

# Providing Trauma-Informed Court Services: What Drug Court Staff Need to Know

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# Trauma



# 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

# Many Types of Trauma

- Combat and war-zone trauma
- Rape
- Child physical abuse
- Child sexual abuse
- Domestic violence
- School violence
- Environmental trauma
- Forced displacement
- Torture
- Being held hostage
- Genocide
- Cultural trauma
- Accidents
- Natural disasters
- Fires
- Historical trauma

# Why Should You Care about Trauma?

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*.

# Continuum of Trauma Responsivity

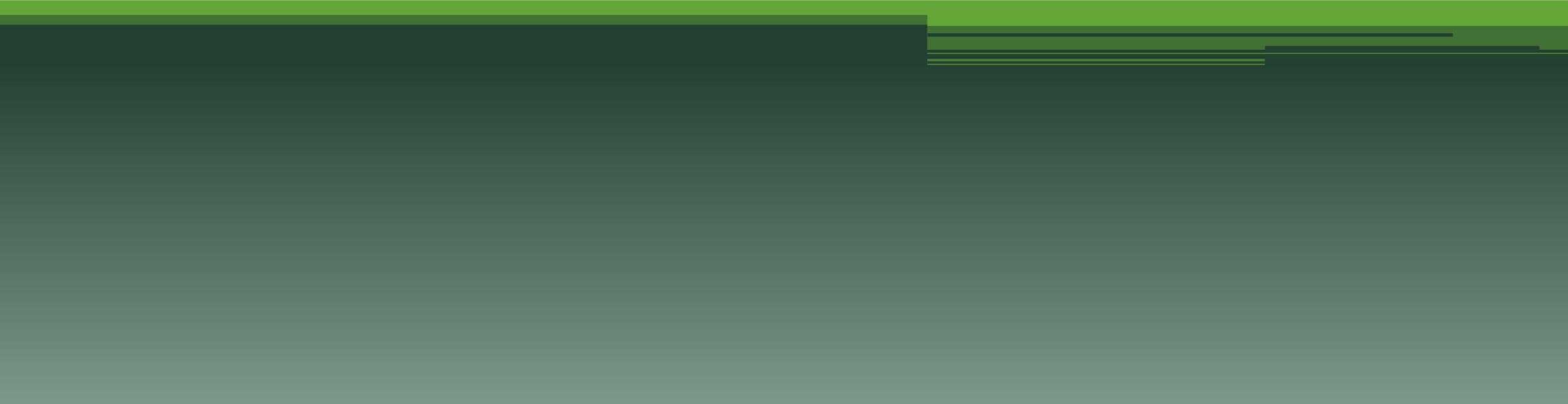
Trauma  
naïve

Trauma  
aware

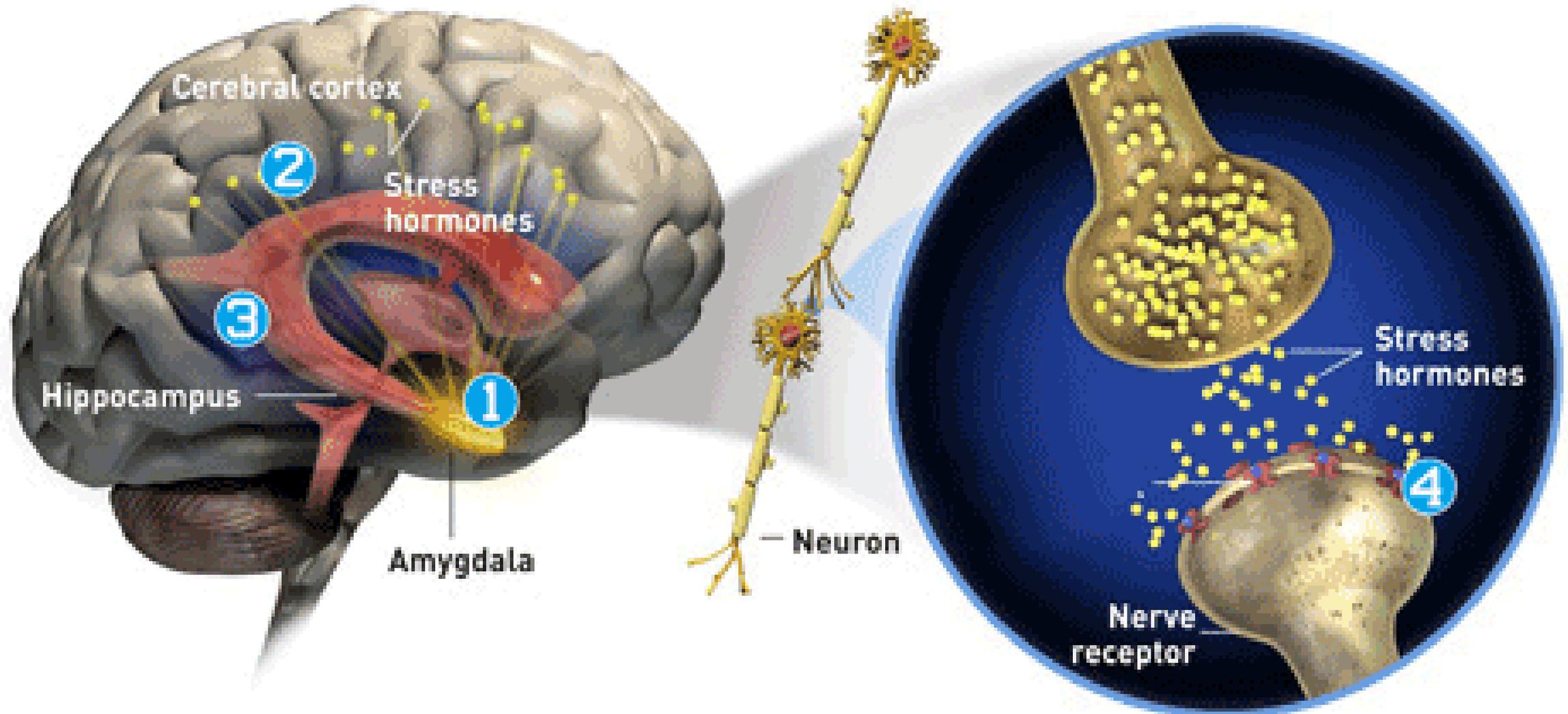
Trauma  
informed

Trauma  
competent

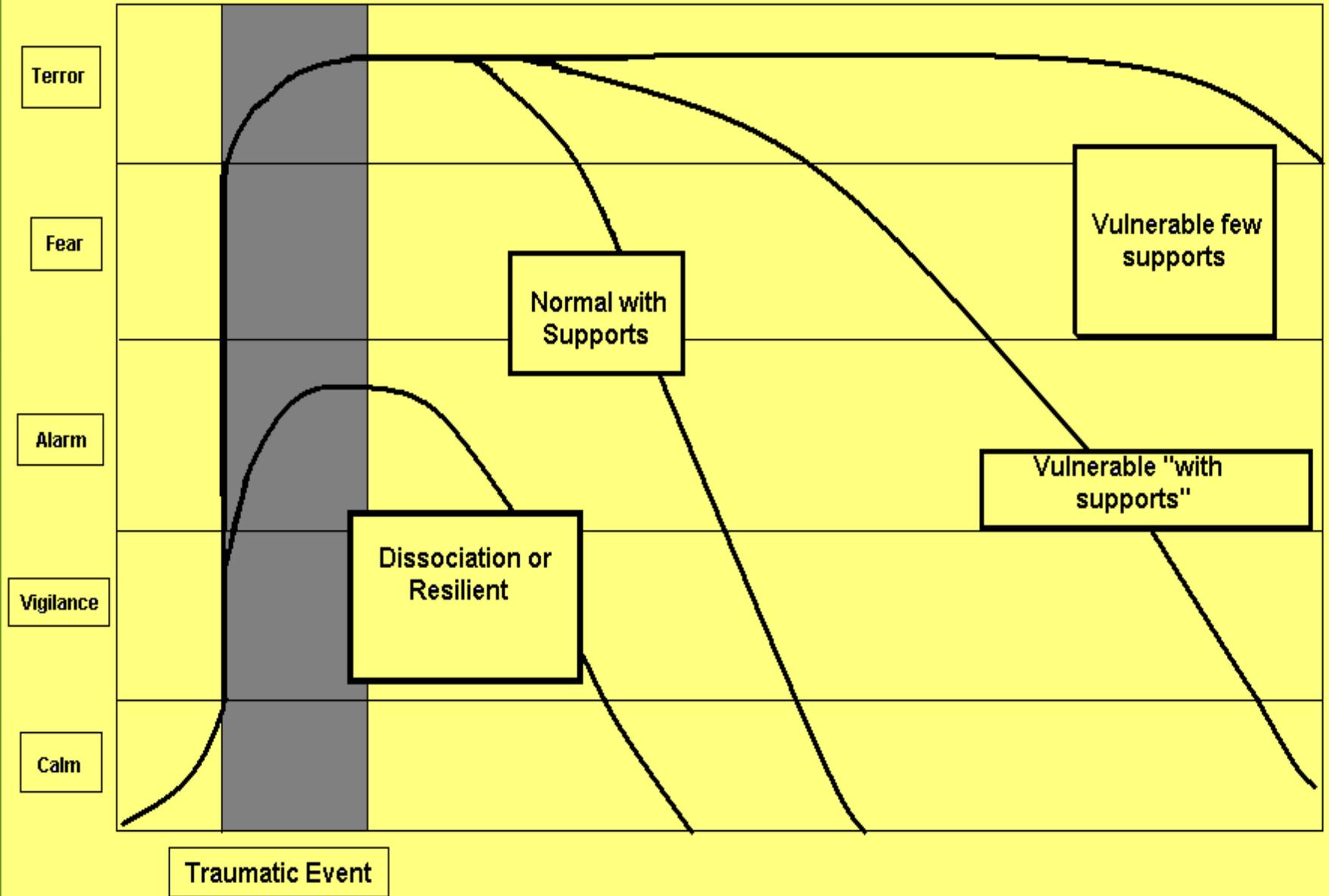
# The Neurobiology of Trauma

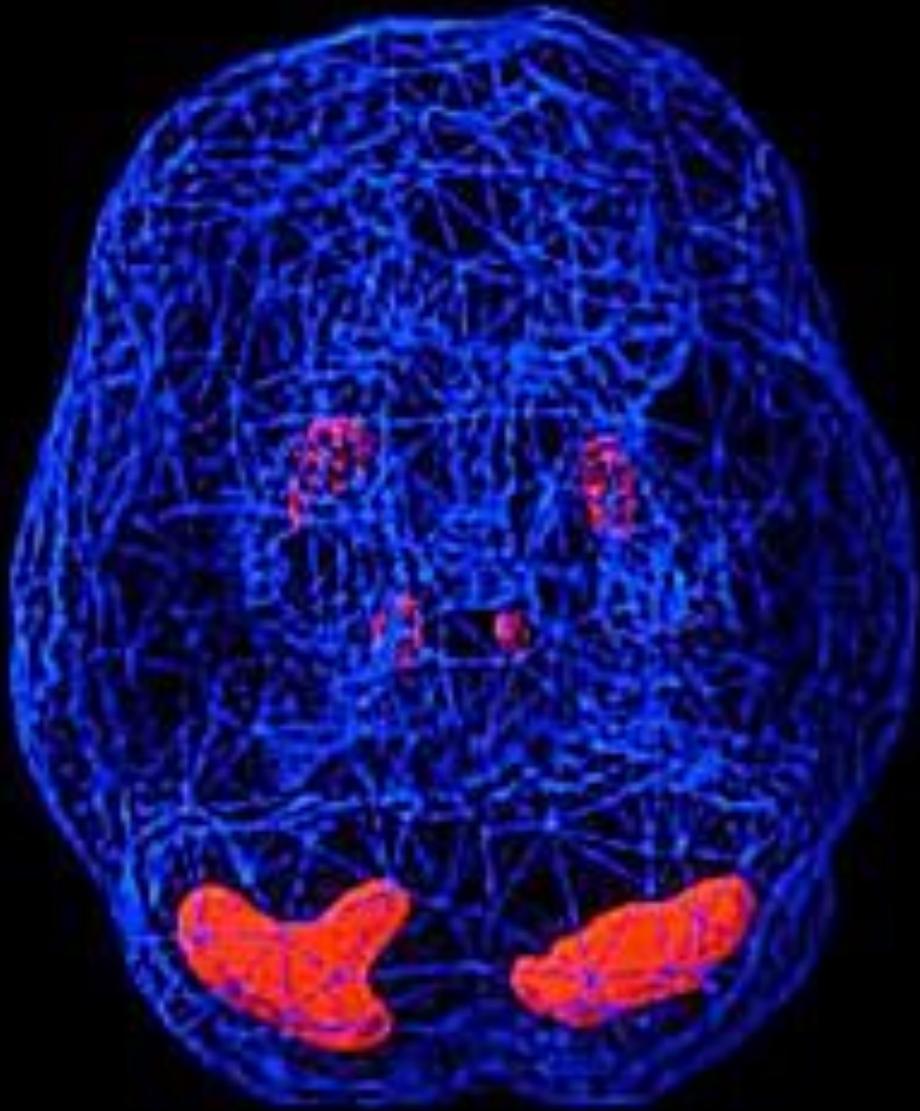


# Traumatic Stress and the Brain

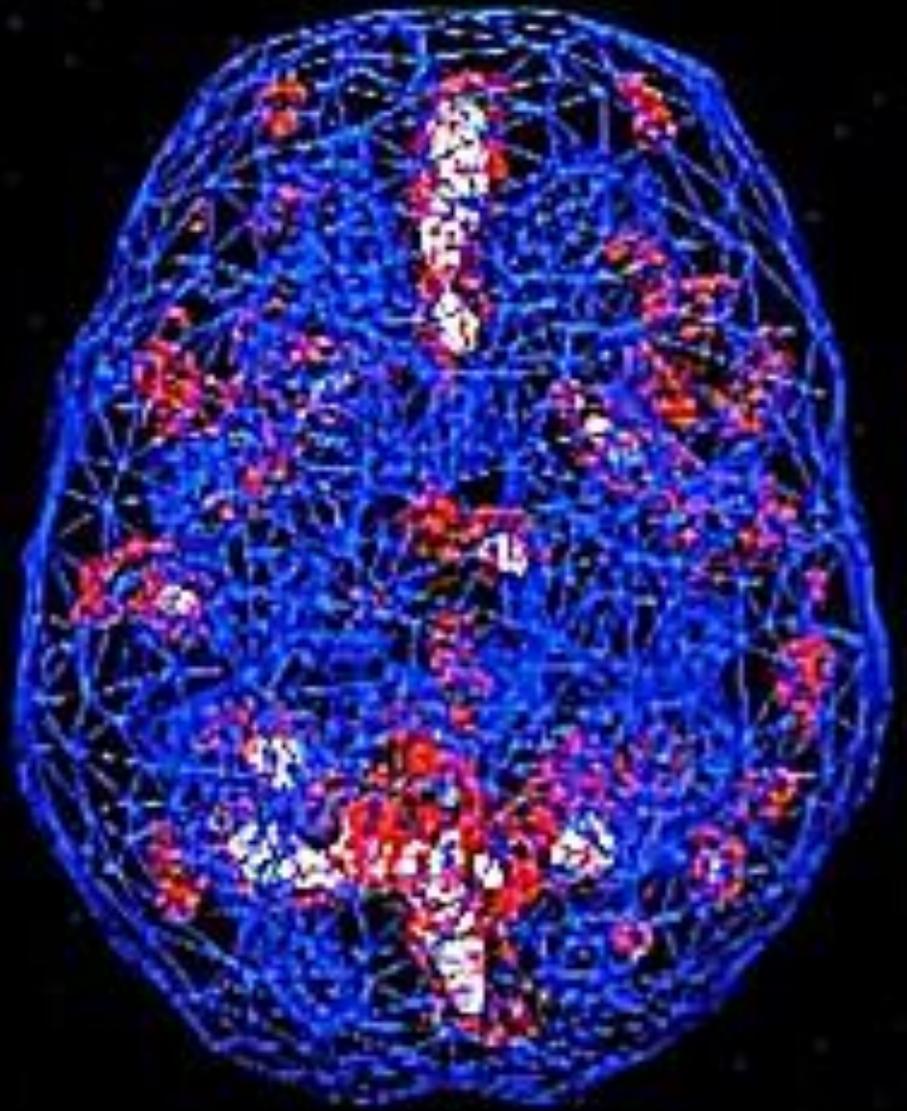


