

# Mitigating Trauma at the Courthouse by Understanding Changes to the Brain

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# Learning Objectives



- (1) Explain trauma and trauma competence and how to weave those skills into court processes
- (2) Recognize how changes to brain architecture and function related to trauma and substance misuse may lead treatment court participants to act in unexpected or frustrating ways
- (3) Understand actions courts and treatment court teams can take to mitigate responses to trauma and substance use disorders to help participants succeed

# SAMHSA Definition of Trauma

An event or circumstance resulting in:

- physical harm
- emotional harm
- and/or life-threatening harm

And has lasting negative effects on:

- mental health
- physical health
- emotional health
- social well-being
- and/or spiritual well-being



# Substance Use Disorder

Chronic and manageable brain disease:

- Loss of control over use
- High motivation to get substance
- **Continued use despite negative consequences**



# Trauma Competent Organizations



**Understand, recognize, and respond** to trauma

**Focus on physical, psychological, and emotional safety** of participants/clients/staff

**Help people rebuild** a sense of control and empowerment

<https://store.samhsa.gov/sites/default/files/d7/pri/sma14-4884.pdf>

[http://www.nationalcenterdvtraumamh.org/wp-content/uploads/2016/01/NCDVTMH\\_PromisingPracticesReport\\_2015.pdf](http://www.nationalcenterdvtraumamh.org/wp-content/uploads/2016/01/NCDVTMH_PromisingPracticesReport_2015.pdf)

# Trauma/Stress Response

- A natural response to an unnatural circumstance
- Brain survival mode/self preservation
- Hypervigilance
- May cause people to act in unexpected ways



# SAMHSA's Four R's

A trauma competent organization:

Realizes

Widespread Impact of Trauma and  
Understands Path to Recovery

Recognizes

Signs and Symptoms in Participants,  
Staff, Families, Others

Responds

By Integrating Trauma Knowledge  
into Policies and Procedures

Resists Retraumatization



# Trauma Informed Communication

YES	NO
Person with a substance use disorder/person who misuses substances	Addict/Abuser
Substance Exposure	Abuse
Sober/Recovery/Remission	Clean
Positive Test/Use	Dirty
Boundaries/Self-care	Enabling
Return to Use/Recurrence	Relapse/Lapse/Slip
Medicine for Addiction Treatment/MOUD	Medically Assisted Treatment/Opioid Replacement



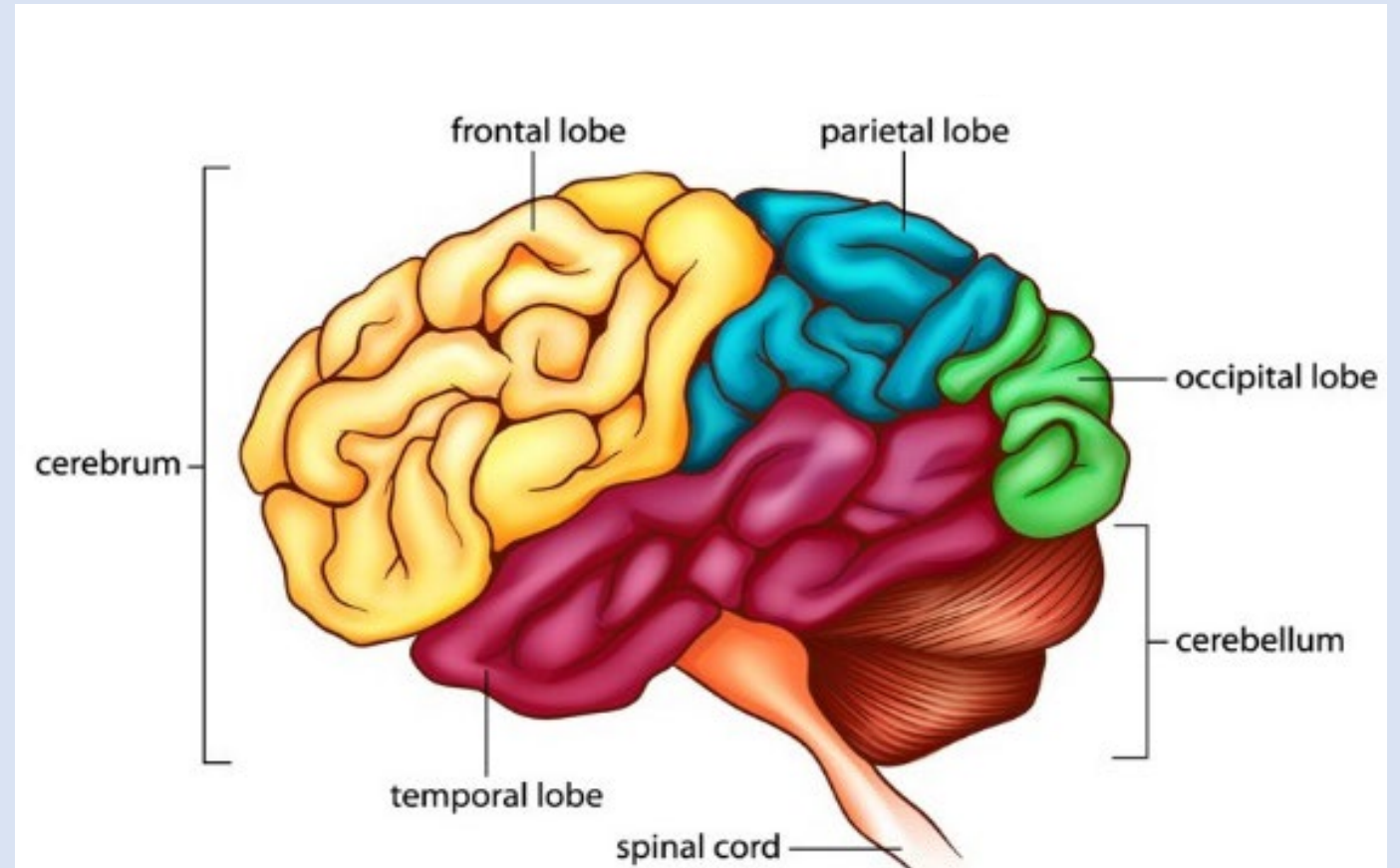
# The People We Work with Are Stressed

- Anxiety about case
- Withdrawal/thinking about using substance
- Afraid of the judge/court staff
- Loss of Control
- Economic/Food/housing insecurity
- Frustrating or Unexpected behavior

