

The Urgency to Address Trauma in Our Treatment Courts: What It Means to Be Trauma-Informed



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Trauma – “Individual 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 and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.”ⁱ

Trauma-Informed Care (TIC) – “Trauma-Informed Care is a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment.”ⁱⁱ

Trauma and Trauma-Informed Care

Much has been written on the topic of trauma, but there remain many essential aspects of trauma and trauma-informed care that require further exploration and understanding. This is especially true for those working in treatment courts with individuals who often have substance abuse and mental health issues, as these individuals are more likely to have experienced trauma in their lives. Without a full understanding of trauma, these individuals may be written off as “treatment resistant” or “difficult.”ⁱⁱⁱ Research has shown that individuals in mental health and substance abuse treatment are less likely to recover if their history of trauma is not addressed.^{iv} In order to provide the most effective treatment to these individuals, it is essential that we address any history of trauma to ensure that their traumatic experiences do not prevent them from attaining full recovery. Effectively implementing a trauma-informed approach requires a realization of the pervasiveness of trauma, an understanding of the effects of trauma, and finally practical application of this knowledge.^v

It is difficult to definitively say how many individuals in the United States have trauma histories, but results from the Adverse Childhood Experiences study and others have revealed that there is a significant prevalence of trauma, estimated to be close to 2/3 of the population.^{vi} The number of individuals with clinical diagnoses of Post-Traumatic Stress Disorder (PTSD) varies, but has been estimated to be between 10%-20% of the population.^{vii} Even if an individual has not been given a clinical diagnosis of PTSD, there is still a high likelihood that they have experienced a traumatic event and that this traumatic event is having an impact on their lives. Oftentimes, individuals with trauma histories “don’t recognize the significant effects of trauma in their lives; either they don’t draw connections between their trauma histories and their presenting problems, or they avoid the topic altogether. Likewise, treatment providers may not ask questions that elicit a client’s history of trauma, may feel unprepared to address trauma-related issues proactively, or may struggle to address traumatic stress effectively within the constraints of their treatment program, the program’s clinical orientation, or their agency’s directives.”^{viii}

Individuals who have experienced trauma have a higher risk of substance use and mental health issues, as well as physical conditions including autoimmune dis-

Strategies for Creating a Trauma-Informed Organization:

1. Show organizational and administrative commitment to TIC
2. Use trauma-informed principles in strategic planning
3. Review and update vision, mission, and value statements
4. Assign a key staff member to facilitate change
5. Create a trauma-informed oversight committee
6. Conduct an organizational self-assessment of trauma-informed services
7. Develop an implementation plan
8. Develop policies and procedures to ensure trauma-informed practices and to prevent retraumatization
9. Develop a disaster plan
10. Incorporate universal routine screenings
11. Apply culturally responsive principles
12. Use science-based knowledge
13. Create a peer-support environment
14. Obtain ongoing feedback and evaluations
15. Change the environment to increase safety
16. Develop trauma-informed collaborations

Source: SAMHSA. *Trauma-Informed Care in Behavioral Health Services*, 2014.

eases, sleep disorders, etc.^{ix} Furthermore, traumatic experiences can affect an individual's relationships, their sense of place in the world, and their feelings towards themselves. Historically, discussions of trauma have focused on the mental and psychological impacts of trauma without addressing the physical and physiological effects of trauma. Research from three new disciplines (neuroscience, developmental psychopathology, and interpersonal neurobiology) has "revealed that trauma produces actual physiological changes, including a recalibration of the brain's alarm system, an increase in stress hormone activity, and alterations in the system that filters relevant information from irrelevant."^x These findings are of critical importance in our efforts to treat trauma by providing access to services that can address both the mind and body.

