Impacts on Staff

- Higher rates of staff assault and injury
- Need to accommodate longer hospital stays
- Significantly less treatment compliance
- High rates of consumer complaints
- Significantly more difficult to develop trust
- Increased level of stress and secondary trauma experienced by staff
- Higher rates of staff turnover and low morale
- Increased rate of staff absence and illnesses

South Carolina Studies on Re-traumatization: “Sanctuary Trauma” and “Sanctuary Harm” Karen Cuzack and by Christopher Frueh
Study Findings

- Nearly half (47%) of consumers experienced “Sanctuary Trauma” – events that met DSM IV criteria for extreme traumatic stressor leading to PTSD symptoms.

- 91% experienced “Sanctuary Harm” – events involving highly insensitive, inappropriate, neglectful or abusive actions by (often a small minority of) staff, which produced or exacerbated symptoms from prior trauma.
What happened to you?
Three “E’s” of Trauma

• Event(s)
  • Exposure to violence, victimization including sexual, physical abuse, severe neglect, loss, domestic violence, witnessing of violence, disasters

• Experience
  • Intense fear of/ threat to physical or psychological safety and integrity, helplessness; intense emotional pain and distress

• Effects
  • Stress that overwhelm capacity to cope and manifests in physical, psychological, and neuro-physiological responses
It’s not the event that determines whether something is traumatic, but the individual’s experience of the event.
trauma

Who is affected?
Trauma effects everyone but some population groups more vulnerable
<table>
<thead>
<tr>
<th>ABUSE (self report)</th>
<th>% Women</th>
<th>% Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual abuse or rape (prior to age 20)</td>
<td>70</td>
<td>25</td>
</tr>
<tr>
<td>Parents hit or threw things at one another</td>
<td>46</td>
<td>27</td>
</tr>
<tr>
<td>Parents beat them w/belt, whip or strap</td>
<td>61</td>
<td>68</td>
</tr>
<tr>
<td>Parents hit them w/something hard</td>
<td>43</td>
<td>36</td>
</tr>
<tr>
<td>Parents beat or really hurt with hands</td>
<td>42</td>
<td>36</td>
</tr>
<tr>
<td>Parents injured them enough to need medical attention</td>
<td>22</td>
<td>8</td>
</tr>
</tbody>
</table>
# Adverse Childhood Experiences Score

<table>
<thead>
<tr>
<th>ACE score</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>48%</td>
</tr>
<tr>
<td>1</td>
<td>25%</td>
</tr>
<tr>
<td>2</td>
<td>13%</td>
</tr>
<tr>
<td>3</td>
<td>7%</td>
</tr>
<tr>
<td>4 or more</td>
<td>7%</td>
</tr>
</tbody>
</table>

- More than half have at least one ACE
- If one category of ACE is present, there is an 86% likelihood of additional categories being present.
- 90% of women who are addicted to alcohol were physically or sexually abused as children (National Trauma Consortium)
- Victims of trauma are 4-to-5 times more vulnerable and therefore likely to experience alcohol or substance abuse than the general public.
- 82% of adolescents in residential or inpatient programs have been a victim of sexual or physical abuse.
189 adolescents receiving residential SA tx were screened for a hx of brain injury

TBI with LOC reported by 23% of residents

13% reported a moderate or severe TBI

2005 study by Corrigan et.al
THE BRAIN AND TRAUMA
Neocortex

Limbic

Diencephalon

Brainstem

Abstract thought
Concrete Thought
Affiliation
"Attachment"
Sexual Behavior
Emotional Reactivity
"Arousal"
Appetite/Satiety
Sleep
Blood Pressure
Heart Rate
Body Temperature
Homeostasis is a dynamic balance between autonomic branches.

Parasympathetic activity

Sympathetic activity
Limbic System

- emotions, motivation, regulation of memories, the interface between emotional states and memories of physical stimuli, physiological autonomic regulators, hormones, "fight or flight" responses, sexual arousal, circadian rhythms, and some decision systems.
Acute Response To Trauma

Terror

Fear

Alarm

Vigilance

Calm

Dissociation or Resilient

Normal with supports

Vulnerable "with supports"

Vulnerable few supports

Traumatic Event
Multiple Traumatic Events

- Terror
- Fear
- Alarm
- Vigilance
- Calm

Events:
- Event #1
- Event #2
- Event #3
Brain dev, trauma and SUD

Human Brain Development
Synapse Formation Dependent on Early Experiences

- Sensory Pathways (Vision, Hearing)
- Language
- Higher Cognitive Function

(Age)

Conception, Birth, (Months), (Years)
Relationship of drug use & trauma in young adults:

- Binge Drinking
- Inexperience coupled with impulsivity
- Secondary problem – unwanted sexual behavior, rape
- Disinhibition
- Driving while intoxicated
“For those who suffer from addiction and trauma, there is great difficulty sustaining abstinence because of trauma-based physiological responses, emotions, thoughts, and relationship patterns. Trauma-related distress continuously stimulates the addiction compulsion.”