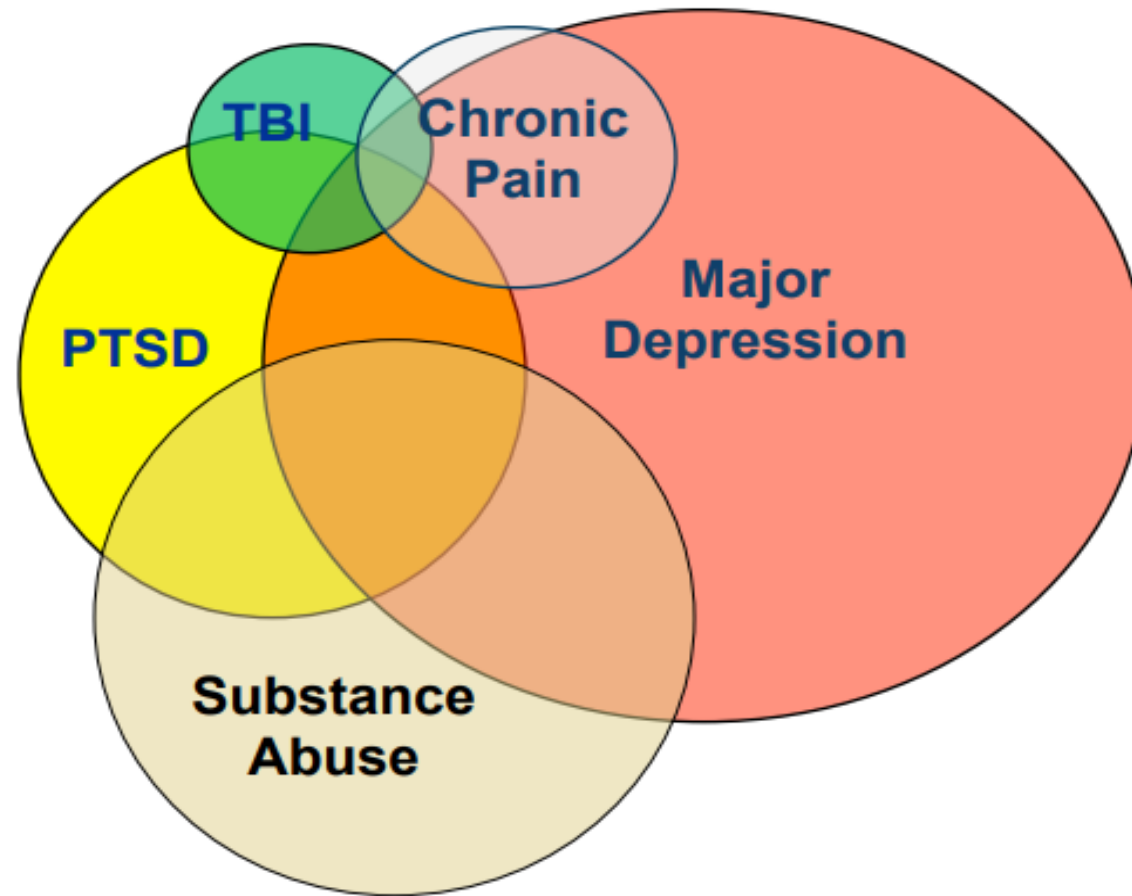


# Changes to the Brain

- Substance Misuse
- FASD
- Trauma
- Toxic Stress
- Historical Trauma
- TBI/Persistent Post-Concussive Symptoms

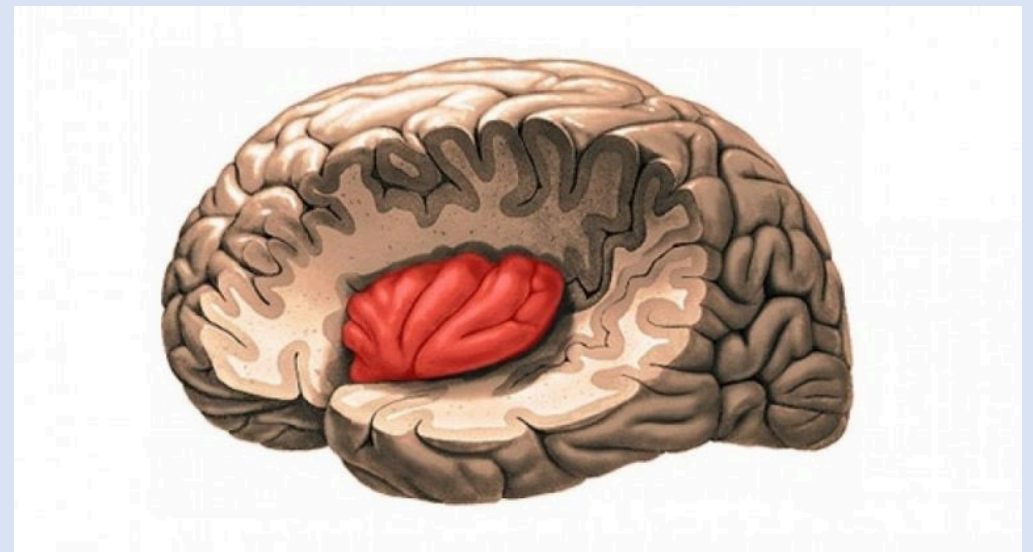
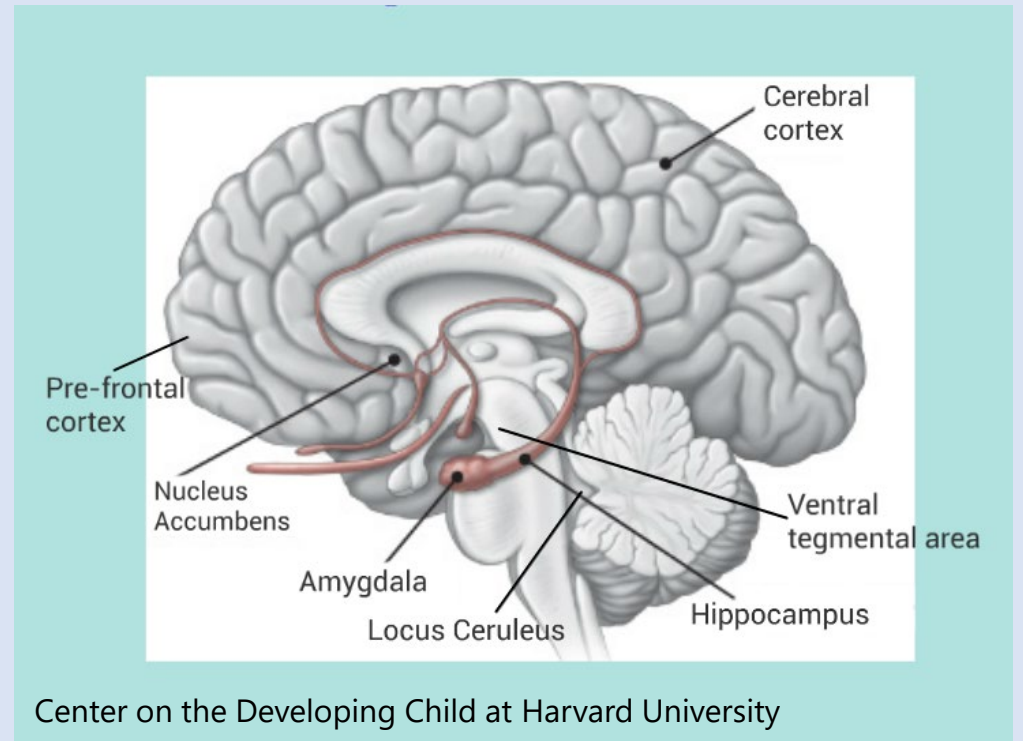


# Co-occurring Issues



TBI, traumatic brain injury  
Stein MB, McAllister TW. *Am J Psychiatry*. 2009;166:768-776.

