- Substance Abuse
ACEs are extremely common!

<table>
<thead>
<tr>
<th>Number of ACEs</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>32%</td>
</tr>
<tr>
<td>1</td>
<td>26%</td>
</tr>
<tr>
<td>2</td>
<td>16%</td>
</tr>
<tr>
<td>3</td>
<td>10%</td>
</tr>
<tr>
<td>4+</td>
<td>16% (1 in 8)</td>
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## Adversity Impacts Health and Behavior

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Physical &amp; Mental Health</th>
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<tbody>
<tr>
<td>Lack of physical activity</td>
<td>Severe obesity</td>
</tr>
<tr>
<td>Smoking</td>
<td>Diabetes</td>
</tr>
<tr>
<td>Alcoholism</td>
<td>Depression</td>
</tr>
<tr>
<td>Drug use</td>
<td>Suicide attempts</td>
</tr>
<tr>
<td>Missed work</td>
<td>STDs</td>
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</table>

- Heart disease
- Cancer
- Stroke
- COPD
- Broken bones
### Out of 100 people...

<table>
<thead>
<tr>
<th>33% report no ACEs</th>
<th>51% report 1-3 ACEs</th>
<th>16% report 4-10 ACEs</th>
</tr>
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<tbody>
<tr>
<td><strong>With 0 ACEs</strong></td>
<td><strong>With 3 ACEs</strong></td>
<td><strong>With 7+ ACEs</strong></td>
</tr>
<tr>
<td>1 in 16 smokes</td>
<td>1 in 9 smokes</td>
<td>1 in 6 smokes</td>
</tr>
<tr>
<td>1 in 69 is alcoholic</td>
<td>1 in 9 is alcoholic</td>
<td>1 in 6 is alcoholic</td>
</tr>
<tr>
<td>1 in 480 uses IV drugs</td>
<td>1 in 43 uses IV drugs</td>
<td>1 in 30 uses IV drugs</td>
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<tr>
<td>1 in 14 has heart disease</td>
<td>1 in 7 has heart disease</td>
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<tr>
<td>1 in 96 attempts suicide</td>
<td>1 in 10 attempts suicide</td>
<td>1 in 5 attempts suicide</td>
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ACEs are Interrelated and have a Cumulative Stressor Effect

It is the number of different categories or the DOSE of stress, not the intensity of the ACEs that impact health outcomes.
ACEs are Highly Interrelated

Alcohol Abuse in the Home and the Risk of Other Household Exposures During Childhood
Why is the ACE Study Important?

- ACEs are very common
- Strong predictors of future health
- Research gives us a context – a framework for understanding behavior and health
- Reduces stigma, shame and social taboo
What We See...

- Mental Illness
- Addiction
- Domestic Violence
What Happened First...

- ACEs
- Trauma
- Chronic Hyperarousal
States Collecting ACEs Data 2009 - 2015

Source: CDC National Center for Injury Prevention & Control
Stress Response System: Our Brilliant Brains

- Behavior is an **adaptation** for survival
- Trauma results in over activation of the stress response system

- **Noticeable Effects**
  - Pupils dilate
  - Mouth goes dry
  - Neck + shoulder muscles tense
  - Heart pumps faster
  - Chest pain
  - Palpitations
  - Sweating

- **Hidden Effects**
  - Brain gets body ready for action
  - Adrenaline released for fight/flight
  - Blood pressure rises
  - Glucose released to provide energy for muscles
  - Digestion slows down or ceases
  - Bronchii dilate - then relax
  - Cortisol released (depresses the immune system)
**POSITIVE**

Brief increases in heart rate, mild elevations in stress hormone levels.

**TOLERABLE**

Serious, temporary stress responses, buffered by supportive relationships.

