

Mitigating Trauma at the Courthouse by Understanding Changes to the Brain

**Kim McGinnis, Ph.D., Esq.,
Chief Judge**

Pueblo of Pojoaque Tribal Court



All images/videos are used with specific permission/license or are in the public domain. Please do not use these slides without permission.

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/private/sma14-4884.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

Integrates Trauma Knowledge
into Policies and Procedures

Resists Retraumatization



Trauma Informed Communication

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

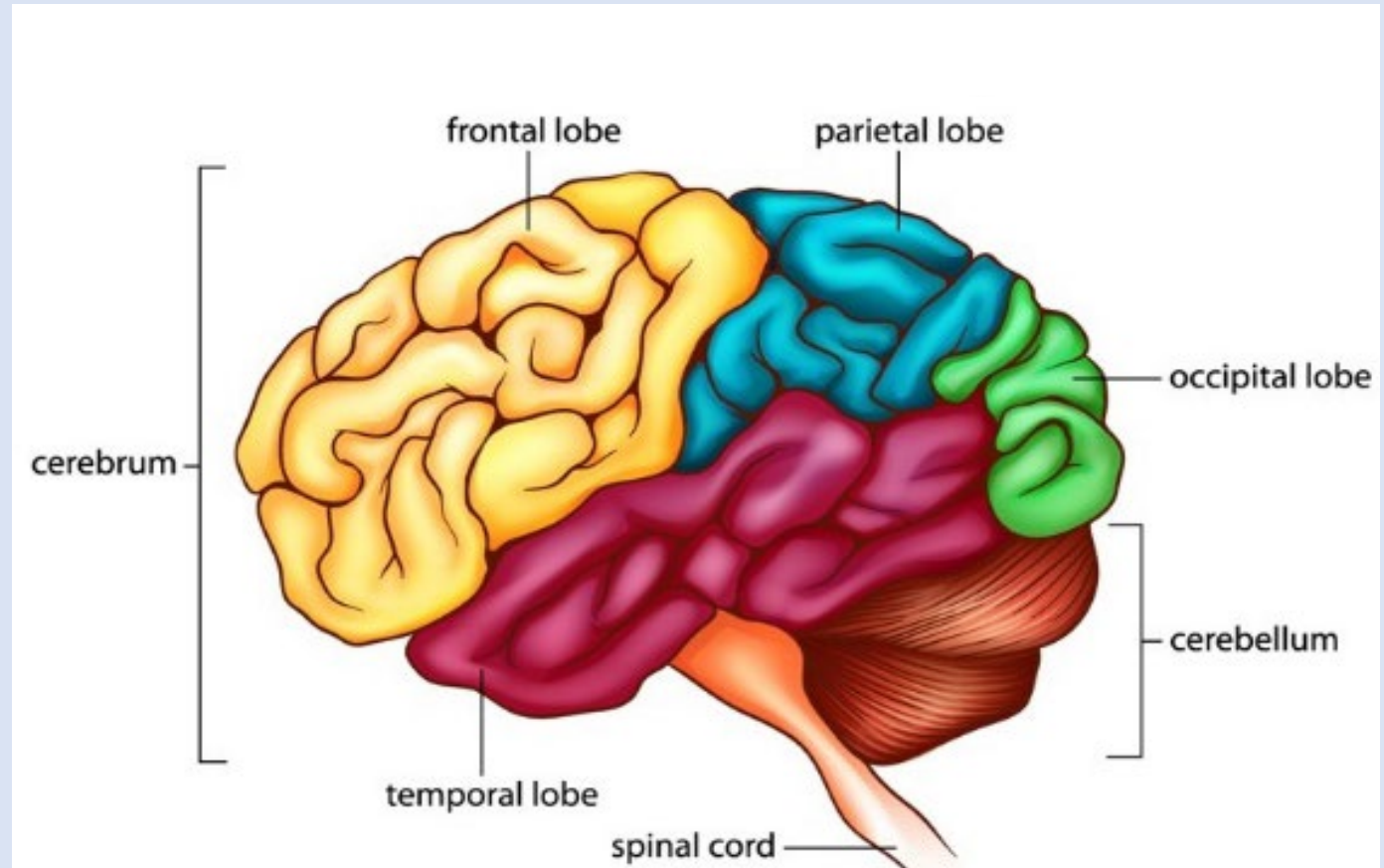
The People We Work with Are Stressed

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

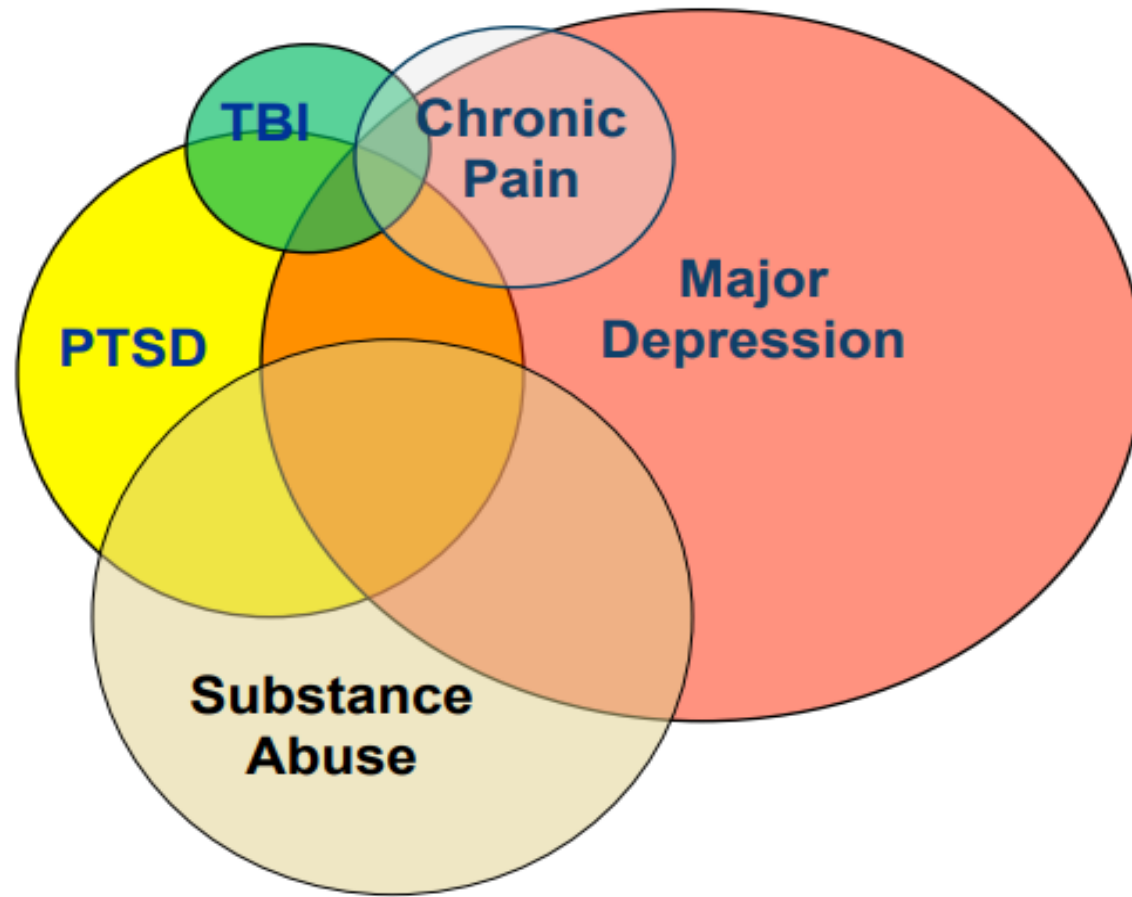


Changes to the Brain

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

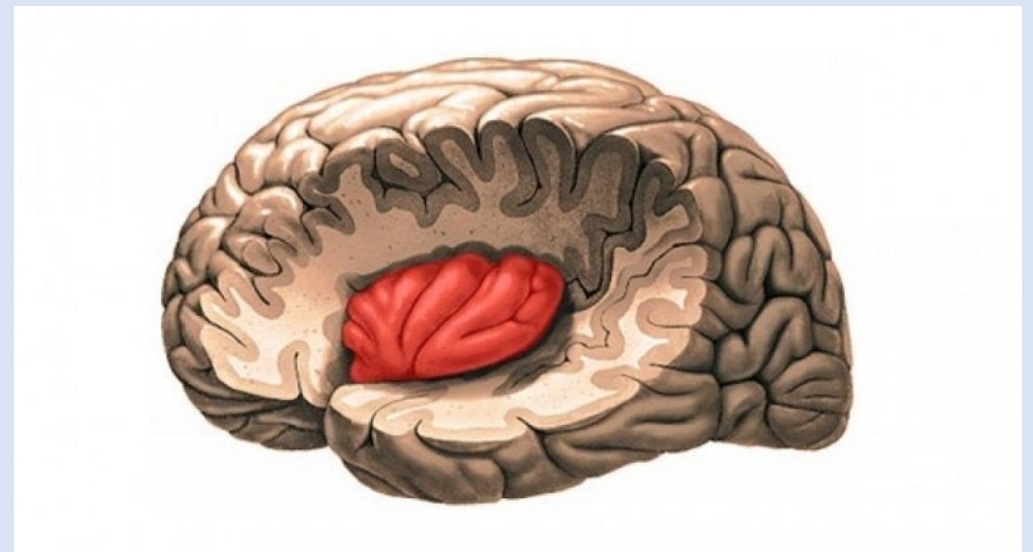
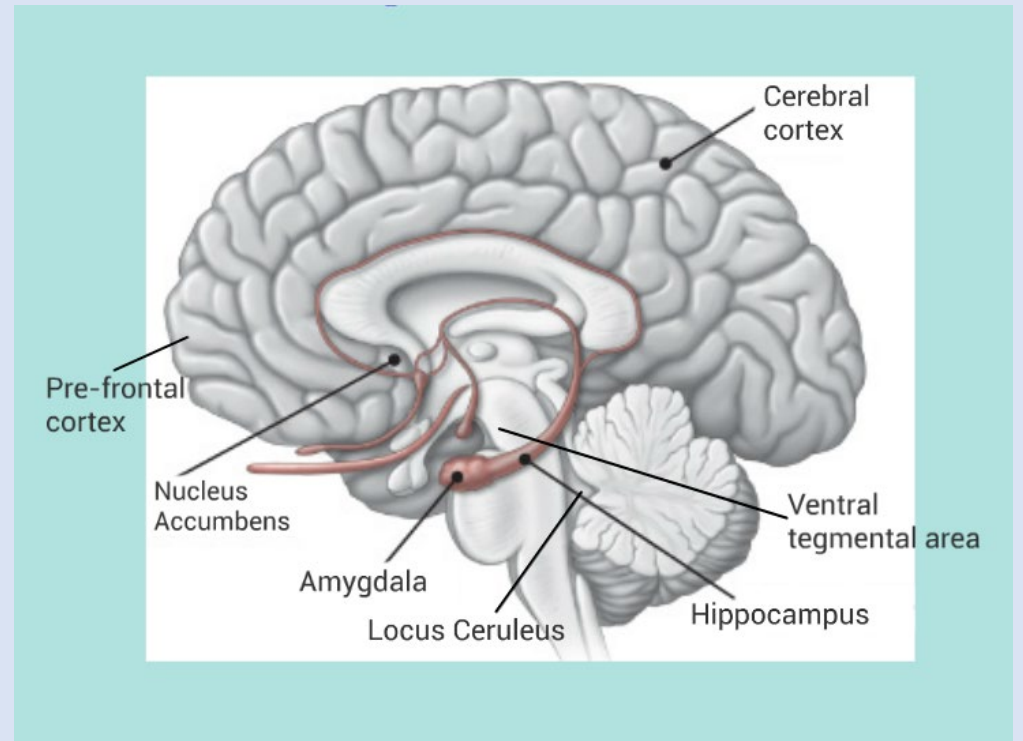