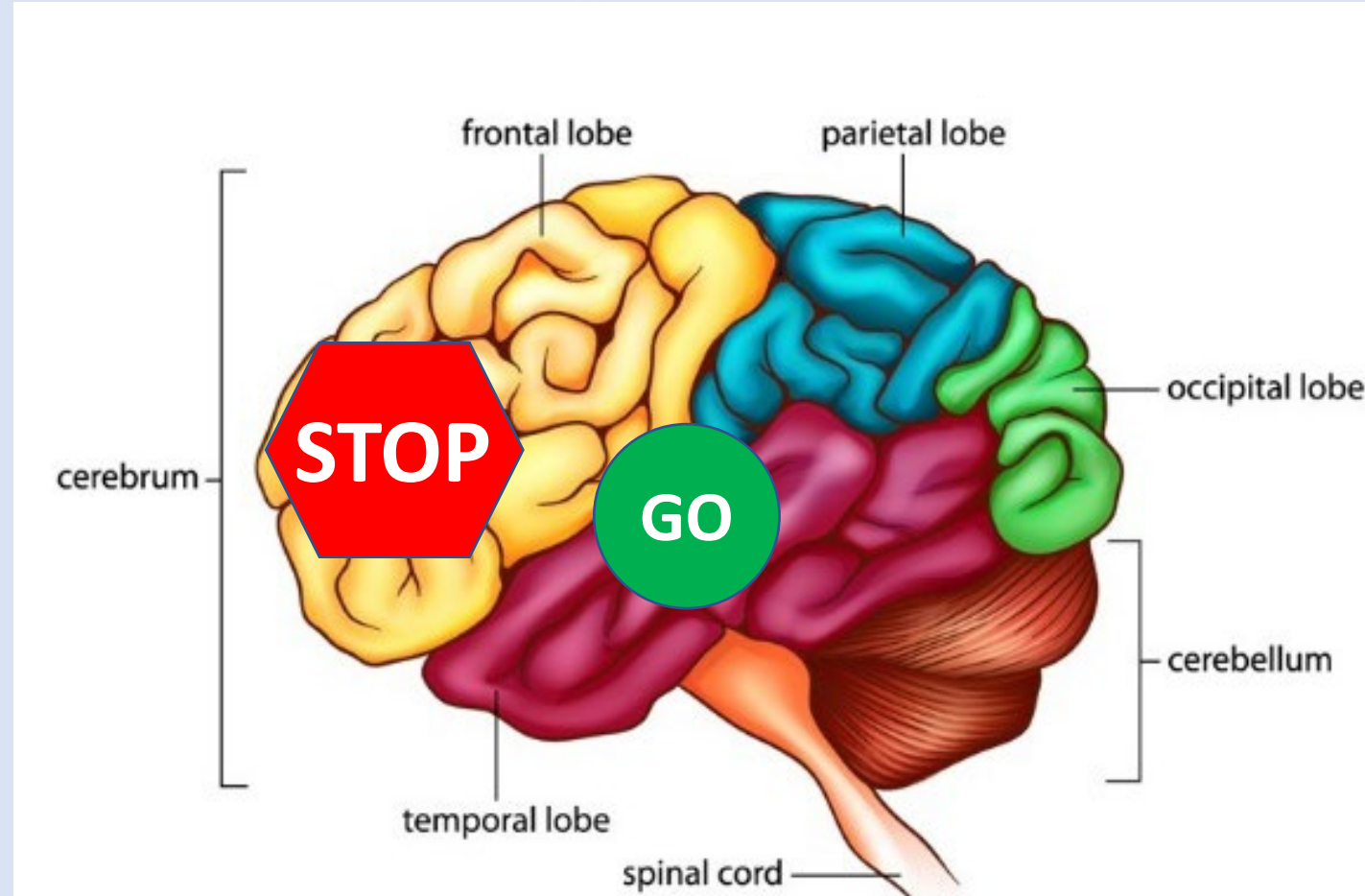
- **VTA/NA**: motivation pathway; fundamental needs to be satisfied; striatum
- **Basal Ganglia**: associated with habit formation
- **Amygdala**: smoke alarm; emotional information about event; conditioned response; craving; implicit memory; stress response
- **Hippocampus**: storage/ retrieval of emotion laden memories with input from amygdala; explicit memory
- **Pre-frontal cortex**: forethought; planning
- **Locus coeruleus**: alarm center
- **Insular cortex**: cravings; monitors body condition; social and physical pain



# Pre-Frontal Cortex= Brakes



PFC connectivity affected by trauma and SUDs



How do you respond to severe stress/unreasonable obstacles?

