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Implementing Trauma-Informed Practices in Your Courtroom

Chanson D. Noether, MA

Jennifer K. Johnson, JD

Hon. Marcia Hirsch

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Disclaimer

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Warning

The content included in this presentation may contain triggering and/or sensitive material. Please feel free to exit the room or employ a self-care strategy if you feel uncomfortable with any of the presented material.

Speakers:

- Chanson D. Noether, MA
  Director
  SAMHSA's GAINS Center
  Policy Research Associates
  Delmar, NY

- Jennifer K. Johnson, JD
  Senior Consultant
  SAMHSA's GAINS Center
  San Francisco, CA

- Hon. Marcia Hirsch
  Presiding Judge
  Queens Treatment Courts
  New York, NY

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Importance of Being Trauma-Informed

Chanson D. Noether, MA
Director
SAMHSA's GAINS Center
Policy Research Associates
Delmar, NY

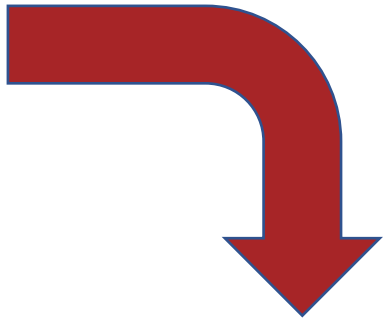
What's In It For Me?

Being trauma informed…

- Increases safety.
  - —Practice universal precautions.
- Promotes recovery and public health.
  - —Interrupt coping/survival behavior patterns.
- Reduces recidivism.
  - —Prevent deeper end justice involvement.
  - —Engage families.
- Acknowledges trauma in "clients" as well as professionals.
- Reduces the burden on individuals, families, & society.

Mental Health

Trauma



Missing piece

Substance Use

SAMHSA's Definition of Trauma

Individual trauma results from an **event**, series of events, or a 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.

DSM-5: Trauma & Stress or Related Disorders

1. Persistent mood disturbances/cognitive symptoms – negative thoughts, mistrust, memory lapses
2. Hypervigilance/hyperarousal – constant symptoms rather than triggered
3. Re-experiencing – flashbacks, nightmares, bad memories
4. Avoidance – avoiding certain places, people, and situations that trigger bad memories

Examples of Traumatic Events Children & Adults Experience

- Intentional trauma – abuse, bullying, rape, violence in community, exposure to violence
- Unintentional trauma – sudden death or illness of loved one, serious injuries/illness, separation from care giver/family, family disruption
- Other types – historical trauma, community trauma, poverty, homelessness, vicarious trauma, racism, ethnic cleansing, war

Co-occurring Disorder (Comorbidity)

- Co-existence of both a mental health disorder and a substance use disorder
- Common risk factors contribute to both
  - —Genetics
  - —Environmental factors such as stress
  - —Trauma, including epigenetic transmission
  - —Each is a risk factor for the other

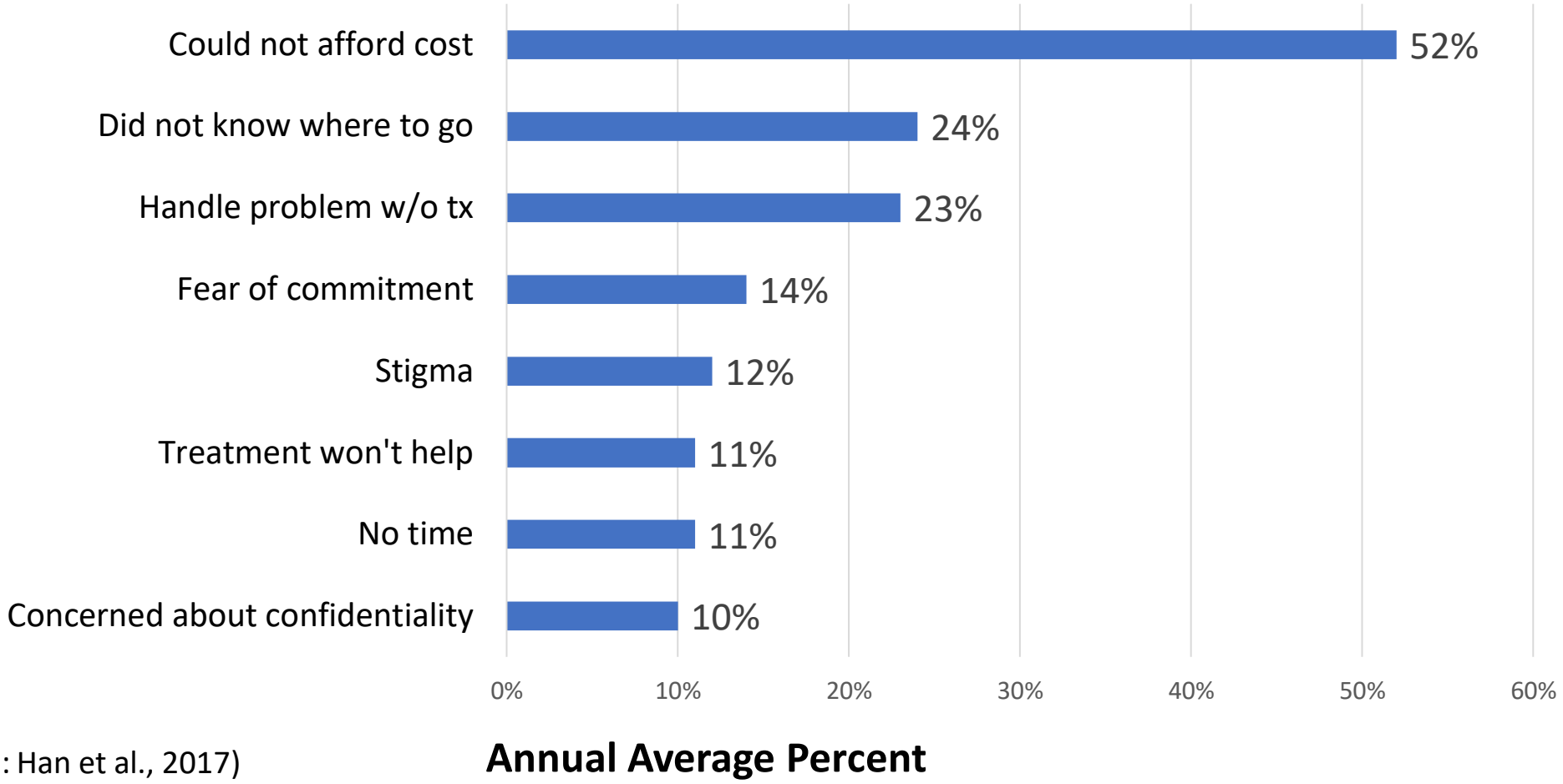
(Source: National Institute of Mental Health, 2021)