Co-occurring Issues



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

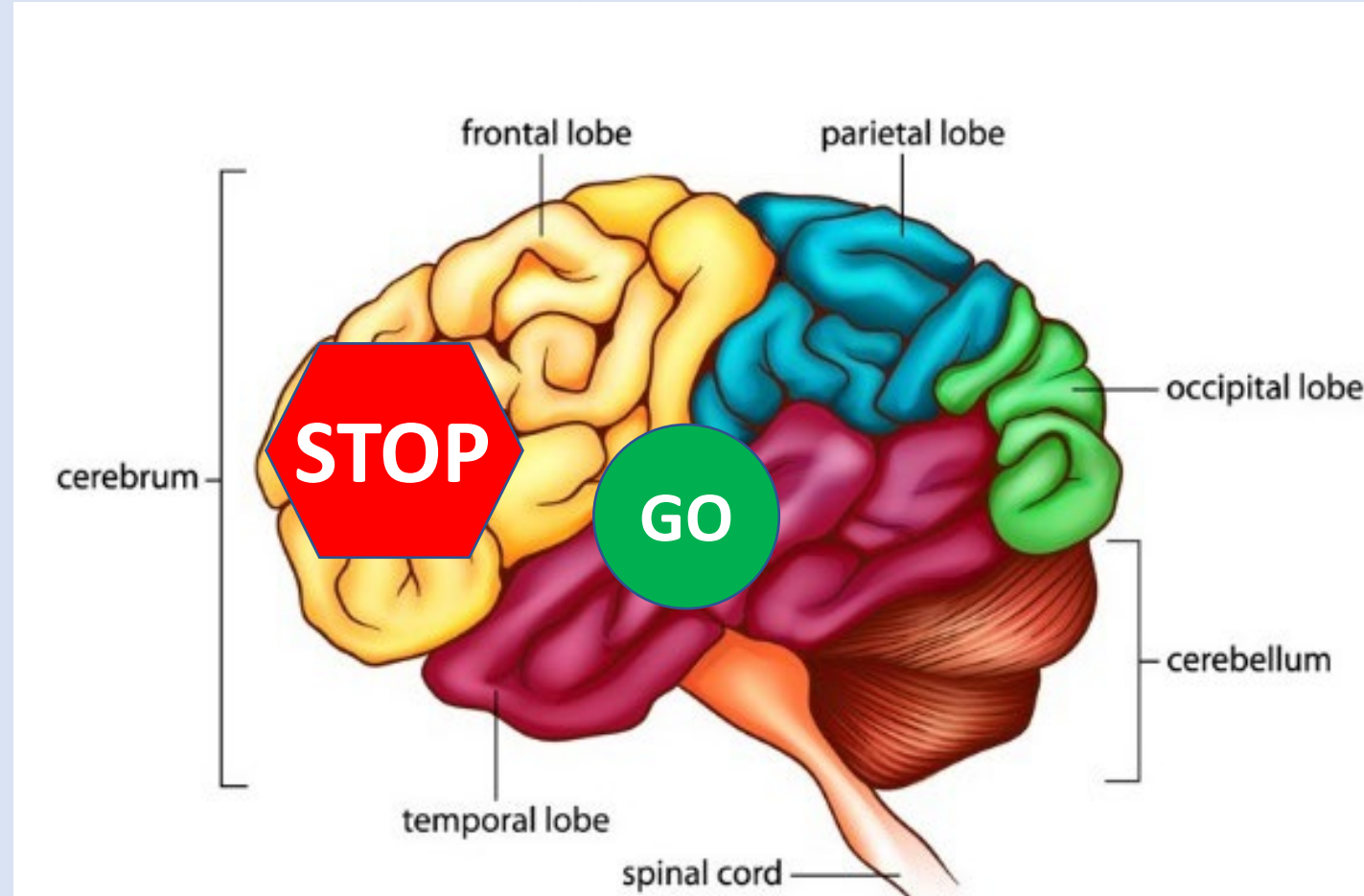
- **VTA/NA**: motivation pathway; fundamental needs to be satisfied
- **Basal Ganglia**: associated with habit formation
- **Amygdala**: smoke alarm; emotional information about event; conditioned response; craving; implicit memory; stress response
- **Hippocampus**: storage/ retrieval of emotion laden 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?

