

A HOLISTIC TRAUMA-INFORMED APPROACH FOR EVERY ROLE: MAXIMIZING TEAM MEMBERS' EFFECTIVENESS IN INTERPERSONAL INTERACTIONS


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**WHAT DOES
“TRAUMA-
INFORMED”
MEAN?**



WHAT DO WE MEAN BY “TRAUMA”?

Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening that has lasting adverse effects on the individual's functioning and mental, social, emotional, or spiritual well-being.

- SAMHSA, 2014

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.

PREVALENCE OF TRAUMA IN COURTS

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*.

THE KEY ELEMENTS OF A TRAUMA- INFORMED APPROACH

Realizing the prevalence of trauma;

Recognizing how trauma affects all individuals involved with the program, organization, or system, including its own workforce; and

Responding by putting this knowledge into practice.

Actively resisting re-traumatization.

SAMHSA, 2012

SAMHSA'S PRINCIPLES OF TRAUMA COMPETENCY

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

SAMHSA'S PRINCIPLES OF TRAUMA COMPETENCY

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

SPECIFIC TRAUMA-INFORMED PRINCIPLES

- Promote trauma awareness and understanding
- Recognize that trauma-related symptoms and behaviors originate from adapting to traumatic responses
- View trauma in the context of individuals' environments
- Minimize the risk of re-traumatization or replicating prior trauma dynamics
- Create a safe environment
- Identify recovery from trauma as a primary goal
- Support control, choice, and autonomy
- Create collaborative relationships and participation opportunities
- Familiarize clients with trauma-informed services
- Conduct universal routine trauma screening
- View trauma through a sociocultural lens
- Use a strengths-focused perspective to promote resilience
- Foster trauma-resistant skills
- Show organizational and administrative commitment to TIC
- Develop strategies to address secondary trauma and promote self-care
- Provide hope and believe recovery is possible

(TIP 57, SAMHSA, 2014)



WHAT THE RESEARCH SAYS ABOUT TRAUMA- INFORMED APPROACHES



RESEARCH ON TRAUMA- INFORMED CARE

-
- “Trauma-informed care acknowledges the need to understand a patient’s life experiences in order to deliver effective care and *has the potential* to improve patient engagement, treatment adherence, health outcomes, and provider and staff wellness.” (SAMHSA 2016)

Evidence supporting a connection between trauma-informed practices and improved outcomes

EXAMPLE: SEEKING SAFETY

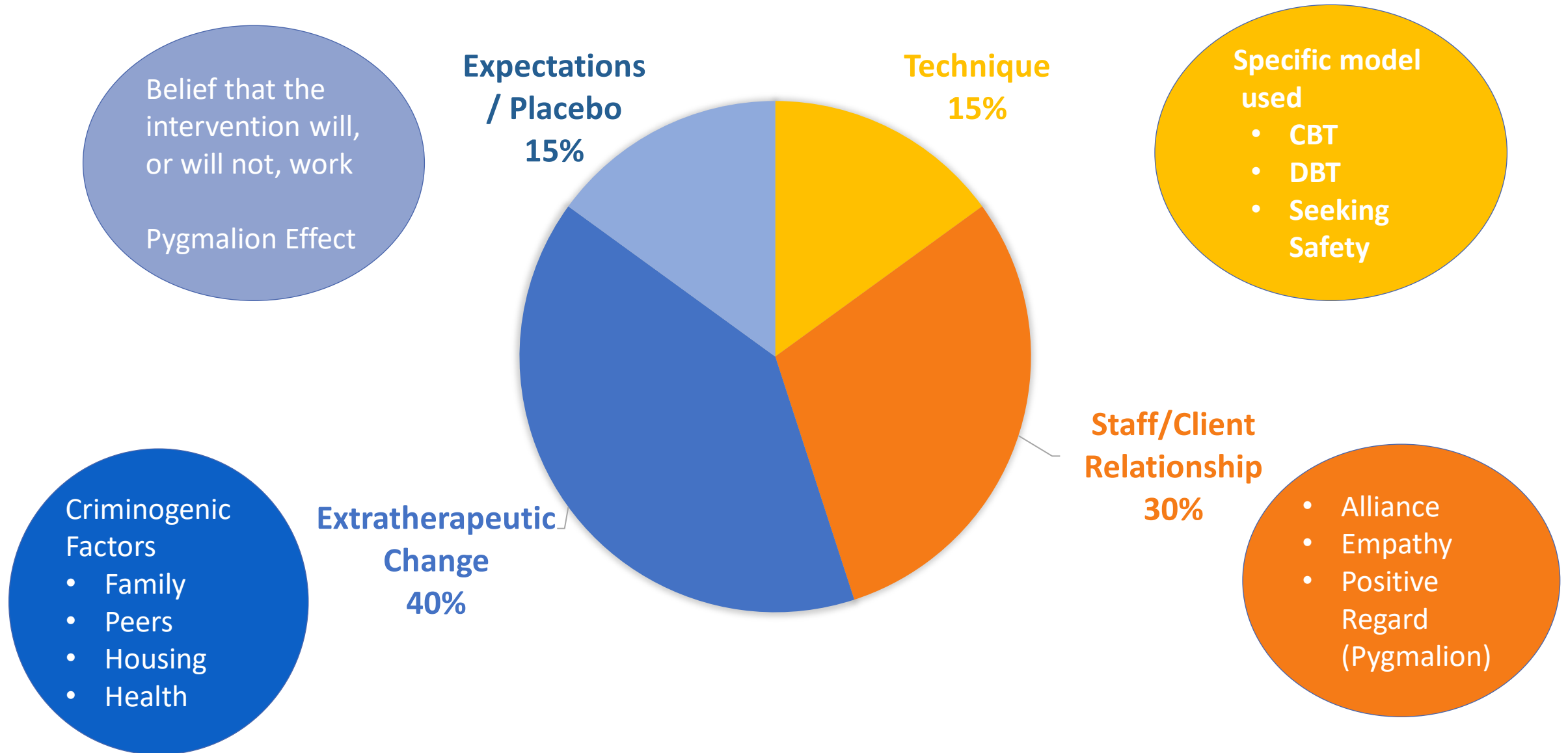
“Supported by research evidence” for adults by the California Evidence-Based Clearinghouse and “strong research support for adults” by the Society of Addiction Psychology of the American Psychological Association