# ACUTE RESPONSE TO TRAUMA





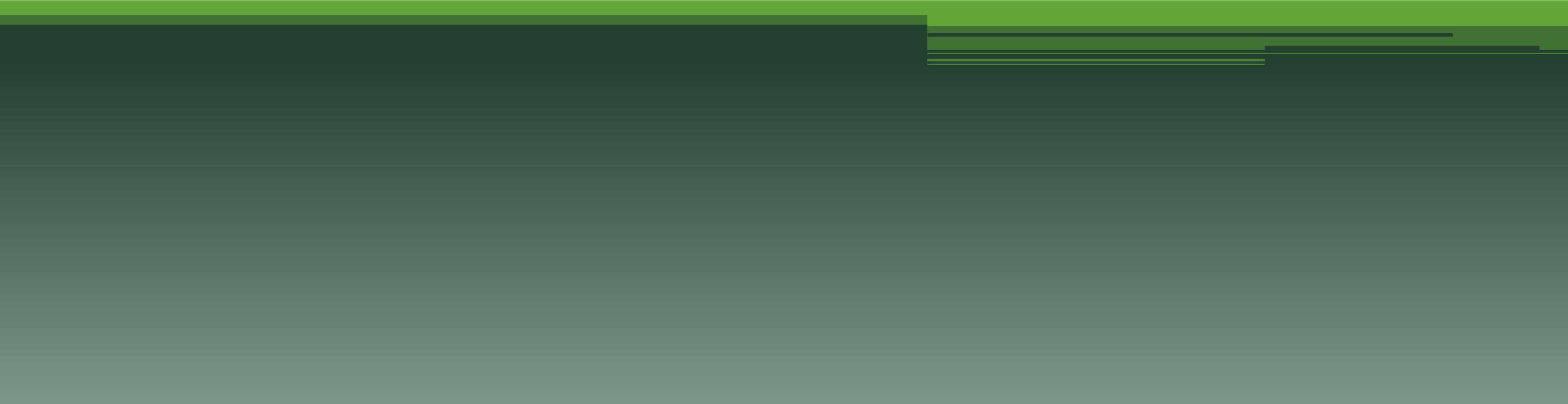
**Non-traumatized**



**PTSD**

**Post-Traumatic Stress  
Disorder is a normal response  
to an abnormal event.**

# The Continuum of Post-Traumatic Responses



# Post-Traumatic Responses Occur on a Continuum



None

Mild

Moderate

Severe



# PTSD: Exposure to a Life-Threatening Event

## A. Exposure to a traumatic event

- Exposure to death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence



# PTSD: Re-Experiencing Symptoms



## B. Re-experiencing symptoms:

- Recurrent, involuntary and intrusive memories
- Traumatic nightmares
- Dissociative reactions (e.g., flashbacks)
- Intense or prolonged distress after exposure to traumatic reminders
- Marked physiological reactivity to trauma-related stimuli

# PTSD: Avoidance of Stimuli Associated with Traumatic Event

- C. Persistent effortful avoidance of distressing trauma-related stimuli after the event:
- Trauma-related thoughts and feelings
  - Trauma-related external reminders