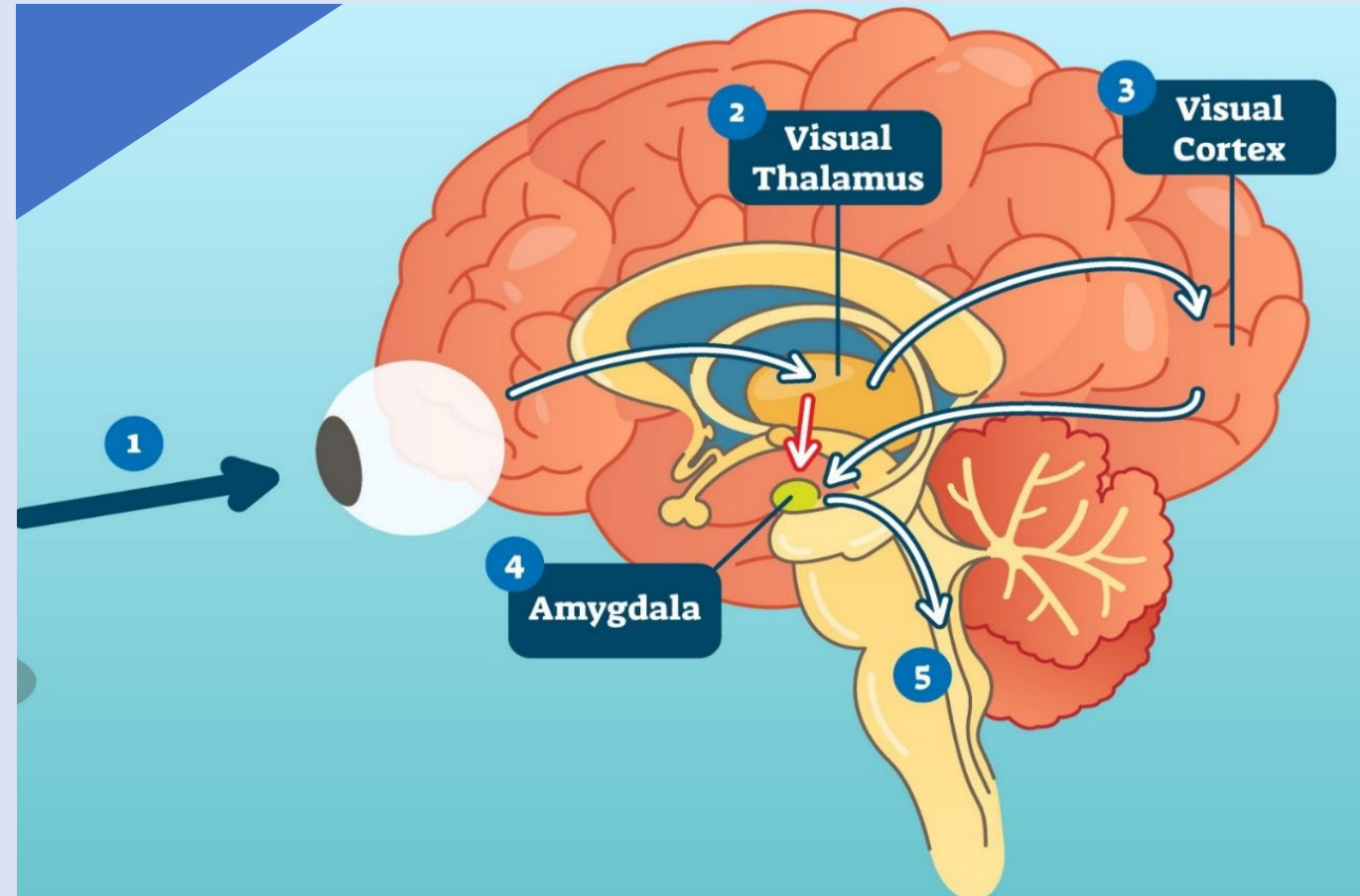
Fight

Flight

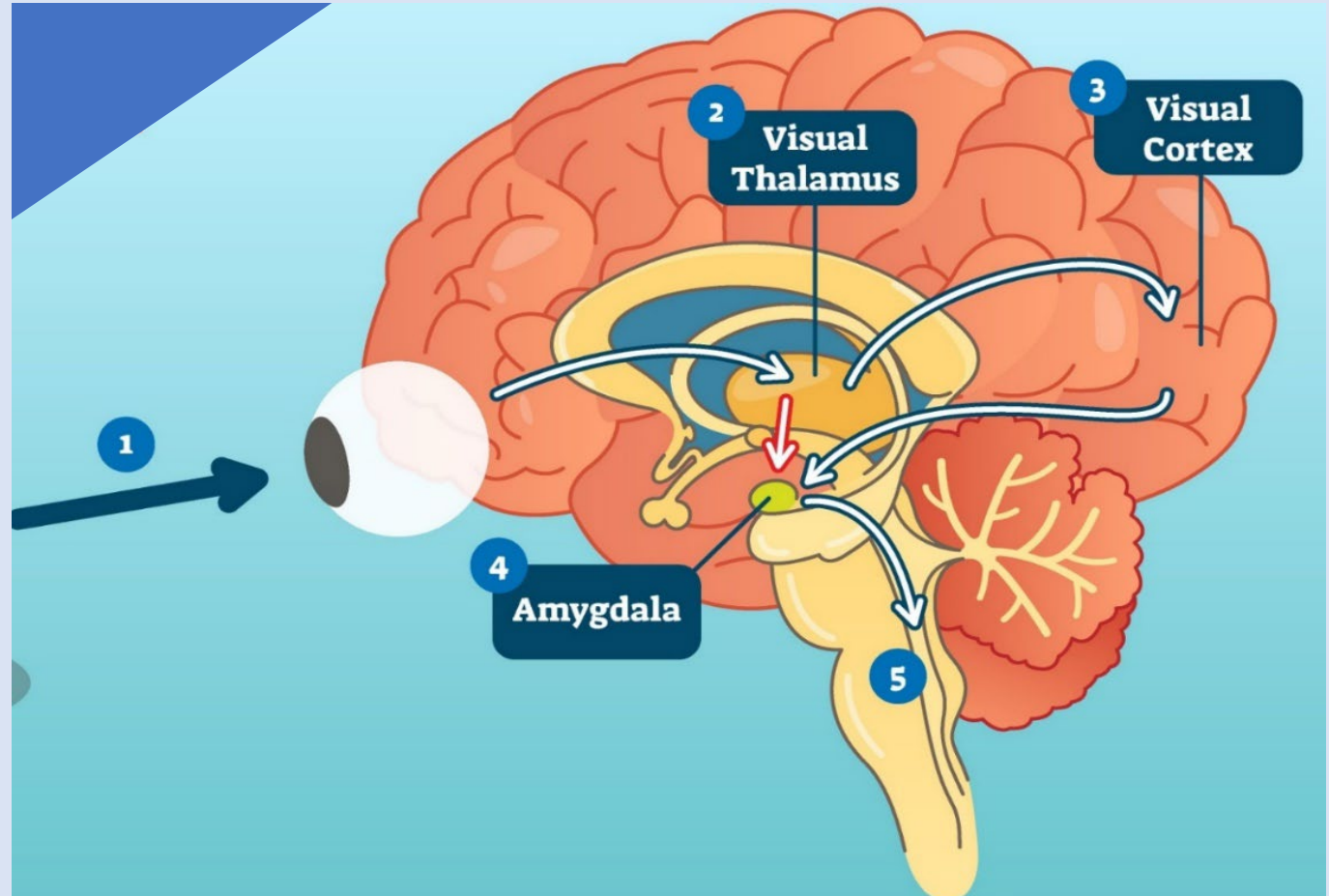
Freeze

Threat/Trauma Trigger