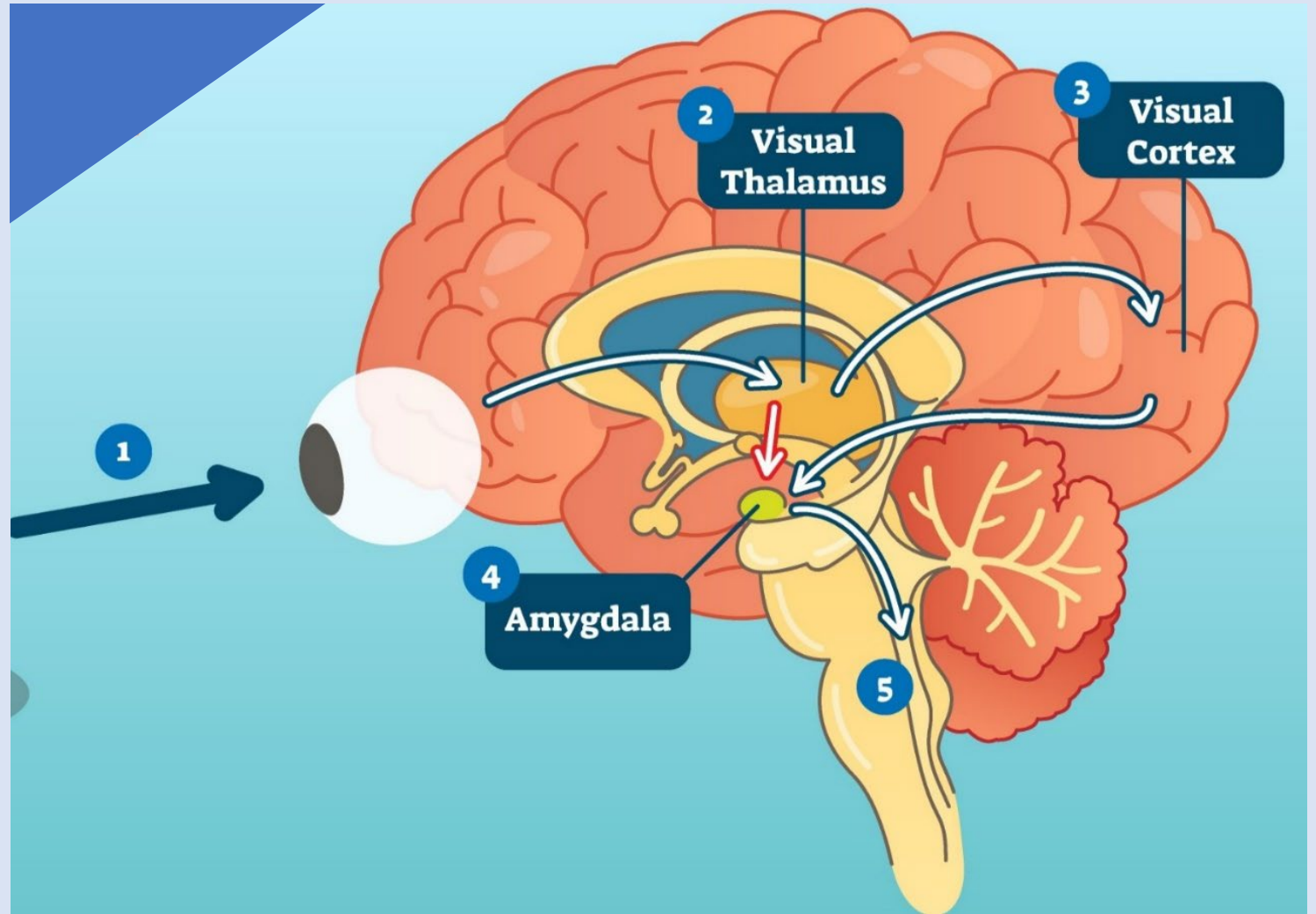
Fight

Flight

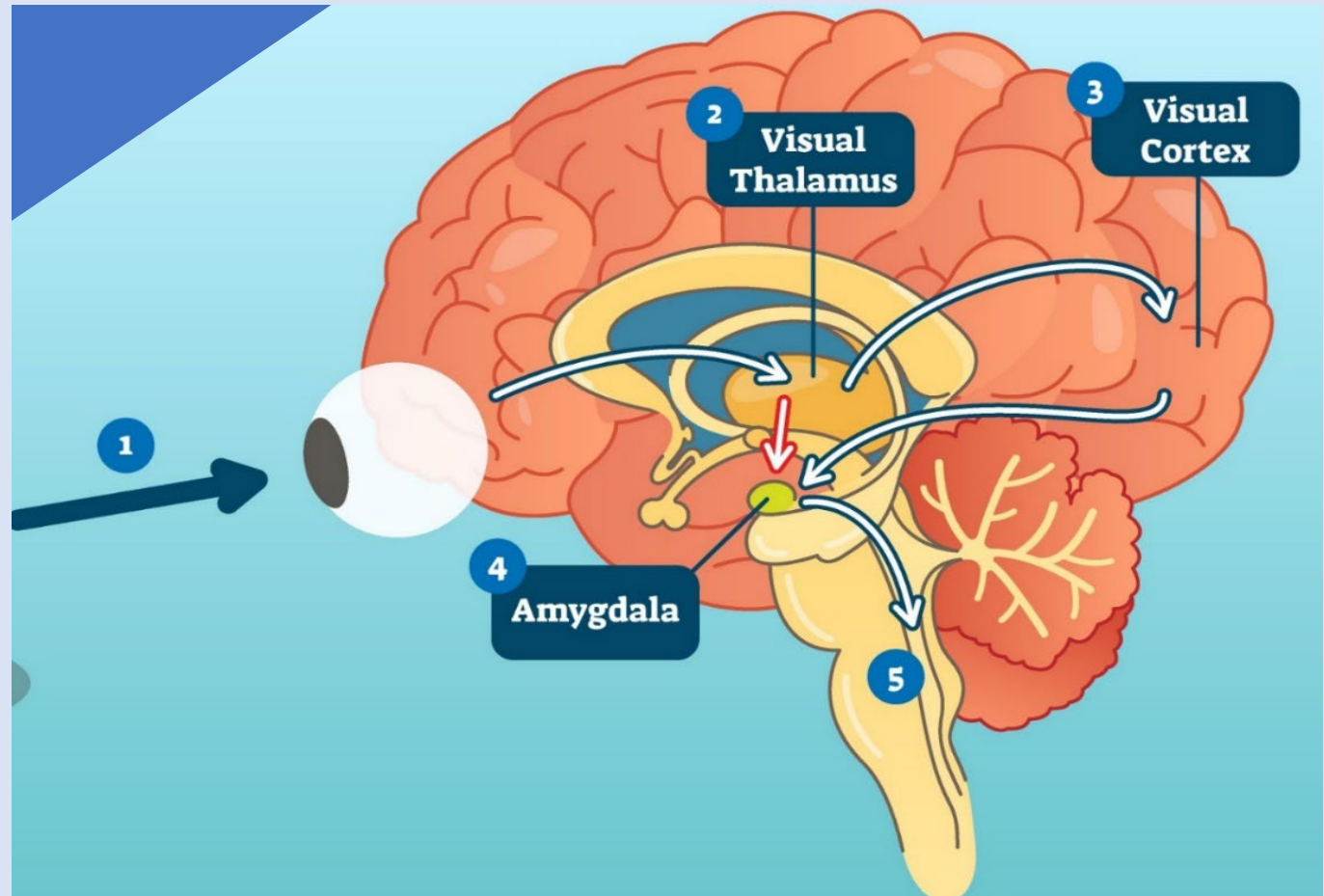
Freeze

# Threat/Trauma Trigger

Fight  