# PTSD: Negative Thoughts and Moods



D. Negative alterations in cognitions and mood that began or worsened after the traumatic event:

- Inability to recall key features of the traumatic event
- Persistent negative beliefs and expectations about self or world
- Persistent distorted blame of self or others for causing the event or the resulting consequences

# PTSD: Negative Thoughts and Moods

- Persistent negative trauma-related emotions (e.g., fear, horror, anger, guilt, or shame)
- Markedly diminished interest in significant activities
- Feeling alienated from others
- Constricted affect: persistent inability to experience positive emotions



# PTSD: Increased Arousal and Reactivity

E. Trauma-related alterations in arousal and reactivity that began or worsened after the traumatic event:

- Irritable or aggressive behavior
- Self-destructive or reckless behavior
- Hypervigilance
- Exaggerated startle response
- Problems in concentration
- Sleep disturbance

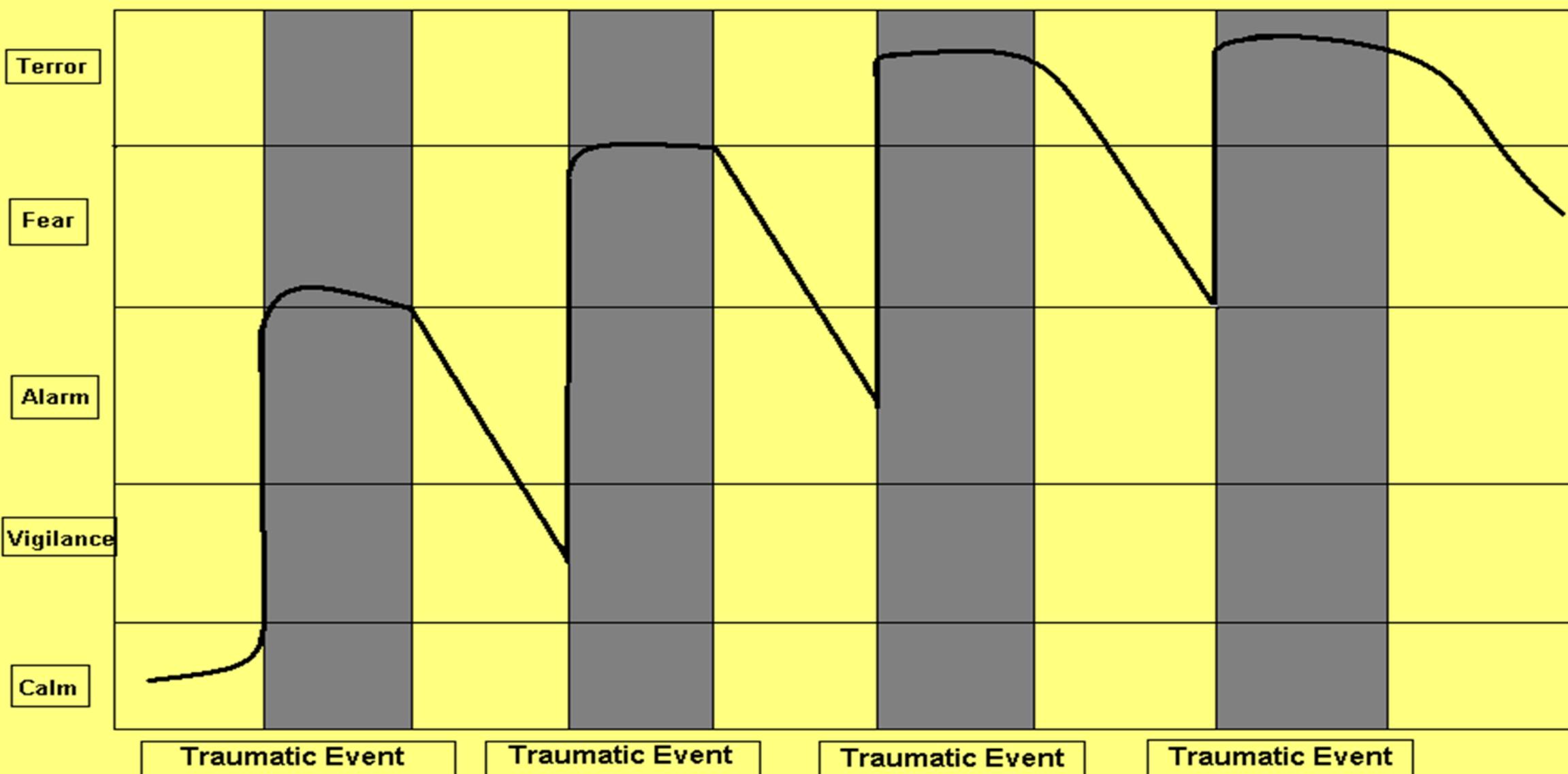


# Prevalence of PTSD



- More men (61%) than women (51%) experience a trauma at some point in their lives, but women experience PTSD at twice the rate of men (10% vs. 5%) (Kessler et al., 1995; Tolin and Foa, 2006)
- Not all trauma leads to PTSD: Depending on the study, the type of trauma, and the group studied, 3%-58% get PTSD

# RESPONSE TO MULTIPLE TRAUMAS



# Complex Trauma

- Complex PTSD is the psychological effects of chronic, cumulative, and often different types of traumas
- Results from interpersonal victimization, multiple traumatic events, and/or traumatic exposure of prolonged duration
  - Sexual and physical abuse
  - Domestic violence
  - Ethnic cleansing
  - Prisoners of war
  - Torture
  - Being held hostage



# The Relationship between Complex Trauma and Complex PTSD



- Complex trauma is a series of traumatic experiences
- Complex PTSD is the effects of those experiences
  - In children and adolescents, it is often called Developmental Trauma Disorder
- 31% of youth who meet criteria for complex trauma exposure met criteria for Developmental Trauma Disorder (Stolbach et al., 2013)
- Not everyone who experiences complex trauma develops Complex PTSD

# Complex PTSD Is Much More Than Simple PTSD

- Loss of a coherent sense of self
- Problems in self-regulation
- Tendency to be revictimized
- Other mental health disorders
- Substance use disorders
- Health problems
- Relationship problems
- Changes in systems of belief and meaning



# Complex PTSD in ICD 11\*

## PTSD

Re-experiencing

Avoidance

Hyperarousal

## Complex PTSD

Re-experiencing

Avoidance

Hyperarousal

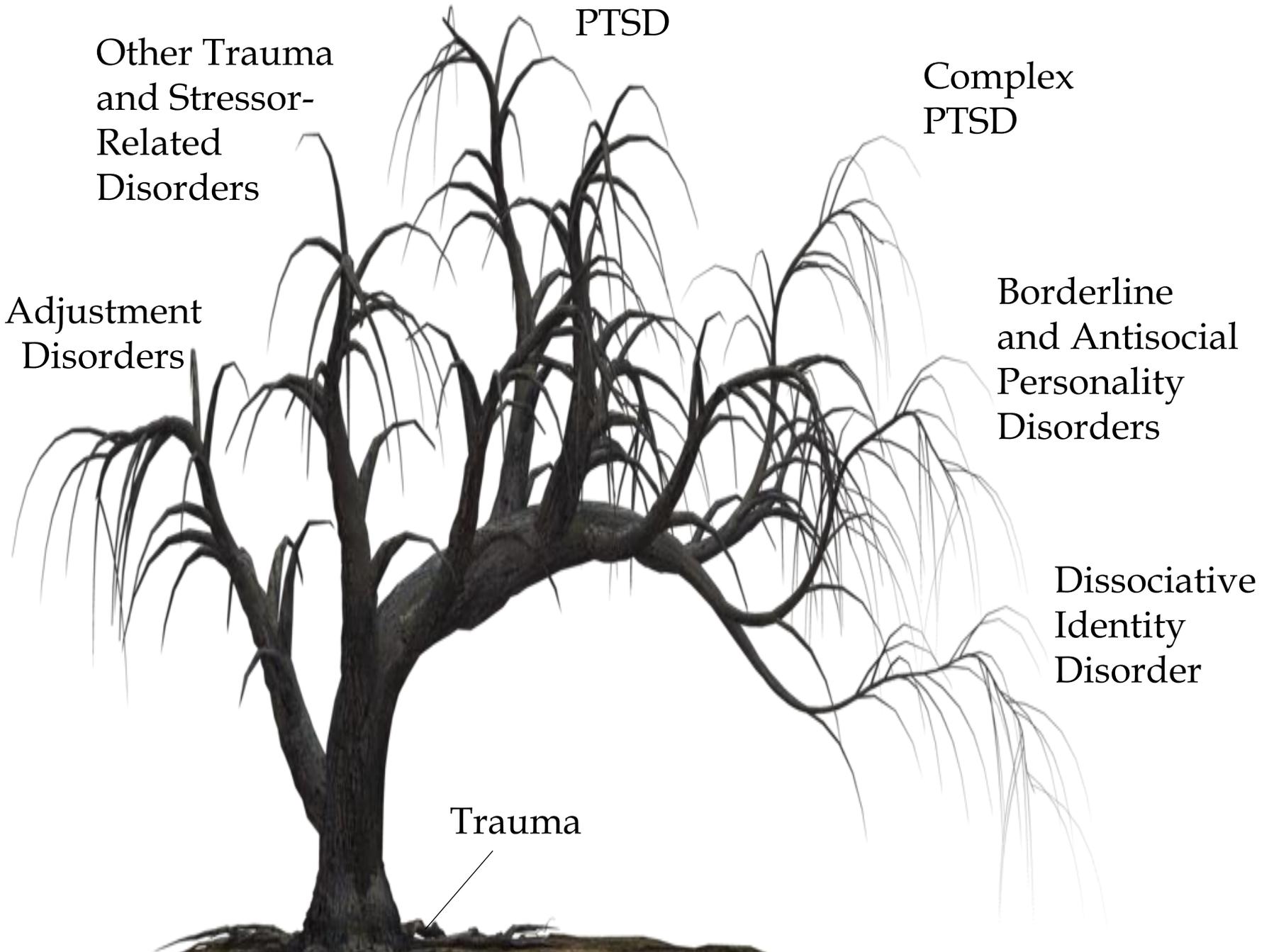
Affect Dysregulation

Negative Self-Concept

Interpersonal Disturbances

**\*Begins January 1, 2022**

# Many Branches of the Trauma Tree



PTSD

Other Trauma  
and Stressor-  
Related  
Disorders

Complex  
PTSD

Adjustment  
Disorders

Borderline  
and Antisocial  
Personality  
Disorders

Dissociative  
Identity  
Disorder

Trauma

# Co-occurrence of PTSD and Substance Abuse

Co-occurring disorders are the rule rather than the exception.

