Beyond Trauma-Informed: Becoming a Trauma-Responsive Court

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A Very Quick Overview of What It Means to Be Trauma-Informed

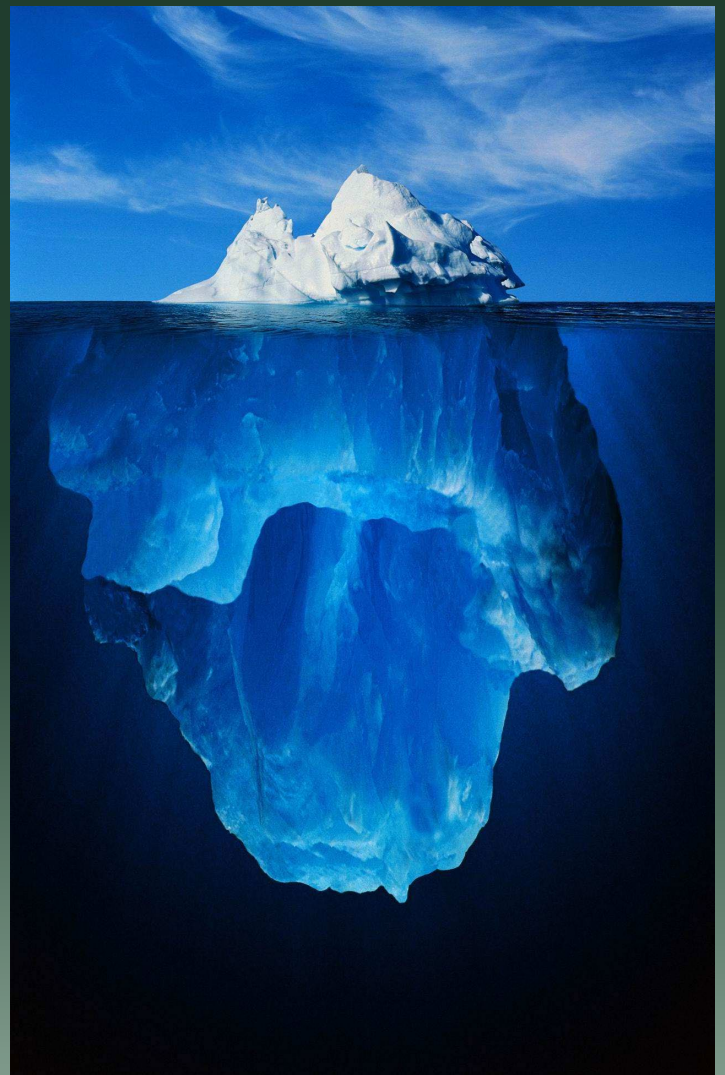
Being Trauma-Informed Means You Understand...

What Do We Mean by "Trauma-informed"?

A trauma-informed approach…includes an understanding of trauma and an awareness of the impact it can have across settings, services, and populations. It involves viewing trauma through an ecological and cultural lens and recognizing that context plays a significant role in how individuals perceive and process traumatic events, whether acute or chronic.

SAMHSA, 2014

The Real Story

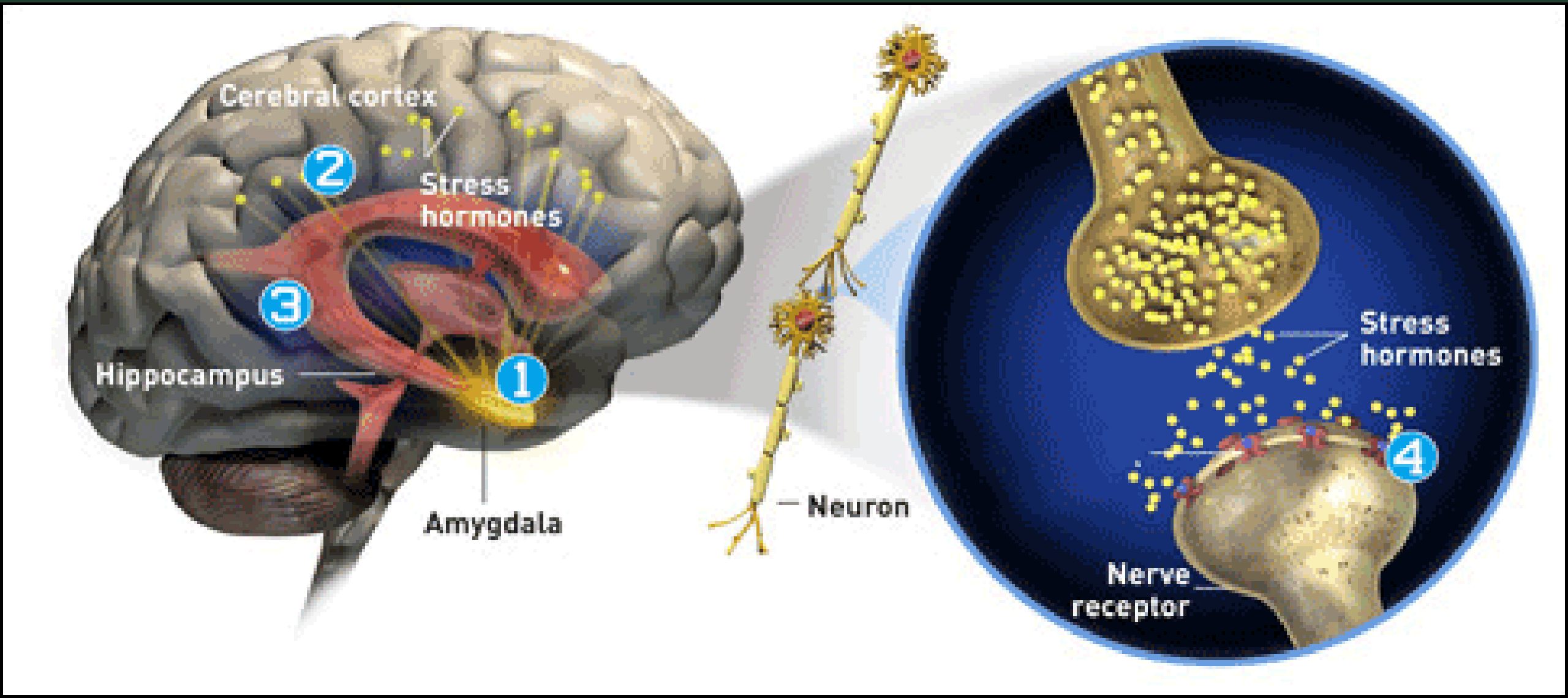


What they did to get into court

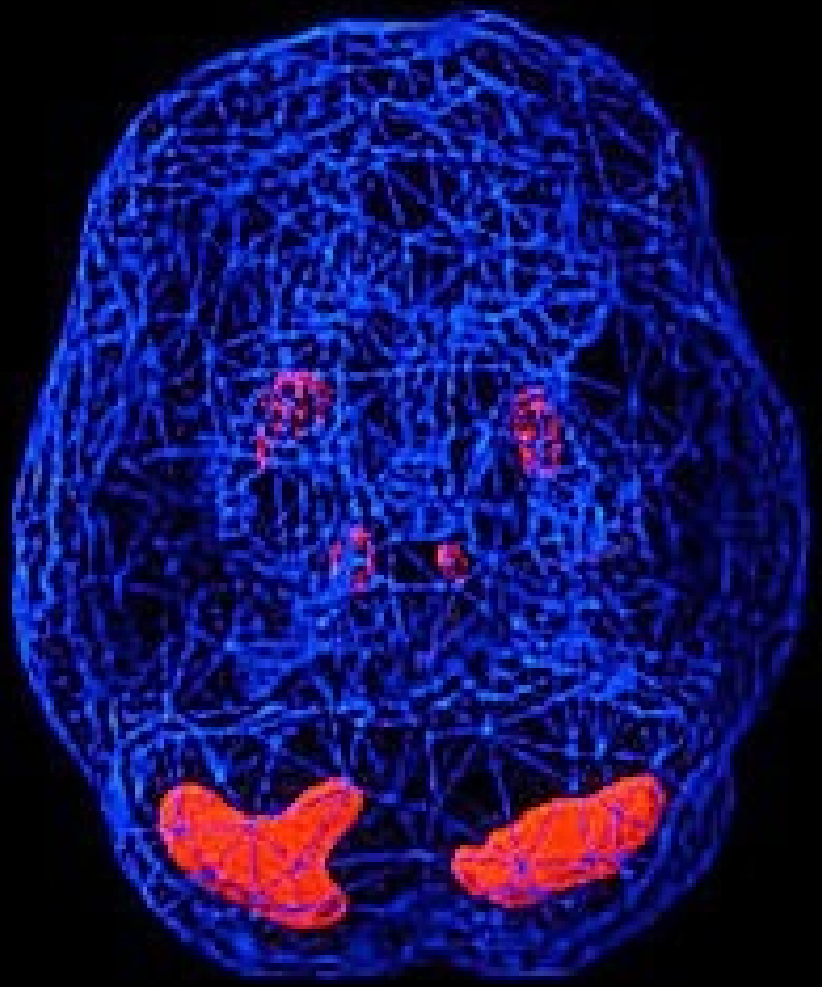
What happened to them that got them here

The key question: What happened in your life that got you here?

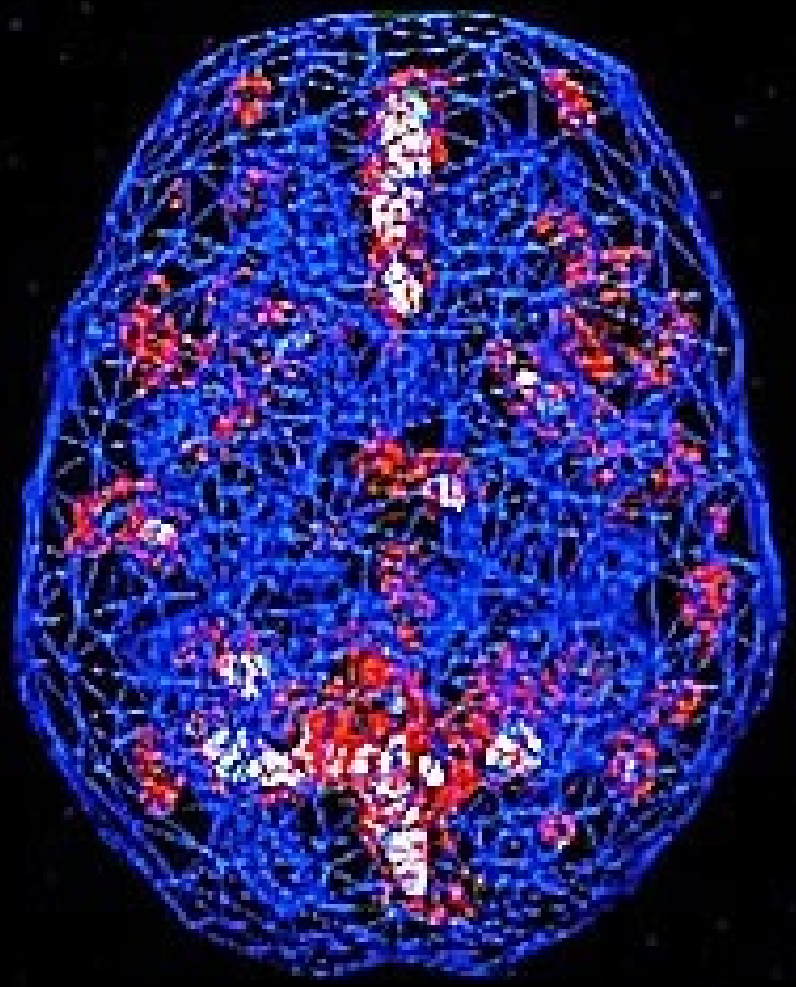
Trauma Moves the Brain into Survival Mode