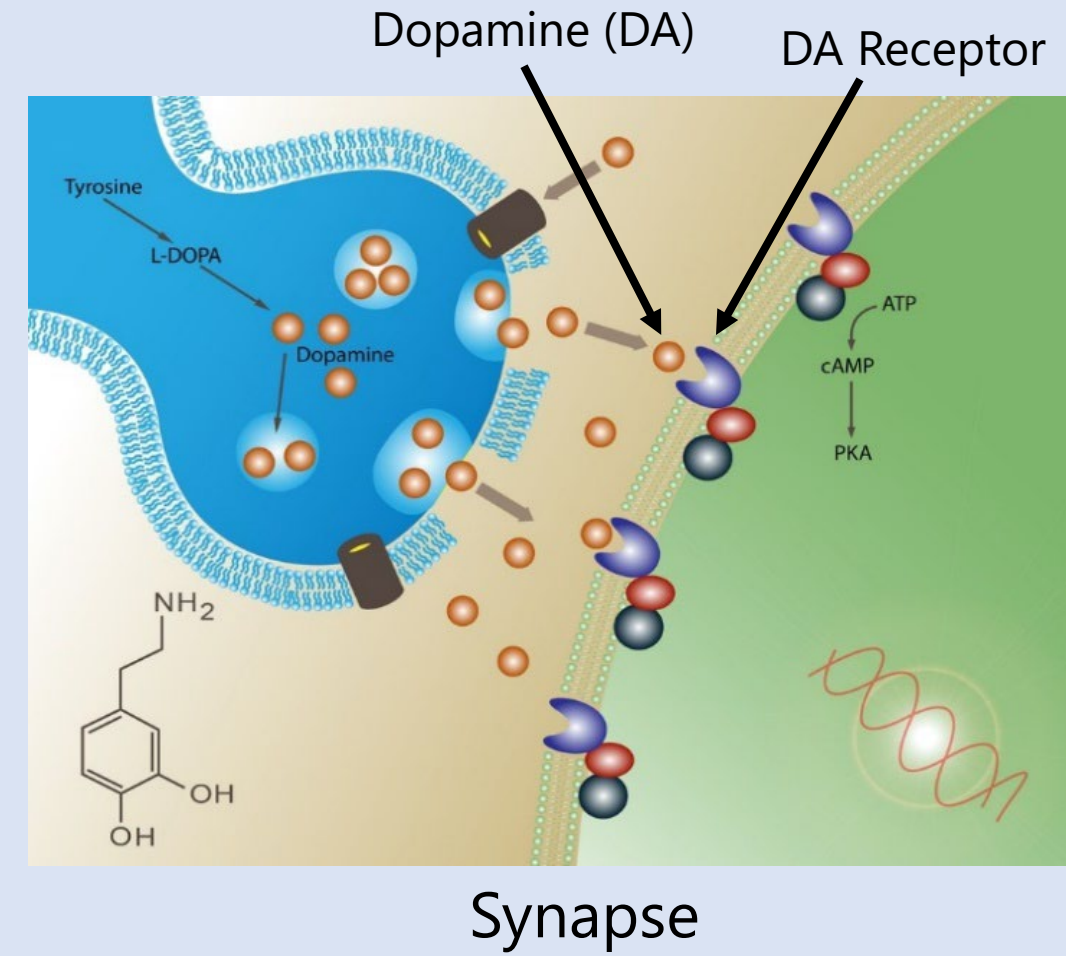
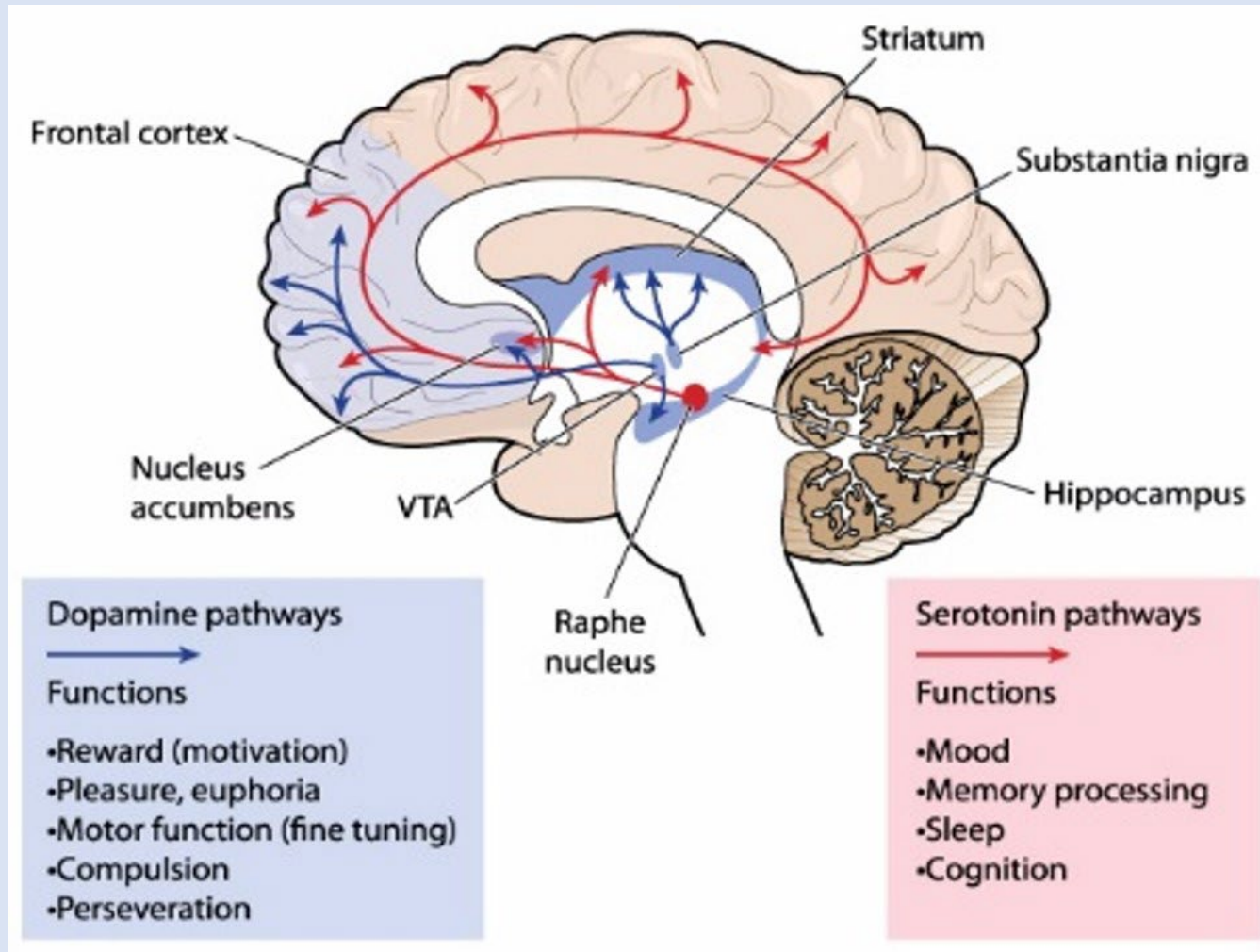
Fight
Flight
Freeze
Surrender