Prevalence of Co-occurring Disorder (COD)

- 7.7 million adults in the U.S. have COD
  - —Of the 20.3 million adults with a Substance Use Disorder (SUD), 38% have mental illness
  - —Of the 42 million adults with mental illness, 18% have SUD
- Treatment
  - —53% received neither SUD or mental health (MH) treatment
  - —35% MH treatment only
  - —4% received SUD treatment only
  - —9% received both

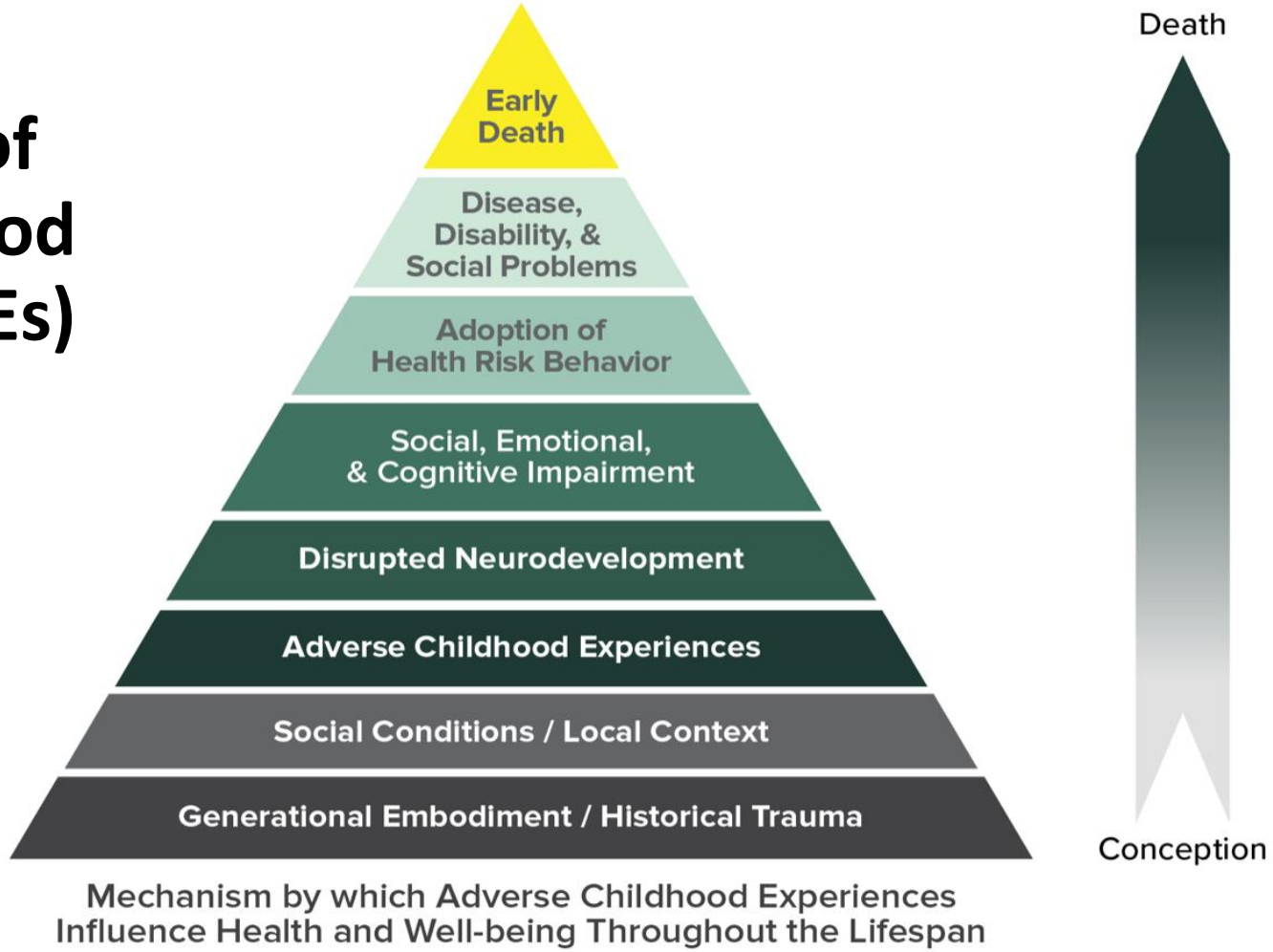
(Source: Han et al., 2017)