Trauma Changes the Brain

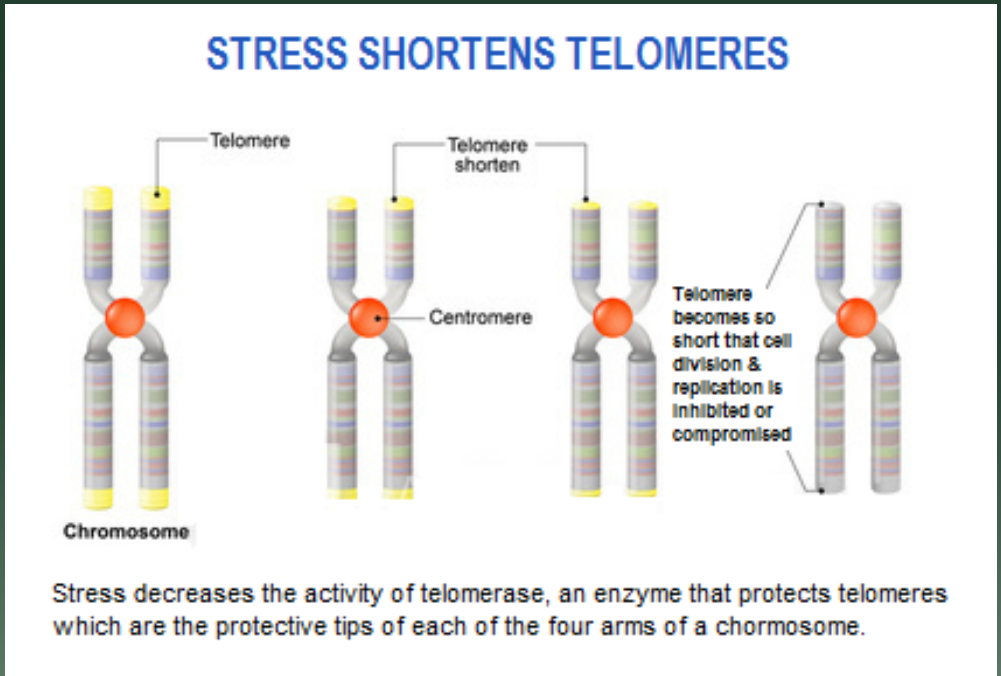


Non-traumatized



PTSD

Trauma Lives in the Brain, the Mind, and the Body



- "The body keeps the score" (van der Kolk, 2014)
- Weathering shortens chromosome telomeres (Geronimus, 2023)
  - This results in premature aging of the cells
- Post-Traumatic Stress (Disorder) is a normal response to an abnormal event

Post-Traumatic Responses Occur on a Continuum

None Mild Moderate Severe

PTSD vs. Complex PTSD in ICD 11*

PTSD

- Re-experiencing
- Avoidance
- Hyperarousal

Complex PTSD

- Re-experiencing
- Avoidance
- Hyperarousal
- Affect Dysregulation
- Negative Self-Concept
- Interpersonal Disturbances

*Began January 1, 2022

Many Branches of the Trauma Tree

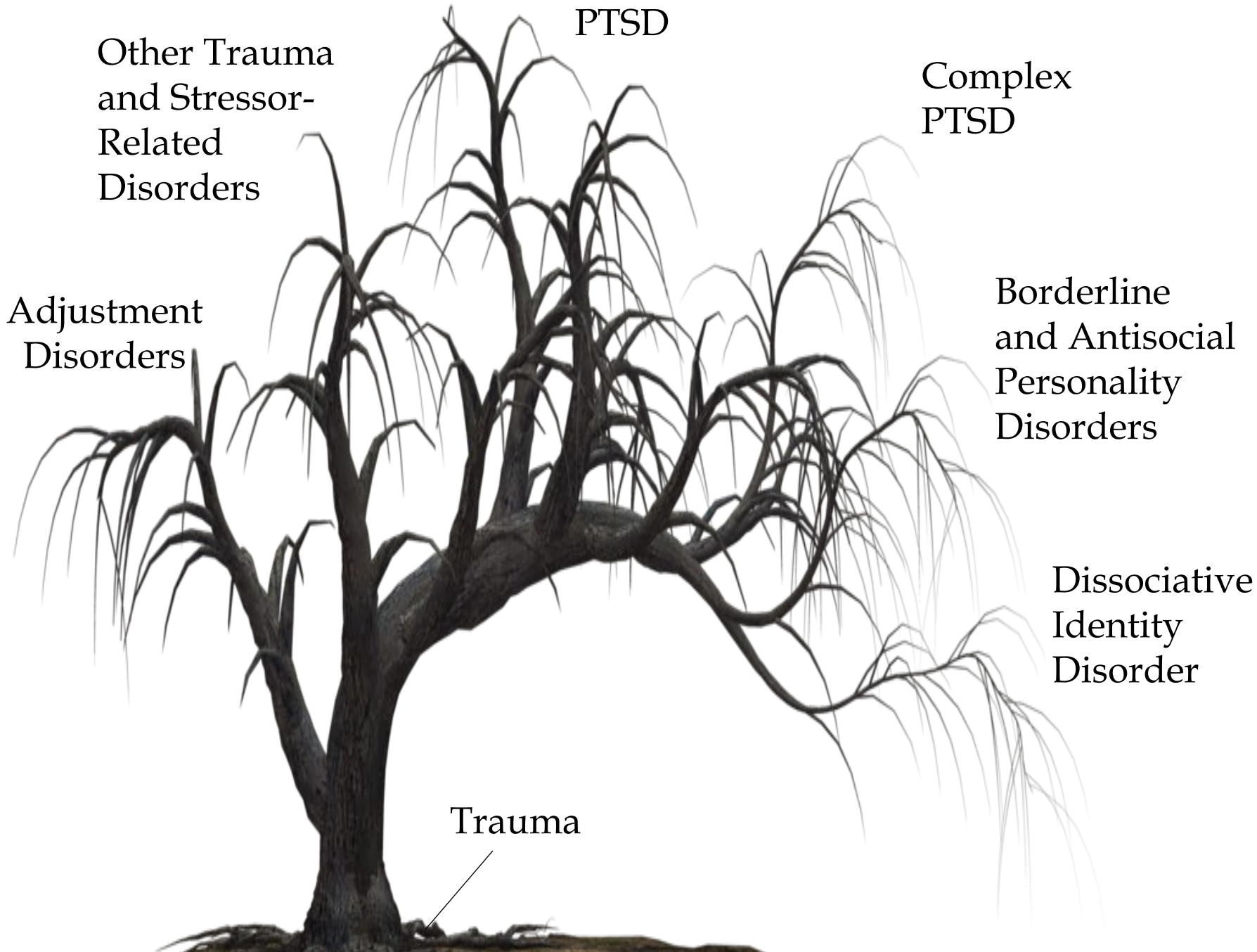
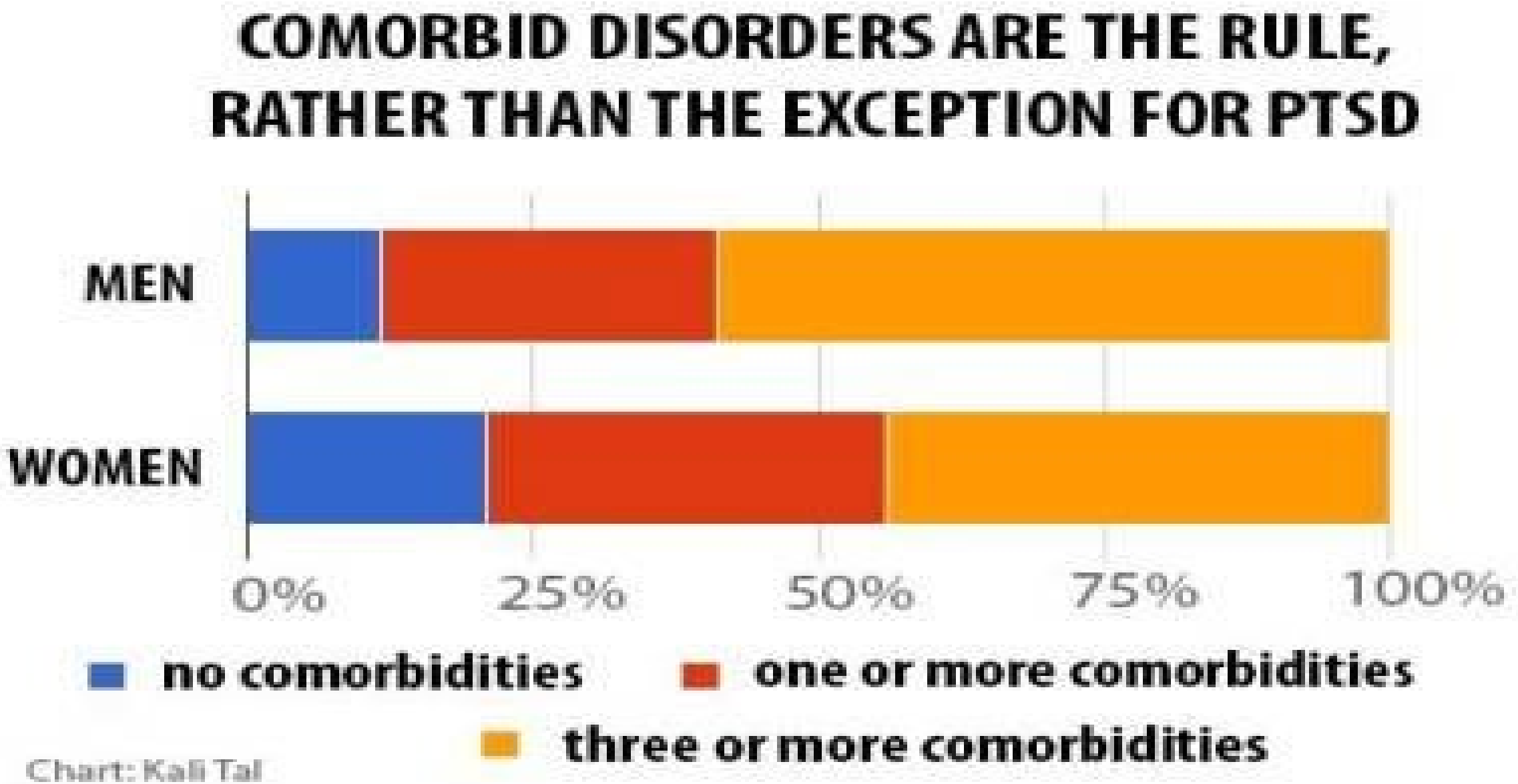


Figure 1

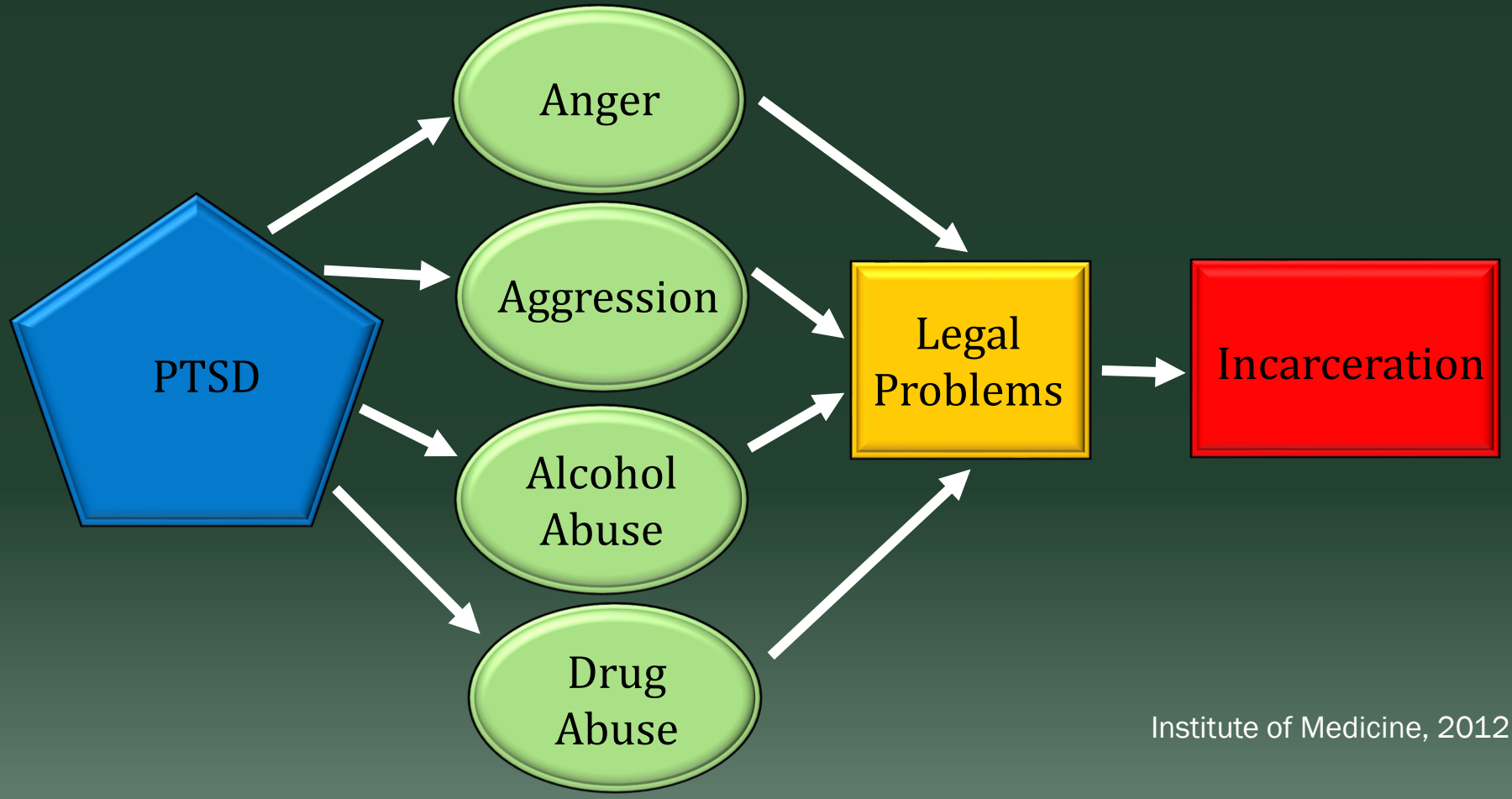

COMORBID DISORDERS ARE THE RULE, RATHER THAN THE EXCEPTION FOR PTSD
MEN
WOMEN
0%
25%
50%
75%
100%
no comorbidities
one or more comorbidities
three or more comorbidities
Chart: Kali Tal

The Relationship between Trauma, Mental Health, Substance Abuse, and Justice Involvement

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*.