**TOXIC**

Prolonged activation of stress response systems in the absence of protective relationships.
Trauma is not an event or experience but how an event or experience remains within us.
Survival Mode: Flight/Fight/Freeze

Frontal lobe (Prefrontal cortex) goes offline
Limbic system / mind and lower brain functions take over
Fight, Flight, or Freeze
Trauma is the result of damaging stress.
By Adolescence, Children Seek Relief

- Drinking alcohol*
- Smoking tobacco
- Sexual promiscuity
- Using drugs*
- Overeating/eating disorders
- Delinquent behavior, violence

*NOTE: nicotine and methamphetamines are anti-depressants
Coping Solutions

What are conventionally viewed as Public Health problems are often personal solutions to long concealed embarrassing, shameful experiences.
Figure 28: Adverse Childhood Experiences (10th Grade)

2016 Adverse Childhood Experiences (10th Grade)

- Ever lived with an alcoholic: 25.2%
- Ever lived with a drug user: 17.2%
- Ever lived with someone who had been incarcerated: 22.9%
- Parents ever separated or divorced: 42.3%
- Ever lived with adults who fought each other: 23.2%
- Ever lived with adults who insulted or put you down: 55.7%

Percentage (%) of students with experience
Arizona Children Ages 12-17
(2011/2012 National Survey of Children’s Health)

44.4% have experienced two or more ACES
(Natl. average 30.5%)
Arizona Children

Estimated
69,213 have
5+ ACEs
AZ Kids with 5+ ACES Would Fill University of Phoenix Stadium
Or, Equal to the Population of Flagstaff
Resilience = Biology + Environment
Protective Factor = CONNECTION

Relationships = Vital Sign
What Can I Do?

- Safety
- Connection

Ask first, “What happened to you?”
NOT
“What’s wrong with you?”
Safety = Trust = Cooperation
"YOU MUST UNLEARN WHAT YOU HAVE LEARNED"
Trauma-Informed Systems

- **Realizes** the widespread impact of trauma
- **Recognizes** the signs and symptoms of trauma
- **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices
Principles of Trauma-Informed Care

- Safety
- Trust
- Transparency
- Peer Support
- Voice, Choice
- Cultural Humility
Stressed Brains Can’t:

- Learn
- Process information
- Regulate behavior
Science is clear...

“Children’s exposure to ACEs is the greatest unaddressed public health threat of our time.”

Dr. Robert Block, former president, American Academy of Pediatrics
ACEs Often Last a Lifetime . . . But They Don’t Have To

• Healing can occur
• Cycle can be broken
• Safe, stable, nurturing relationships repair the injury of ACEs
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Not everything that is faced can be changed but nothing can be changed until it is faced.

- James Baldwin
Building a Trauma-Informed Treatment Court
What is Trauma-Informed Care?

According to SAMHSA (2012), “A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands the potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization.”
“Balancing traditional objectives with innovative responses.”
Why It’s Important

- Increased participation
- Increased quality of services
- Reduction of unnecessary interventions
- Reduced costs
- Improved outcomes
- Increased participant satisfaction
- Don’t forget about staff!
The Best Part??

FREE!
Even Better??
It aligns with best practices!
SAMHSA TIC Principles

- Safety
- Trustworthiness & Transparency
- Peer Support
- Collaboration & Mutuality
- Empowerment, Voice, and Choice
- Cultural, Historical, & Gender Issues

(SAMHSA, 2012)
NADCP Best Practices

- Target Population
- Equity and Inclusion
- Roles & Responsibilities of the Judge
- Incentives, Sanctions, & Therapeutic Adjustments
- Substance Use Disorder Treatment
- Complementary Treatment & Social Services
- Drug & Alcohol Testing
- Multidisciplinary Team
- Census & Caseloads
- Monitoring & Evaluation

(NADCP, 2015)
• Equity & Inclusion (NADCP)

• Cultural, Historical, & Gender Issues (SAMHSA)
Complementary Treatment & Social Services (NADCP)

Collaboration & Mutuality (SAMHSA)
What It Looks Like - Communication

- Remove judgmental language from vocabulary
- Use strengths-based language
- Encourage safety with communication
- Communicate open and honestly with participants
- Provide expectations
- Speak in a supportive manner
- Celebrate victories, no matter how small!