Barriers to Treatment for Adults with COD



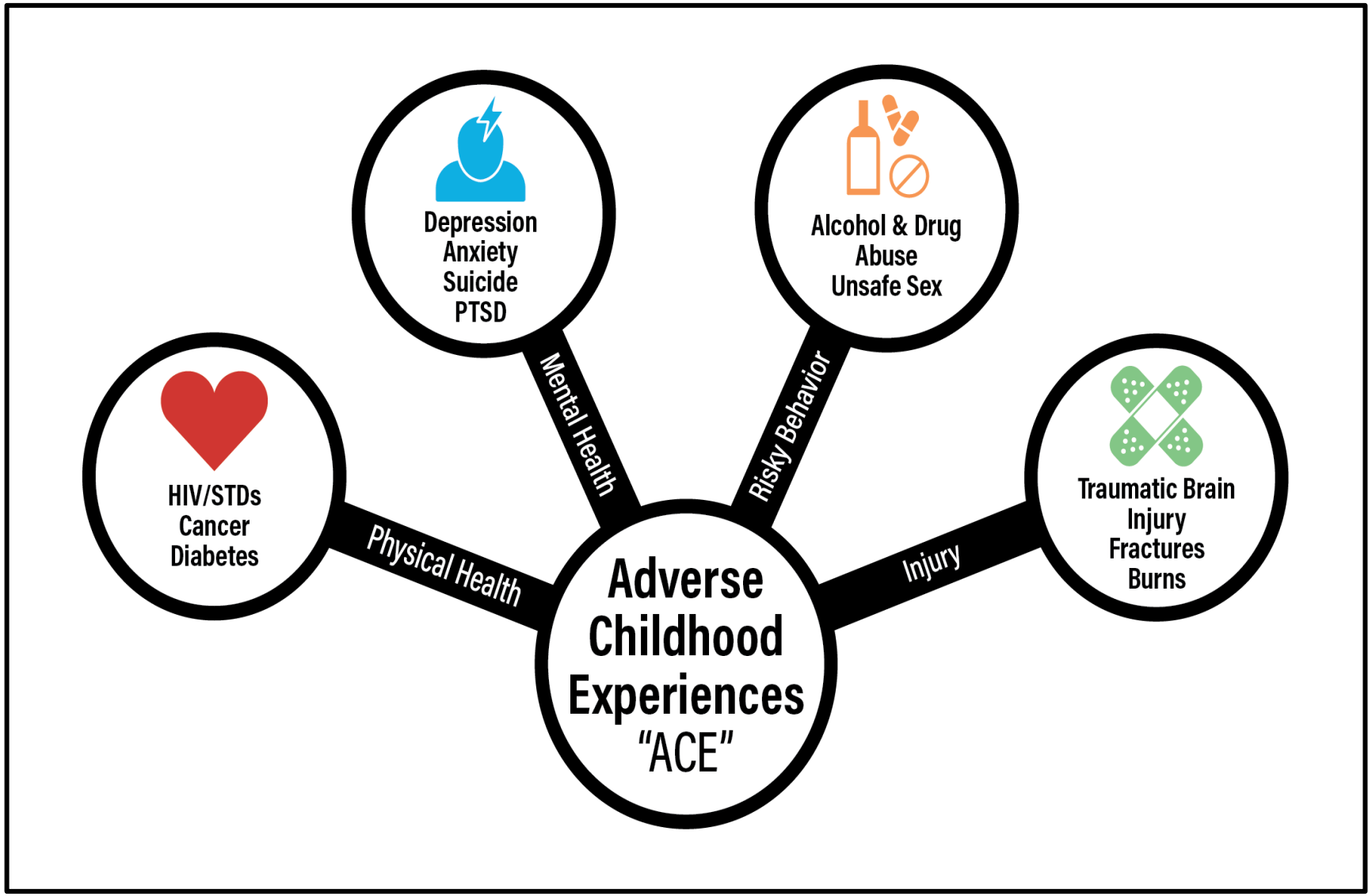
(Source: Han et al., 2017)

Lifelong Effects of Adverse Childhood Experiences (ACEs)



Mechanism by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

(Source: Centers for Disease Control and Prevention, 2020)


Depression
Anxiety
Suicide
PTSD
Alcohol & Drug
Abuse
Unsafe Sex
HIV/STDs
Cancer
Diabetes
Traumatic Brain
Injury
Fractures
Burns
Mental Health
Risky Behavior
Physical Health
Injury
Adverse
Childhood
Experiences
"ACE"