What if the mountain lion lives with you?



Motivation Pathway



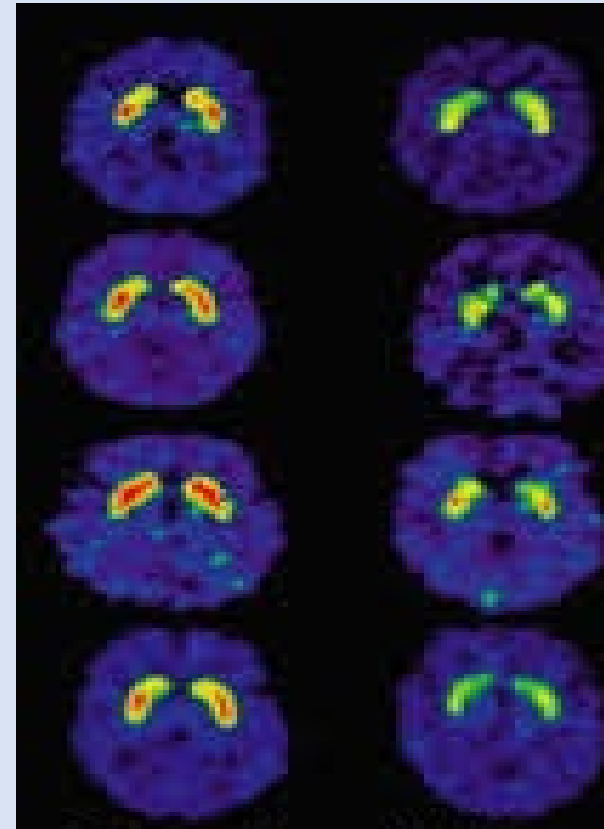
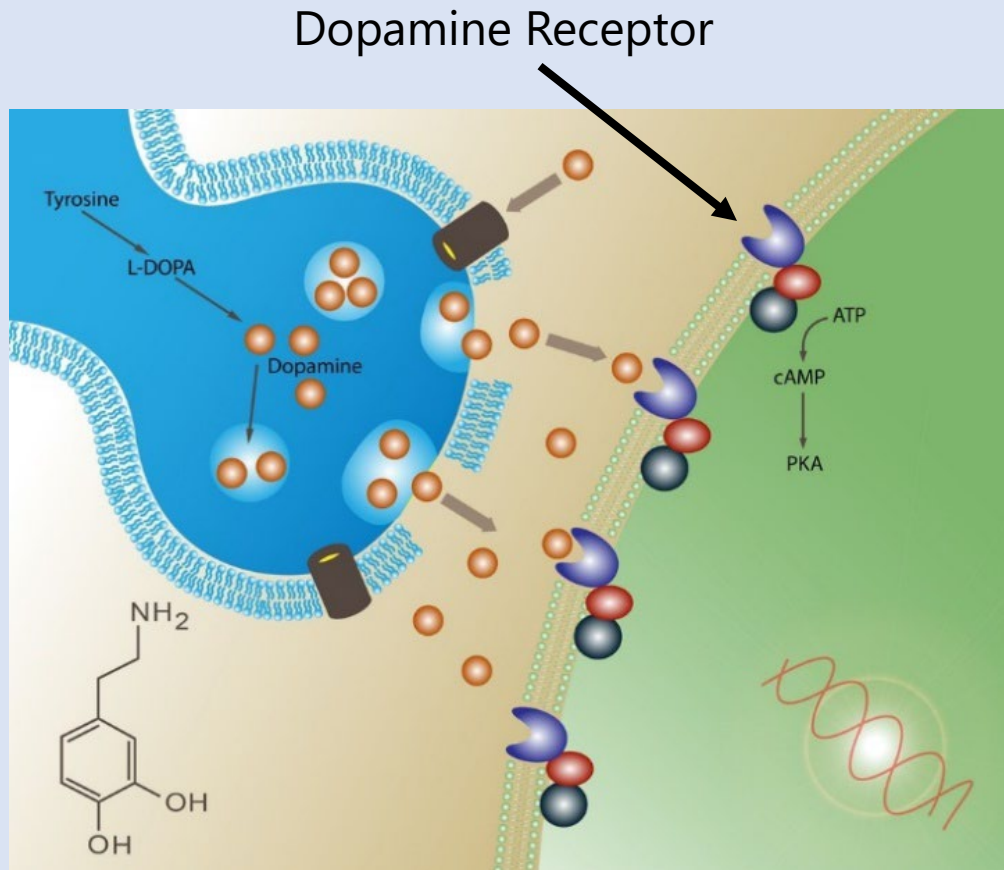