Flight  
Freeze  
Surrender

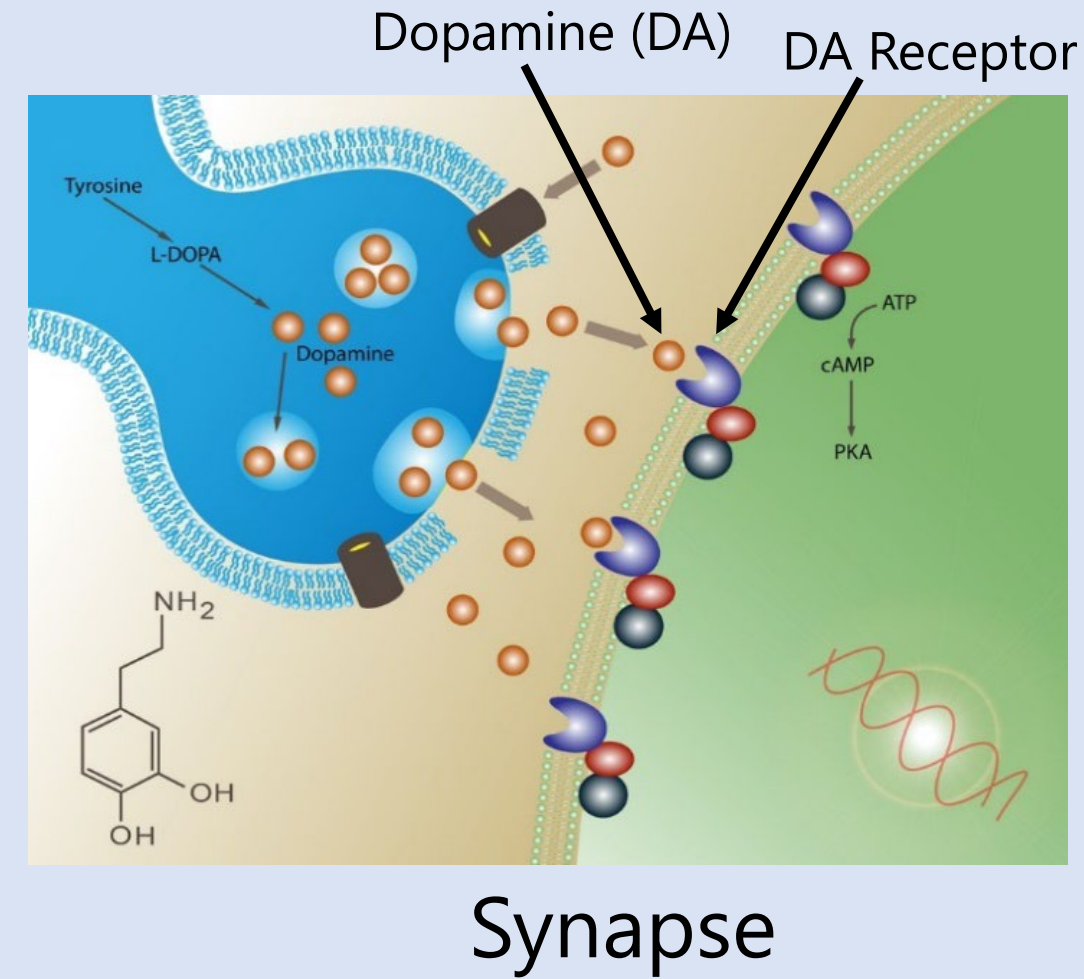
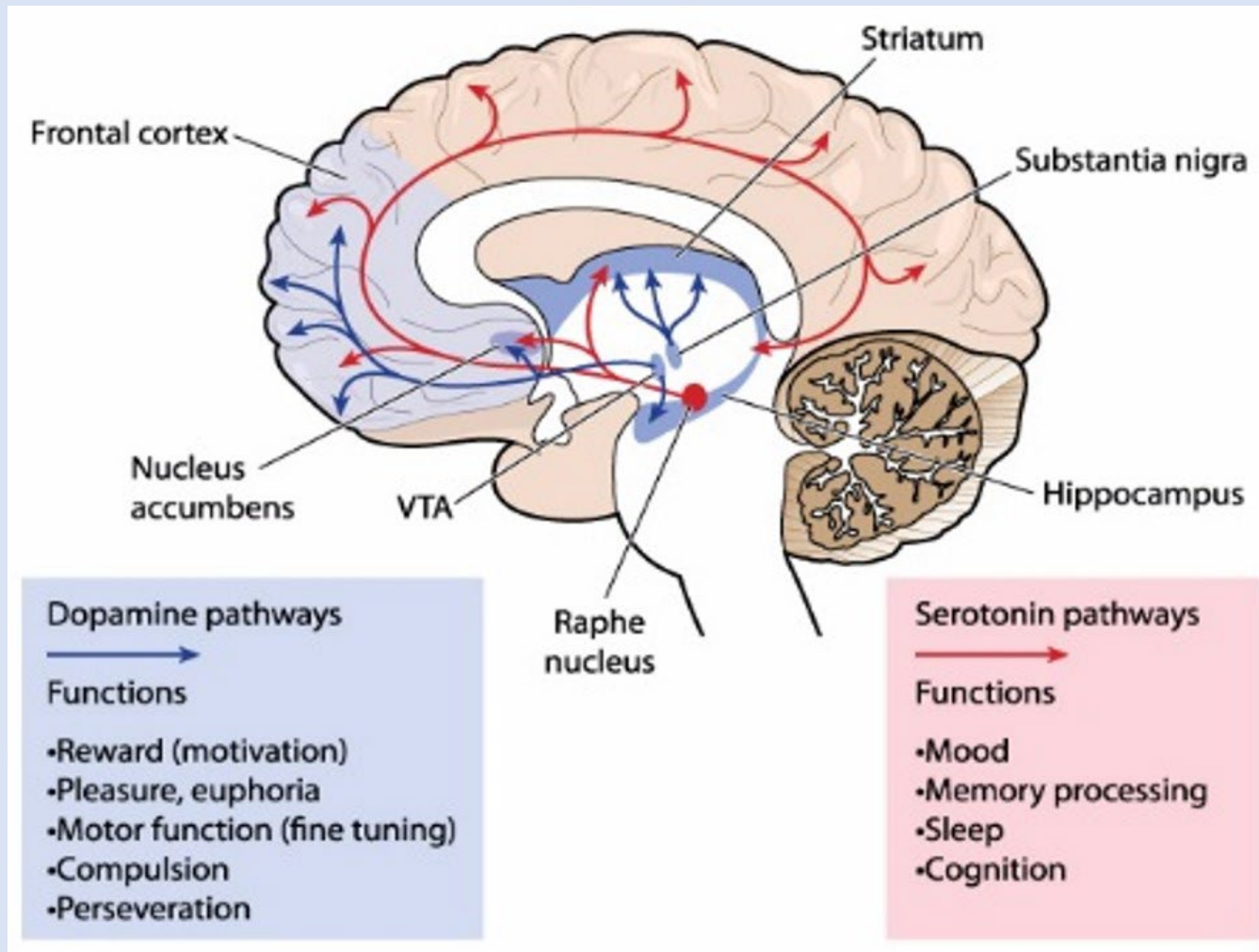