SAMHSA, 2002



Figure 1

## COMORBID DISORDERS ARE THE RULE, RATHER THAN THE EXCEPTION FOR PTSD

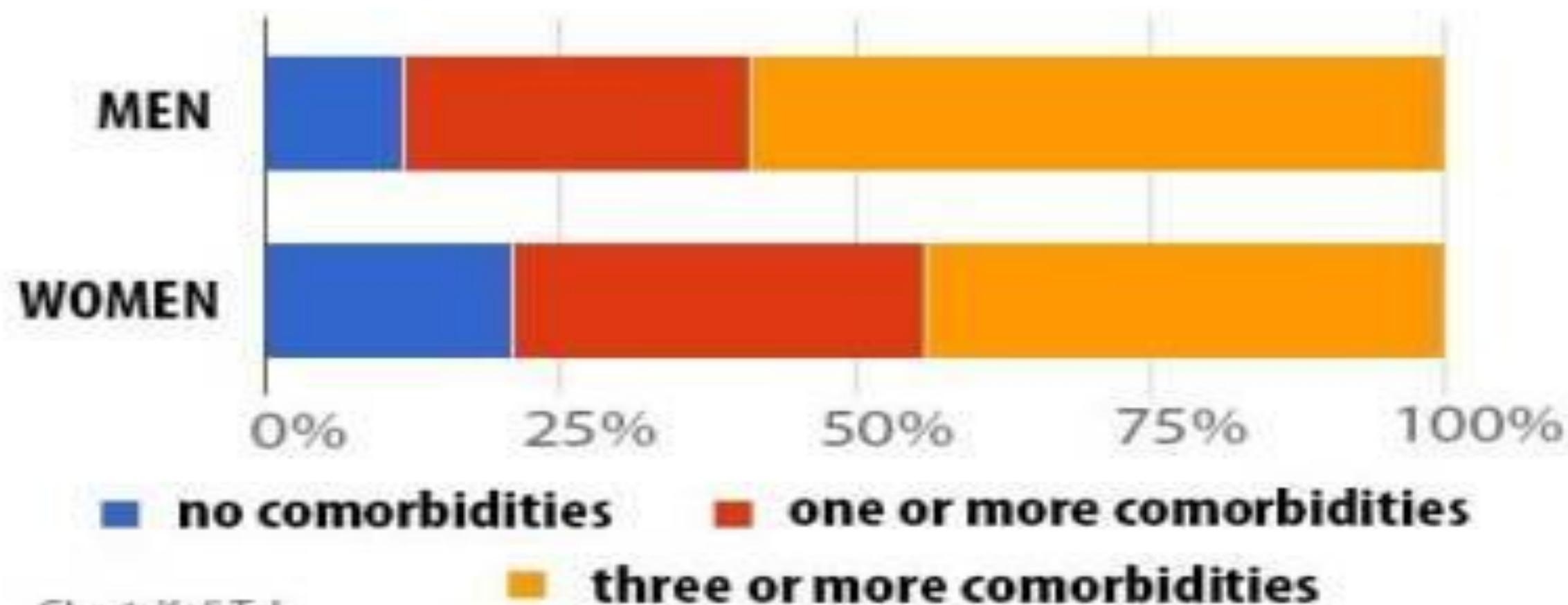


Chart: Kali Tal

# National Comorbidity Survey

Among people with PTSD:

	Male	Female
Alcohol Abuse/ Dependence	51.9%	27.9%
Drug Abuse/ Dependence	34.5%	26.9%

Kessler et al., 1995

# Co-Occurrence of PTSD and Substance Abuse

- PTSD and substance abuse co-occur at a high rate
  - 20-40% of people with PTSD also have SUDs (SAMHSA, 2007)
  - 40-60% of people with SUDs have PTSD
- Substance use disorders are 3-4 times more prevalent in people with PTSD than those without PTSD (Khantzian & Albanese, 2008)
- The presence of either disorder alone increases the risk for the development of the other
- PTSD increases the risk of substance relapse (Norman et al., 2007)
- The combination results in poorer treatment outcomes (Ouimette et al., 2003; Sonne et al., 2003)

# Co-Occurrence of PTSD and Substance Abuse

- Substance use disorders are 3-4 times more prevalent in people with PTSD than those without PTSD (Khantzian & Albanese, 2008)
- The presence of either disorder alone increases the risk for the development of the other
- PTSD increases the risk of alcohol relapse (Heffner et al., 2011) and substance relapse (Norman et al., 2007)
- The combination results in poorer treatment outcomes (Ouimette et al., 2003; Sonne et al., 2003)



# PTSD/SUD Patients Have Significantly More Problems

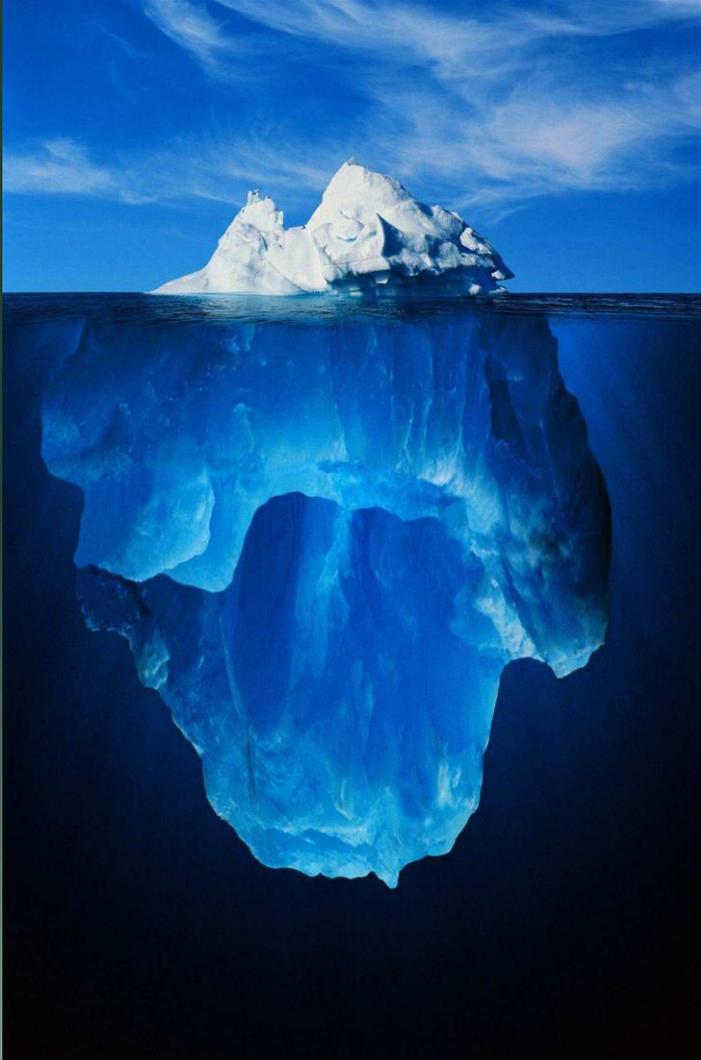
- Other Axis I disorders
- Increased psychiatric symptoms
- Increased inpatient admissions
- Interpersonal problems
- Medical problems
- HIV risk
- Decreased motivation for treatment
- Decreased compliance with aftercare
- Maltreatment of children
- Custody battles
- Homelessness