Physical Health & Trauma

ACE studies* demonstrate that childhood trauma significantly increases the risk of:

- Cigarette smoking[1]
- Suicidal behavior[1,2]
- Difficulty controlling anger[3]
- Memory impairment[4]
- Sexuality issues[3]
- Heart disease[5]
- Headaches[6]
- Adolescent pregnancy[7]
- Obesity[3]
- Lung disease[8]
- Cancer[5,8]
- Premature death[9]

(Sources: Feletti et al., 1998[1]; Thompson et al., 2019[2]; Andra et al., 2006[3]; Edwards et al., 2001[4]; Hughes et al., 2017[5]; Anda et al., 2010[6]; Hills et al., 2010[7]; Brown et al., 2010[8]; Brown et al., 2009[9])

Substance Use/Mental Health & Trauma

- Suicidality [1]
- Alcohol misuse [2,3]
- Witnessing/perpetrating IPV [2,4,5]
- Lower scores on MH measures [6]
- Depression [1]
- Co-occurring disorder [2]
- Psychotropic med prescriptions [7]
- Anxiety [2]
- Hallucinations [8]
- Antisocial personality disorder [9]
- Substance Use Disorder [1,3]

(Sources: Feletti et al., 1998[1]; Andra et al., 2006[2]; Hughes et al., 2017[3]; Dube et al., 2002[4]; Whitfield et al., 2003[5]; Edwards et al., 2003[6]; Anda et al., 2007[7]; Whitfield et al., 2005[8]; DeLisi et al., 2019[9])

Mental Health/Criminal/Behavioral Issues & Trauma

As exposure to childhood risk factors* increases, so do:

- depression & anxiety in adulthood
- criminal arrests in adulthood
- education attainment declines after 1 risk factor*

* Risk factors: child abuse/neglect, parental divorce, parental arrest, sibling arrest, parental substance use, sibling substance use, single-parent home, deceased parent, 5+ children in home, homelessness, removal from home, HH $ stress

(Source: Horan & Widom, 2015)

Expanding Definitions of Adversity

- ACEs include 10 items
- Broadening the Focus – Additional items:
  - —Low socioeconomic status (SES) → lower physical health score
  - —High peer victimization → higher distress symptoms
  - —High peer social isolation → higher distress symptoms
  - —High exposure to community violence → higher distress symptoms

The “Toxic Triad”

- Exposure to Parental Domestic Violence → maltreatment, social & behavioral problems, depression, anxiety, lower social skills, violent & risky delinquency, adult abuse, negative health behaviors
- Parental Addiction → maltreatment, lower academic achievement, substance abuse, aggression, criminal behavior, depression, psychopathology
- Parental Mental Illness → maltreatment, mood disorders, internalizing & externalizing, depression, substance abuse

(Source: Fuller-Thompson, Sawyer & Agbeyaka, 2019

Toxic Triad in CJ Populations

	HH IPV -> Mother	HH Sub Use	HH MI/ Suicide
US Adult Population[1]	13%	27%	19%
Adult COD Court[2]	83%	45%	37%
Juvenile COD Court[3]	24%	43%	44%
Boys in State Detention[4]	81%	24%	8%
Girls in State Detention[4]	84%	30%	12%

** HH= Household
**MI= Mental Illness
**IPV= Intimate Partner Violence

(Sources: Feletti et al., 1998[1]; IL Treatment Court[2]; Callahan et al., 2012[3]; Fox et al., 2015[4])

Childhood Trauma's Long Term Effects

- Childhood & adult psychopathology – risk of ADHD, depression, anxiety, personality disorders [1]
- Cognitive, social, & emotional competencies [2]
- Increased risk of chronic illnesses [3]
- Overall higher risk of physical & psychological problems
- Childhood trauma "sets the stage" for chronic and severe SUD.
- Individuals with SUD report high levels of childhood victimization. [4]
- Early childhood trauma may alter normal neurological development, expose them to poor learning environments, & affect cognitive development. [5]

(Sources: Cummings et al., 2012[1]; Enoch, 2011[2]; Dong et al., 2004[3]; Enoch et al., 2010[4]; Najavitz et al., 2017[5])

Major Research Connecting Trauma with SUD

- Strongest link is between Post-Traumatic Stress Disorder (PTSD) (DSM-5 Mental Disorder) and SUD
- PTSD ⟷ SUD increases vulnerability[1]
  - —Diagnosis of PTSD in adults increased risk of SUD 3-5 years later[2]
  - —Diagnosis of anxiety in adolescents increased risk of AUD[4] years later[3]
  - —Highest rates of COD in combat and sexual assault survivors[4]
  - —PTSD → SUD is found across all age groups[1]

(Sources: Najavitz et al., 2017[1]; Chilcoat & Breslau, 1998[2]; Wolitzky-Taylor et al., 2012[3]; Bailey & Stewart, 2014[4])

How are Trauma and SUD/COD Connected?

3 hypotheses explaining high rates of trauma & SUD:

1. Self medication
   - substance use reduces painful emotions associated with trauma.
2. Substance-induced
   - SUD increases the risk of PTSD, exacerbating symptoms of trauma.
3. Shared vulnerabilities
   - other factors common to both PTSD and SUD/COD contribute to both.