# What if the mountain lion lives with you?





# Motivation Pathway



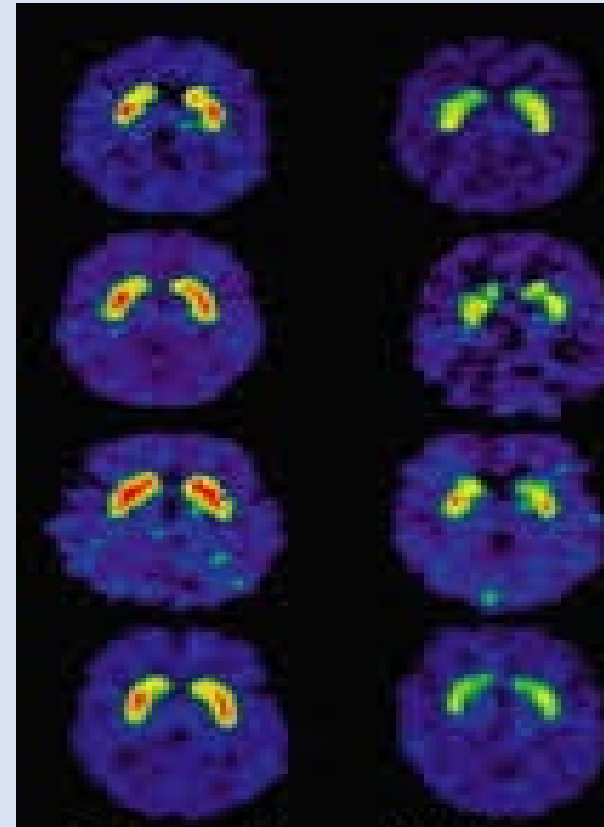
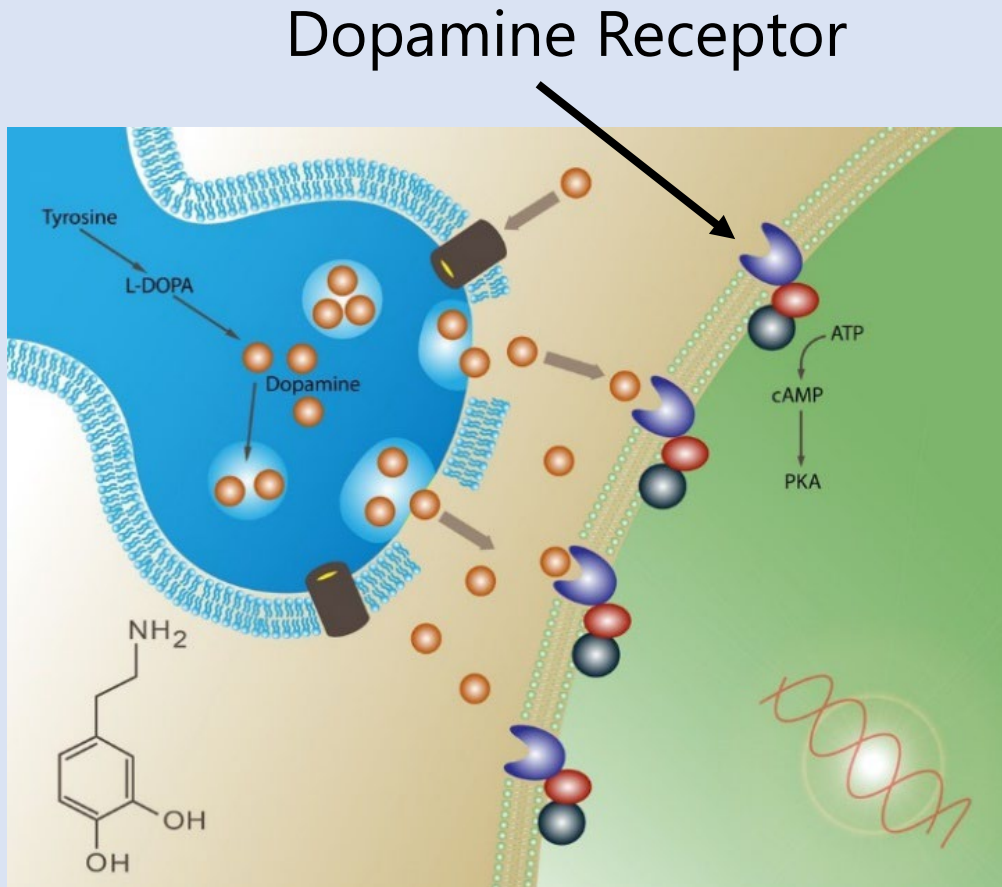


Because of changes in the brain,  
substance misuse moves from pleasure  
seeking to **relief seeking**