Focuses on:

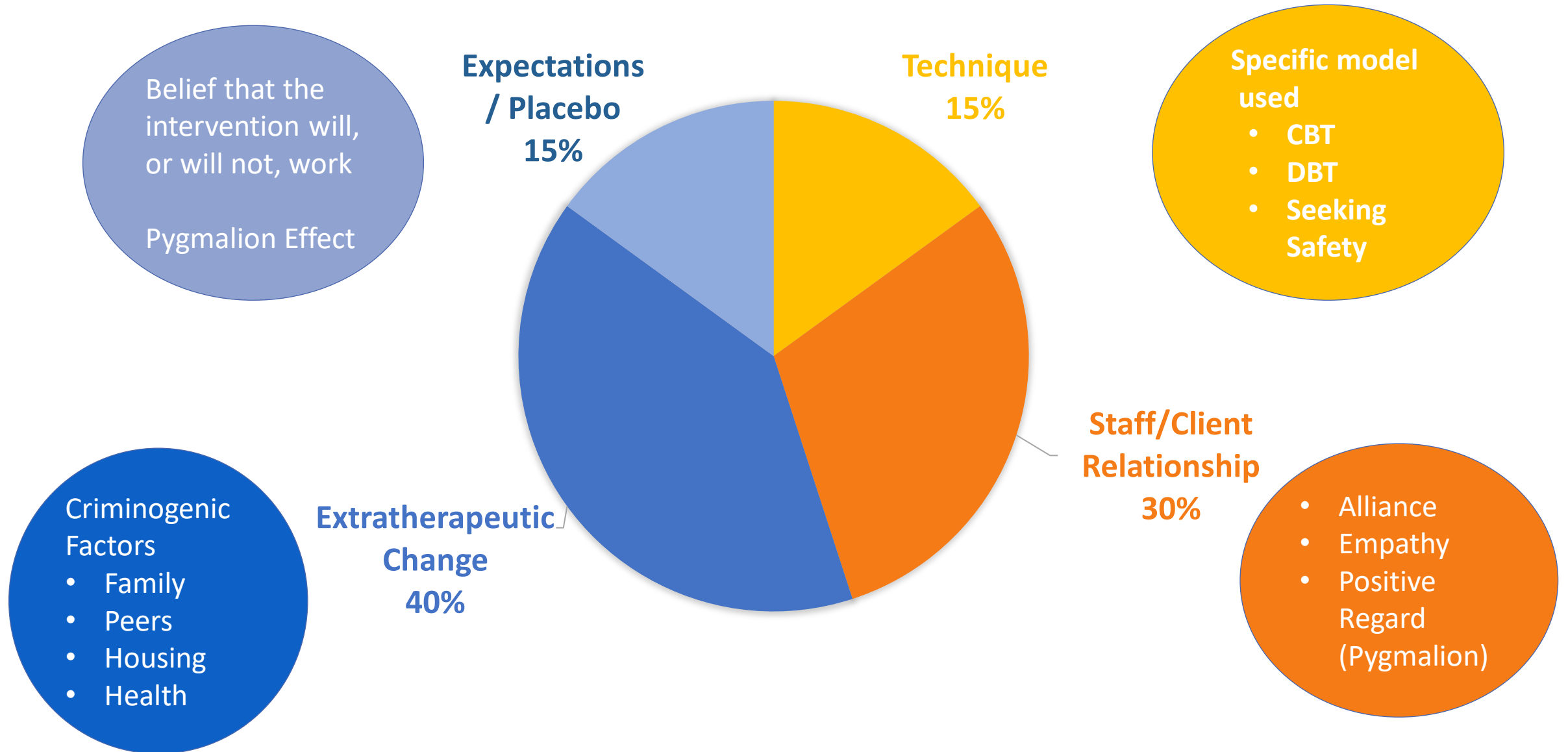
- (1) prioritizing safety
- (2) integrating trauma and substance use
- (3) rebuilding a sense of hope for the future (focus on the positive)
- (4) building cognitive, behavioral, interpersonal, and case management skill sets