Because of changes in the brain,
substance misuse moves from pleasure
seeking to **relief seeking**

Dependence v Addiction



D2 Receptors Down Regulate in Striatum



Cocaine

Meth

Alcohol

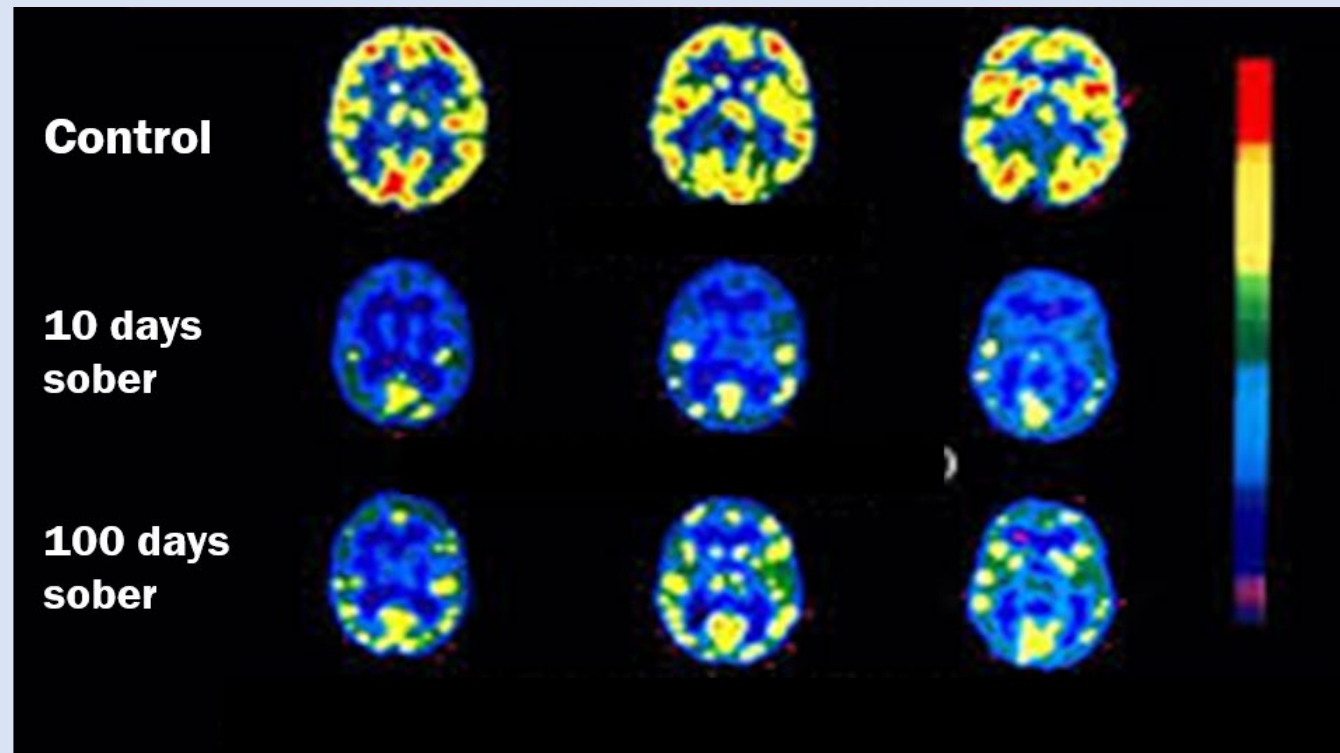
Heroin

National
Institute of Drug