# Dependence v Addiction



# D2 Receptors Down Regulate in Striatum



**Cocaine**

**Meth**

**Alcohol**

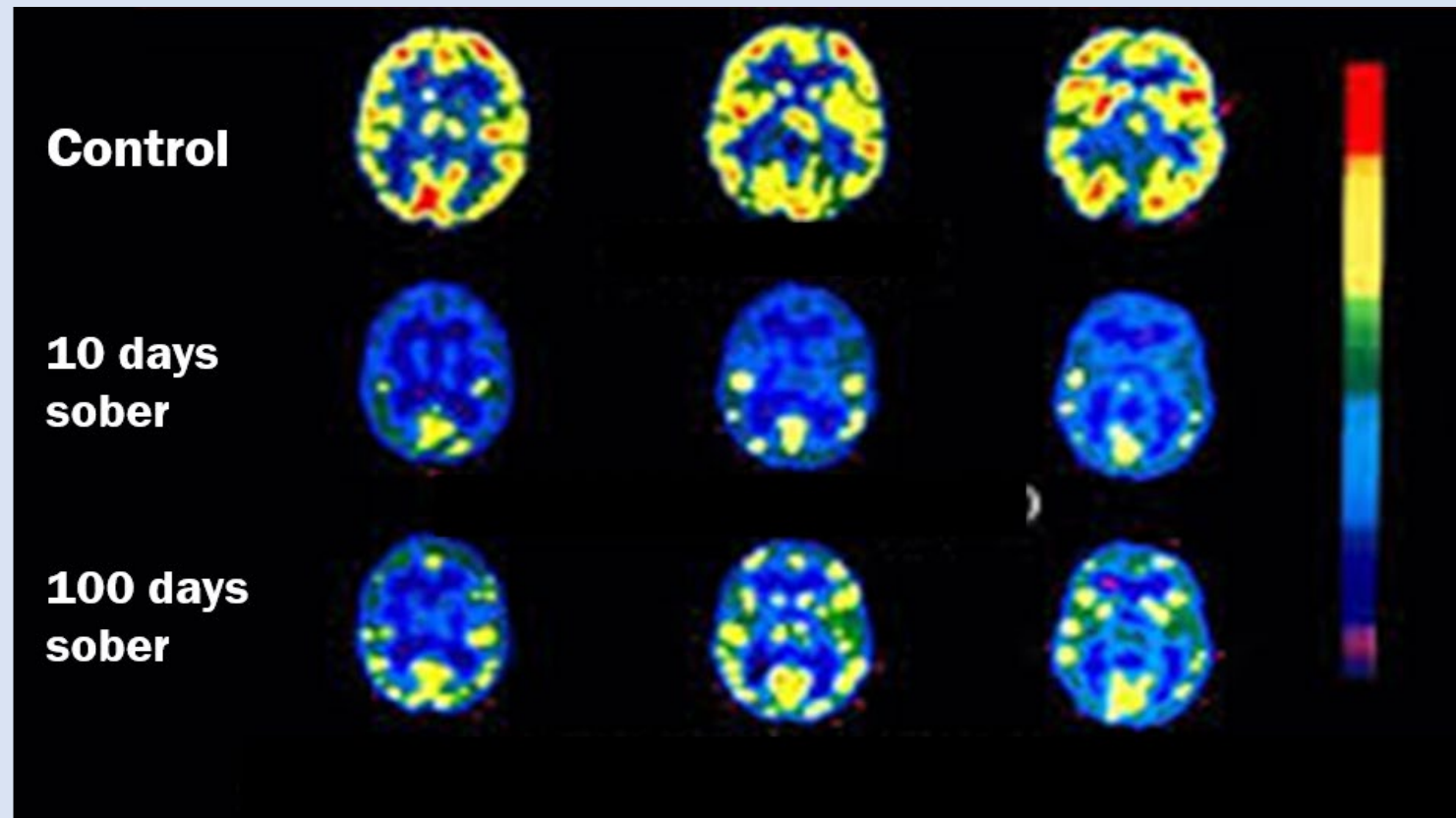
**Heroin**

**Control**

**SUD**

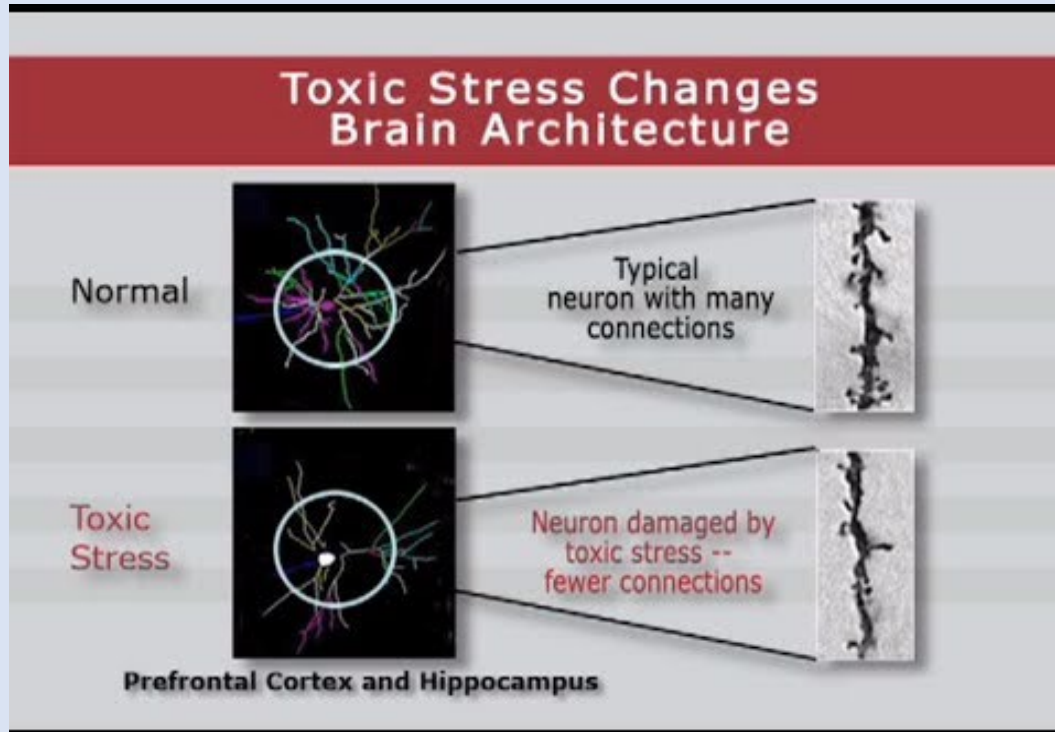
National  
Institute of Drug  
Abuse

# Brain Glucose Metabolism Changes (cocaine)

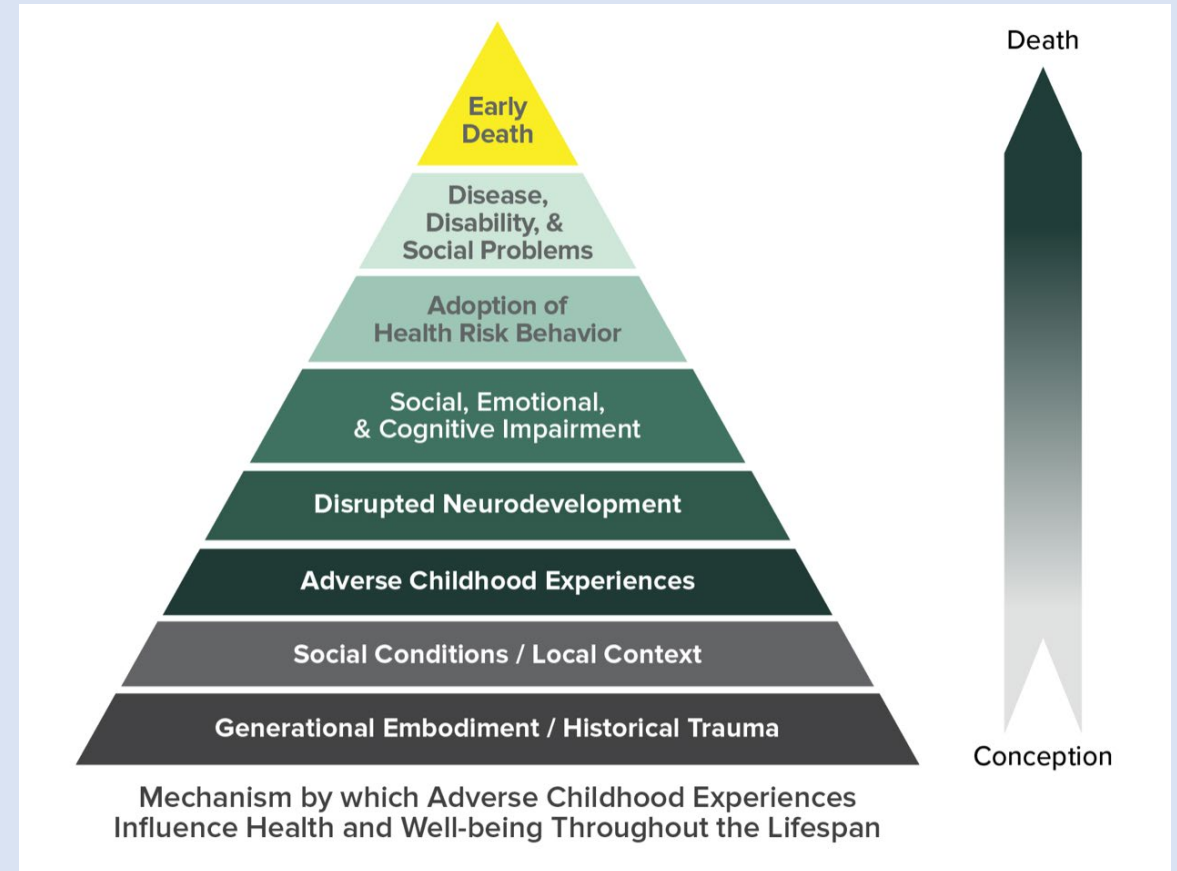


Source: NIDA

# Toxic/Chronic Stress/Trauma Remodel the Brain



Center on the Developing Child at Harvard University

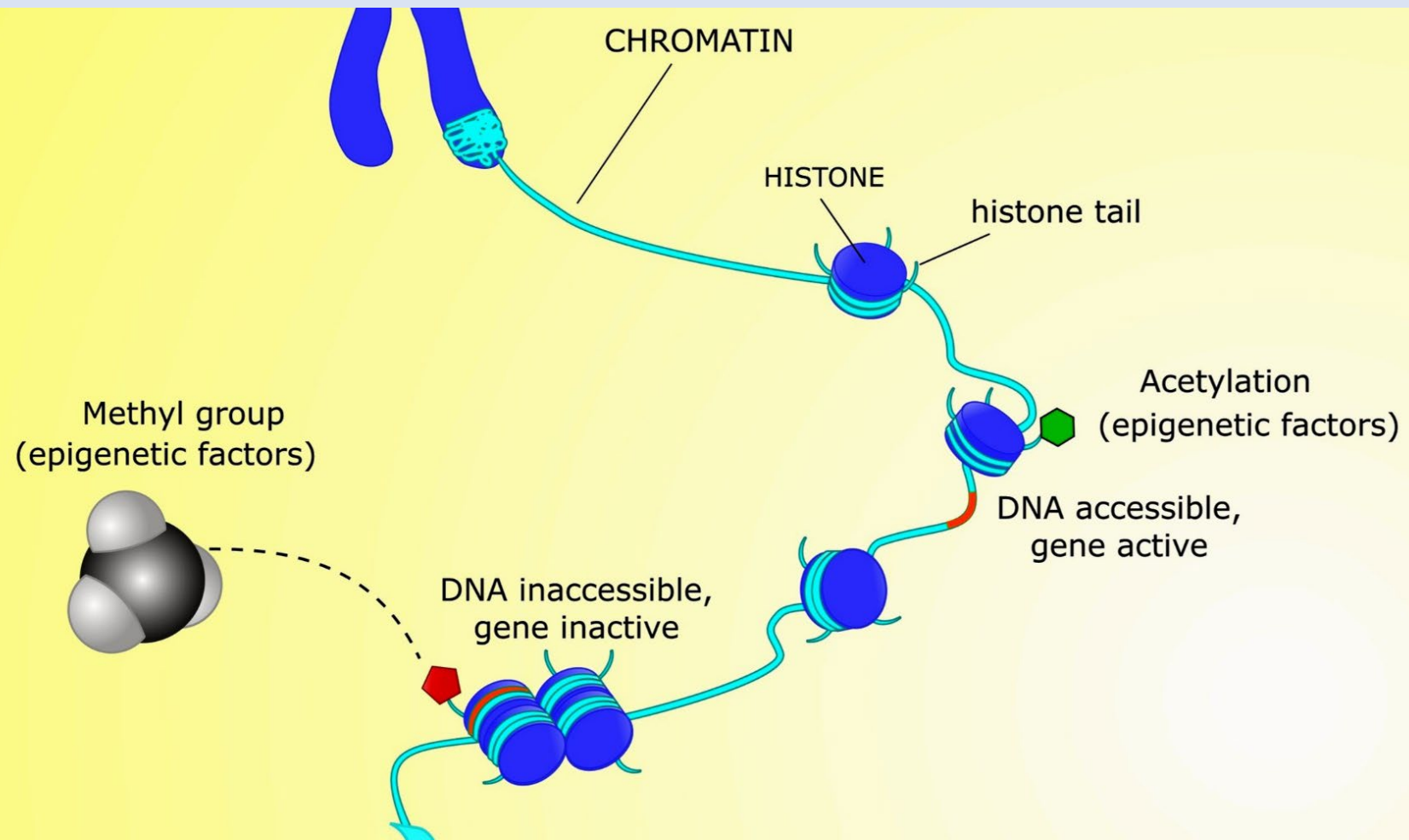


[www.cdc.gov/violenceprevention/aces/about.html](http://www.cdc.gov/violenceprevention/aces/about.html)

# Epigenetics: Intergenerational Transfer of Risk and Resilience

Historical Trauma is  
"a constellation of  
characteristics  
associated with  
massive cumulative  
group trauma across  
generations"

-Dr. Maria Yellow  
Horse Braveheart  
(1999)



# Changes to the Brain Drive Return to Use

- Conditioned response (cue > routine > reward)
- Stress/Trauma (HALT)
- Re-exposure to substance







Healing Happens through Connection and Relationship

# Treatment

“To be effective, treatment must address the individual’s drug abuse and any associated medical, psychological, social, vocational, and legal problems.”