TANGENTIAL OR ADJACENT RESEARCH - HUMAN CONNECTION

What leads to behavior change?



What leads to behavior change?



HUMAN CONNECTION & BEHAVIOR CHANGE

*Metanalysis of research in
neurobiology showed that*

*“Social isolation influences
the predisposition, onset and
outcome of PTSD in humans”*

HUMAN CONNECTION & BEHAVIOR CHANGE

We are neurologically wired for connection

In brain imaging studies **Perceived Social Isolation** was associated with changes in connectivity between and within different portions of the brain associated with:

- Diminished **executive function**
- Decreased ability to **sustain attention** which impacts **working memory, executive control** and **maintaining task sets**
- Hypervigilance to **social threat** and diminished **impulse control**

Kyle is a treatment court graduate

Pat is the defense attorney on the treatment court team


Video: Kyle and the importance of support and the human connection

- What are mechanisms through which drug court works?
 - Positive attitudes towards judge = better outcomes
 - Judge with more positive demeanor = better outcomes
 - Traditional sanctions (i.e., jail) were not associated with participant outcomes
 - Higher levels of judicial supervision = fewer crimes & fewer days of drug use reported
- The relationship between the judge and participants matters for improving outcomes – Capitalize on hope and find something you genuinely like about each participant!

**HUMAN
CONNECTION &
BEHAVIOR
CHANGE**



TRAUMA- INFORMED ROLES ON THE COURT TEAM



TRAUMA AND AUTHORITY

- To a participant, the courtroom may look and feel forbidding at first
- Their impressions of courts may not be positive, particularly if they are from a minority population
- Traumatized people need control
 - Trauma happened to them
- The court feels out of their control
 - The judge/team controls their fate

TRAUMA AND AUTHORITY

- Most traumatized people have negative views of authority
- Often, they have been harmed by people in positions of authority
- They usually perceive authority figures as either harming or abandoning them
- This leads to negative authority projections
- They will respond in ways they have usually responded to authority: with anger, fear, and/or shame



Your job is to give them a different experience.



**Your job is to give them a trauma-informed
experience.**

THE TRAUMA-INFORMED JUDGE

- Usually receives the most negative authority projections (e.g., is perceived as authoritarian or rejecting)
- Responds rather than reacts:
 - to hostility with calm and compassion
 - to avoidance with invitation and reaching out
 - to fear with gentleness
- In other words, *they respond with the opposite of what is expected*

THE TRAUMA-INFORMED JUDGE

- Watches for signs of trauma in participants and responds accordingly (e.g., sees an agitated participant and has their case heard early)
- Steps down from the bench and meets at the same level with everyone
- Takes off their robe when possible
- Maintains transparency and predictability to build trust
- Gives time outs and has the participant return after a cooling off period
- Uses outbursts as teachable moments

THE TRAUMA-INFORMED PROSECUTOR

Prosecution

- Your badge is big and scary
- Your threats and tough talk don't help
- Your smile, and support DOES help
- Your constant message of hope and help is magic.
- Engage and instill hope, use your power sparingly and to clear barriers.