SAMHSA, 2013

Links from PTSD to Incarceration



Institute of Medicine, 2012

Trauma Leads to Other Problems

- Being aware of the high frequency of trauma in defendants
  - 60% of people with substance abuse disorders have experienced trauma
  - The rate is probably much higher in judicial settings
- Rates of criminal behavior and violent offenses are much higher in victims of child abuse and neglect (Widom, 1989)
- Rates of child maltreatment are high among drug abusers
  - This is especially true among women, of whom 55-99% have a history of trauma (Najavits et al., 1997)
- Rape victims have far higher rates of drug abuse than those who have not been raped (Kilpatrick et al., 1992)
- 68% of prisoners report childhood abuse, and 23% report multiple forms of abuse (Weeks and Widom, 1998)

Now That You Are Trauma-Informed, What Do You Do?

Continuum of Trauma Responsivity

SAMHSA's Principles of Trauma Responsivity

SAMHSA's Four R's of Trauma-Informed Courts

Realize the widespread impact of trauma and understand potential paths for recovery

Recognize the signs and symptoms of trauma in participants, families, and staff

Respond by integrating knowledge about trauma into policies, procedures, and practices

Actively **resist re-traumatization**

Principles of Trauma Responsivity

1. **Safety**: Staff, participants, and their families should feel physically and psychologically safe
2. **Trustworthiness and transparency**: Organizational operations and decisions are conducted with transparency and the goal of building and maintaining trust among staff, participants, and family members
3. **Peer support and mutual self-help**: Both are viewed as integral to the organizational and service delivery approach, and are understood as key vehicles for building trust, establishing safety, and empowerment

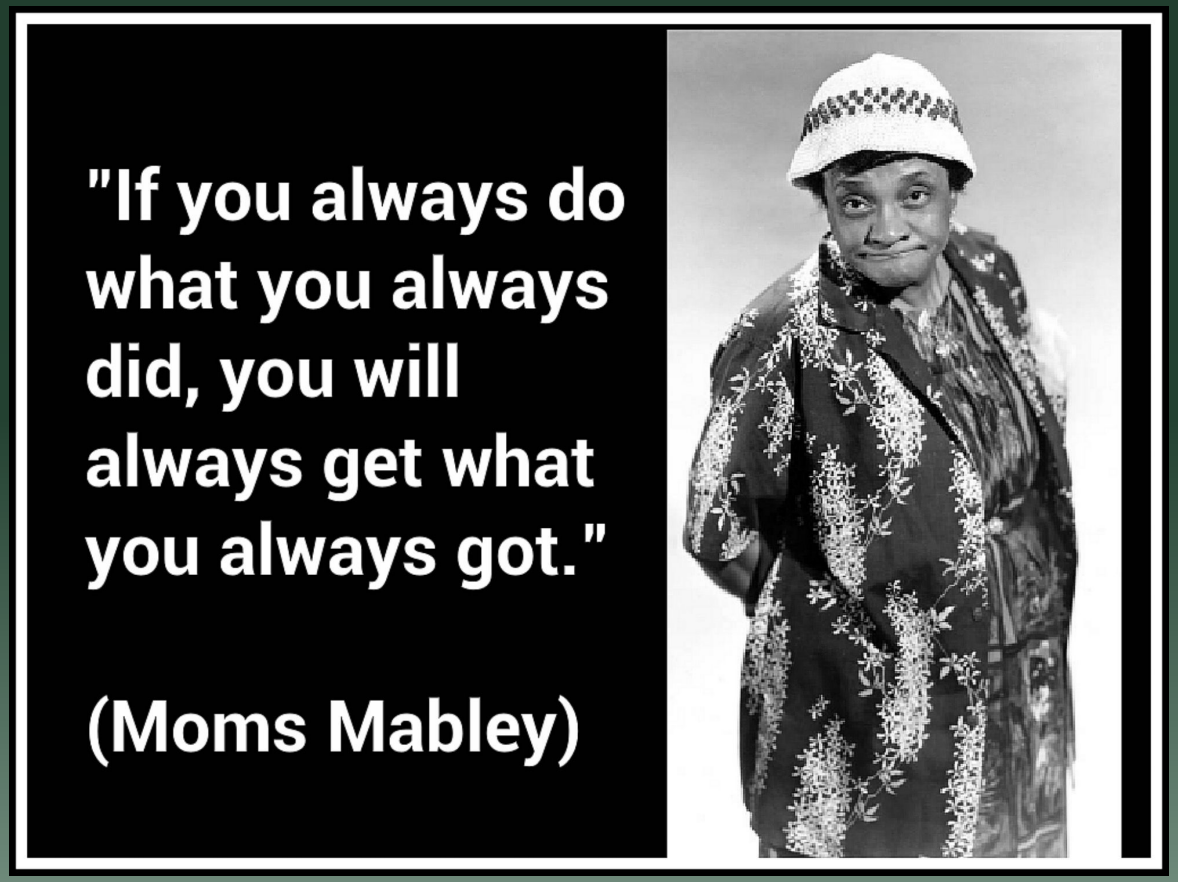
Principles of Trauma Responsivity

4. **Collaboration and mutuality:** There is true partnering between staff and participants and among organizational staff from direct care to administrators
5. **Empowerment, voice, and choice:** In the organization and among staff, individual strengths are recognized, built on, and validated, and new skills are developed as necessary
6. **Cultural, historical, and gender issues:** The organization moves past cultural stereotypes and biases, and considers language and cultural considerations in providing support, offers gender-responsive services, leverages the healing value of traditional cultural and peer connections, and recognizes and addresses historical trauma

Trauma Responsivity Means Changing Your Point of View

The Traditional Approach to Criminal Justice

- The traditional approach can be re-traumatizing
  - Revolving door justice
  - Multigenerational justice
  - Increasing disruption and violence in the courtroom
- How can we stop this cycle?



What You See Depends on How You Look at It

Central Tenets of Trauma Responsivity

1. Trauma is a public health problem

2. Assume that the defendant has experienced traumatic events

3. PTSD is a normal response to an abnormal event

4. Viewpoint changes from “What is wrong with you?” to “What happened to you?”

Changing Your Approach

Old View

- Trauma is irrelevant
- Trauma can be considered as a mitigating factor in sentencing
- See the problem behavior
- Respond to public pressure
- Needs of the institution

New View

- Trauma is central
- Trauma-centric case processing
- See the whole person
- Respond to emerging science
- Needs of all participants

Changing the Court's Approach

Old Approach	New Approach
• Adversarial	• Cooperative
• Incarcerate	• Treat
• Punishment	• Healing
• Order	• Partner
• Authoritarian	• Collaborative

Changing Your Approach to Participants

Old Approach

- Tough love
- They are hopeless
- Judgmental
- Shames and blames
- Notices problems
- Defendant has a personality disorder
- Interprets behavior negatively

New Approach

- Compassion
- We have hope
- Welcoming
- Accepts and holds accountable
- Notices strengths
- Defendant has experienced complex trauma
- Understands behavior is a communication and serves a function

Changing Your Communication

Hurtful	Helpful
• Criticize • Confront • Sarcasm • Talk loudly • Distracted • Judgmental • Disrespectful • Uses jargon	• Express concern • Support • Empathy • Talk softly but firmly • Active listening • Accepting • Patient • Uses language everyone understands

Three Guidelines to Change Your Language

Avoid terms involving stigma, such as “defendant”, “dirty urine”, “personality disorder”, “addict”, “substance abuser”, “relapse”, “victim”, etc. Instead, use names, “positive screen”, “Complex PTSD”, “person with an addiction”, “substance misuser”, “recurrence”, “survivor”, etc.

Avoid terms involving power, such as “comply”, “order”, “you should”, and “you need to”; instead, use terms such as “adhere”, “encourage”, “we want you to”, etc.

Use person-first language and name the participant, rather than using terms like “defendant”, “body”, etc.

When to Consider Trauma

- During team meetings
- While listening to evidence of the participant's behavior
- While watching a participant's behavior
- When engaging with the participant during court sessions
- When considering incentives and sanctions
- When delivering incentives and sanctions
- During sentencing in criminal courts

There is little or no cost to changing your approach.

Trauma Responsivity Means Changing Your Court

Changing Your Point of View: 5 Ps, an E, and an A

Becoming a trauma responsive court requires major shifts in your environment, philosophy, attitudes, perspective, policies, procedures, and practices

Office of the Victims of Crime Recommendations

1. Encourage suggestions from other stakeholders
2. Step down and leave the judge's robe at the bench
3. Adjust the lighting in the courtroom
4. Provide simple conveniences like a box of tissues or a bowl of snacks

Reconstruct the Physical Environment

- The goal is to reduce environmental stress
- Build buildings with easy navigation
- Smaller rooms are better
- Everyone sits at the same table
  - The judge joins
- Have separate waiting rooms for alleged perpetrator and trauma survivor

Reconstruct the Physical Environment

- Remove confusing signage
  - Too many No's and Don'ts
  - Use languages spoken by participants
- Eliminate clutter
- For juvenile and dependency courts, create a youth-friendly environment
  - Smaller, lower ceilings, more colorful

Reconstruct the Environment

- Avoid ticking clocks and loud noises
- No yelling
- Keep the temperature a little cool
- Consider dimming lights for some, brightening for others

Decrease Perceived Threats

- Bailiffs should not stand behind defendants
- Respect personal space
  - No touching
- Avoid trauma triggers *when possible*
  - No handcuffs or shackles
  - Avoid jumpsuits
  - Don’t put defendants in isolation rooms

Take Steps to Avoid Re-traumatization of Participants

- Decrease the power dynamic
  - Judge comes down from the bench
  - Judge takes off robe
- Use a solution-oriented approach instead
  - "What can you do differently? How can other people help?"
- Create a solution-oriented team
  - Invite everyone to participate actively
  - This is empowering

Trauma in the Courtroom: What You Can Do

What They May Look Like to You

- Agitated
- Anxious and panicky
- Hypervigilant
- Startle to noise
- Discomfort with crowds
- Being touched

ALARM

- Distrusting
- Defiant
- Disrespectful
- Hostile
- Provocative

This is all due to their neurobiology

How They May Behave

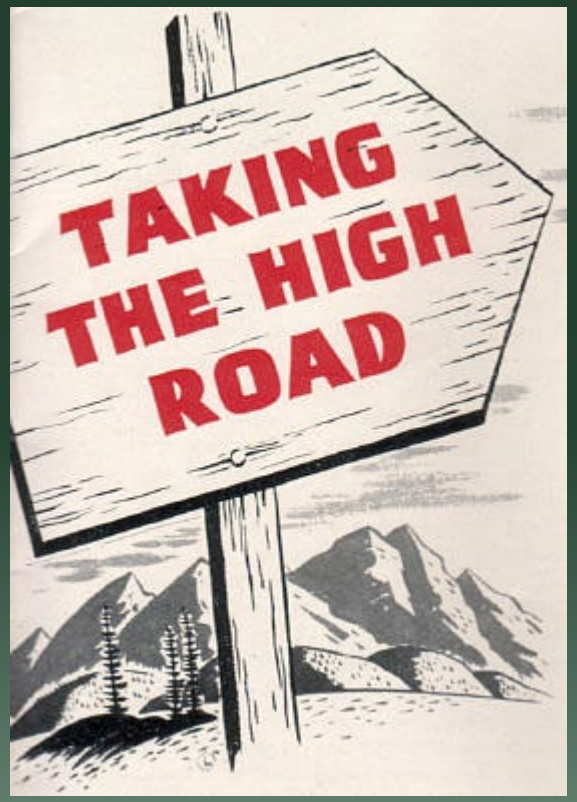
- Defiant
- Disrespectful
- Hostile
- Provocative

- Stand in corners/near exit
- Hypervigilant
- Hide behind others
- Avoidant
- Ashamed