Dusty Miller (2002)
Trauma & the Addiction Cycle

Trauma leads to emotional upheaval, which decreases ability to learn new skills and process traumatic material. Continued use of substances can lead to dependence.
Reduces hyper-vigilance; reduces fear of danger; helps insomnia; improves ability to handle social situations; and distances from intrusive symptoms.

Reduces hyper-vigilance, anxiety, and feelings of guilt; increases relaxation & improves self esteem; numbing; reduces flashbacks, nightmares; and facilitates dissociation.

Increases hyper-vigilance—”on high alert to protect self” and provides sense of well being, power and control.
Neurobiological effects
effects of trauma

What did this do to you?
SUD related symptoms in youth

**Behavioral:**
- Drop in attendance and performance at work or school.
- Unexplained need for money or financial problems. May borrow or steal to get it.
- Engaging in secretive or suspicious behaviors
- Sudden change in friends, favorite hangouts, and hobbies
- Frequently getting into trouble (fights, accidents, illegal activities)

**Psychological:**
- Unexplained change in personality or attitude
- Sudden mood swings, irritability, or angry outbursts
- Periods of unusual hyperactivity, agitation, or giddiness
- Lack of motivation; appears lethargic or “spaced out”
- Appears fearful, anxious, or paranoid, with no reason
TBI related symptoms include:

- Headaches
- Dizziness
- Memory problems
- Fatigue
- Difficulty controlling temper
- Being easily stressed
- Having problems with school work
Think of your participants.

What behaviors have they displayed? How might these look to an observer?

Activity
Young Adult: Behavior & Coping

- Lying
- Expressing feelings
- Cannot trust
- Relationships
- Sexualized behavior
- “I deserve it”
- Defensive aggressive
Problems in emotions & perceptions

• Extreme fear
• Never feel safe
• Think the world is unsafe
• No one can protect me –
• Powerlessness
• Low self-esteem
• Blame: Self/others
• “Episodic amnesia”
• Anger/revenge
• Victim/NOT a Victim – gender differences
“Symptoms”

- Anxiety/fear/hyper-vigilance
- Depression / suicidal thoughts
- Dissociation / disconnect from others

May be difficult to distinguish from other mental illness or substance use withdrawal
responding to trauma

How can we help?
Drug Court role:

- Help facilitate recovery
- Increase success in programs
- Increase safety (SAFETY FIRST)
- Ease management
Trauma Informed Treatment

- Avoid Retraumatization
- Sound Screening and Ongoing Assessment
- Focus Initially on Stabilization and Coping/SAFETY (Proximal goals)….then Abstinence (Distal goal)
- Communicate Empowerment, Positivity, and Hope Confrontation, especially during your first phases, will cause them to run!
- Provide Psychoeducation
- Increase Metacognitive Awareness
- Teach Affect Regulation Skills
- Identify and counter thoughts that underlie negative emotional states
- Titrate Exposure to Trauma Memories
- Involve Families/Caretakers
- Expect/Manage Reactivity
Avoid Re-Traumatizing!
What is “Retraumatization”? 

- A situation, attitude, interaction, or environment that replicates the events or dynamics of the original trauma and triggers the overwhelming feelings and reactions associated with them.

- Can be obvious - or not so obvious
- Is usually unintentional
- Is always hurtful - exacerbating the very symptoms that brought the person into services
How do systems RE-TRAUMATIZE? Activity
What does it look like?

- Unseen & Unheard
- Trapped
- Sexually Violated
- Isolated
- Blamed & Shamed
- Controlled, Powerless
- Unprotected & Vulnerable
- Threatened
- No Privacy or Boundaries
- Objectified
- Crazy-making
- Betrayed
In your life, have you had any experience that was so frightening, horrible, or upsetting, that in the past month you:

1. Have had nightmares about it or thought about it when you didn’t want to?
2. Tried hard not to think about it or went out of your way to avoid situations that remind you of it?
3. Were constantly on guard, watchful or easily startled?
4. Felt numb or detached from others, activities, or your surroundings?
DSM5 (www.dsm5.org)
Trauma & Stressor Related Disorders

*Reactive Attachment Disorder
*Disinhibited Social Engagement Disorder
*Acute Stress Disorder
*Post Traumatic Stress Disorder
*Adjustment Disorders
*Bereavement Disorders
*Trauma or Stress-Related Disorders Not Elsewhere Classified
Plan for safety
General approach

- Patience
- Flexible?
- Meet where at
- Don’t demand trust
- Include/ask
Offer

Respect
Information
Connection
Hope

Help people to regain Safety Control
ESSENTIAL COMPONENTS OF
TRAUMA-INFORMED JUDICIAL PRACTICE

WHAT EVERY JUDGE NEEDS TO KNOW ABOUT TRAUMA

As a judge with a treatment or problem-solving court, you probably know that many people who appear before you have experienced violence or other traumatic events. In fact, the experience of trauma among people with substance abuse and mental health disorders, especially those involved with the justice system, is so high as to be considered an almost universal experience.