TRAUMA-INFORMED DEFENSE COUNSEL

Defense

- Be clear and repeat often
- Listen, and share what you can about your client's fears, needs.
- Stop with the legalese and start with easy language....and listen, even when it is not "the point"- it is to them.
- Stay near if they need it, and support.
- Prepare them for "surprises". Caution the team NOT to surprise.

ENGAGE: COURT GREETING BY BOTH COUNSEL

Good Morning! My name is Helen. I'm the prosecutor assigned to this court by the District Attorney. Some of you know me from other courtrooms. (smile) This guy standing next to me is Steve. He is the defense attorney who is assigned here. If you have not met him, you will. He is AMAZING. Like everyone else here: he will help you.

This Courtroom is different than many others. This Court has a team of people and a Judge who have had intensive and specialized training regarding treatment courts and are here to help you succeed. Treatment, probation, the Court staff, the lawyers and the Judge.....all here to help you. If you want to stop using drugs, and to have a different life, THIS IS THE PLACE!

We still have to do some "court stuff" and say "lawyer stuff" now and then, but everything else about this Court is different. The most important thing for you to do is "show up". If you are still using: show up. If you are scared: show up. If you are angry or frustrated: show up. We all know how hard this thing is...but we need you to show up. If you goof: we will help you. But you need to show up.

So: what's the most important thing? SHOW UP. Everything else follows that. Some weeks Steve and I will chat with you about common issues that come up, but today...welcome to our Treatment Court. It's just awesome.

DE-TRAUMATIZE YOUR COURTROOM AND PROCESS

-
- Move to gender specific sessions
 - Move to seated sessions at tables if you can, so it is less intimidating for trauma survivors
 - Nothing sudden
 - Place participant in a protected and perceived safe location with “friends” nearby.
 - All counsel: court is plenty intimidating....make it less so while still covering your record.
 - Prosecutors: snarl less, smile more-sell recovery.

LOOK AT EVERYTHING YOU DO WITH THE END GOAL IN MIND

- I rarely used my field badge as a prosecutor-only at a couple of crime scenes where the officers didn't know me automatically, but I commonly wore it to treatment courts. And I did that with a specific goal in mind. I wanted them to learn that "the badge" is there to help them too. It is a crucial life skill, and I wanted participants not to fear us, but to come to us.
- I used placebo, and engagement. I sold the Court just like I did a set of facts to a jury. Different audience, but same goal. Use your trial skills for engagement. And your smile.

THE TRAUMA- INFORMED TREATMENT PROVIDER

KEEPS THE TEAM
FOCUSED ON THE
REAL STORY

What they did to
get into court

**What
happened
to them to
get them
there**

THE TRAUMA-INFORMED TREATMENT PROVIDER

- Understands that the treatment court is a therapeutic entity
- Understands that treatment is the key to reducing recidivism
- Helps explain the role of trauma in the participant's behavior
- Explains the function of lying in trauma and substance abuse
- Explains to everyone the complicated relationship between trauma and substance abuse
- Alerts the court team to unaddressed problems such as Complex PTSD and Race-Based Trauma and Stress

THE TRAUMA-INFORMED TREATMENT PROVIDER

Pays attention to who is having difficulty each day and recommends adjustments (e.g., allowing agitated participants to go first)

Calls attention to participant splitting, explains its function, and helps team members present a united front to the participant

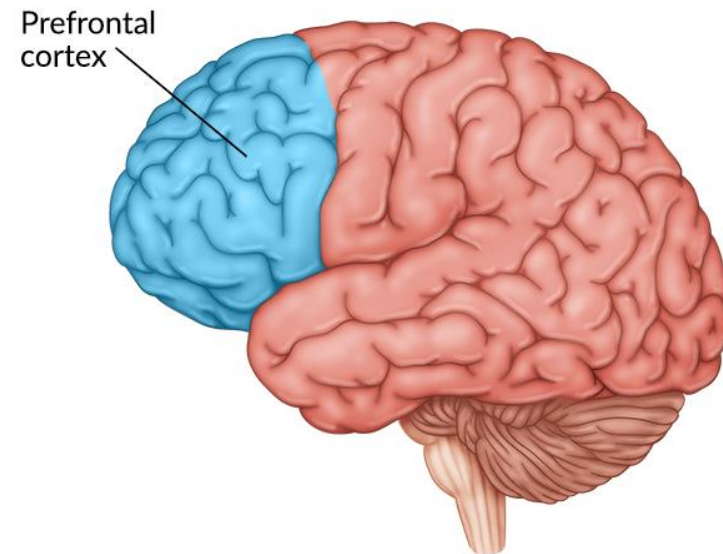
Always asks if all options have been exhausted prior to decisions on jail sanctions and program eviction