What You Can Do to Decrease Their Anxiety

- Have the anxious and agitated participants go first
- Have everyone sit at the same level when possible
- Explain how roles are different in treatment courts, or have participants do the explaining
- Be transparent
- Be predictable: Explain what you are going to do and then follow through

Look Beyond Surface Behavior



- Example: Anger in the courtroom
- In traumatized persons, anger is an amygdalar response to perceived threat
- You could respond with a citation for contempt of court, or you could:
  - Have them take a cool-off period
  - Then bring them back and use it as an example of how their behavior could get them into trouble
  - Get them to talk about how they might respond differently
- Remember to monitor your own internal reaction!
  - Try not to personalize it
  - Take the high road

Respond, Don't React to common behaviors of traumatized people

Fight

- Take a few minutes outside the courtroom with a team member
- Take some deep breaths
- Meditate

Flight

- Take some deep breaths
- Coloring
- Meditate

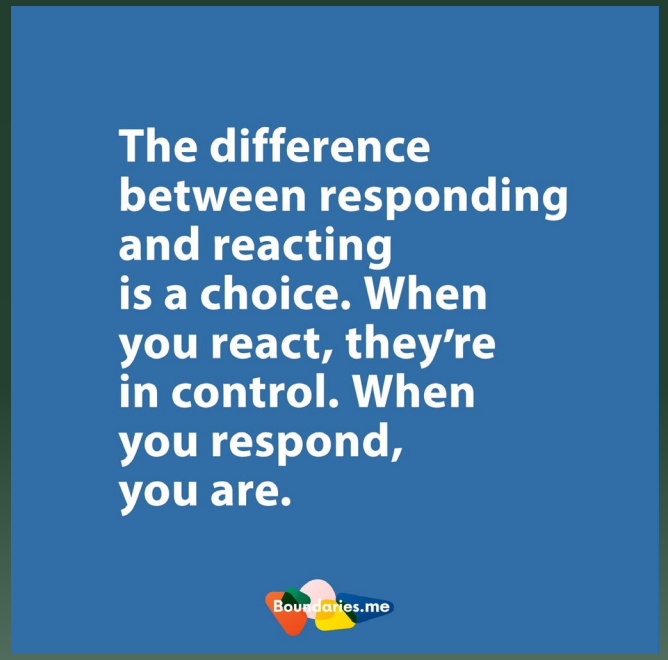
Freeze

- Grounding
- Squeeze a stress ball
- Chew gum or suck on piece of candy

- Help them understand that their reactions may cause others to react negatively to them

Respond, Don't React

- To hostility with calm and compassion
- To avoidance with invitation and reaching out
- To fear with gentleness
- In other words, *respond with the opposite of what is expected*



How to *respond*:

1. Take a mental step back
2. Take a deep breath
3. Think for a moment
4. Give a thoughtful, reasonable response

Four Things You Must Establish Above All

- Safety
- Trust
- Respect
- A sense of some control

SAMHSA's Four R's of Trauma-Informed Courts

Realize the widespread impact of trauma and understand potential paths for recovery

Recognize the signs and symptoms of trauma in participants, families, and staff

Respond by integrating knowledge about trauma into policies, procedures, and practices

Actively **resist re-traumatization**

Never ask for or allow the participant to share details of their trauma in court

1. It violates their boundaries
2. It shames them
3. It can retraumatize them
4. It can trigger other participants
5. It can trigger other members of the treatment team
6. When we prevent the sharing of traumatic details, we decrease secondary traumatization, triggering, compassion fatigue, and burnout.

What You Need to Do: Evidence-Based Assessment and Treatment

Where to Start: Trauma Screening & Assessment Tools

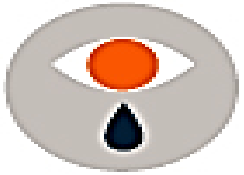
- Adverse Childhood Experiences Scale * 10 types of negative childhood experiences – *self report*
- Life Events Checklist-5 (LEC5) * – 17 types of adult trauma - *self report*
- The International Trauma Questionnaire - Measures both Simple PTSD and Complex PTSD * - *self-report*

ACEs = ADVERSE CHILDHOOD EXPERIENCES

The three types of ACEs include

ABUSE

Physical



Emotional

Sexual

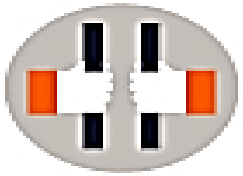
NEGLECT

Physical

Emotional

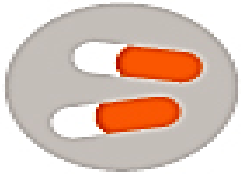
HOUSEHOLD DYSFUNCTION

Mental Illness



Incarcerated Relative

Mother treated violently



Substance Abuse

Divorce

Felitti & D'Anda, 1998

Finding Your ACE Score

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household **often or very often**...
   Swear at you, insult you, put you down, or humiliate you?
   or
   Act in a way that made you afraid that you might be physically hurt?
   Yes No If yes enter 1 _____

2. Did a parent or other adult in the household **often or very often**...
   Push, grab, slap, or throw something at you?
   or
   Ever hit you so hard that you had marks or were injured?
   Yes No If yes enter 1 _____

3. Did an adult or person at least 5 years older than you **ever**...
   Touch or fondle you or have you touch their body in a sexual way?
   or
   Attempt or actually have oral, anal, or vaginal intercourse with you?
   Yes No If yes enter 1 _____

4. Did you **often or very often** feel that ...
   No one in your family loved you or thought you were important or special?
   or
   Your family didn't look out for each other, feel close to each other, or support each other?
   Yes No If yes enter 1 _____

5. Did you **often or very often** feel that ...
   You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
   or
   Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
   Yes No If yes enter 1 _____

6. Were your parents **ever** separated or divorced?
   Yes No If yes enter 1 _____

7. Was your mother or stepmother:
   Often or very often pushed, grabbed, slapped, or had something thrown at her?
   or
   Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?
   or
   Ever repeatedly hit at least a few minutes or threatened with a gun or knife?
   Yes No If yes enter 1 _____

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
   Yes No If yes enter 1 _____

9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
   Yes No If yes enter 1 _____

10. Did a household member go to prison?
    Yes No If yes enter 1 _____

Now add up your "Yes" answers: _____ This is your ACE Score.

092406RA4CR

Instructions: Listed below are a number of difficult or stressful things that sometimes happen to people. For each event check one or more of the boxes to the right to indicate that: (a) it happened to you personally; (b) you witnessed it happen to someone else; (c) you learned about it happening to a close family member or close friend; (d) you were exposed to it as part of your job (for example, paramedic, police, military, or other first responder); (e) you're not sure if it fits; or (f) it doesn't apply to you.

Be sure to consider your entire life (growing up as well as adulthood) as you go through the list of events.

Event	Happened to me	Witnessed it	Learned about it	Part of my job	Not sure	Doesn't apply
1. Natural disaster (for example, flood, hurricane, tornado, earthquake)						
2. Fire or explosion						
3. Transportation accident (for example, car accident, boat accident, train wreck, plane crash)						
4. Serious accident at work, home, or during recreational activity						
5. Exposure to toxic substance (for example, dangerous chemicals, radiation)						
6. Physical assault (for example, being attacked, hit, slapped, kicked, beaten up)						
7. Assault with a weapon (for example, being shot, stabbed, threatened with a knife, gun, bomb)						
8. Sexual assault (rape, attempted rape, made to perform any type of sexual act through force or threat of harm)						
9. Other unwanted or uncomfortable sexual experience						
10. Combat or exposure to a war-zone (in the military or as a civilian)						
11. Captivity (for example, being kidnapped, abducted, held hostage, prisoner of war)						
12. Life-threatening illness or injury						
13. Severe human suffering						
14. Sudden violent death (for example, homicide, suicide)						
15. Sudden accidental death						
16. Serious injury, harm, or death you caused to someone else						
17. Any other very stressful event or experience						

The Life Events Checklist 5

- Self-report measure
- 17 categories of traumatic events
  - Happened to me
  - Witnessed it
  - Learned about it
  - Part of my job
  - Not sure
  - Doesn't apply

The LEC 5

- The LEC 5 measures trauma load
  - How many different kinds of trauma have they experienced?
- Does not compare impact of different traumas (e.g., physical assault vs. sexual abuse)

The International Trauma Questionnaire

- The ITQ is is an 18 item questionnaire (Cloitre et al., 2018)
- It was developed to measure C-PTSD in ICD 11
- It contains six questions for PTSD and six questions for DSO, measured by intensity, plus three questions for each measuring the intensity of the effects of the symptoms
- Results can be summed for PTSD and DSO scores

International Trauma Questionnaire

Instructions: Please identify the experience that troubles you most and answer the questions in relation to this experience.

Brief description of the experience _____

When did the experience occur? (circle one)

a. less than 6 months ago
b. 6 to 12 months ago
c. 1 to 5 years ago
d. 5 to 10 years ago
e. 10 to 20 years ago
f. more than 20 years ago

Below are a number of problems that people sometimes report in response to traumatic or stressful life events. Please read each item carefully, then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

	Not at all	*A little bit*	*Moderately*	*Quite a bit*	*Extremely*
P1. Having upsetting dreams that replay part of the experience or are clearly related to the experience?	0	1	2	3	4
P2. Having powerful images or memories that sometimes come into your mind in which you feel the experience is happening again in the here and now?	0	1	2	3	4
P3. Avoiding internal reminders of the experience (for example, thoughts, feelings, or physical sensations)?	0	1	2	3	4
P4. Avoiding external reminders of the experience (for example, people, places, conversations, objects, activities, or situations)?	0	1	2	3	4
P5. Being "super-alert", watchful, or on guard?	0	1	2	3	4
P6. Feeling jumpy or easily startled?	0	1	2	3	4

In the past month have the above problems:

P7. Affected your relationships or social life?	0	1	2	3	4
P8. Affected your work or ability to work?	0	1	2	3	4
P9. Affected any other important part of your life such as parenting, or school or college work, or other important activities?	0	1	2	3	4

Cloitre et al. (2018) *Acta Psychiatrica Scandinavica*. DOI: 10.1111/acps.12956

Complex PTSD

Complex psychological trauma results from "exposure to severe stressors that (1) are repetitive or prolonged, (2) involve harm or abandonment by caregivers or other ostensibly responsible adults, and (3) occur at developmentally vulnerable times in the victim's life.

Ford and Courtois, 2009

Complex PTSD

All diagnostic requirements for PTSD are met. In addition, Complex PTSD is characterized by severe and persistent 1)problems in affect regulation; 2) beliefs about oneself are diminished, defeated, or worthless, accompanied by feelings of shame, guilt or failure related to the traumatic event; and 3) difficulties in sustaining relationships and in feeling close to others. These symptoms cause significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

WHO, 2018

PTSD vs. Complex PTSD in ICD 11*

PTSD

- Re-experiencing
- Avoidance
- Hyperarousal

Complex PTSD

- Re-experiencing
- Avoidance
- Hyperarousal
- Affect Dysregulation
- Negative Self-Concept
- Interpersonal Disturbances