Responding to What We See

Jennifer K. Johnson, JD
Senior Consultant
SAMHSA's GAINS Center
San Francisco, CA

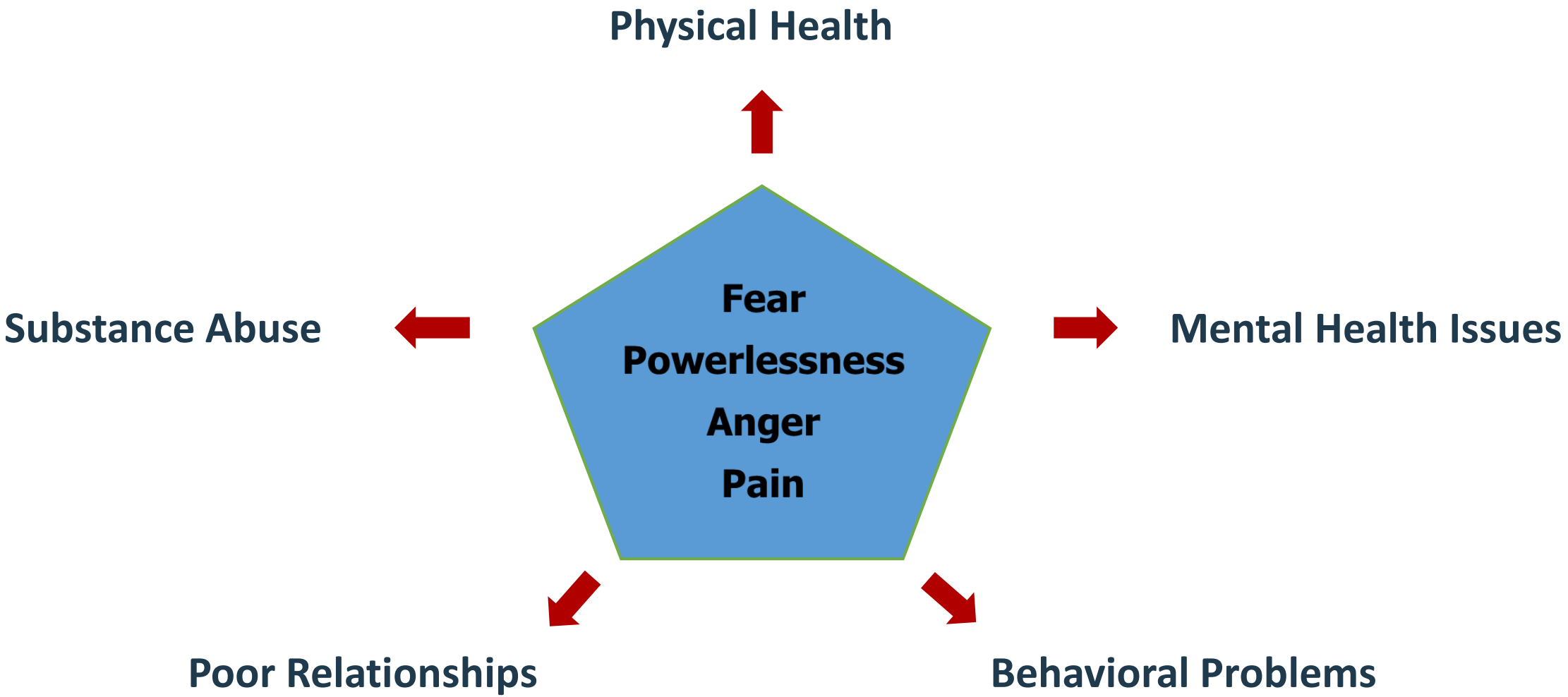
Behaviors

Behavior = Coping & Survival

- Hopelessness (indifference)
- Aggression (self & others)
- Hypervigilance (distrustful)
- In the moment, unfocused (no goals)
- Resentful (holds grudges)

When the brain is stressed – a person cannot think, plan, or execute.

Long-term Effects of Trauma



Behaviors Are Symptoms

- We can divide symptoms of trauma into three domains:
  - —Physical
  - —Emotional
  - —Cognitive
- Some behaviors may have more than one explanation
- Mental health symptoms overlap
- Symptoms wax and wane and change over time
- People in the criminal justice system are complex

What Happens In Vagus…

The Autonomic Nervous System

- Sympathetic : “Gas Pedal”
  - —Constriction of vagus nerve
  - —Increased heart rate, pulse, respiration
  - —Rise in blood sugar
  - —Dilation of pupils
  - —Release of adrenaline and cortisol
- Parasympathetic : “Brake”
  - —Release of vagus nerve
  - —Lower heart rate, pulse, respiration
  - —Conservation of sugars and energy
  - —Relative relaxation

Emotional Symptoms of Trauma

- Chronic fear and anxiety
- Inexplicable guilt and shame
- Persistent intrusive concern about cases, clients
- Feeling overwhelmed by small challenges
- Self-doubt
- Withdrawal and isolation
- Irritability and anger
- Powerlessness
- Numbness

Physical Symptoms of Trauma

- Changes in breathing, heart rate, circulation
- Difficulty falling or staying asleep
- Problems with appetite and digestion
- Heart problems
- Diabetes
- Headaches
- Chronic musculoskeletal pain
- Immune problems

Cognitive Symptoms of Trauma

- Rigid black and white thinking
- Difficulty concentrating
- Confusion and memory loss
- Loss of sense of direction and purpose
- Inability to recognize cause and effect
- Minimization of problems, consequences
- Preoccupation with stressors that cannot be controlled

Our Biography Becomes Our Biology

Trauma comes back as a reaction, not a memory.