Trauma-Informed Treatment Courts

There are 6 principles of TIC: safety; trustworthiness and transparency; peer support and mutual self-help; collaboration and mutuality; empowerment, voice, and choice; and, cultural, historical, and gender issues.^{xi} The common thread running through these principles is a focus on addressing the individual's unique needs by creating a safe, respectful, and reciprocal treatment environment. Furthermore, it is essential in a trauma-informed approach to view "trauma-related symptoms and behaviors as an individual's best and most resilient attempt to man-

age, cope with, and rise above his or her experience of trauma."^{xii} In other words, one should begin to see "traumatic stress reactions as *normal* reactions to *abnormal* situations."^{xiii} This approach shifts the focus from problematizing and stigmatizing an individual with clinical diagnoses to acknowledging and empathizing with the individual's resilience and strength.

According to SAMHSA, "Becoming trauma-informed requires re-examining policies and procedures that may result in participants feeling loss of control in specific situations, training staff to be welcoming and non-judgmental, and modifying physical environments. The goal is to fully engage participants by minimizing perceived threats, avoiding re-traumatization, and supporting recovery. There is often little or no cost involved in implementing trauma-informed principles, policies, and practices."^{xiv} For example, even something as minor as reconsidering the signs posted in the courtroom and either removing or replacing them with respectful language can have an impact on an individual's feelings of safety in the court. Language also plays an important role in trauma-informed environments – i.e., instead of referring to a "dirty drug screen" one could simply say that the drug screen is positive or shows the presence of drugs thereby removing the judgmental language.

Trauma Screening and Assessment

In order to ensure that the needs of individuals with trauma histories are met, it is necessary for programs to con-

What Can You Do in Your Treatment Court?

Judge	Demonstrate a commitment to providing trauma-informed care; consider the language used in the courtroom and by the team.
Coordinator/Case Manager	Conduct trauma screen; compile list of trauma resources and programs for participants; plan trainings on trauma; reexamine policies and procedures.
Treatment Provider	Conduct a validated trauma assessment and provide or refer the individual to appropriate trauma-informed treatment services.
Defense Counsel	Receive training on trauma; learn grounding techniques to help your client feel safe; communicate with your client in a respectful manner.
Prosecutor	Receive training on trauma; be transparent in interactions with participants.

duct universal routine trauma screening for all individuals. The screening process is only the first step, though. After a screening has been conducted which shows a trauma history or trauma-related symptoms, the individual should then receive a more comprehensive assessment from a qualified professional.^{xv} The results of the screening and assessment should be used to develop the treatment plan in collaboration with the individual. Additionally, assessments should be conducted on an ongoing basis to determine treatment progress or potential treatment modifications. The initial trauma screen can be done in a variety of settings, but “Initial questions about trauma should be general and gradual. Taking the time to prepare and explain the screening and assessment process to the client gives him or her a greater sense of control and safety over the assessment process.”^{xvi} According to SAMHSA (2014), there are a number of other techniques that can be used to create a safe environment to conduct trauma screens and assessments:

- ◆ Approach the client in a matter-of-fact, yet supportive, manner
- ◆ Respect the client’s personal space
- ◆ Provide culturally appropriate symbols of safety in the physical environment
- ◆ Be aware of one’s own emotional responses to hearing clients’ trauma histories
- ◆ Overcome linguistic barriers via an interpreter
- ◆ Elicit only the information necessary for determining a history of trauma and the possible existence and extent of traumatic stress symptoms and related disorders
- ◆ Give the client as much personal control as possible during the assessment

- ◆ Use self-administered, written checklists rather than interviews when possible to assess trauma (e.g., the Trauma History Questionnaire)
- ◆ Interview the client if he or she has trouble reading or writing or is otherwise unable to complete a checklist
- ◆ Allow time for the client to become calm and oriented to the present if he or she has very intense emo-

Grounding Exercises:

- ◆ Take 10 breaths, focus on each breath as you inhale and exhale.
- ◆ Splash cool water on your face.
- ◆ Listen to calming music.
- ◆ Plant your feet firmly on the ground.
- ◆ Look at your surroundings and note the details.

tional responses when recalling or acknowledging a trauma (see Grounding Exercises)