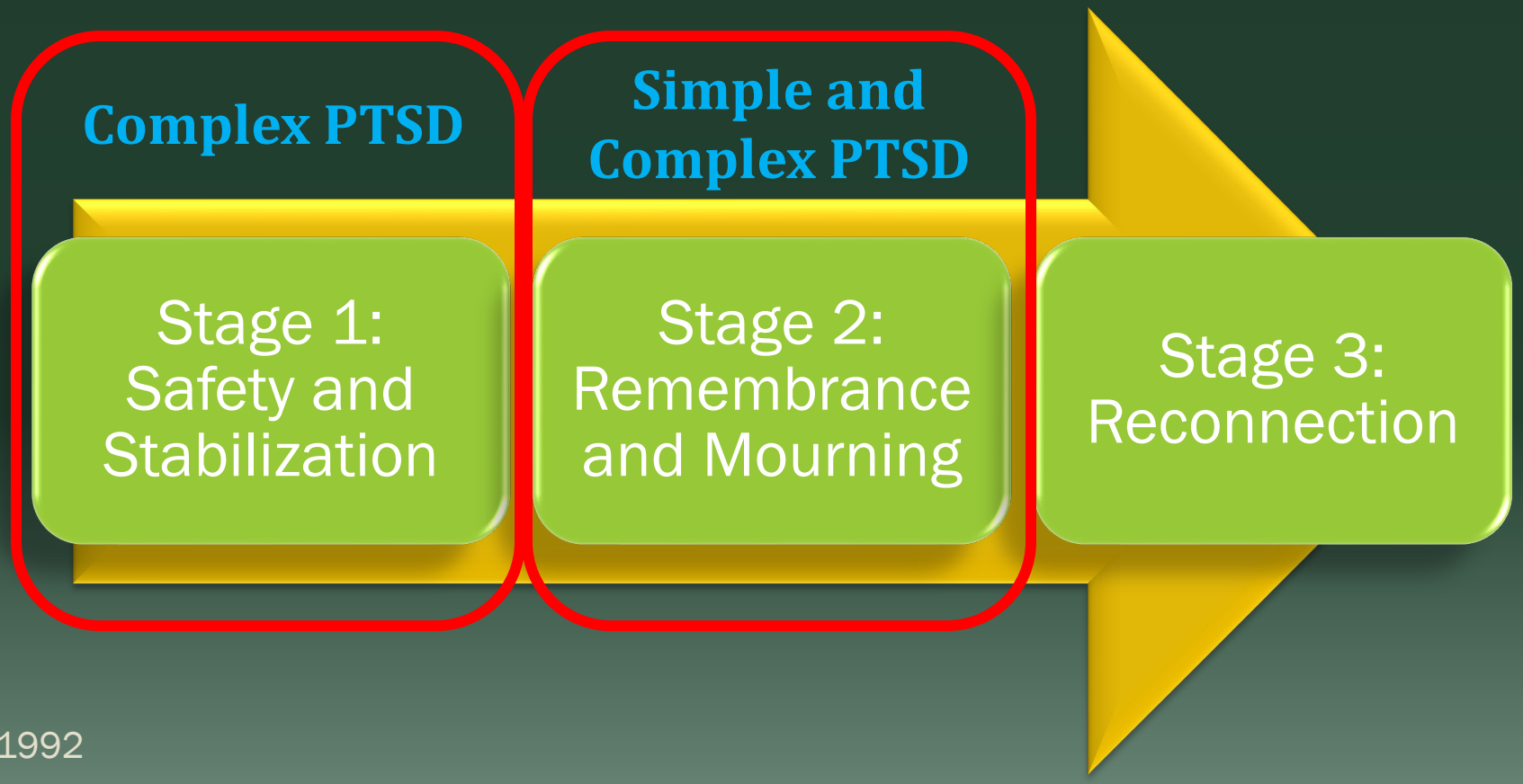
*Began January 1, 2022

YOU MUST ASSESS WHETHER YOU ARE DEALING WITH SIMPLE OR COMPLEX PTSD IN ORDER TO DEVELOP A TREATMENT PLAN!

Why You Must Assess for Different Types of Trauma to Write a Treatment Plan

- The specific trauma treatments your clients need will differ based on the type of trauma involved
- Simple Trauma and Complex Trauma require different lengths of time to treat
  - Participants with greater trauma histories are less likely to graduate from drug court (Richman et al., 2014)
  - Relapse rates are greater for Complex PTSD
  - This may affect the rates at which clients progress through your program
  - You may want to consider having separate dockets for clients with simple and Complex Trauma

Stages of Trauma Treatment



After Herman, 1992

Treatment of Trauma

The Short Version

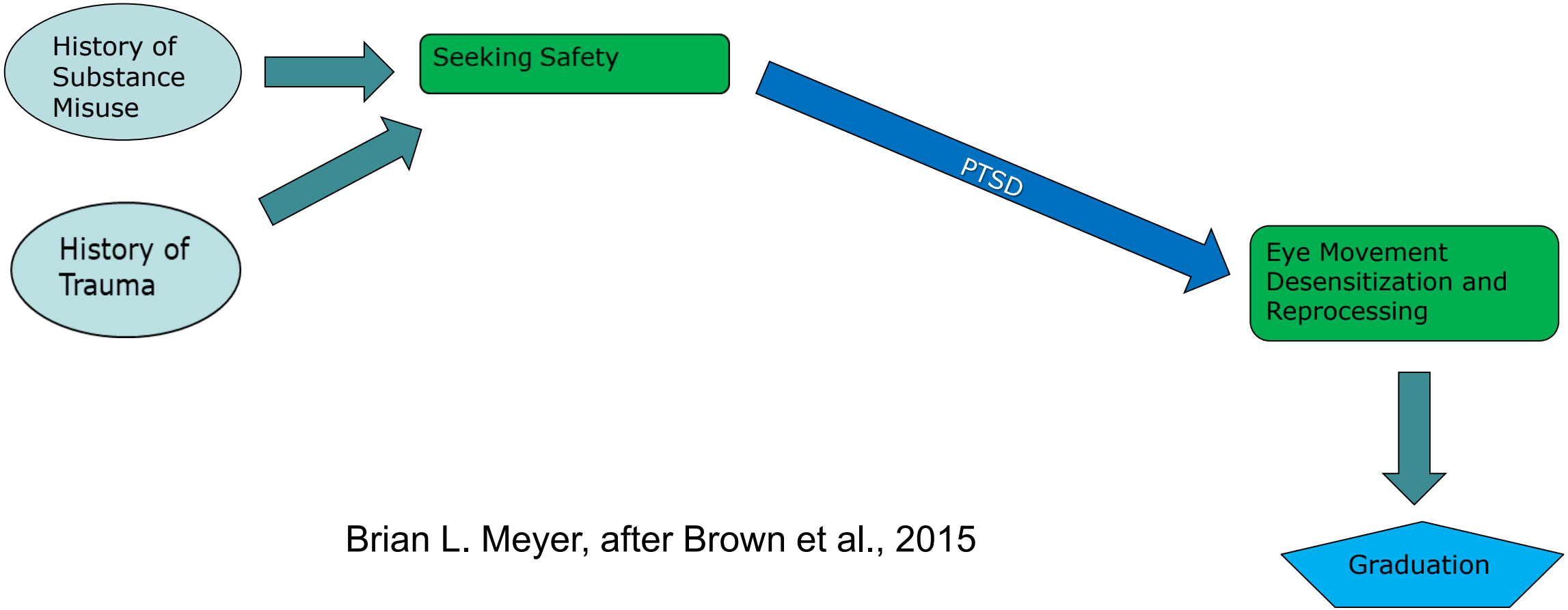
Evidence-Based Treatment of Trauma in Trauma-Responsive Courts

- Five year phasic study of adding trauma treatment to a 12-18 month drug court program in Washington State (Brown et al., 2015)
  - Added Seeking Safety (SS) for 150 participants with trauma histories
    - 112, or 75%, completed SS
    - All were offered EMDR, and 65 accepted (58%)
  - Graduation rates differed:
    - Of the 65 that engaged in EMDR, 91% successfully graduated from drug court
    - Of the 47 who did not, only 57% graduated
  - Recidivism rates differed:
    - 70 without trauma history who received Program as Usual had a 10% recidivism rate
    - 65 who did SS + EMDR had a 12% recidivism rate
    - 47 who did SS only had a 33% recidivism rate

The Short Version

If you want to maximize graduation rates and minimize recidivism rates, provide Seeking Safety to everyone first, then provide EMDR to SS completers.

Decision Pathways for Adult Trauma Treatment in a Trauma-Responsive Court



Brian L. Meyer, after Brown et al., 2015

Treatment of Trauma

Stage 1:
Safety and Stability

The Therapeutic Relationship

- Build an alliance first
  - Respect
  - Caring
  - Competence
  - Be real
- Research shows that the therapeutic relationship is more important than the type of therapy provided (Wampold, 2015)

Suicide Safety Plan

Patient Safety Plan Template

Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:

1. _____
2. _____
3. _____

Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):

1. _____
2. _____
3. _____

Step 3: People and social settings that provide distraction:

1. Name_____ Phone_____
2. Name_____ Phone_____
3. Place_____ 4. Place_____

Step 4: People whom I can ask for help:

1. Name_____ Phone_____
2. Name_____ Phone_____
3. Name_____ Phone_____

Step 5: Professionals or agencies I can contact during a crisis:

1. Clinician Name_____ Phone_____
   Clinician Pager or Emergency Contact # _____
2. Clinician Name_____ Phone_____
   Clinician Pager or Emergency Contact # _____
3. Local Urgent Care Services_____
   Urgent Care Services Address_____
   Urgent Care Services Phone_____
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

Step 6: Making the environment safe:

1. _____
2. _____

The one thing that is most important to me and worth living for is:

_____

Name: .....

My Personal Recovery Safety Plan

Congratulations on your commitment and efforts to maintain sobriety!

Let's work together to develop and write down a plan which will help support you and prepare for tough times should you hit bumps.

These are top reasons which I choose to be sober today:

- .....
- .....
- .....

Here are a few things that I do regularly to stay sober:

- .....
- .....
- .....

These are actions I can take if and when I have cravings: (examples: call a support, eating if hungry, going to a meeting, reading recovery material, reminding myself that cravings can be intense but pass, or thinking of the consequences of using)

- .....
- .....
- .....
- .....

Places I can go which provide positive distraction (like 12-step meetings, a coffee shop, the library, or specific family or friends etc).

- .....
- .....

My Triggers or Early Warning Signs - Things I need to look out for include: (examples could be, cravings, changes in attitude towards recovery, or behaviors)

- .....
- .....
- .....
- .....

Here are a few people I can call who support my recovery:

Name	Number
.....	.....
.....	.....
.....	.....

Overdose Prevention Plan

Institute for Family Health, NY

Stage 1: Stabilization

- Reduction and elimination of drug and alcohol abuse
- Health
- Housing
  - In a safe neighborhood
- Income
  - Employment
  - Financial skills (budgeting, banking)
- Transportation and/or virtual access to treatment
- Setting and keeping a schedule

Treatment of PTSD: Medication

Medication for trauma symptom management and co-morbid disorders

- Antidepressants
- Mood stabilizers
- ~~Atypical antipsychotics~~ no longer
- Anticonvulsants
- Anxiolytics not benzodiazepines
- Sleep aids

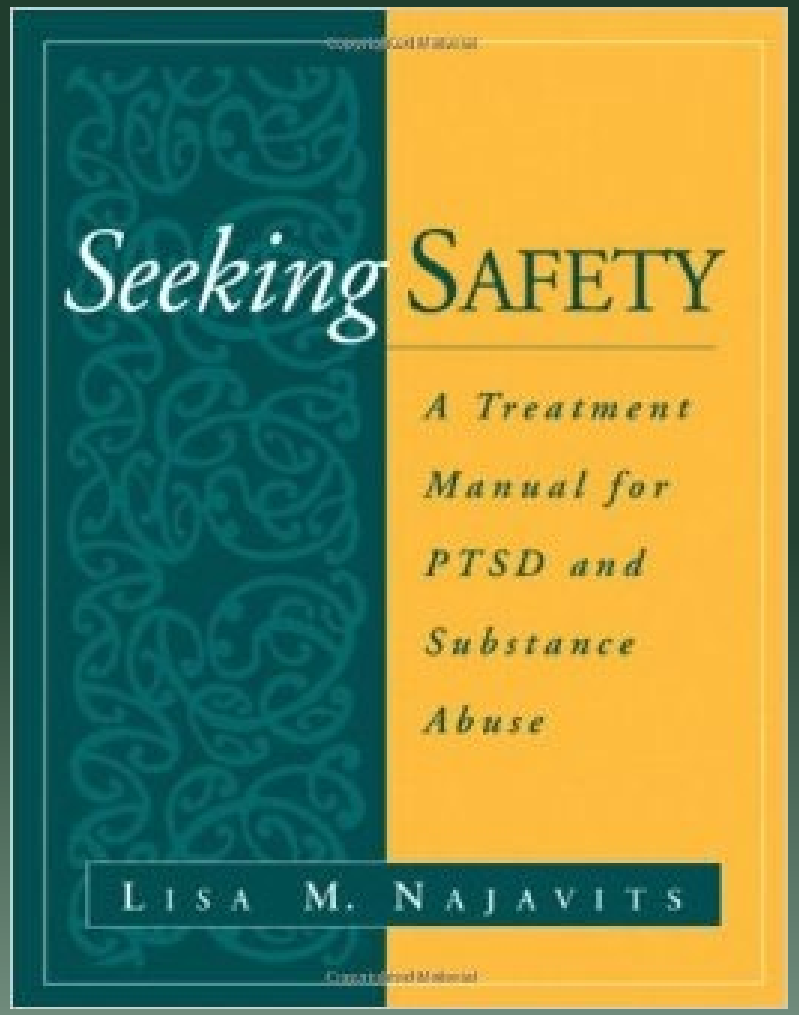
There is no medication that specifically treats PTSD; only Prozac, Paxil, and Prazosin have been approved

Evidence-Based Treatments for Stage 1

Dialectical Behavior Therapy

Seeking Safety

Seeking Safety



- 25 lessons on topics that overlap between PTSD and Substance Abuse
  - Grounding
  - Asking for Help
  - Anger
  - Boundaries
  - Self-care
  - Honesty
- 84 Safe Coping skills

Seeking Safety

- Weekly 90 minute sessions
- 25 sessions – do them all!
- Can be provided individually or in groups
- Typical group size is 8 members
- Combined psychoeducation and coping skill development
- Can be provided by professionals or paraprofessionals