National Institute on Drug Abuse Principals of Drug Addiction Treatment



# Rat Park/Decrease Social Isolation



<https://www.brucekalexander.com/articles-speeches/rat-park/148-addiction-the-view-from-rat-park>

# Pro-Social Activities

- Peer Recovery Meeting: White Bison; AA/NA; SMART Recovery; In the Rooms
- Traditional crafts
- Spiritual/cultural connections
- Outdoor activities
- Community service
- Bowling; movies; game nights
- Community meals
- Exercise



# What to Look for in Treatment Providers

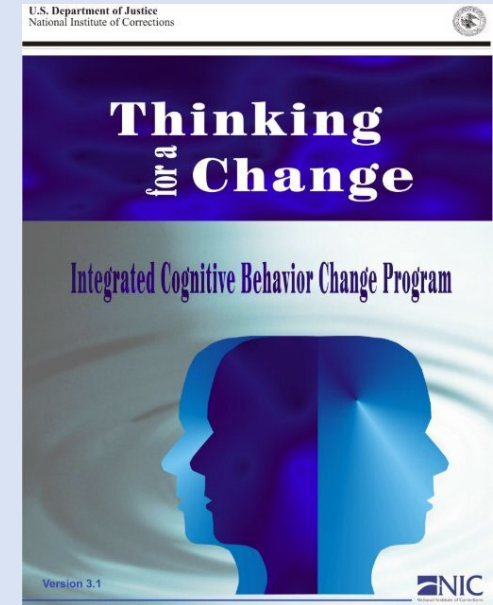
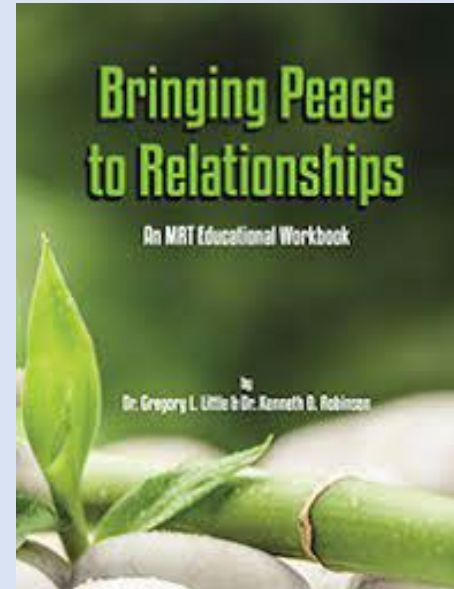
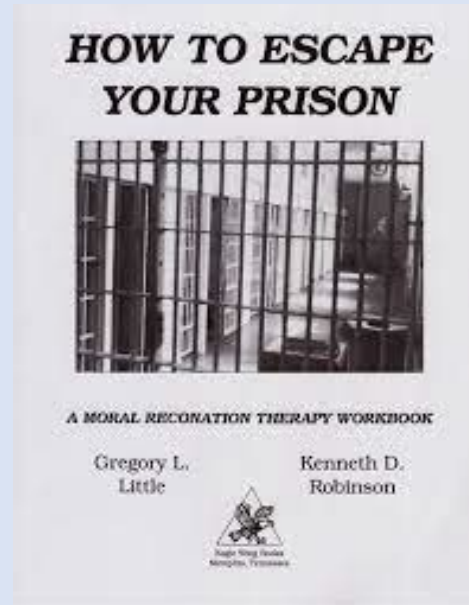
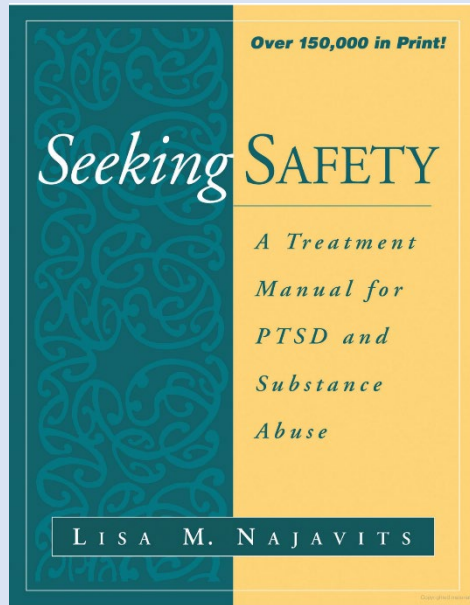


- Evidence-based treatment
- Gender-specific services
- Cultural awareness
- Inclusion of children in treatment plan
- Retention rate
- After-care services
- Medicine for Addiction Treatment (MAT)

# Working Toward a Trauma Competent/Healing Focused Treatment Court

- Trauma Training
- Motivational Interviewing Training for All Staff (Including the Judge)
- Seeking Safety or Other Trauma-focused Groups
- Reflective Supervision
- Rules Reduction





Anyone can train in these workbook-based treatment models- no specific degree, license, or background required

# Rules Reduction in Wellness Court

~~No food or drink  
No gum  
No hats  
No sunglasses  
No shorts  
No swearing~~



Is the rule about safety or support?

Or, is the rule used to exert power and control over the participant?







## Treatment Court Reflective Supervision

- Understand the participant's story
- Active Listening/Motivational Interviewing
- Collaborate with participant
- What lens is staff looking through?
- Does the Team feel safe with the Judge?
- Does the Judge trust the Team?



# Reduce Stress/Enhance Safety

- Participants have private place to meet with their attorney or advocate
- Individuals do not have to wait for long periods of time for their hearings
- Separate waiting areas
- Clear signs and information about where to be and when



# Environment

- Promote SAFETY
- Create an environment conducive to limiting arousal
- Environment should be comfortable: temperature, light, and noise

Isleta Tribal Court

# Stakeholder Groups

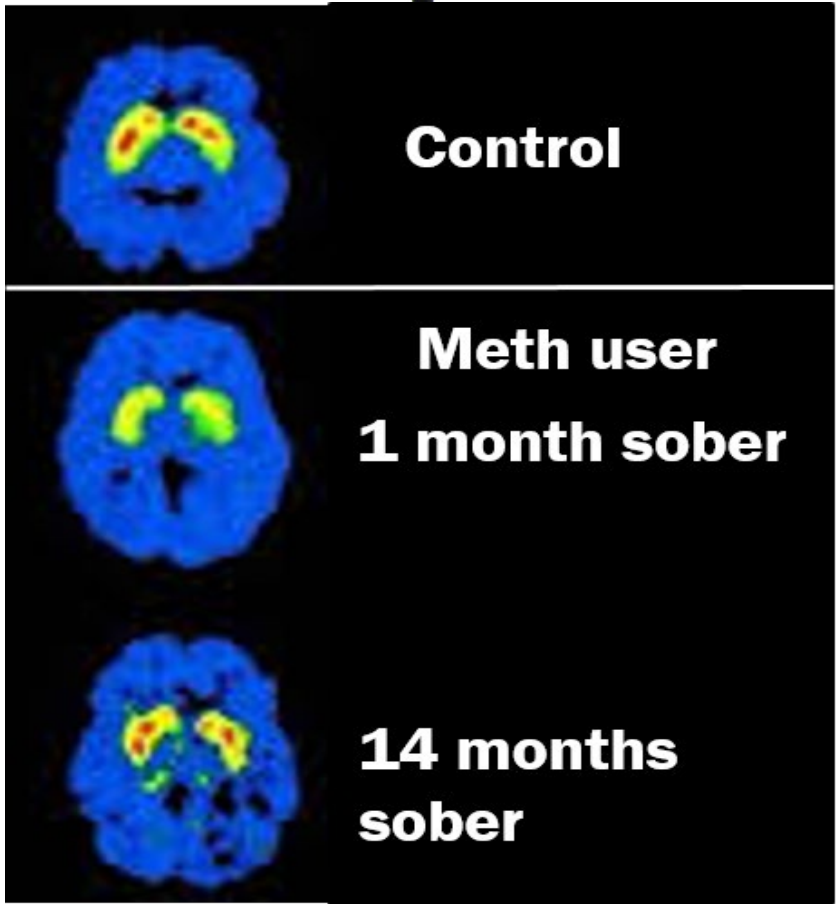
- Create a shared definition and understanding of trauma
- Shared goal of becoming trauma competent
- Prioritize secondary traumatic stress
- Solicit opinions of community members



# Trauma Informed Communication



- Maintain a calm/patient demeanor (open face)
- Speak slowly and clearly
- Allow plenty of time for the participant to respond



The Brain Can Heal



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