# PTSD Is Associated with Other Psychological Problems



# What's the Real Story?

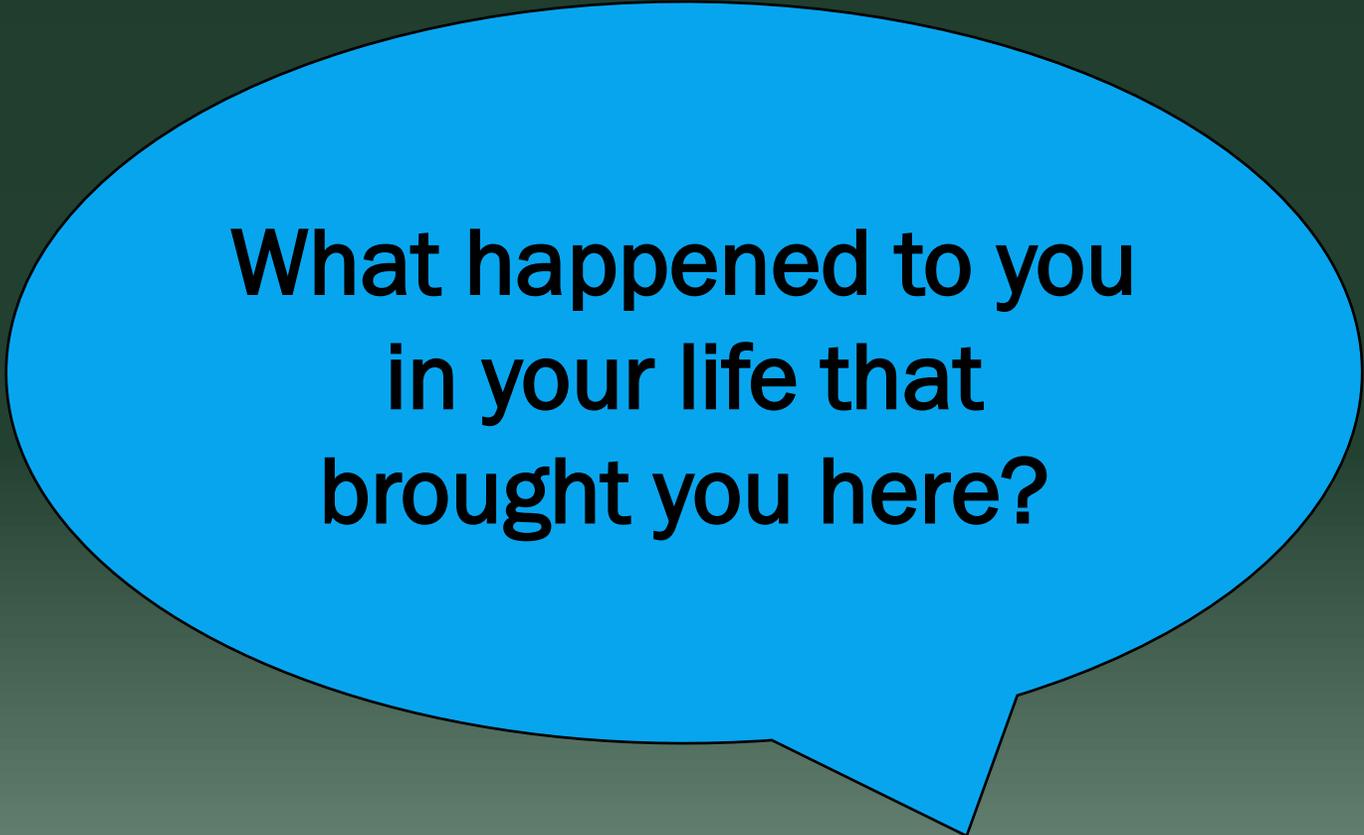


What they did to get into court



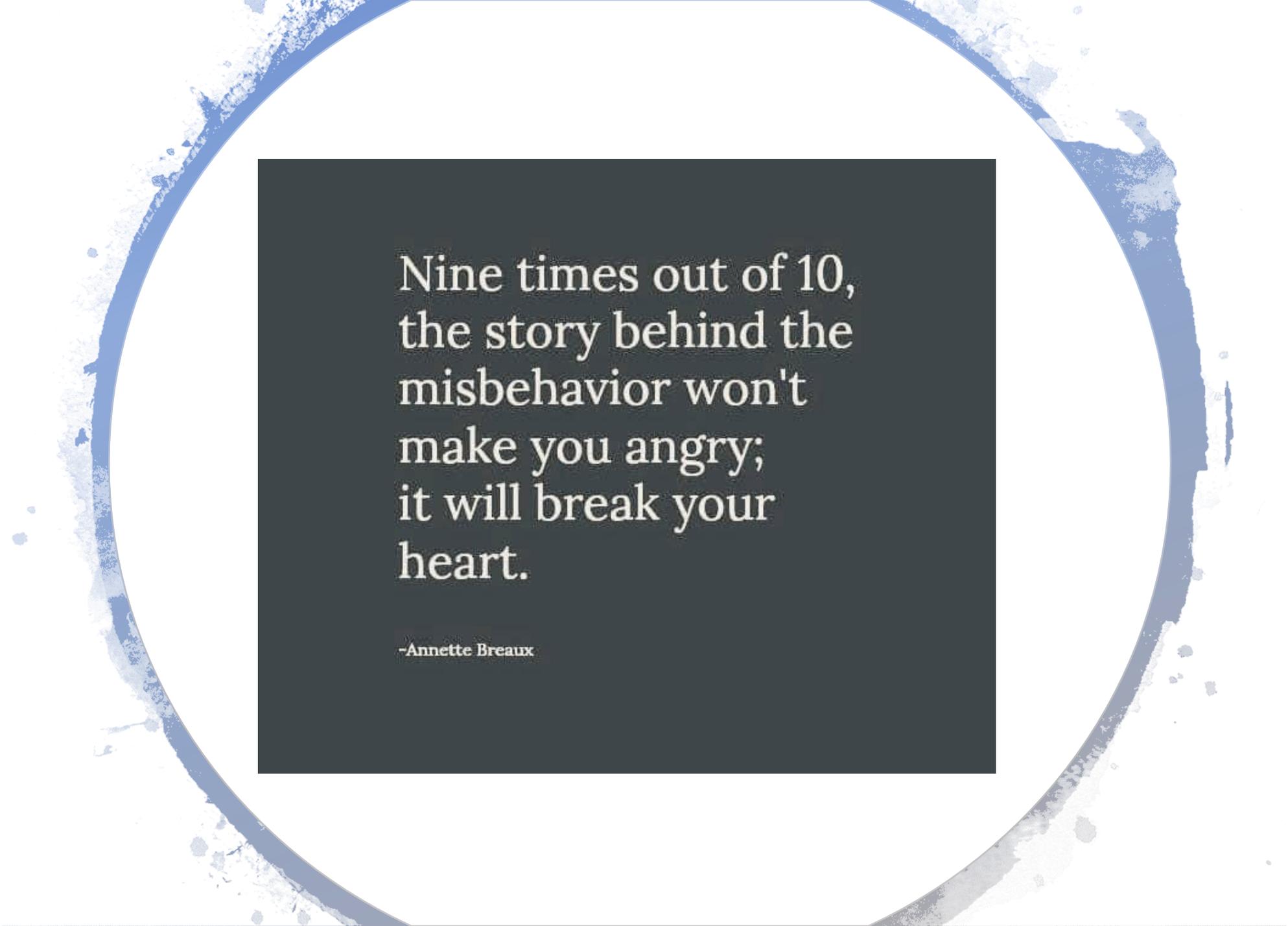
What happened to them to get them here

# The Central Question in Trauma-Informed Courts



What happened to you  
in your life that  
brought you here?

The Judge



Nine times out of 10,  
the story behind the  
misbehavior won't  
make you angry;  
it will break your  
heart.

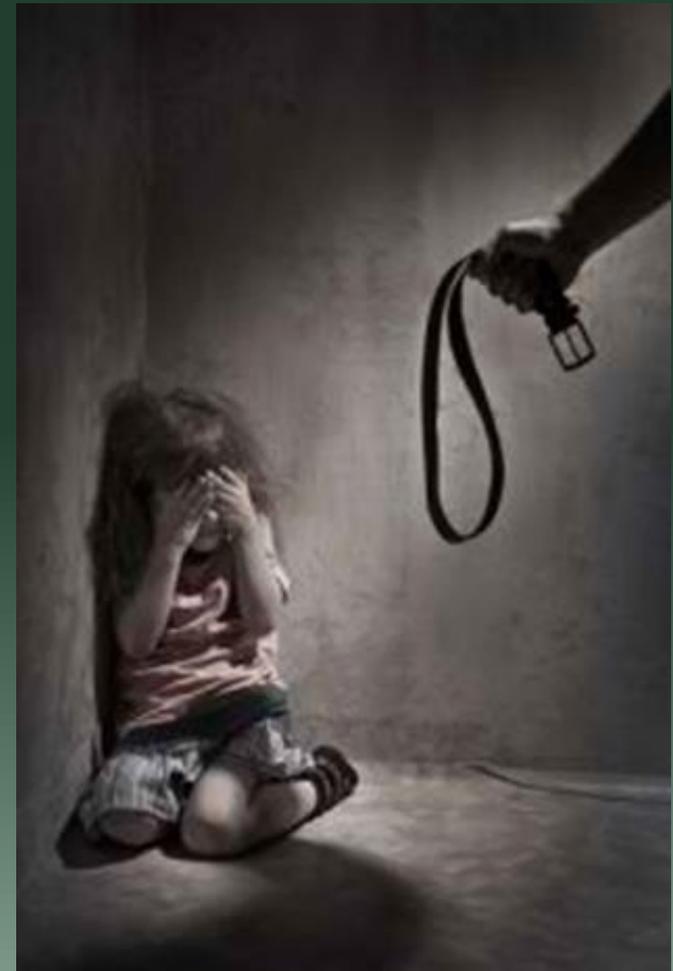
-Annette Breaux

# What Does Being Trauma-Informed Mean?

- 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)

# What Does Being Trauma-Informed Mean?

- You understand that there is a strong link between trauma and substance abuse
- You also understand that, in order for substance abuse to end, trauma also needs to be treated simultaneously