Seeking Safety Format

- Check-in (3-5 minutes per person)
  - Used to elicit information to be discussed during the course of the session
- Quotation
- Topic of the day (50 minutes)
- Check out with commitment

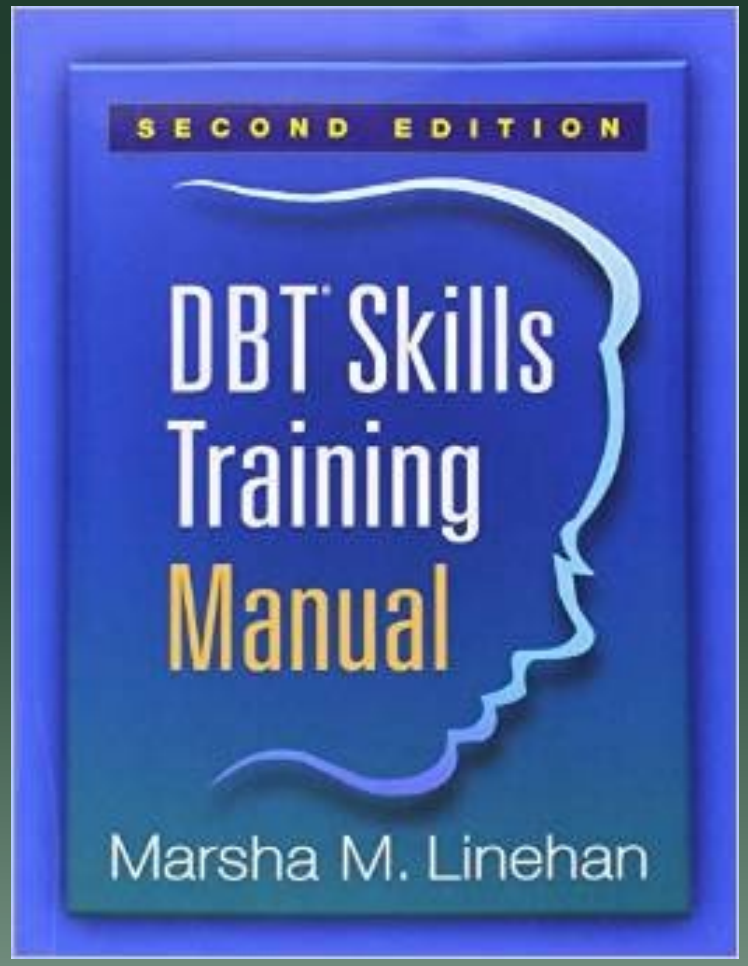
Seeking Safety Results

- 6 randomized controlled trials and 3 controlled studies
- Seeking Safety has shown positive results across all studies (Najavits & Hien, 2013)
- Populations include
  - Women outpatients, inpatients, Veterans, homeless women, rural women, and women in prison;
  - Men outpatients, inpatients, and Veterans;
  - Adolescent girls; and
  - Young African-American men

Dialectical Behavior Therapy

- Combination of individual therapy and group DBT Skills Training
- Usually provided in teams with different therapists
- One therapist carries a beeper and takes emergency phone calls for coaching DBT skills
- DBT Skills Training group lasts one year, with each topic covered twice

DBT Skills Training



- Four topics with multiple lessons
  - Mindfulness
  - Interpersonal Effectiveness
  - Distress Tolerance
  - Affect Regulation
- Manual provides suggested menus of different specific skills and exercises with different populations
- If a full DBT team is not available, provide the Skills Training group!

DBT Results

- 18 randomized controlled trials
- Results are all positive
- Populations include:
  - Women: with Borderline Personality Disorder (BPD) and suicidality, with BPD and substance dependence, with bulimia nervosa, with binge eating disorder, with opiate-addiction and BPD, domestic violence victims, with childhood sexual abuse, and with trichotillomania;
  - Adults: with BPD, with personality disorders, with Bipolar Disorder, prisoners with intellectual disabilities, and prisoners with impulsivity;
  - Male prisoners; and
  - Adolescents: suicidal, female offenders, with self-injurious behavior, with eating disorders

You cannot begin an evidence-based trauma processing treatment until your client is safe and stable.

How Do You Know When the Client Is Ready to Move to Phase 2?

1. Not at imminent risk of suicide and no recent self-harm behavior
2. No recent physical harm to others
3. Client is not in a violent intimate relationship
4. Client will return after a difficult session
5. 90 days of sobriety except they may drink < 2 drinks/day
6. Client uses affective, cognitive, and interpersonal skills to manage triggers, intense emotions, and other symptoms
7. Client has stable housing
8. Client has sufficient income to pay for basic needs
9. Access to treatment either virtually or via transportation
10. Client has sufficient psychological resources that some can be devoted to trauma processing and not just survival
11. Client's highest priority is to address traumas and PTSD

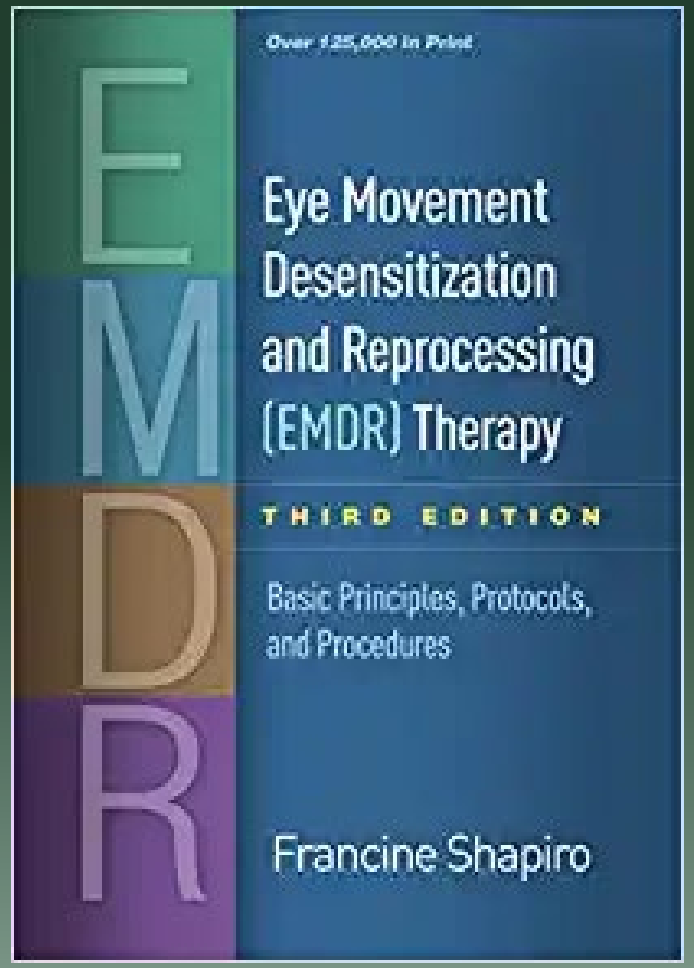
Treatment of PTSD

Stage 2:
Remembrance and Mourning

Stage II: Remembrance and Mourning

- Exposure and desensitization
- Processing
- Grieving
- Constructing a narrative
- Integration of the trauma

Eye Movement Desensitization and Reprocessing



- 8-12 sessions for simple PTSD
- Sessions last 60-90 minutes
- Based on a theory of Adaptive Information Processing
- Bilateral stimulation is necessary for integration and storage of traumatic memories

The Three-Pronged Protocol

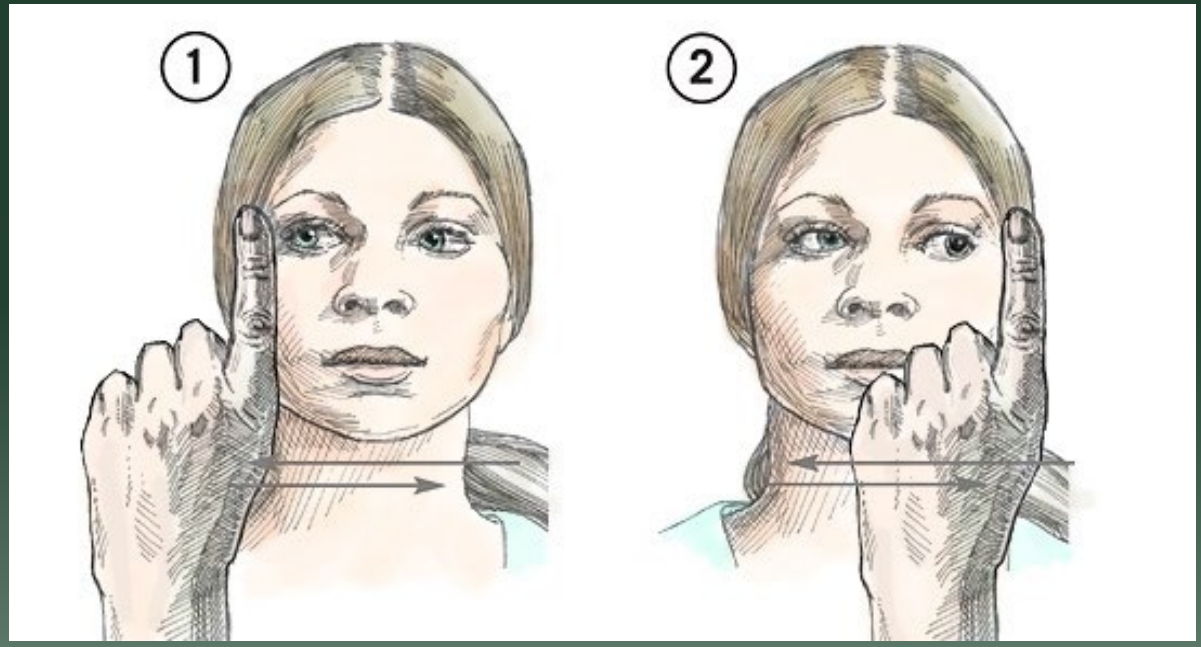
Past memories	• Assess impact of trauma • Reprocess past memories
Present triggers	• Desensitize present triggers
Future template	• Install future template • Reassess impact of trauma

EMDR

- Patient focuses on distressing image
  - States a belief that goes with it
  - Notices emotions that go with it
  - Identifies body sensations that go with it
- Therapist passes fingers back and forth, guiding the eyes
- As this occurs, the images, thoughts, feelings, and body sensations change
- Adaptive information processing results
  - The maladaptive negative emotion is drained from the memory

How Does EMDR Work?

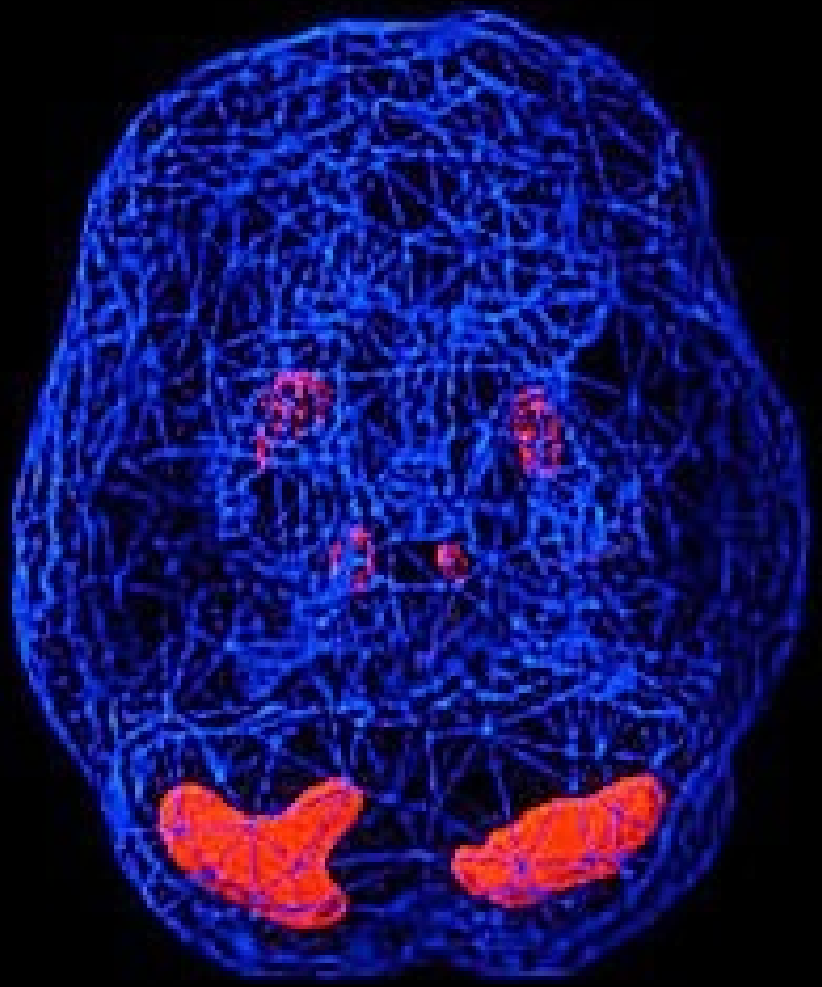
- EMDR is believed to accelerate information processing by activating neurophysiological networks that associate different elements of the trauma so it is experienced as an integrated whole, properly placed in time and space