Bessel Van Der Kolk


What We See
HOSTILITY
FEAR
ANGER
AGITATION
HOPELESSNESS
ANXIETY
HYPERVIGILANCE
SCANNING
MISTRUST
ACQUIESCENCE

People Need…

- Respect
- Information
- Safety
- Choice

Overcoming Natural Instincts

- We may naturally REACT to the BEHAVIOR
  - —Become frustrated
  - —Misinterpret the behavior
  - —Confront the behavior
  - —Become defensive
  - —Take what is said personally
  - —Blame the person for the behavior
- We can learn to RESPOND to the SYMPTOMS

What Does it Mean to RESPOND?

- Avoid triggering behavior
  - —Escalating behavior
  - —Overreacting
  - —Making false promises
  - —Power struggles
- Create a safe space
  - —Behavior is a survival reaction
  - —Reactions are physiological
  - —Physical space can be modified
  - —Include all court personnel
- Communicate with transparency
  - —Narrate the experience
  - —Announce intentions
  - —Slow down the process
  - —Include the person
- Interact to the extent possible
  - —Demonstrate trustworthiness
  - —Collaborate with the person
  - —Empower the person
  - —Encourage narrative autonomy

Becoming Trauma Competent

- Presume that trauma is ubiquitous and universal
- There is no downside to a trauma informed approach
- “That’s how it has always been done” is not a satisfying answer
- COVID taught us that policies and procedures can be adjusted
- Small changes in language and environment can have a big impact
- Understand that lawyers, staff and judges may suffer from trauma
- Trauma informed approaches are only limited by our own creativity

The Pandemic Effect

Additional Stressors

- Delayed court cases
- Staffing shortages
- Increased isolation
- Remote court
- Grief and loss
- Fewer community resources

Possible Silver Lining

- Advances in technology
- Time saved by remote court
- Transportation
- Telemedicine
- Critical look at our systems
- Increased empathy for others

Looking into his eyes, you seemed to see there the yet lingering images of those thousand-fold perils he had calmly confronted throughout life.

Herman Melville, *Moby Dick*

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Implementing a Trauma-Informed Approach

Hon. Marcia Hirsch
Presiding Judge
Queens Treatment Courts
New York, NY

Trauma and the Justice System

	Any Physical or Sexual Abuse (*N* = 2,122)	
	Lifetime	**Current**
Female	**96%**	**74%**
Male	**92%**	**79%**

(Source: Cusack, Steadman, & Herring, 2010)

SAMHSA's Trauma-Informed Approach

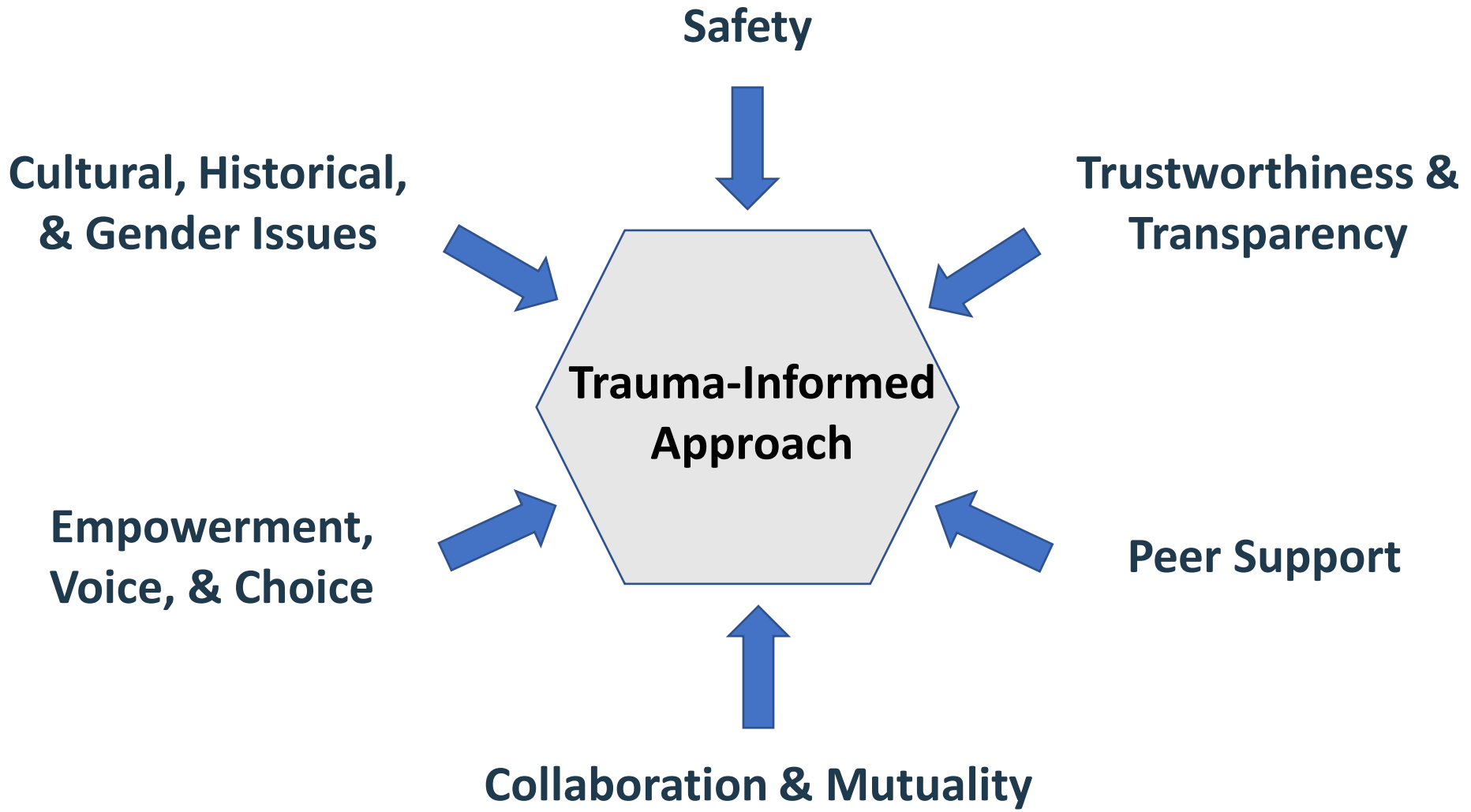
1. Realize the prevalence of trauma and why a trauma-informed approach is important.