Attends to the potential secondary traumatization of team members

Encourages team members not to take participant behaviors personally

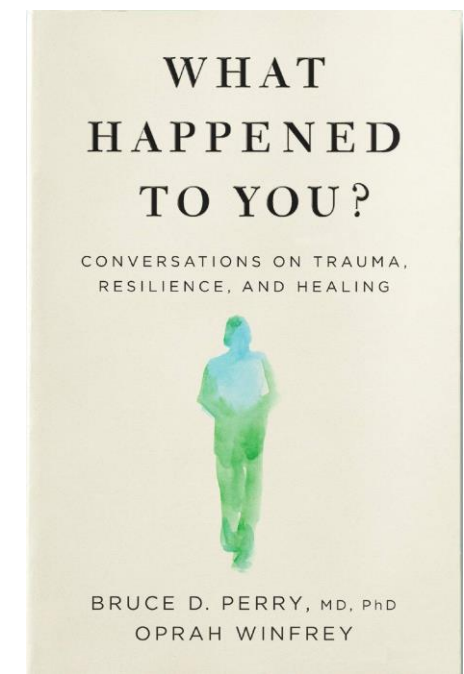
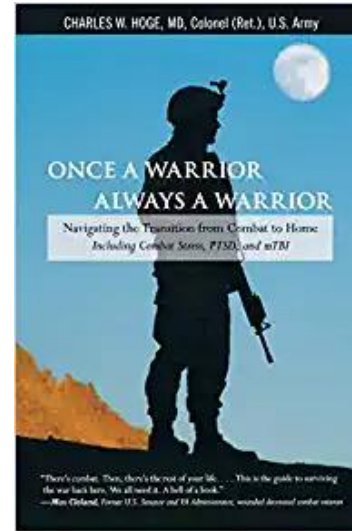
THE TRAUMA-INFORMED TREATMENT PROVIDER RECOMMENDS TRAUMA-INFORMED SANCTIONS SUCH AS:

- Having the participant replay the incident/relapse by noticing the trigger, paying attention to their motivations, noticing the consequences, and generating alternative behaviors
- Engage in problem-solving exercises
- Homework that reactivates the prefrontal cortex

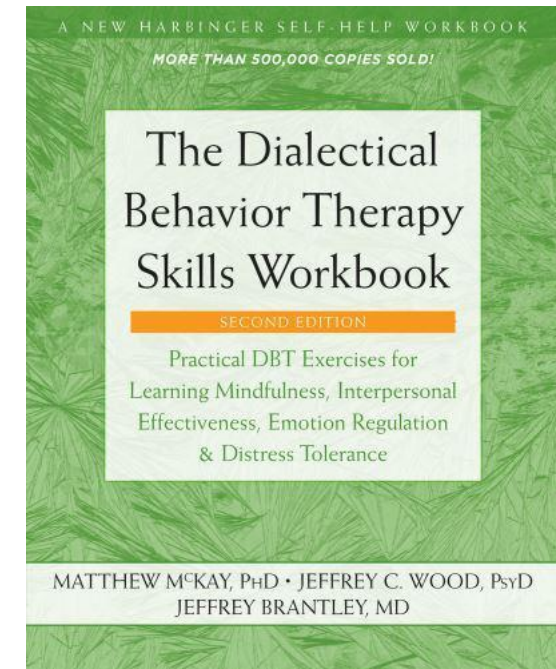
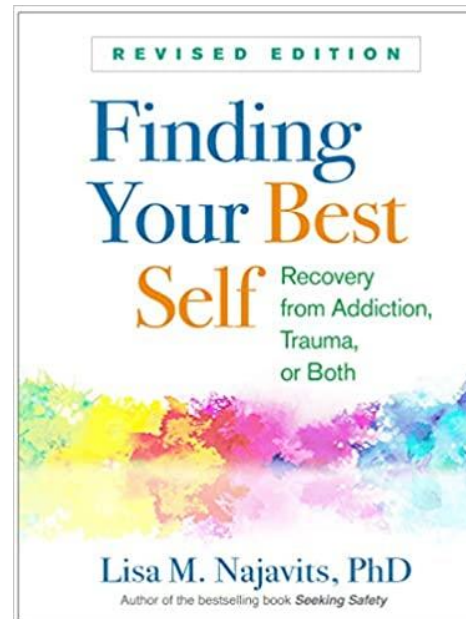