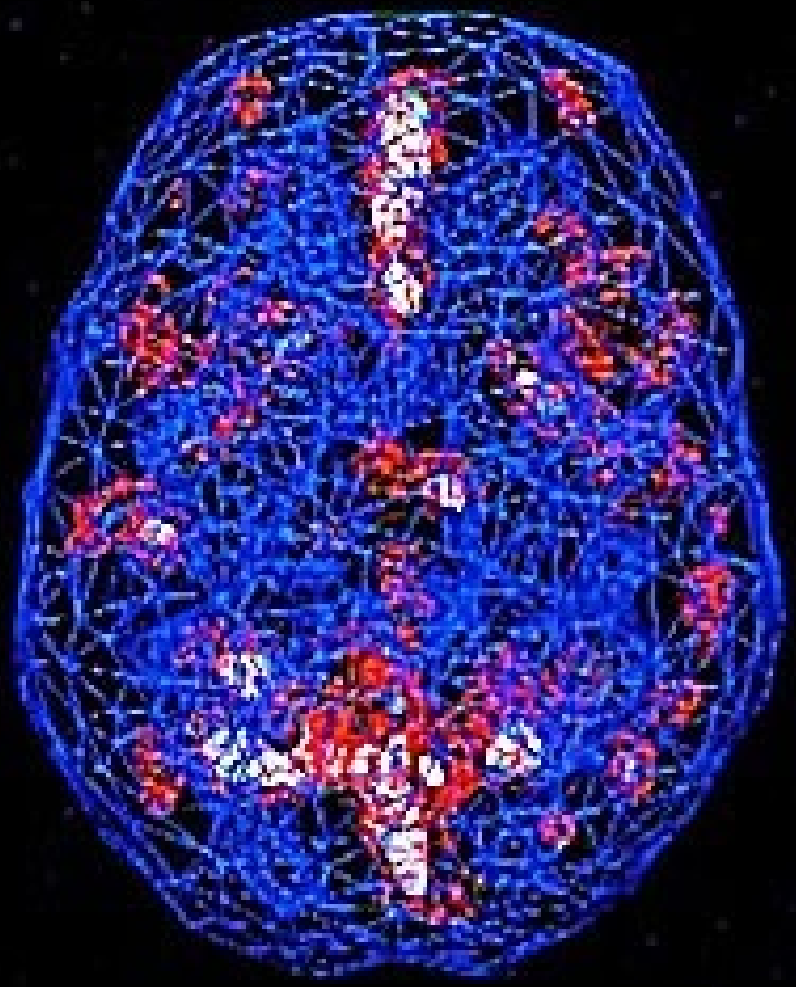
EMDR

- Auditory and tactile alternatives to eye movements using bilateral stimulation
- Additional exercises:
  - Safe Place
  - Resource-building
  - Flash Technique
- EMDR works for both PTSD and Complex PTSD (Davidson & Parker, 2001; Foa et al., 2009; Maxfield & Hyer, 2002; Seidler & Wagner, 2006)

Trauma Changes the Brain

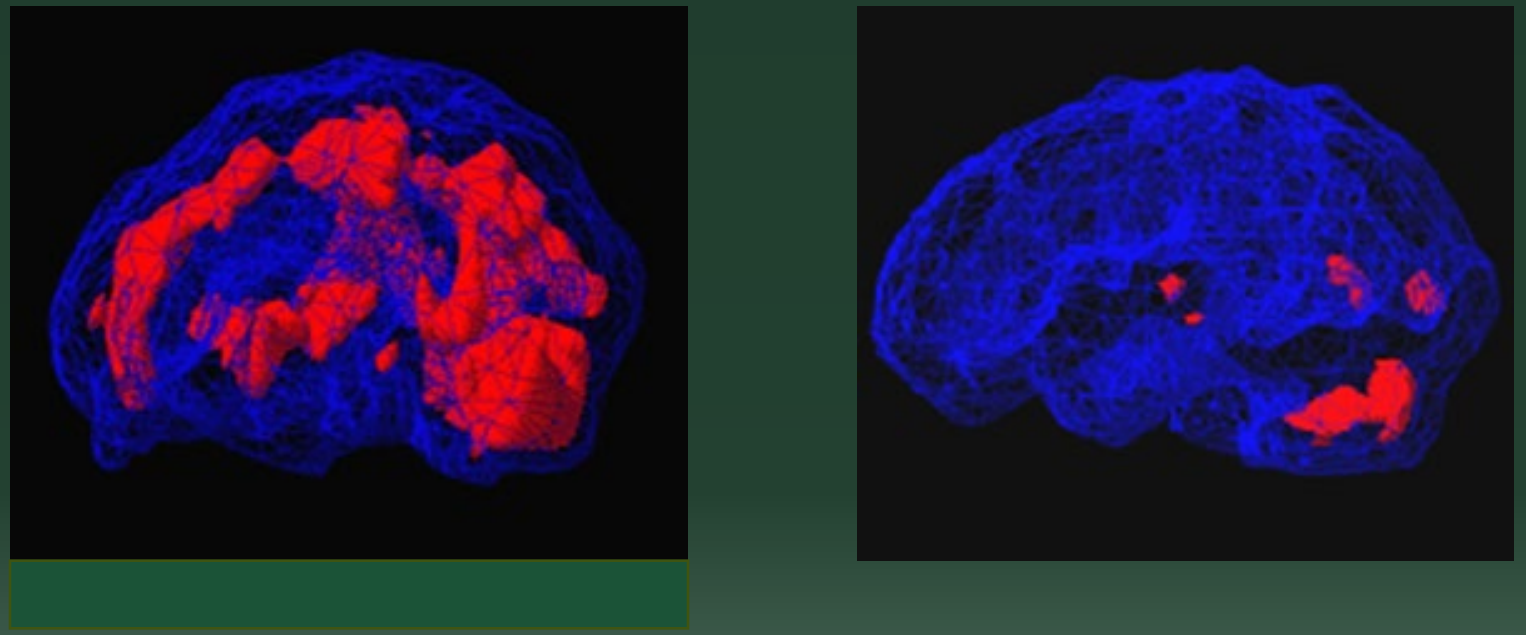


Non-traumatized



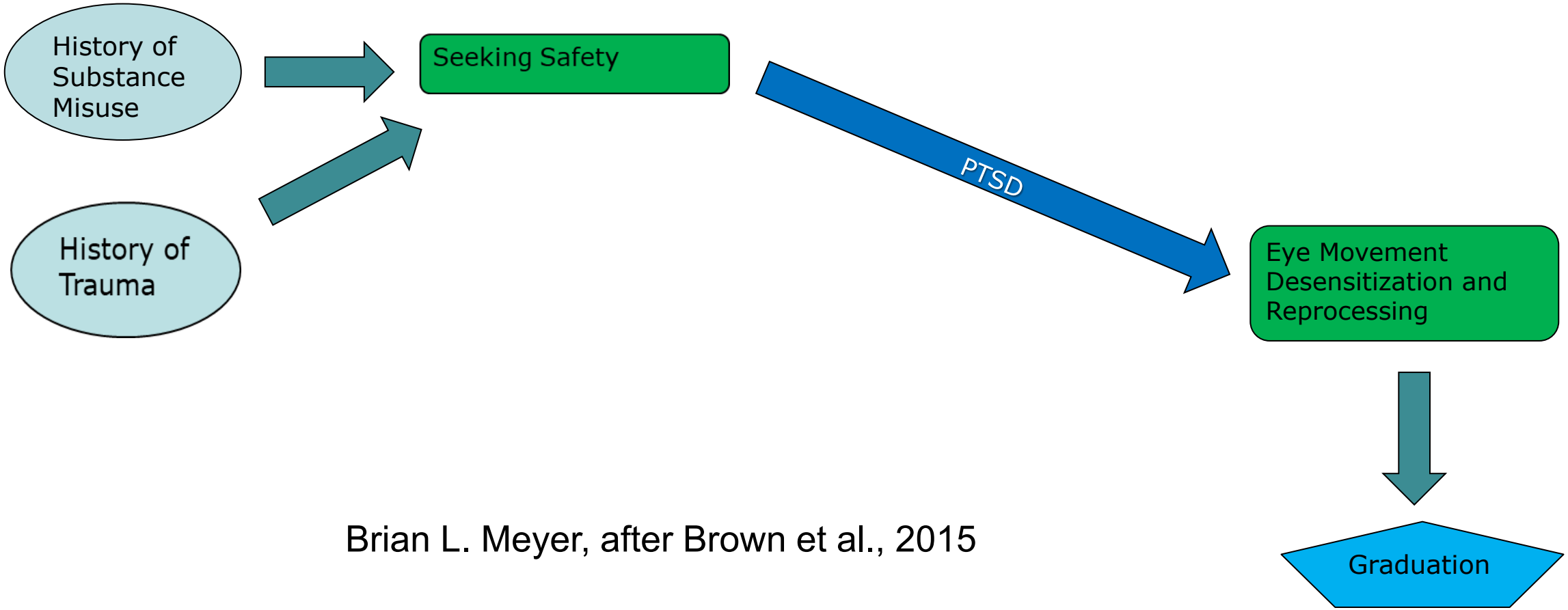
PTSD

EMDR Changes the Brain



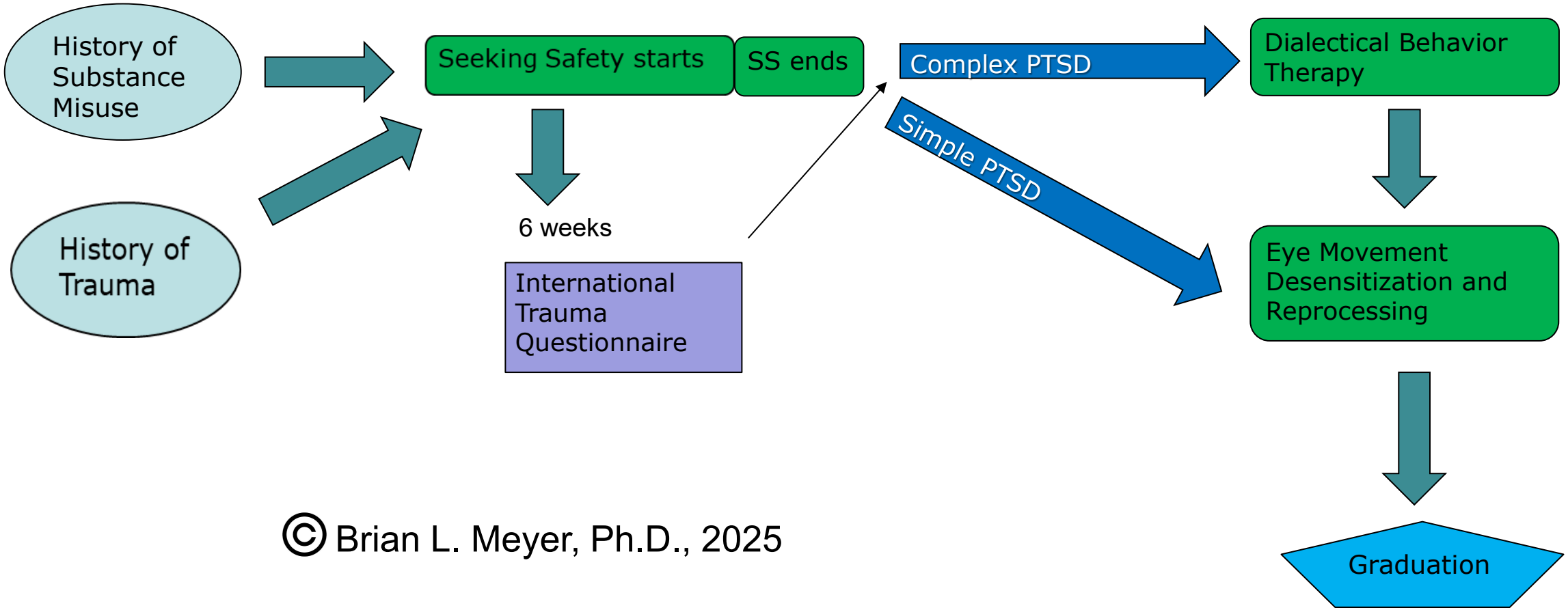
Brain scans of a woman with PTSD showing areas of overactivity in the brain in red, before and after four sessions of EMDR (photos by Daniel Amen).