2. Recognize how trauma affects all individuals in an organization, program, system, and workforce.

3. Respond effectively and with compassion.

4. Resist re-traumatization.

Principles of a Trauma-Informed Approach



What is Trauma-Informed Practice?

- Incorporating an understanding of trauma into your routine courtroom practice
  - What is trauma?
  - What is vicarious or secondary trauma?
- Assuring your clients/defendants/families have access to trauma-informed interventions
  - What evidence-based trauma services exist in your community?
- Focusing on how services are delivered by partner organizations
  - Are my partner agencies trauma-informed?

Incorporating Trauma-Informed Practice Into Your Courtroom

- Identifying trauma
- Adjusting the relationships among parties
  - Respect, Information, Safety, Choice (RISC)
- Adapting strategies
  - Authority is not based on power, it's based on trust.
- Preventing vicarious trauma
  - Workplace culture – expectations, caseload, etc.

Guidelines for Implementing a Trauma-Informed Approach in Your Court/Criminal Justice System

- Governance and Leadership
- Policy
- Physical Environment
- Engagement and Involvement
- Screening, Assessment, and Treatment Services
- Cross-sector Collaboration
- Training and Workforce Development
- Progress Monitoring and Quality Assurance
- Financing
- Evaluation

What Does it Mean to Provide Leadership on the Subject of Trauma-Informed Courts?

- Be the champion for a trauma-informed approach.
- Support and invest in implementing a trauma-informed approach.
- Identify a point of responsibility for the work.
- Include peers/persons with lived experience.

Are Your Polices, Practices, and Procedures Trauma-Informed?

- Analyze your courtroom policies to determine if they are trauma-informed.
- Develop written policies, practices, and procedures that establish a trauma-informed approach as essential to your courtroom and larger community.
- "Hard wire" trauma-informed policies, procedures, and practices into your courtroom and community.

Is Your Court Environment Sensitive to Trauma?

- Do people feel safe in your courtroom? Are they safe?
- Are there physical changes you can make to improve the safety?
- Are rules and practices flexible or rigid?
- Is privacy and confidentiality a priority?

Courtroom Communication

PROFESSIONAL'S COMMENT	CLIENT'S PERCEPTION	TRAUMA-INFORMED ALTERNATIVE
"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 meds today?"	"I'm a failure. I'm a bad person. No one cares how the meds make me feel."	"Are the meds 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?"	"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. We're not giving up on you."
"I'm sending you for a mental health evaluation."	"I must be crazy. There is something wrong with me."	"I'd like to refer you to a doctor who can help us better understand how to support you."

Courtroom Environment

PHYSICAL ENVIRONMENT	REATION OF TRAUMA SURVIVOR	TRAUMA-INFORMED APPROACH?
A court officer jingles handcuffs while standing behind a defendant.	Anxiety; inability to pay attention to what the judge is saying; fear.	
Multiple signs tell defendants (and others) what not to do.	Feeling intimidated; lack of respect; untrustworthy; treated like a child.	
The judge sits behind a bench, often elevated, defendant is at a table some distance away.	Fear of authority; inability to communicate clearly, especially if perpetrator/abuser is in the courtroom.	

Courtroom Procedures

COURTROOM EXPERIENCE	REACTION OF TRAUMA SURVIVOR	TRAUMA-INFORMED APPROACH?
A court officer handcuffs a defendant, without warning, to remand him/her to jail for not meeting court requirements.	Anxiety about being restrained; fear about what is going to happen.	
A judge remands one individual to jail but not another when they both have a positive drug screen.	Concern about fairness; feeling that someone else is getting special treatment.	
A judge conducts a sidebar with attorneys.	Suspicion; betrayal; anxiety	

How Do You Engage and Involve Others to Foster Trauma-Informed Practices in Your Courtroom?