THE TRAUMA- INFORMED TREATMENT PROVIDER RECOMMENDS TRAUMA- INFORMED SANCTIONS SUCH AS:

- Using bibliotherapy



- Using workbooks



TRAUMA- INFORMED PROBATION SERVICES: ALTER YOUR APPROACH

- What happened to you? Tell me your story. **Versus: what's wrong with you.**
- Risk-Needs-**Responsivity** uses strength-based research and this builds into that practice. **Work with protective factors and enhance them.**
- This is not a specific intervention: **it is a way of doing business that improves outcomes.** It is a process of critical thinking specific to each case (Drisko, Grady, & Levinson, 2017)

HOW TO CONDUCT TRAUMA-INFORMED PROBATION

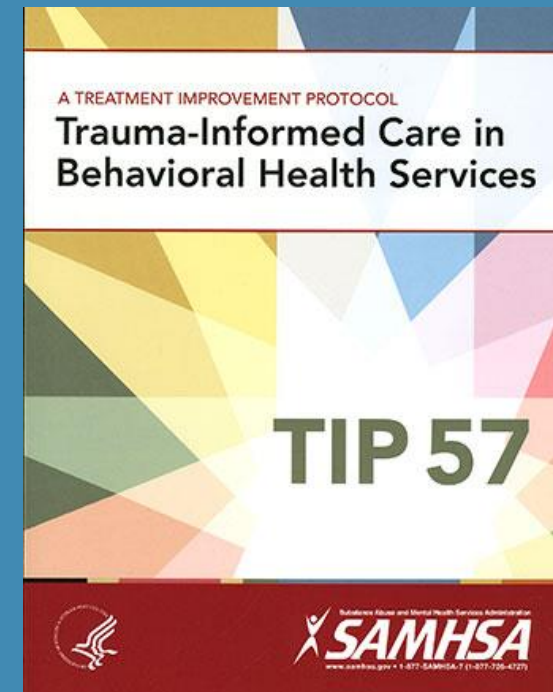
- Make the environment feel safe for participants during office and field visits (and you)
- Explain, explain, explain before doing anything when you can, including urine testing.
- Policy and plans in writing for subsequent review after panic subsides
- Recall the mind, in a panic, doesn't recall everything perfectly...or at all.
- Case planning always includes probationer input and helps them control part of their plan.
- Concurrent treatment and responses that are trauma focused while addressing co-morbid disorders
- Focus on trust and safety. Always focus on dignity, respect and clear communication
- Use Motivational Interviewing and focus on strengths.
- LOOK for ways to make things less threatening and traumatizing.
- Start with a smile and reassurance.

WHY PROVIDE TRAUMA-INFORMED PROBATION SERVICES?

- It is easy to misread behaviors as resistance, or self-destructive (and they may be) but you need to understand that they may also be coping mechanisms to deal with trauma.
- Persons who are suffering from various forms of trauma may react differently than you expect because they need to control situations. Thus, they may trigger an incident, just to control when it happens. If you can avoid that situation via skills, you may avoid having an incident or violation all together and build more coping skills.

- Download and read Tip 57 from SAMHSA
- Focus on how you can build these skills into your work on the team
- Each profession has value, and capacity to help
- Learn to recognize a trauma-based symptom or response as a survival adaptation rather than a simple resistance to the Court or supervision.
- Context, environment, history, culture all impact trauma. Focus on creating a safe environment throughout your Court, and IN your Court.
- Focus on resilience and strengths.

DEVELOP YOUR OWN SKILL SET!



THE TRAUMA-INFORMED COURT COORDINATOR

- Acts as the logical, reasonable representative of the court (prefrontal cortex)
- Keeps the trains running by greasing the wheels with kindness
- Ensures that the treatment provider's messages reach the judge
- Needs to understand and recognize secondary traumatization in team members
- Looks for ways for the participant to have small amounts of control within limits

THE TRAUMA-INFORMED COURT COORDINATOR RECOMMENDS ENVIRONMENTAL CHANGES

Trauma-informed environmental changes such as:

- Adding boxes of tissues
- Softening the lighting
- Eliminating loud, ticking clocks
- Lowering the courtroom temperature
- Moving the podium to the side wall
- Decreasing all of the signs that say “No”



THE TRAUMA- INFORMED TREATMENT TEAM CONSIDERS TRAUMA:

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



TRAUMA- INFORMED COMMUNICATION



IT'S ALL IN THE
DELIVERY

“ITS NOT JUST
WHAT WE SAY, IT'S
HOW WE SAY IT.”

