

# Trauma, Sobriety, and Treatment Court Compliance: Finding the Balance in Behavior Change

What are some things we know people will need on their journey to establishing stability in recovery and long-term sobriety?

## Complex Trauma

- “...stems from chronic, interpersonal negative experiences such as abuse, neglect, or violence in the child’s home or community. Because parents or caregivers are often the ones harming the child in situations like these, the child doesn’t have the chance to develop a sense of safety and trust in adults. That disruption of the child’s core sense of attachment to caregivers is a key element of complex trauma.”

## Someone Having a Traumatic Experience or a Flashback May Be Feeling...

- Trapped
- Terrified
- Threatened
- Helpless
- Powerless
- Vulnerable

## What do you think?

- What types of interactions in the legal system, or what aspects of the legal system, could possibly induce these feelings in a participant?

## Trauma Response Behaviors

FIGHT	FLIGHT	FREEZE	FAWN
<ul style="list-style-type: none"> <li>• Angry outbursts</li> <li>• Bullying</li> <li>• Actual Fighting</li> <li>• Argumentative</li> <li>• Defiant</li> <li>• Extreme narcissism</li> <li>• Controlling</li> <li>• Manipulation</li> <li>• Triangulation</li> <li>• Rumination</li> <li>• Excessive worry</li> </ul>	<ul style="list-style-type: none"> <li>• Anxiety, panic</li> <li>• Self-punishment</li> <li>• Self-harming</li> <li>• Compulsive substance use</li> <li>• Perfectionism</li> <li>• Distraction</li> <li>• Inability to sit still</li> <li>• Fear of being alone</li> <li>• Fantasy thinking</li> <li>• Daydreaming</li> </ul>	<ul style="list-style-type: none"> <li>• Avoidance</li> <li>• Overwhelming</li> <li>• Dissociation</li> <li>• Inability to make decisions</li> <li>• Self-isolating</li> <li>• Feeling stuck</li> <li>• Numbness</li> <li>• Depression</li> </ul>	<ul style="list-style-type: none"> <li>• Masking</li> <li>• Lying</li> <li>• Hiding</li> <li>• People pleasing</li> <li>• Unhealthy boundaries</li> <li>• Codependency</li> <li>• Hollow compliance</li> <li>• “Class clown”</li> <li>• Need to be popular</li> <li>• “Teacher’s pet”</li> </ul>

## State Dependent Functioning

<b>Emotional State</b>	<b>Calm</b>	<b>Alert</b>	<b>Alarm</b>	<b>Fear</b>	<b>Terror</b>
<b>Sense of Time</b>	Past, present, and extended future	Days of hours	Hours or minutes	Minutes or seconds	Loss of sense of time
<b>Primary Active Brain Area</b>	Neocortex	Subcortex	Limbic	Midbrain	Brainstem
<b>Cognition</b>	Abstract	Concrete	Emotional	Reactive	Reflexive
<b>Behavioral Signals</b>	<ul style="list-style-type: none"> <li>• Analyzing</li> <li>• Considering</li> <li>• Curious</li> <li>• Reflecting</li> <li>• Planning</li> </ul>	<ul style="list-style-type: none"> <li>• Interested</li> <li>• Attuned</li> <li>• Seeking Comfort in the familiar and predictable</li> </ul>	<ul style="list-style-type: none"> <li>• Breathing Heavily</li> <li>• Nervousness</li> <li>• Agitation</li> <li>• Fidgeting</li> <li>• inattention</li> </ul>	<ul style="list-style-type: none"> <li>• Defiance</li> <li>• Aggression</li> <li>• Vocalizing</li> <li>• Overwhelm</li> <li>• Avoidance</li> <li>• Spacing Out</li> </ul>	<ul style="list-style-type: none"> <li>• Escaping</li> <li>• Fighting</li> <li>• Panic</li> <li>• Rocking</li> <li>• Catatonic</li> <li>• Robotic</li> </ul>

## What is PTSD?

“For a person to be diagnosed with PTSD, trauma related symptoms must last for more than a month and must cause significant distress or problems in the individual’s daily functioning.”

## What is complex PTSD?

Complex post-traumatic stress disorder (cPTSD) is a mental health condition that can develop from experiencing chronic trauma.

- **It involves stress responses, such as:**
  - Anxiety
  - Having flashbacks or nightmares
  - Avoiding situations, places, and other things related to the traumatic event(s)
  - Heightened emotional responses, such as impulsivity or aggressiveness
  - Persistent difficulties in sustaining relationships

## What’s the Difference Between cPTSD and PTSD?

Both cPTSD and PTSD involve symptoms of psychological and behavioral stress responses, such as flashbacks, hypervigilance, and efforts to avoid distressing reminders of the traumatic event(s).