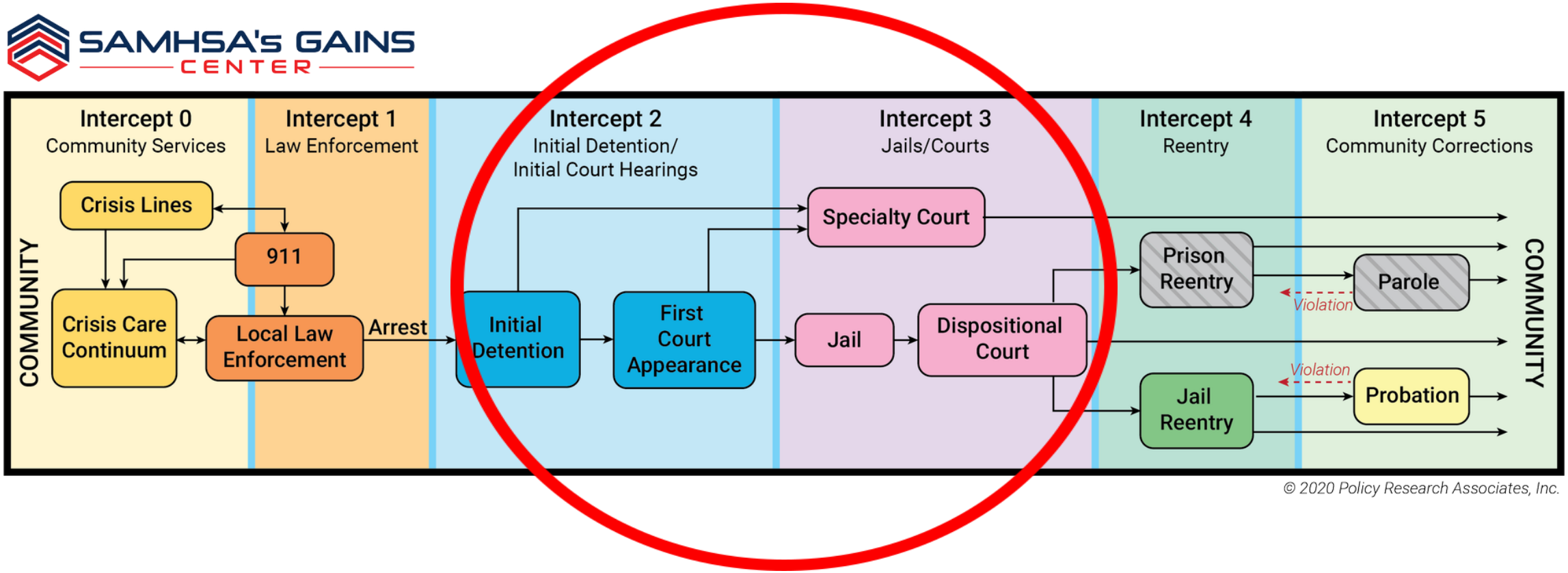
- Include people in recovery, people receiving services, family members, and trauma survivors - ASK

- Program design, implementation, service delivery, quality assurance, cultural competence, access to peer support, workforce development, and evaluation.

Can You Do This Alone?

- Where is your treatment provider community with regard to trauma-informed, trauma-sensitive practices?
- Are other parts of your justice system trauma-informed?
- Who are the champions in other organizations?
- Where are the gaps? Strengths?

Sequential Intercept Model (SIM)



Questions to Consider in Your Court

- What do we hope to gain by being a trauma-informed court?
- Is my courtroom set up in a trauma-informed way?
- How can we alter the courtroom set up to be more trauma-informed?
- Do defendants, families, victims, witnesses, and staff feel safe?
- Can people in my court hear what the judge and other key officials are saying? Do we speak clearly?
- Do court staff show respect toward people in court?
- Do we explain court procedures to people in the courtroom?
- What policies and procedures need to be altered to be more trauma-informed?

Consequences Courts May Consider

- Continuity of Care
- Employment/Ban the Box
- Housing
- Voting
- Driver's License/ Identification
- Entitlements - SSI/SSDI
- Medical Insurance
- Child Care
- Fees and Fines

Trauma-informed Adaptations & Programs at Intercepts 2/3

- Screening and assessment for trauma/other issues -> placement
- Integration of peers and navigators at every step
- Diversion as the assumption, not the exception
- Awareness of impact of suspension of entitlements based on length of jail term
- Awareness of impact of costs of incarceration
- Continuity of care – medications and providers
- In-reach of community-based behavioral health professionals
- Specialized dockets
- Recovery courts
- Focus on wellness of staff
- Training for staff

Trauma Informed Jail Diversion Project (JDP)

- Right thing for the right reason
- Welcoming
- Listen and assess needs
- Provide immediate treatment and housing upon re-entry
- Food and drinks
- Clothing and shoes
- Advocate and inform court
- Build relationships
- Continued support – Peer Specialists

What are some “quick fixes”?

- Habits
- Policies
- Environment
- Training

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