- ◆ Avoid phrases that imply judgment about the trauma
- ◆ Provide feedback about the results of the screening

When selecting a tool for trauma screens and assessments, it is important to: (1) define assessment needs; (2) consider the target population and any specific cultural considerations; (3) investigate the quality of the screening/assessment instrument; and (4) consider practical issues including cost and any training requirements.^{xvii} There are a variety of validated instruments available^{xviii}, but regardless of the actual screening and/or assessment tool, it is essential that “...all individuals who administer screenings, regardless of education level and experience,

should be aware of trauma-related symptoms, grounding techniques, ways of creating safety for the client, proper methods of introducing the screening tools, and the protocol to follow when a positive screen is obtained.^{xxix}

Trauma Programs/Treatment Interventions

Because trauma affects both the mind and body, treatment should engage with the whole person. To begin helping an individual with a trauma history, one must first assist them in dealing with hyperarousal and emotional regulation. The body's stress response is likely elevated and in order to achieve a feeling of safety, the individual must first feel grounded and in control of their feelings. In other words, "The challenge is not so much learning to accept the terrible things that have happened but learning how to gain mastery over one's internal sensations and emotions. Sensing, naming, and identifying what is going on inside is the first step to recovery."^{xxx} It is also beneficial to provide the individual with information on trauma, trauma-related symptoms, and the consequences of trauma exposure so that they can begin to better understand their experiences through this lens and draw connections between their trauma and their behaviors and emotions.^{xxxi} Making these connections help individuals to better understand their challenges as they engage in the recovery process. At the outset and throughout the recovery process, individuals should be taught self-care and coping skills and should be allowed to follow their own unique path to recovery, which may or may not involve talking about the actual traumatic experience.^{xxii}

One of the most effective methods for training our arousal system is through the practice of mindfulness and meditation:

"Mindfulness has been shown to have a positive effect on numerous psychiatric, psychosomatic, and stress-related symptoms, including depression and chronic pain. It has broad effects on physical health, including improvements in immune response, blood pressure, and cortisol lev-

els. It has also been shown to activate the brain regions involved in emotional regulation and to lead to changes in the regions related to body awareness and fear."^{xxiii}

Mindfulness is a very powerful tool for trauma survivors and there are a number of cell phone apps that can assist individuals who are new to mindfulness and meditation (e.g., Insight Timer, Headspace, etc.). Similarly, yoga has been found to be an effective treatment practice for trauma. According to a study conducted by van der Kolk, et al. (2014), ten weeks of yoga practice significantly reduced PTSD symptoms in individuals who were not responding to medication or other treatment.^{xxiv} It is believed that yoga can assist individuals by helping them to integrate their physical and emotional inner states

through breath, movement, and mindfulness. Other methods that have been used successfully in the treatment of trauma include free writing, trauma drama, and Eye Movement Desensitization and Reprocessing (EMDR). Both physical and mental health have been shown to improve after an individual writes about an upsetting event.^{xxv} Treating trauma through theater is a relatively recent development, but it has been used effectively for individuals with trauma by allowing them to use their voice and experience a range of emotions that they may otherwise have been afraid to access.^{xxvi} EMDR is now one of the most widely used therapies for trauma treatment and it has shown significant positive effects. For example, in a study looking at EMDR compared to Prozac and a placebo, EMDR was more effective in the short term and was substantially more effective

in the long term. In interviews conducted 8 months after the study, 60% of those who received EMDR scored as being completely cured, whereas all of the individuals who took Prozac relapsed when they went off the medication.^{xxvii} While we don't yet fully understand the exact mechanisms by which EMDR works, we do know that it works and it does not require the individual to extensively revisit the trauma.