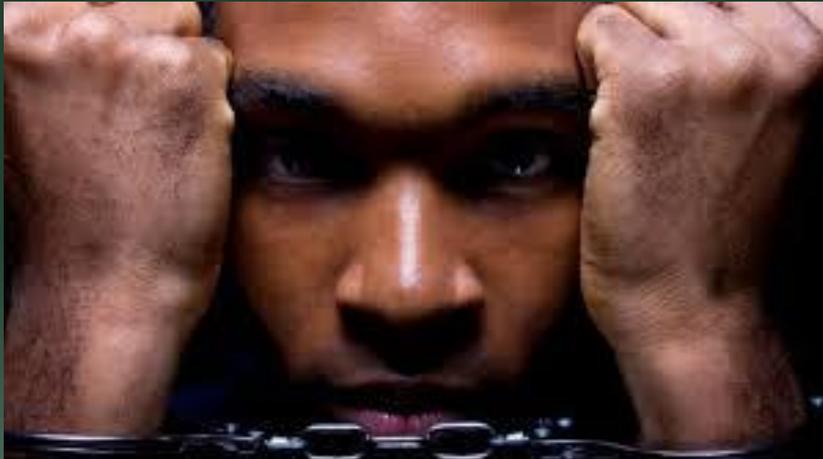


# Links from PTSD to Incarceration



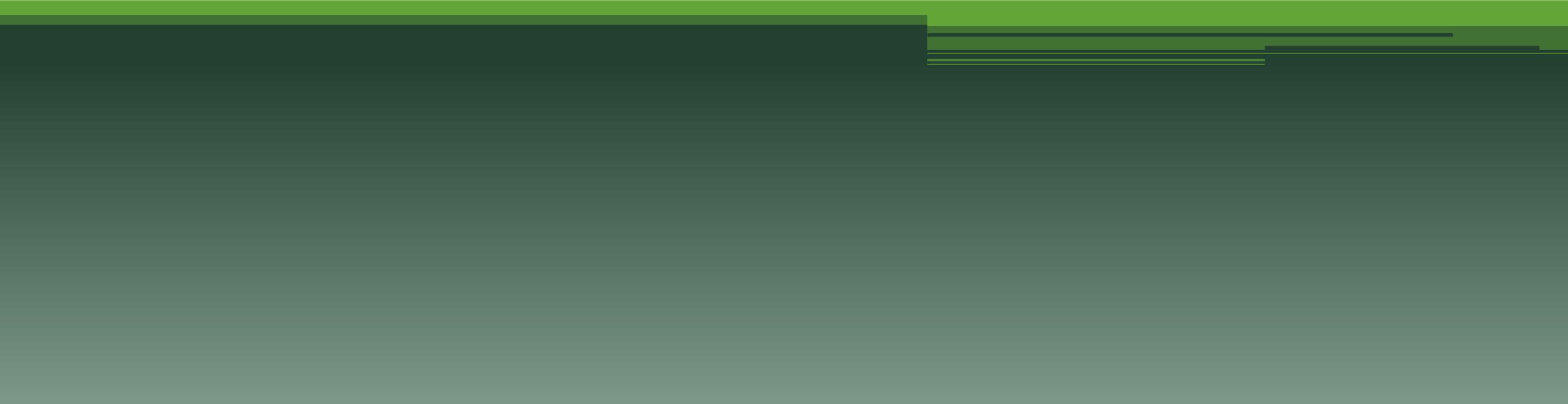
Institute of Medicine, 2012

# Too Few Words about Race-Based Stress and Trauma

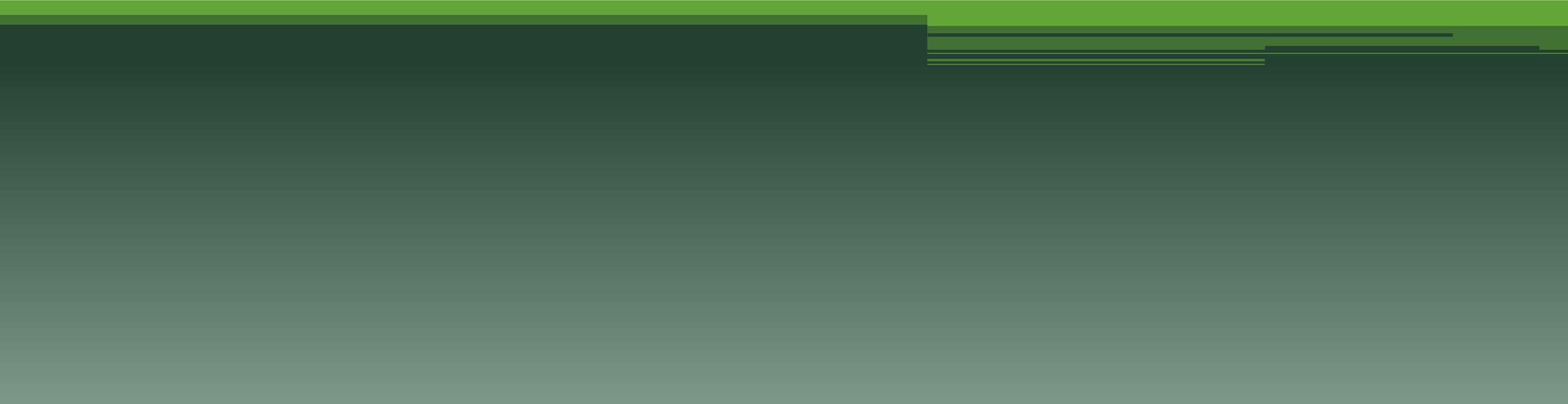


- It results from experiences of racism including discrimination, hate crimes, or the accumulation of everyday events such as microaggressions (Williams et al., 2018)
- It causes stress responses and traumatic reactions
- It is often associated with the criminal justice system
- It can be seen in patterns of arrests and incarcerations for drug possession and/or use
- It can also be seen in patterns of inequity in participation in treatment courts

# The Trauma-Informed Approach



# **SAMHSA's Principles of Trauma Competency**



# The Four R's

- **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 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

# 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

# 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

- Adversarial
- Incarcerate
- Punishment
- Order
- Authoritarian

## New Approach

- Cooperative
- Treat
- Healing
- Partner
- Collaborative

# Changing Your Approach to Defendants

## 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

- 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

# Changing Your Language

## Hurtful

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

## Helpful

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

# Changing Your Language

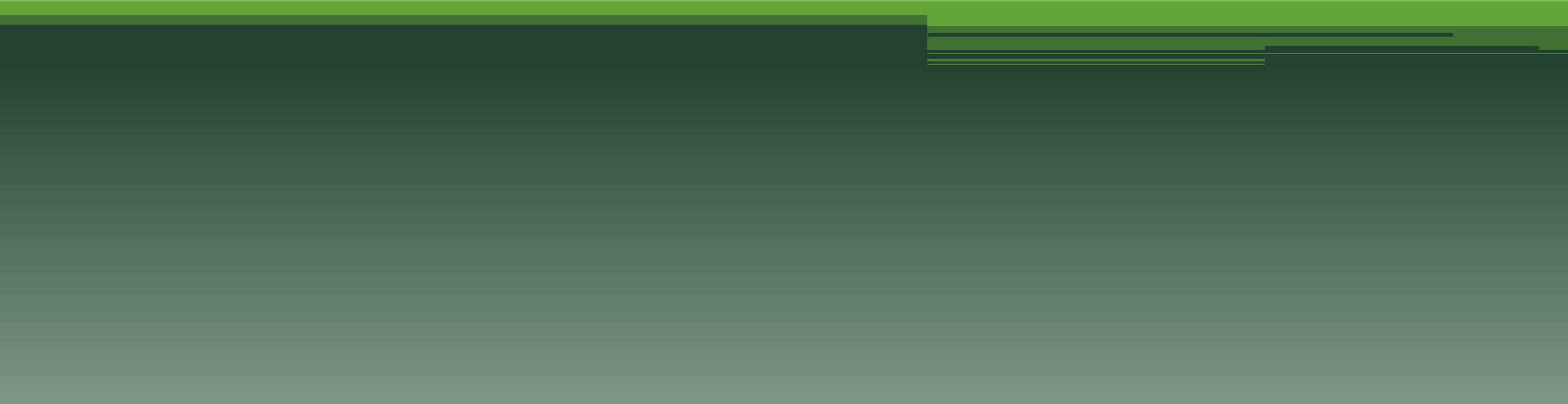
## Hurtful

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

## Helpful

- 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.”

# **What You Need to Know: Evidence-Based Assessment and Treatment**



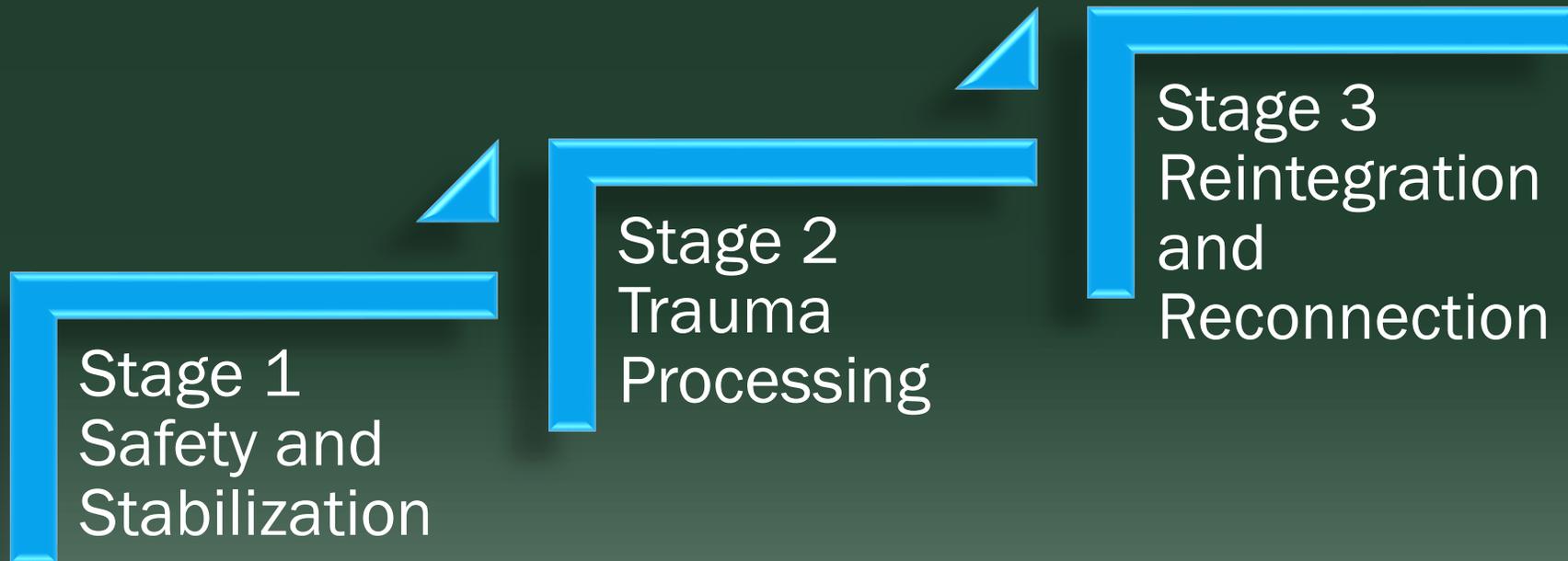
# Evidence-Based Assessments for Trauma

- PTSD Checklist 5 (PCL 5)
  - 20 item checklist corresponding to 20 symptoms of PTSD in DSM 5
- Life Events Checklist (Blake, Weathers, Nagy, Kaloupek, Charney, & Keane, 1995)
  - List of 17 different types of trauma
  - Helps to assess trauma load
- Clinician Assessment of PTSD Symptoms (CAPS)
  - This is the gold standard of PTSD assessment
  - It takes 60-90 minutes to conduct