What you may not know is that these trauma experiences affect the person's physical health, mental health, and ability to respond successfully to treatment and other interventions. The stress of the courtroom environment may also affect the ability of trauma survivors to communicate effectively with you and court personnel. Many judges have come to recognize that acknowledging and understanding the impact of trauma on court participants may lead to more successful interactions and outcomes.

Recognizing the impact of past trauma on treatment court participants does not mean that you must be both judge and treatment provider. Rather, trauma awareness is an opportunity to make small adjustments that improve judicial outcomes while minimizing avoidable challenges and conflict during and after hearings. This issue brief provides information, specific strategies, and resources that many treatment court judges have found beneficial.
Your drug screen is dirty.
“I’m dirty. There is something wrong with me.”
Your drug screen shows the presence of drugs.
“Did you take your pills today?”
“I’m a failure. I’m a bad person. No one cares how the drugs make me feel.”
“Are the medications your doctor prescribed working well for you?”
“You didn’t follow the contract, you’re going to jail; we’re done with you. There is nothing more we can do.”
“I’m hopeless. Why should I care how I behave in jail? They expect trouble anyway.”
“Maybe what we’ve been doing isn’t the best way for us to support you. I’m going to ask you not to give up on recovery. We’re not going to give up on you.”
“I’m sending you for a mental health evaluation.”
“I must be crazy. There is something wrong with me that can’t be fixed.”
“I’d like to refer you to a doctor/professional who can help us better understand how to support you.”
Counseling Strategies

- Signs?
- Sensitive to fear
- Ask
- Empower
- Motivate & support
...Strategies

- Patience
- Reward progress
- Be flexible with sanctions when necessary
- Don’t take behavior personally
Mental illness -- overlap
EARLY WARNING SIGNS

• Restlessness
• Pacing
• Shortness of Breath/Breathing hard
• Sweating
• Wringing of Hands/Clenched Fist
• Crying
• Shaking
• Agitation
• Rocking
• Can’t sit still
• Giggling
• Loud Voice
Responding to “numbing”

Re-action

Re-focus

Re-orient
TRIUMA-SPECIFIC SERVICE MODELS

http://www.theannainstitute.org/MDT.pdf

- Seeking Safety Developed by Lisa Najavits, Ph.D.,
- Beyond Trauma: A Healing Journey for Women
- Addictions and Trauma Recovery Integration Model (ATRIUM)
- Cognitive-Behavioral Treatment for PTSD Among People with Severe Mental Illness
- Growing Beyond Survival: A Self Help Toolkit for Managing Traumatic Stress
- Helping Women Recover (HWR): A Program for Treating Addiction
Enhancing Substance Abuse Recovery Through Integrated Trauma Treatment
The Trauma Recovery and Empowerment Model (TREM) is a manualized group based intervention designed to facilitate trauma recovery among women exposed to sexual and physical abuse. Curriculum for men also available (M-TREM).

Trauma Affect Regulation: Guide for Education and Therapy (TARGET) is a strength based approach for individuals exposed to physical, sexual, psychological and emotional trauma. Teaches seven skills FREEDOM (Focus, Recognize trigger, Emotion self-check, Evaluate thoughts, Define goals, Options and Make a contribution) to regulated extreme emotion states, manage intrusive memories and promote self efficacy.
Processing the Trauma

- Yoga
  - Dr Gilkay - Chair Yoga
- Breathing
- Mindfulness
- Guided Imagery
- Managing Intrusive Events Group
- Eye Movement Desensitization and Reprocessing (EMDR)
  - [http://www.nrepp.samhsa.gov](http://www.nrepp.samhsa.gov)

BUT…..keep the following in mind:

1. Does the participant have a reasonable amount of coping skills to access?
2. Is there a sufficient amount of POSITIVE material in the participant’s life?
3. Is the participant ready/willing to look at past issues?
4. Have you assessed for secondary gain?
5. Do you have the skills/time to help process?
Developmental/Natural Functioning:

- Young Men’s group (male vs female facilitators)
- Recreation
- Relationships
BIBLIOGRAPHY