(SAMHSA, 2013)
What It Looks Like - Procedures

- Ask “what happened” rather than “what’s wrong”
- Introduce trauma assessments
- Transparency
- Explain everything
- Provide scheduling information
- Tell the participant what is happening and why
- Facilitate access to appropriate trauma treatment
- Be flexible with requirements, make adjustments as necessary
- Provide culturally-appropriate resources to participants (trauma specific, basic needs, employment, etc)
- Adapt to what arises – staff needs resources too

(SAMHSA, 2013)
What It Looks Like - Courtroom Environment

- Create physical and emotional safety
- Reduce crowding
- Provide comforts like tissues, snacks
- Adjust the lighting
- Remove analog clocks
- Review signage
- Allow participants to come to the bench
- Eliminate non-verbal intimidation
- Ensure safety when using stories
- When possible, judges step down from the bench

(SAMHSA, 2013)
(ECHO Parenting & Education, 2018)
# What Can You Do?

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<th>Actions</th>
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<td><strong>Judge</strong></td>
<td>Demonstrate a commitment to providing trauma-informed care; consider the language used in the courtroom and by the team.</td>
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<td><strong>Coordinator/Case Manager</strong></td>
<td>Conduct trauma screens; compile list of trauma resources and programs for participants; plan trainings on trauma; reexamine policies and procedures.</td>
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<tr>
<td><strong>Treatment Provider</strong></td>
<td>Conduct a validated trauma assessment and provide or refer the individual to appropriate trauma-informed treatment services.</td>
</tr>
<tr>
<td><strong>Public Defender</strong></td>
<td>Receive training on trauma; learn grounding techniques to help your client feel safe; communicate with your client in a respectful manner.</td>
</tr>
<tr>
<td><strong>Prosecutor</strong></td>
<td>Receive training on trauma; be transparent in interactions with participants.</td>
</tr>
</tbody>
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(Fuhrmann, 2018)
Becoming Trauma-Informed is a Journey...

Trauma aware
- Form a change team
- Conduct an organisational assessment
- Define goals
- Identify trauma champion
- Implement goal
- Test outcomes
- Identify new goals
- Repeat

Trauma sensitive
- Be welcoming
- Maximise safety
- Educate your staff
- Have parent resources available
- Focus on empowerment
- Use first person language
- Promote strength through practices
- View holistically
- Share vision across service systems
- Address staff issues

Trauma responsive
- Recognise and respond to traumatic stress
- Screen for trauma history
- Strengthen resilience and protective factors
- Address the impact on the family
- Assist children in reducing overwhelming emotion
- Help children make new meaning of their lives

Trauma-informed care
- Whole system is based on understanding trauma
- safety
- recovery
- collaboration
- client agency
- empowerment, strength and resilience

(Child Family Community Australia, 2018)
Resources For You

- ACEs Connection – www.acesconnection.com
- Arizona Trauma Institute – www.aztrauma.org
- Dr. Sandra Bloom, The Sanctuary Model – www.santuaryweb.com
- ACEs Study - https://www.cdc.gov/violenceprevention/acestudy/index.html
- SAMHSA – Trauma Informed Care – www.samhsa.gov/nctic/trauma-interventions
- ACEs Too High – www.acestoohigh.com
- National Association of Drug Court Professionals – www.nadcp.org
- Dr. Nadine Burke-Harris’s TED Talk - https://ed.ted.com/on/iOyQVfhd
- “The Body Keeps Score” by Bessel van der Kolk
- “The Deepest Well” by Dr. Nadine Burke-Harris
SAMHSA GAINS Center

- Trauma Training for Criminal Justice Professionals:
  https://www.samhsa.gov/gains-center/trauma-training-criminal-justice-professionals
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  lori_robinson@tempe.gov
  480-350-8004


Substance Abuse and Mental Health Services Administration, SAMHSA’s National Center on Trauma-Informed Care and SAMHSA’s National GAINS Center for Behavioral Health and Justice: Essential Components of Trauma Informed Judicial Practice. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2013.


References, cont.

Academic Pediatric Association
Arizona Trauma Institute
Arizona’s Children
Arizona Youth Survey
Dr. Robert Anda
Bronfenbrenner Ecological Systems Theory
Center on the Developing Child, Harvard University
Changing Minds.org
Dr. Sandra Bloom. The Sanctuary Model http://www.sanctuaryweb.com/
International Association of Trauma Professionals
SAMSHA- Trauma Informed Approach and Systems
https://www.samhsa.gov/nctic/trauma-interventions
THANK YOU!