**People with cPTSD typically have additional symptoms including chronic and extensive issues with:**

- Emotion regulation
- Identity and sense of self
- Relationships

## ACE Study

- Early initiation of alcohol use
- Higher risk of mental substance use disorders
- Continued tobacco use during adulthood
- Prescription drug use
- Lifetime illicit drug use, drug dependency, and self-reported addiction
- Suicide attempts
- Lifetime depressive episodes
- Sleep disturbances

## The Trauma and Addiction Connection

1. Uncomfortable, unmanageable feelings

2. Using substance(s) to escape uncomfortable feelings
3. Relief, vowing to never use again, false sense of hope, and/or dopamine-fueled sense of determination
4. “Coming down” withdrawal symptoms:
  - a. Anxiety
  - b. Agitation
  - c. Emptiness
  - d. Loneliness
  - e. Worthlessness
  - f. Shame
  - g. Guilt
  - h. Self-loathing
  - i. Despair
  - j. Resignation
  - k. Sadness
  - l. Intense cravings

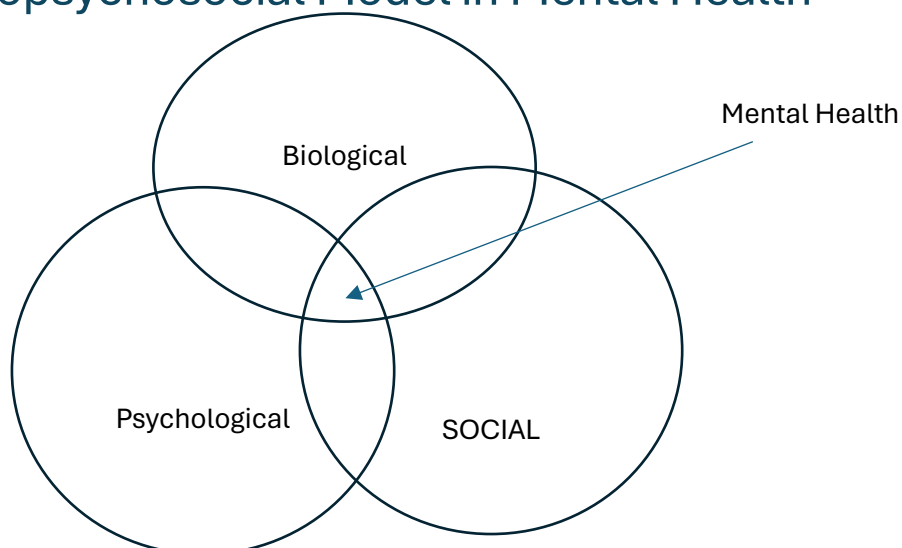
\*This cycle then repeats itself.

Most survivors of severe and/or chronic childhood trauma had to become highly skilled at hiding their trauma response at an early age, as an adaptive response to what was interpreted as a persistent survival threat.

By the time they are adults many of these survivors have been masking their trauma responses for so long that it is a subconscious and automatic reaction.

They may be so conditioned to masking that they themselves are not even aware that they are doing it, or that their nervous system is operating in a chronically activated state.

## Biopsychosocial Model in Mental Health



## “A Slog Through the Bog”

**Think of a time you tried to change or successfully changed an unwanted habitual/compulsive behavior that wasn't serving you.**

Discuss:

- What the process of attempting the behavior change was like for you.
- Why were you engaging in the behavior?
- For how long?
- Were you successful in stopping?
  - If so, why?
- Were you unsuccessful in stopping?
  - If so, what do you think makes it so challenging to change?

## “The Climb”

What strategies can we employ to help participants balance processing past trauma and recovering from self-defeating patterns with compliance with program requirements and expectations for behavior change, both proximally and distally?

## What Can Participants do to Begin to Reorient Their Internal Compasses?

- Reducing or eliminating the use of harmful substances
- Basic wellness practices
- Schedule management
- Work with team to make sure their basic needs are met
- Seek help to overcome barriers
- Pro-social activities, when they are ready
- Developing healthy relationships
- Well-timed, well-dosed (directed by client) corrective experiences
- Psychotherapy
- EMDR
- Internal Family Systems
- Neurofeedback
- Acupuncture
- SSRIs
- MDMA in conjunction with intensive individual therapy

# What Can Practitioners do for Themselves?

- Reducing or eliminating the use of harmful substances
- Basic physical wellness practices
- Not over-scheduling
- Addressing overwork and other compulsive emotional avoidance behaviors
- Massage therapy
- Yoga
- Meditation

## Strategy #1

### Early Identification and Entry

What are some tactics for identifying participants with a trauma history early on and getting them connected to the services they need expeditiously?

- Discuss in a small group
- Come up with one tactic as a group, which you may be asked to share.
- What's one thing you think you will change as a result of this discussion?

## Strategy #2

### Individualized Treatment Plans and the Therapeutic Alliance

Think three legs of a stool – Client's Theory of Change

- Goals, Meaning, or purpose
- Means or methods
- Bond

## Strategy #3

### Collaborative Case Planning

What are some practices that teams could adopt to support a more trauma-informed, person-centered approach to collaborative case planning?

- Discuss in a small group
- Come up with one tactic as a group, which you may be asked to share.
- What's one thing you think you will change as a result of this discussion?

# Strategy #4

## Rethinking Phase Structure

**Phase one:** Providing structure, support, and education for participants entering the treatment court through acute crisis intervention services, orientation ongoing screening and assessment, and collaborative case planning.

**Phase two:** Helping participants to achieve and sustain psychosocial stability and resolve ongoing impediments to service provision.

**Phase three:** Ensuring that participants follow a safe prosocial daily routing, learn and practice prosocial decision-making skills, and apply drug and alcohol avoidance strategies.

**Phase four:** Teaching participants preparatory skills (e.g. time management, job interviewing, persona finance) needed to fulfill long-erm adaptive life roles like employment or household management and helping them to achieve early remission from their substance use or mental health disorder.

**Phase five:** Engaging participants in recover-support activities and assisting them to develop a workable continuing-care plan or symptom-recurrence prevention plan to maintain their treatment gains after program discharge.

## Reflect

Are there any changes you would make to your current phase structure that would be:

- More trauma sensitive?
- More conducive to the participant engaging in and benefiting from treatment?
- Aid in the ability of participants to comply/complete case management objectives?