The importance of human dignity

Humiliation = Unjustified mistreatment that violates one's dignity and diminishes one's sense of self worth as a human being

Studies Found:

- Rejection by others, humiliation, depression and anger are highly correlated with suicidal and **homicidal** ideation.
- Study of 10 shootings that had occurred between 1996 and 1999 and found in every case, the shooter had been bullied and **humiliated**.
- Bullying alone was not correlated with violence but bullying with **humiliation** was directly correlated with **violence** and **homicides**.

Elie Wiesel “Never allow anyone to be humiliated in your presence”

Tone Matters

Your face matters

- Control your face
- Watch for “leaking” body language
- Listen for the positive
- No “Judge Judy”
- No snarky comments
- No shaming, humiliating or attacking
- Respectful, firm, clear
- The judge sets the tone

TRAUMA: WHAT HELPS

➤ **APPROACH**

- With caution, slowly
- Create a safe space
- Seat client “facing danger”

➤ **COMMUNICATE**

- What happens next
- Put rules in writing
- Calm, slow, clear
- Use MI techniques
- Instill hope

➤ **AVOID**

- Over-reacting
- Sarcasm, shaming
- Triggering behavior, touch?

➤ **RESPOND**

- Patience
- Flexibility
- Positivity
- Don’t take outbursts, etc personally

VIDEO: First day in Court (Judge Greenlick) – 7 minutes

Engagement Strategies Between Court Sessions and Appointments

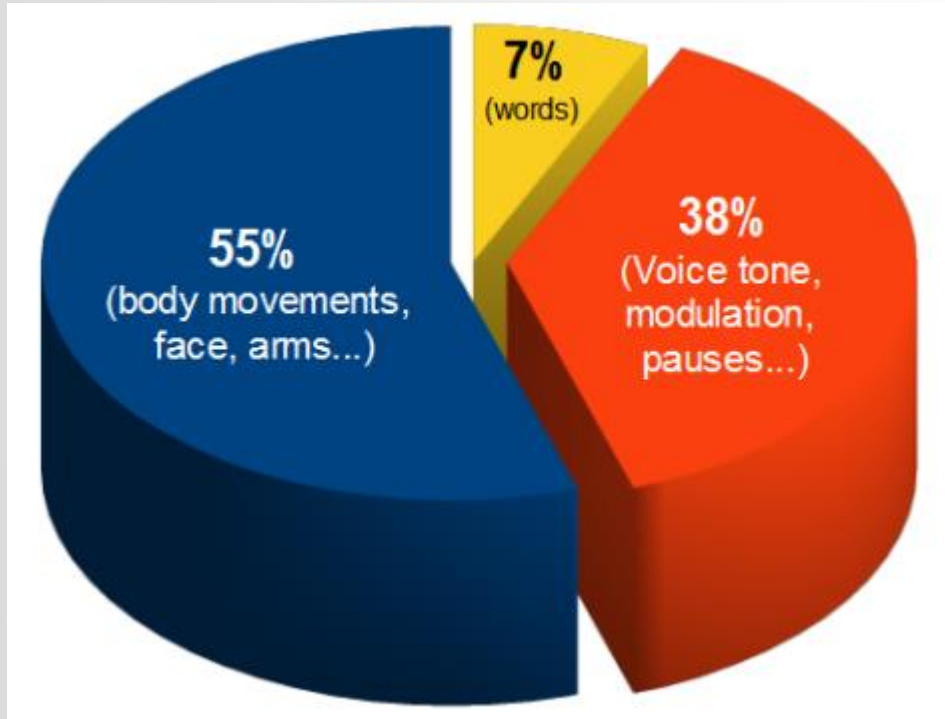
- Short encouragement videos
- Good morning videos
- Brief encouraging text messages from team members
- Letters to participants from the team
- Quick “what did you learn” video chats, etc.
- Homework chats online

CHARACTERISTICS OF TRAUMA-INFORMED COMMUNICATION

- Hope
- Dignity
- Respect
- Listening calmly
- Open-ended questions
- Moderate volume
- Compassionate tone

NON-VERBAL COMMUNICATION

How much of your communication is in your words?