# Medical Treatment of Trauma

- Medication for symptom management and co-morbid disorders
  - Antidepressants
  - Mood stabilizers
  - Anticonvulsants
  - Sleep aids, including Prazosin for nightmares
  - Atypical antipsychotics *No longer*
  - Anxiolytics *Not benzodiazepines*
- Only SSRIs are approved for treating PTSD
- There is no medication that specifically “cures” PTSD

# Stages of Integrated Treatment



After Herman, 1992

# Stage I: Safety and Stabilization

- Alliance building
- Psychoeducation about multiple traumas
- Safety
- Stabilization
- Skills-building
  - Affective regulation
  - Cognitive
  - Interpersonal
- Self-care



# Stage I: Safety

- Safety plans
- Tension reduction activities (e.g., exercise)
- Harm reduction and elimination
  - Self-harm and suicidal behaviors
  - Gambling
  - Driving
  - Fighting
  - Eating
  - Sex
  - Medication
  - Breaking laws



# Stage I: Stabilization

- Elimination of drug and alcohol abuse
- Health
- Housing
  - In a safe neighborhood
- Income
  - Employment
  - Financial skills (budgeting, banking)
- Transportation
- Setting and keeping a schedule

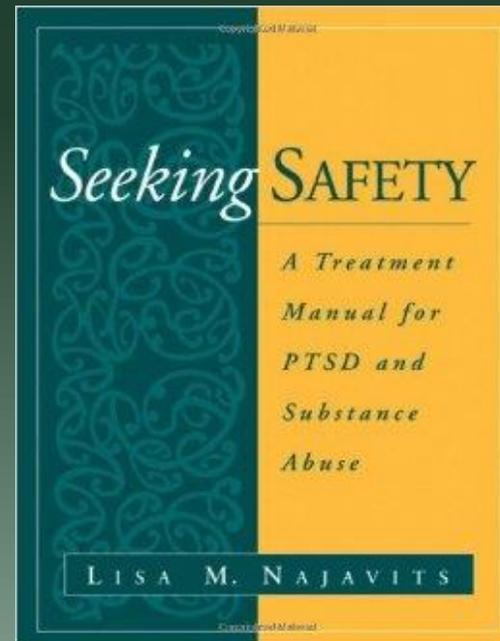


# Evidence-Based Treatments for Stage I

- Seeking Safety
- Dialectical Behavior Therapy (DBT)
- Mindfulness-Based Stress Reduction
- Therapies for specific problems
  - Imagery Rehearsal Therapy
  - Cognitive-Behavioral Therapy
  - Motivational Interviewing
  - SAMHSA's Anger Management workbook

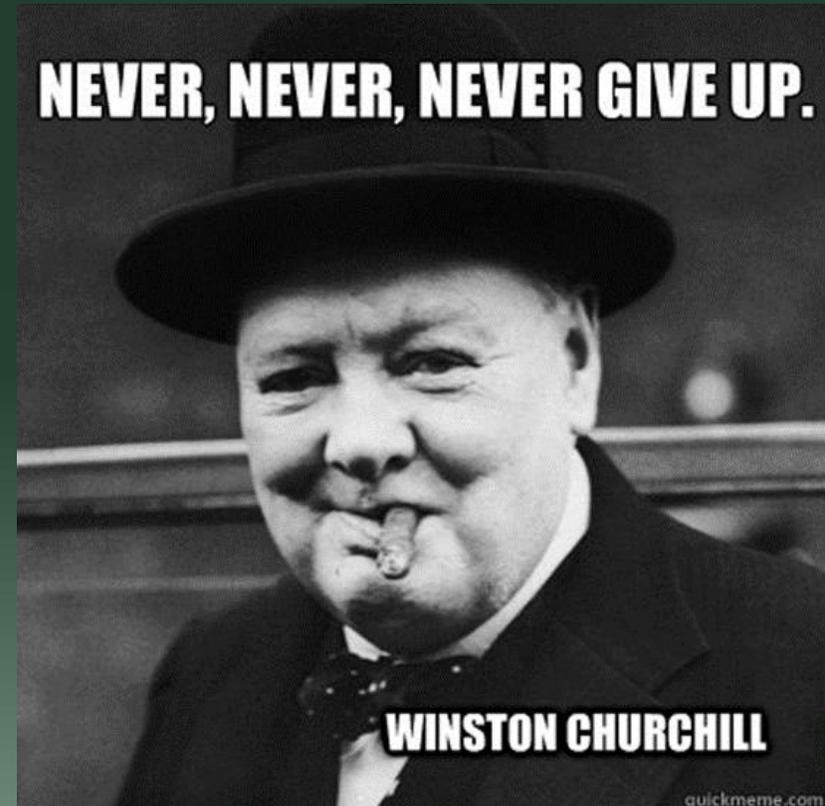
# Seeking Safety

- An integrated treatment for PTSD and Substance Abuse
- Combines psychoeducational and psychodynamic treatment
- 25 lessons on topics that overlap between PTSD and Substance Abuse
  - Safety Skills
  - Grounding
  - Anger
  - Boundaries
  - Self-care
  - Honesty
  - Compassion



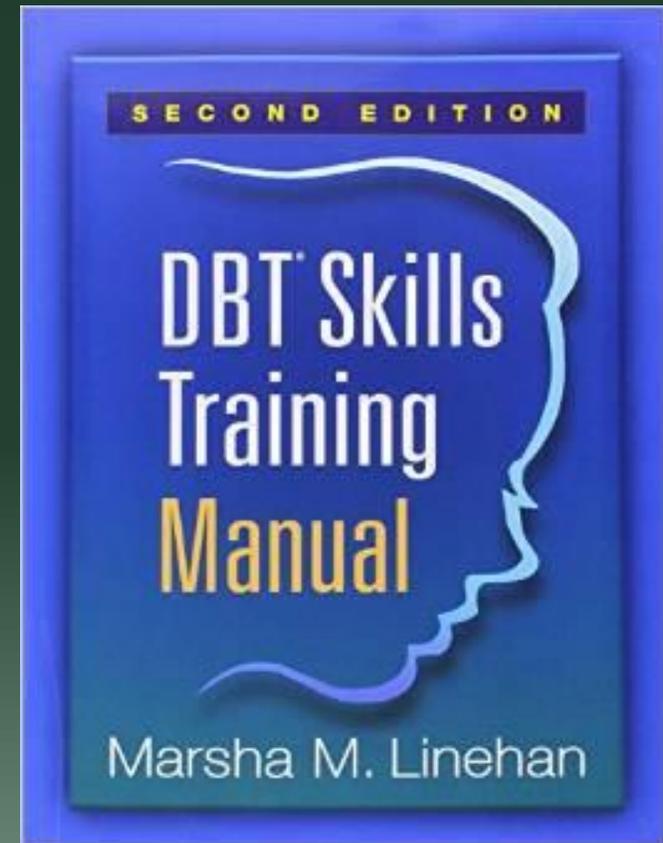
# Seeking Safety

- Can be provided by professionals or paraprofessionals
- 6 randomized controlled trials and 3 controlled studies
- Seeking Safety has shown positive results across all studies (Najavits & Hien, 2013)
- Seeking Safety is the only evidence-based treatment for PTSD and Substance Abuse

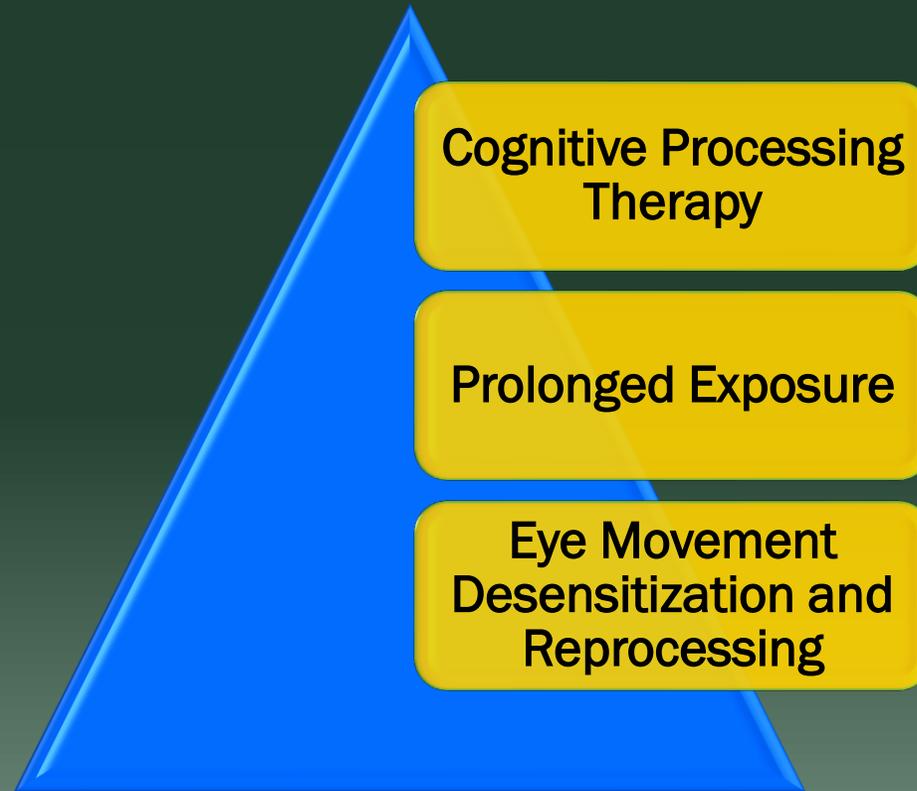


# DBT Skills Training

- Four topics with multiple lessons
  - Mindfulness
  - Interpersonal Effectiveness
  - Distress Tolerance
  - Affect Regulation
- Groups of 6-8 for 26 weeks
- New manual provides suggested menus of different specific skills and exercises with different populations
  - For example, one for substance abuse