Two areas that are often relied upon in the treatment of trauma are cognitive-behavioral therapies (CBT) and medications. While both of these treatments can be

Trauma-Informed Treatment Objectives:

- ◆ Establish Safety
- ◆ Provide psychoeducation
- ◆ Offer trauma-informed peer support
- ◆ Normalize symptoms
- ◆ Identify and manage trauma-related triggers
- ◆ Draw connections
- ◆ Teach balance
- ◆ Build resilience
- ◆ Address sleep disturbances
- ◆ Build trust
- ◆ Support empowerment
- ◆ Acknowledge grief and bereavement
- ◆ Monitor and facilitate stability

Source: SAMHSA. Trauma-Informed Care in Behavioral Health Services, 2014.

very beneficial, it is important to understand that the symptoms of trauma can be managed successfully, but rarely through the sole use of medication. If the individual does not learn emotional self-regulation and coping techniques, then the medication is only suppressing the trauma-related symptoms. Similarly, CBT “has not done so well for traumatized individuals, particularly for those with histories of childhood abuse. Only about one in three participants with PTSD who finish research studies show some improvement. Those who complete CBT treatment usually have fewer PTSD symptoms, but they rarely recover completely. Most continue to have substantial problems with their health, work, or mental well-being.”^{xxviii}

Conclusion

Given what we now know about the prevalence and effects of trauma, it is essential that our treatment courts begin the process of becoming truly trauma-informed organizations. The benefits of a trauma-informed approach in these settings are numerous and extend from participants to the staff and even the larger community. Primarily, though, addressing trauma makes it more likely that the individuals in these programs will successfully recover from their substance use and/or mental health issues and go on to lead strong, healthy, whole lives.

Endnotes

ⁱ Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach*. Rockville, MD: Substance Abuse and Mental Health Services Administration.

- ⁱⁱ Hopper, E.K., Bassuk, E.L., & Olivet, J. (2009). Shelter from the Storm: Trauma-Informed Care in Homelessness Services Settings. *The Open Health Services and Policy Journal*, 2, 131-151.
- ⁱⁱⁱ Substance Abuse and Mental Health Services Administration. (2013). *SAMHSA’s National Center on Trauma-Informed Care and SAMHSA’s National GAINS Center for Behavioral Health and Justice: Essential Components of Trauma-Informed Judicial Practice*. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- ^{iv} Substance Abuse and Mental Health Services Administration. (2014). *Trauma-Informed Care in Behavioral Health Services*. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4801. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- ^v SAMHSA, *Concept of Trauma*, 2014.
- ^{vi} Norris, F.H., & Slone, L.B. (2013). Understanding Research on the Epidemiology of Trauma and PTSD. *PTSD Research Quarterly*, Vol. 24 (2-3).
- ^{vii} Norris, 2013.
- ^{viii} SAMHSA, 2014.
- ^{ix} SAMHSA, 2014.
- ^x van der Kolk, B.A. (2014). *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*. New York, NY: Penguin Books.
- ^{xi} SAMHSA, 2014.
- ^{xii} SAMHSA, 2014.
- ^{xiii} SAMHSA, 2014.
- ^{xiv} SAMHSA, 2013.
- ^{xv} SAMHSA, 2014.
- ^{xvi} SAMHSA, 2014.
- ^{xvii} SAMHSA, 2014.
- ^{xviii} See SAMHSA, 2014, Appendix D – Screening and Assessment Instruments for a sample list of tools. See also a sample trauma screen, the Trauma History Questionnaire (THQ) at <https://georgetown.app.box.com/s/9o18x4rwz8jgwo1bwgo8>.
- ^{xix} SAMHSA, 2014.
- ^{xx} van der Kolk, *The Body Keeps the Score*, 2014.
- ^{xxi} SAMHSA, 2014.
- ^{xxii} van der Kolk, *The Body Keeps the Score*, 2014.
- ^{xxiii} van der Kolk, *The Body Keeps the Score*, 2014.
- ^{xxiv} van der Kolk, B.A., Stone, L., West, J., Rhodes, A., Emerson, D., Suvak, M., & Spinazzola, J. (2014). Yoga as an Adjunctive Treatment for Posttraumatic Stress Disorder: A Randomized Controlled Trial.

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