- What are your facial expressions?
- What is your body language?
- What is your tone of voice?
- What is the volume of your voice?

TRAUMA-INFORMED COMMUNICATION

| PROFESSIONAL'S COMMENTS | 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 conditions of the TC contract so you are terminated and you will be going to jail. There is nothing more we can do." | "This is how it always goes, I am 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." |

TRAUMA-INFORMED COMMUNICATION

Hurtful

- Criticize
- Confront
- Sarcasm
- Talk loudly
- Distracted
- Judgmental
- Disrespectful
- Uses jargon

Helpful

- Express concern
- Support
- Empathy
- Talk softly but firmly
- Active listening
- Accepting
- Patient
- Uses language everyone understands

TRAUMA-INFORMED COMMUNICATION

Hurtful

- Characterizes behavior negatively, e.g., defendant is “disruptive and explosive”
- “You could stop using drugs if you wanted to.”
- “You should know better.”

Helpful

- Characterizes behavior constructively, e.g., defendant “would benefit from calming strategies”
- “You need safety, stability, and support to succeed, and we want to help you.”
- “These are our expectations.”

TRAUMA-INFORMED COMMUNICATION

Hurtful

- “Victim”
- “Your drug screen was dirty.”
- “You failed to keep your contract.”

Helpful

- “Survivor”
- “Your drug screen showed the presence of opioids.”
- “Maybe the way we’ve been doing things isn’t the best way for you. Please don’t give up on recovery.”



SECONDARY TRAUMATIZATION

WHAT IS SECONDARY TRAUMATIC STRESS?

Secondary traumatic stress is the emotional duress that results when an individual hears about the firsthand trauma experiences of another. Its symptoms mimic those of post-traumatic stress disorder (PTSD).

SYMPTOMS OF STS

Re-experiencing

- Intrusive images
- Nightmares
- Flashbacks
- Being triggered by reminders

Avoidance

- Trying not to talk about it
- Withdrawal and isolation
- Being late
- Missing work
- Not going out in public
- Increased alcohol and drug use

SYMPTOMS OF STS

Negative Thoughts and Moods

- Numbness
- Anxiety
- Depression
- Helplessness
- Cessation of previously enjoyed activities

Arousal

- Irritability
- Anger
- Hypervigilance
- Startle responses
- Insomnia

These are the same as the symptoms of PTSD

OTHER COMMON SYMPTOMS OF STS

- Worsening eating habits (overeating, junk food)
- Ruminative thinking
- Thoughts of retribution
- Fears for own safety and that of loved ones
- Preoccupation with work/working longer hours
- Engaging in excessive screen time (phones, tablets, computers, televisions)
- Feeling cut off from or distrustful of others



**KNOW WHEN YOUR
CUP IS RUNNING
OVER.**

IMPORTANT NOTE

It is not unusual to experience one or more of these symptoms from time to time.

Normally, these periods do not last more than two weeks.

BE AWARE OF YOUR LIMITS: PERSONAL EXAMPLES

Professional:

- I smell and hear crime scenes from decades ago
- I feel the pain of witnesses and victims from cases I worked on.
- I feel the pain of some persons who suffered in our treatment courts....and their joy.
- Then, I didn't feel the pain....and it was time to go.

Personal:

- The smell of smoke
- Grey or pink clouds
- Dry lightning
- Fireworks



AN INVITATION

A CALL FOR RESEARCH!

- What is the impact of trauma-informed approaches on treatment court participant outcomes?
- What are specific trauma-informed best practices based on those outcomes?



RESOURCES



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

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
- Also valuable: *TIP 57: Trauma-Informed Care in Behavioral Health Services*, SAMHSA, available at www.store.samhsa.gov
- SAMHSA www.samhsa.gov

BOOKS AND WORKBOOKS

- *Once a Warrior, Always a Warrior: Navigating the Transition from Combat to Home* (2010) by Charles Hoge
- *What Happened to You: Conversations on Trauma, Resilience, and Healing* (2021) by Bruce Perry & Oprah Winfrey
- *Finding Your Best Self: Recovery from Addiction, Trauma, or Both* (2019) by Lisa Najavits
- *The Dialectical Behavior Therapy Skills Workbook* (2019) by Matthew McKay, Jeffrey Wood, and Jeffrey Brantley

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