# Evidence-Based Stage II Treatments for PTSD



# Cognitive Processing Therapy

- A cognitive intervention to change the way a traumatized person thinks
- 12 weekly sessions delivered in a structured, manualized protocol
  - Number of sessions can be expanded
- May or may not include a trauma narrative
- Can be delivered individually and/or in groups
- Homework worksheets between sessions

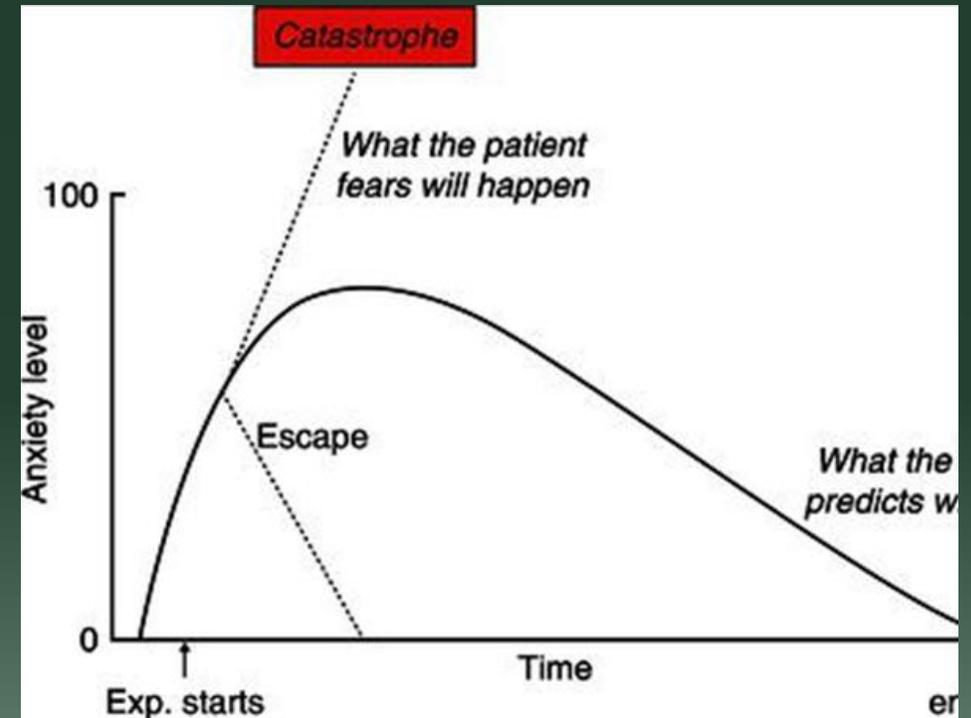


# Cognitive Processing Therapy

- Central techniques:
  - Identifies stuck points
  - Examines evidence for thoughts and beliefs
  - Challenges beliefs
- Changing the interpretation of the traumatic event changes the emotions resulting from the event
- CPT is an effective treatment for PTSD (Vickerman & Margolin, 2009; Ougrin, 2011; Jonas et al., 2013; Ehring et al., 2014)
- CPT successfully treats complex trauma (Resick et al., 2003; Galovski et al., 2013)

# Prolonged Exposure

- A behavioral intervention that repeatedly exposes patients to distressing stimuli in order to decrease their anxiety in response to those stimuli
- 10 weekly sessions
- First part involves *in vivo* exposure to places that increase anxiety (e.g., public places)
  - Uses an anxiety hierarchy

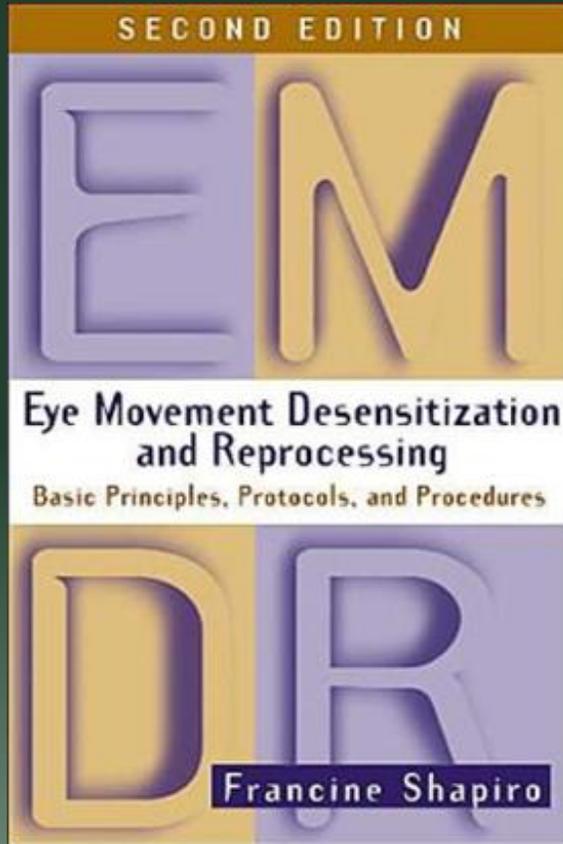


# Prolonged Exposure

A  
N  
X  
I  
E  
T  
Y

- Second part involves writing and dictating a trauma narrative focusing on one traumatic experience
  - The patient listens to the narrative over and over for an hour each day
  - Repeated and prolonged exposure decreases their anxiety

# Eye Movement Desensitization and Reprocessing



- Typical treatment lasts 12-16 sessions, although it can be shorter or longer
- 60-90 minute sessions
- Three phases:
  - Reprocessing past events
  - Reprocessing present triggers
  - Installing a future template

# What is EMDR?

- EMDR is an integrative psychotherapeutic treatment for PTSD and other anxiety problems
- It helps clients calm their responses to triggers and develop different beliefs, emotions, and behaviors so that:
  - Their memories no longer upset them
  - They are no longer triggered by current stimuli



# Stage III: Reconnection



- Gradually decrease isolation
- Re-establishing estranged relationships
- Developing trusting relationships
- Developing intimacy
- Developing sexual intimacy
- Parenting
- Community-based activities
- Spirituality

# Stage III: Reconnection

- Giving back to the community
- Making amends
- Acceptance
- Reclaiming
- Creativity
- Finding meaning
- Post-traumatic growth

**“IT’S NOT TOO LATE TO DEVELOP NEW  
FRIENDSHIPS OR RECONNECT WITH PEOPLE.”**

**MORRIE SCHWARTZ**

© Lifehack Quotes

# Adjunct Wellness Activities

- Mindfulness Meditation
- Yoga
- Acupuncture
- Qi Gong
- Tai Chi
- Massage



# Resources



# Trauma Assessment Tools

- PCL 5

[http://www.ptsd.va.gov/professional/assessment/documents/PCL-5\\_Standard.pdf](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>

# 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](http://www.ptsd.va.gov)
- International Society for Traumatic Stress Studies: [www.istss.org](http://www.istss.org)
- International Society for the Study of Trauma and Dissociation:  
[www.isst-d.org](http://www.isst-d.org)
- PTSD 101 courses:  
[www.ptsd.va.gov/professional/ptsd101/course-modules.asp](http://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>

# PTSD and SUDs

- PTSD 101 course about treating PTSD and SUDs: [www.ptsd.va.gov/professional/ptsd101/course-modules/SUD.asp](http://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](http://www.ptsd.va.gov/professional/pages/handouts-pdf/SUD_PTSD_Practice_Recommend.pdf)

# Resources for PTSD and SUDS

- *Trauma and Substance Abuse (2<sup>nd</sup> ed.)* by Page Ouimette and Jennifer Read
- *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 (2002), Lisa Najavits
- Recovery from Trauma, Addiction, or Both (2017), 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, 2<sup>nd</sup> Ed. (2014), Marsha Linehan
- DBT Skills Training Handouts and Worksheets, 2<sup>nd</sup> Ed. (2014), Marsha Linehan
- <http://www.behavioraltech.com>
- <http://www.linehaninstitute.org/>

# Prolonged Exposure

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- Reclaiming Your Life from a Traumatic Experience: A Prolonged Exposure Treatment Program Workbook (2007), Barbara Rothbaum, Edna Foa and Elizabeth Hembree

# Cognitive Processing Therapy

- Cognitive Processing Therapy for Rape Victims: A Treatment Manual (1993), Patricia Resick and Monica Schnicke
- Cognitive Processing Therapy for PTSD: A Comprehensive Manual (2016), Patricia Resick, Candice Monson, and Kathleen Chard

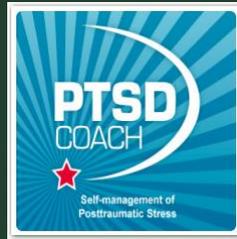
# EMDR

- Eye Movement Desensitization and Reprocessing (EMDR): The Breakthrough Therapy for Overcoming Anxiety, Stress, and Trauma Basic Principles, Protocols, and Procedures, 2<sup>nd</sup> Ed. (2004), Francine Shapiro & Margot Forreest
- Getting Past Your Past: Take Control of Your Life with Self-Help Techniques from EMDR Therapy (2013), Francine Shapiro
- [www.emdr.com](http://www.emdr.com)
- [www.emdria.org](http://www.emdria.org)
- [www.emdrhap.org](http://www.emdrhap.org)

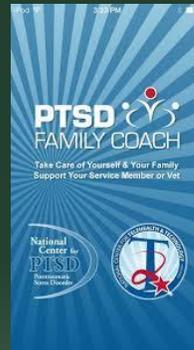
# Self-Help Mobile Applications

<http://www.t2health.org/mobile-apps>

- PTSD Coach



- PTSD Family Coach



- VetChange



- Stop, Breathe, and Think



# Mobile Applications That Assist Psychotherapy

- PE Coach



- CPT Coach



- CBT-I Coach



- Mindfulness Coach



- ACT Coach



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