Decision Pathways for Adult Trauma Treatment in a Trauma-Responsive Court

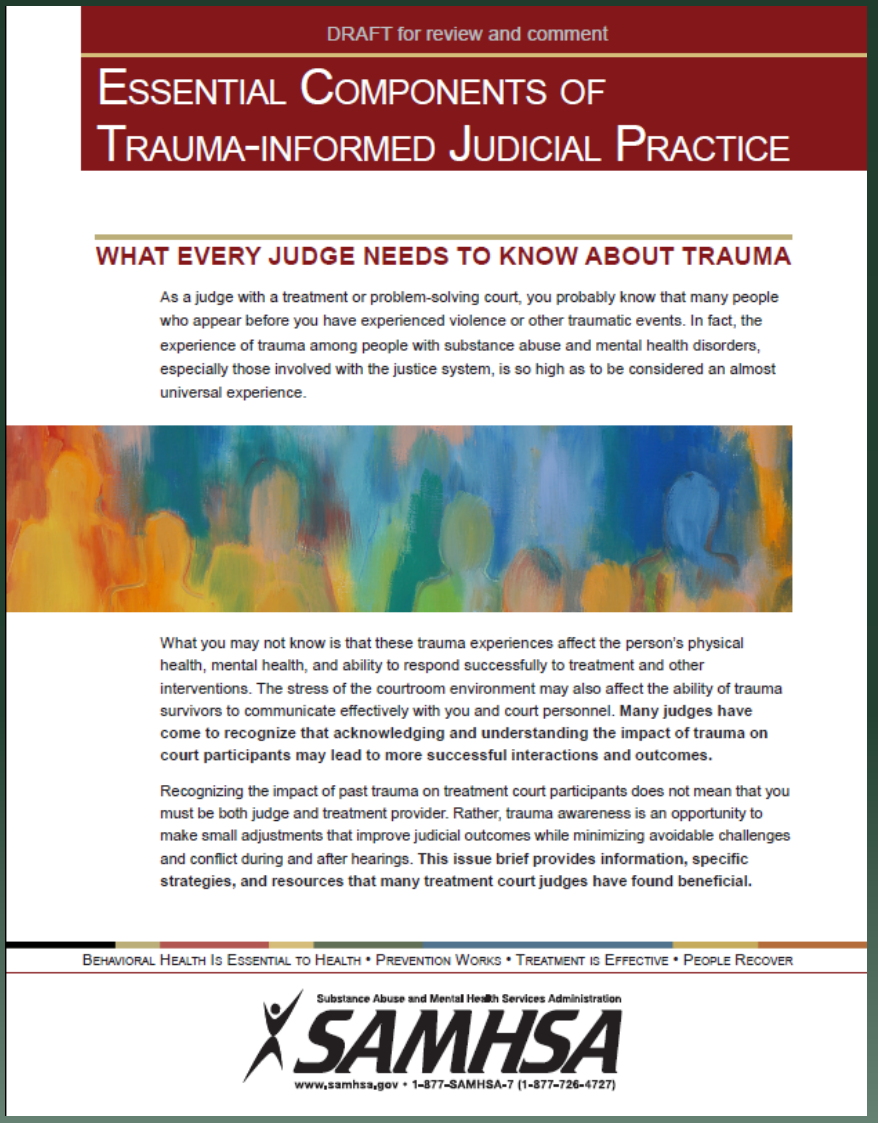


Brian L. Meyer, after Brown et al., 2015

Decision Pathways for Adult Trauma Treatment in a Trauma-Responsive Court



Resources



DRAFT for review and comment

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.**

BEHAVIORAL HEALTH IS ESSENTIAL TO HEALTH • PREVENTION WORKS • TREATMENT IS EFFECTIVE • PEOPLE RECOVER

Substance Abuse and Mental Health Services Administration
SAMHSA
www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)

Trauma-Informed Courts

- *Essential Components of Trauma-Informed Judicial Practice,* SAMHSA. Retrieved from http://www.nasmhpd.org/sites/default/files/JudgesEssential_5%201%202013finaldraft.pdf
- McKinsey et al. (2022) *Trauma-Informed Judicial Practice from the Judge's Perspective* https://judicature.duke.edu/articles/trauma-informed-judicial-practice-from-the-judges-perspective/
- Also valuable: *TIP 57: Trauma-Informed Care in Behavioral Health Services,* SAMHSA, available at www.store.samhsa.gov.
- GAINS Center for Behavioral Health and Justice Transformation https://www.samhsa.gov/gains-center

Trauma Assessment Tools

- PCL 5
  http://www.ptsd.va.gov/professional/assessment/documents/PCL-5_Standard.pdf
- Life Events Checklist
  http://www.integration.samhsa.gov/clinical-practice/life-event-checklist-lec.pdf
- CAPS 5
  http://www.ptsd.va.gov/professional/assessment/adult-int/caps.asp
- International Trauma Questionnaire
  https://www.traumameasuresglobal.com/itq

Assessment Resources for Complex Trauma

- ACE questionnaire (ACEs) http://www.ncjfcj.org/sites/default/files/Finding%20Your%20ACE%20Score.pdf
- Life Events Checklist 5 (LEC 5) https://www.ptsd.va.gov/professional/assessment/documents/LEC-5_Standard_Self-report.pdf
- International Trauma Questionnaire (ITQ) https://www.traumameasuresglobal.com/itq

Resources for PTSD

- *Handbook of PTSD* by Matthew Friedman, Terence Keane, and Patricia Resick
- *Once a Warrior, Always a Warrior: Navigating the Transition from Combat to Home--Including Combat Stress, PTSD, and mTBI* by Charles Hoge
- *When Someone You Love Suffers from Posttraumatic Stress: What to Expect and What You Can Do* by Claudia Zayfert and Jason Deviva

Resources for PTSD

- National Center for PTSD: www.ptsd.va.gov
- International Society for Traumatic Stress Studies: www.istss.org
- International Society for the Study of Trauma and Dissociation: www.isst-d.org
- PTSD 101 courses: www.ptsd.va.gov/professional/ptsd101/course-modules.asp

Resources for Complex Trauma

- Trauma and Recovery, 1992, Judith Herman
- Luxenberg, T., Spinazzola, J., and van der Kolk, B. (2005). Complex Trauma and Disorders of Extreme Stress (DESNOS) Diagnosis, Part One: Assessment (2005). Directions in Psychiatry, 21, 373-393.
- Treating Complex Traumatic Stress Disorders, 2009, Christine Courtois and Julian Ford, eds.
- Treatment of Complex Trauma: A Sequenced, Relationship-Based Approach (2012), Christine Courtois, Julian Ford, and John Briere
- http://www.nctsn.org/trauma-types/complex-trauma/assessment

Resources

- *Complex Trauma in Children and Adolescents,* NCTSN White Paper, available at http://www.nctsn.org/sites/default/files/assets/pdfs/Complex Trauma_All.pdf
- The Trauma Recovery Group: A Guide for Practitioners (2011), Michaela Mendelsohn, Judith Herman, Emily Schatzow, and Diya Kallivayalil
- International Society for Traumatic Stress Studies: http://www.istss.org
- Trauma Focused-Cognitive Behavioral Therapy: http://tfcbt.musc.edu

PTSD and SUDs

- PTSD 101 course about treating PTSD and SUDs: www.ptsd.va.gov/professional/ptsd101/course-modules/SUD.asp
- Practice recommendations for treating co-occurring PTSD and SUDs: www.ptsd.va.gov/professional/pages/handouts-pdf/SUD_PTSD_Practice_Recommend.pdf

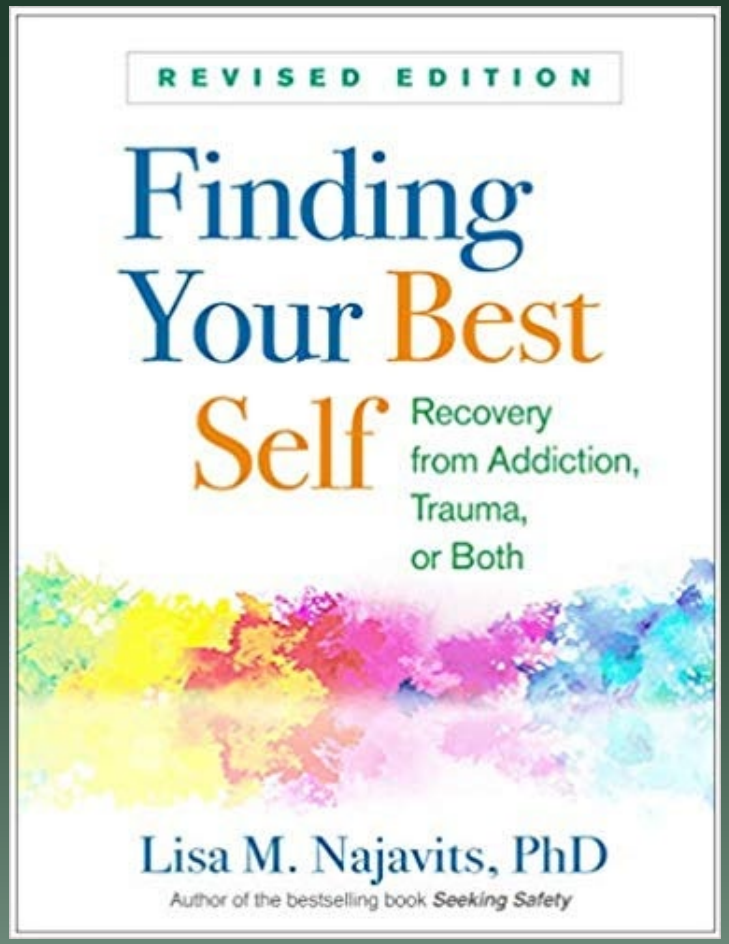
Resources for PTSD and SUDS

- *Trauma and Substance Abuse (2nd ed.)* by Page Ouimette and Jennifer Read
- *Treating Survivors of Childhood Abuse: Psychotherapy for the Interrupted Life* by Marylene Cloitre, Lisa Cohen, and Karestan Koenen
- *Concurrent Treatment of PTSD and Substance Use Disorders Using Prolonged Exposure (COPE) Therapist Guide* by Sudie Back, Edna Foa, Therese Killeen, Katherine Mills, Maree Teesson, Bonnie Cotton, Kathleen Carroll, and Kathleen Brady

Seeking Safety

- Seeking Safety (1998), Lisa Najavits
- *8 Keys to Trauma and Addiction Recovery* (2015), Lisa Najavits
- http://www.treatment-innovations.org/seeking-safety.html

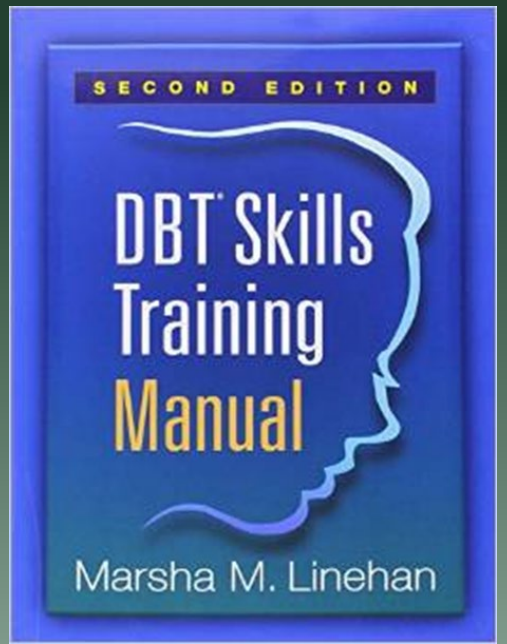
Seeking Safety



- *Seeking Safety* (2002), Lisa Najavits
- *Finding Your Best Self* (2019), Lisa Najavits
- http://www.treatment-innovations.org/seeking-safety.html

Dialectical Behavior Therapy

- Cognitive-Behavioral Treatment of Borderline Personality Disorder (1993), Marsha Linehan
- DBT Skills Training Manual, 2nd Ed. (2014), Marsha Linehan
- DBT Skills Training Handouts and Worksheets, 2nd Ed. (2014), Marsha Linehan
- http://www.behavioraltech.com
- http://www.linehaninstitute.org/



EMDR

- Eye Movement Desensitization and Reprocessing (EMDR): Basic Principles, Protocols, and Procedures, 2nd Ed. (2001), Francine Shapiro
- Getting Past Your Past: Take Control of Your Life with Self-Help Techniques from EMDR Therapy (2013), Francine Shapiro
- www.emdr.com
- www.emdria.org
- www.emdrhap.org

Family Resources

- *When Someone You Love Suffers from Posttraumatic Stress: What to Expect and What You Can Do* by Claudia Zayfert and Jason Deviva
- *Finding My Way: A Teen's Guide to Living with a Parent Who Has Experienced Trauma* (2005), Michelle Sherman and DeAnne Sherma
- http://www.ptsd.va.gov/public/pages/fslist-family-relationships.asp

Contact:

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