Abuse

Control

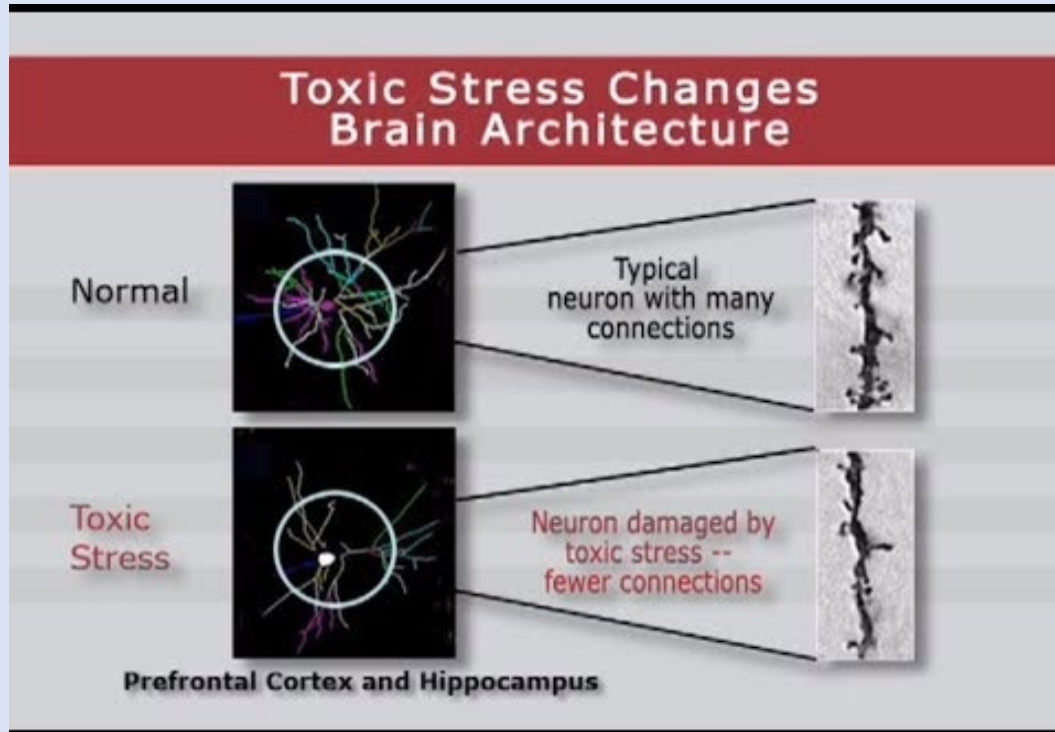
SUD

Brain Glucose Metabolism Changes (cocaine)

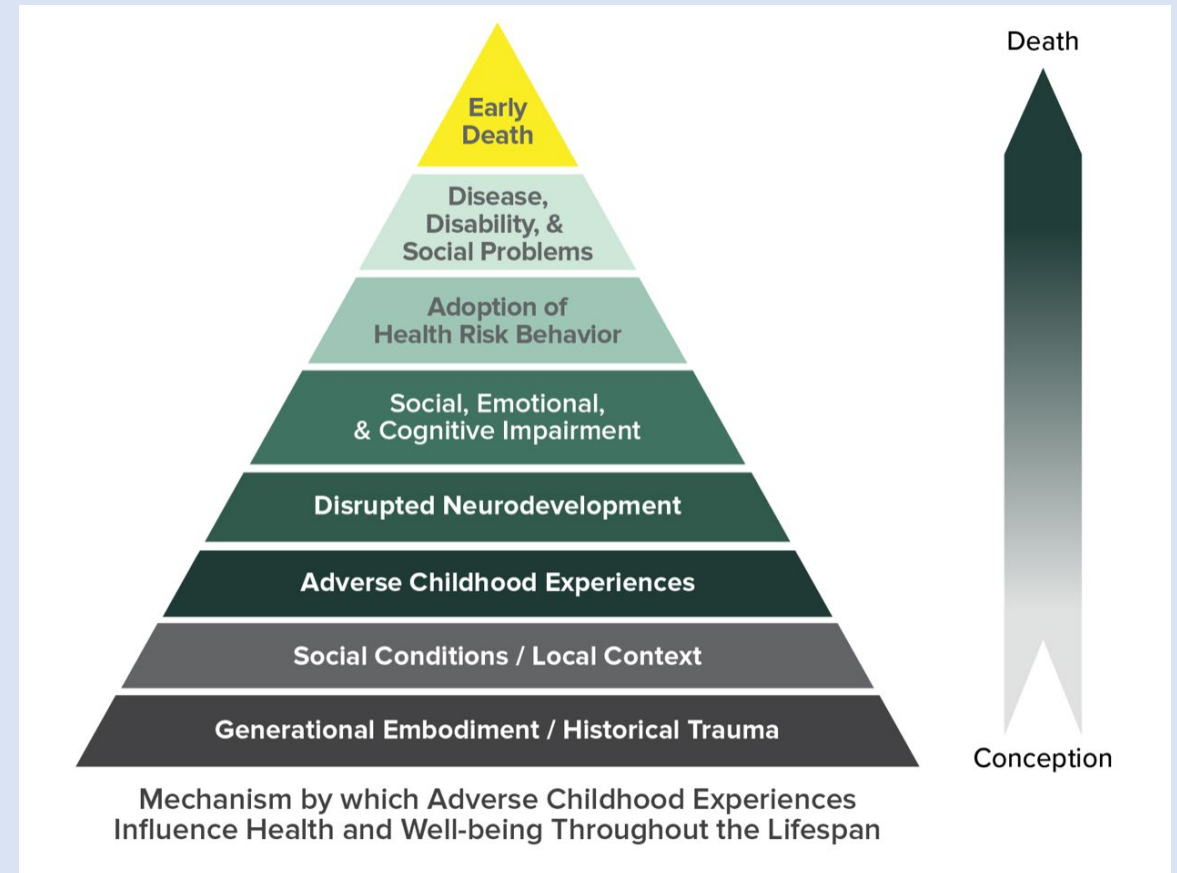


Source: NIDA

Toxic/Chronic Stress/Trauma Remodels the Brain



Center on the Developing Child at Harvard University

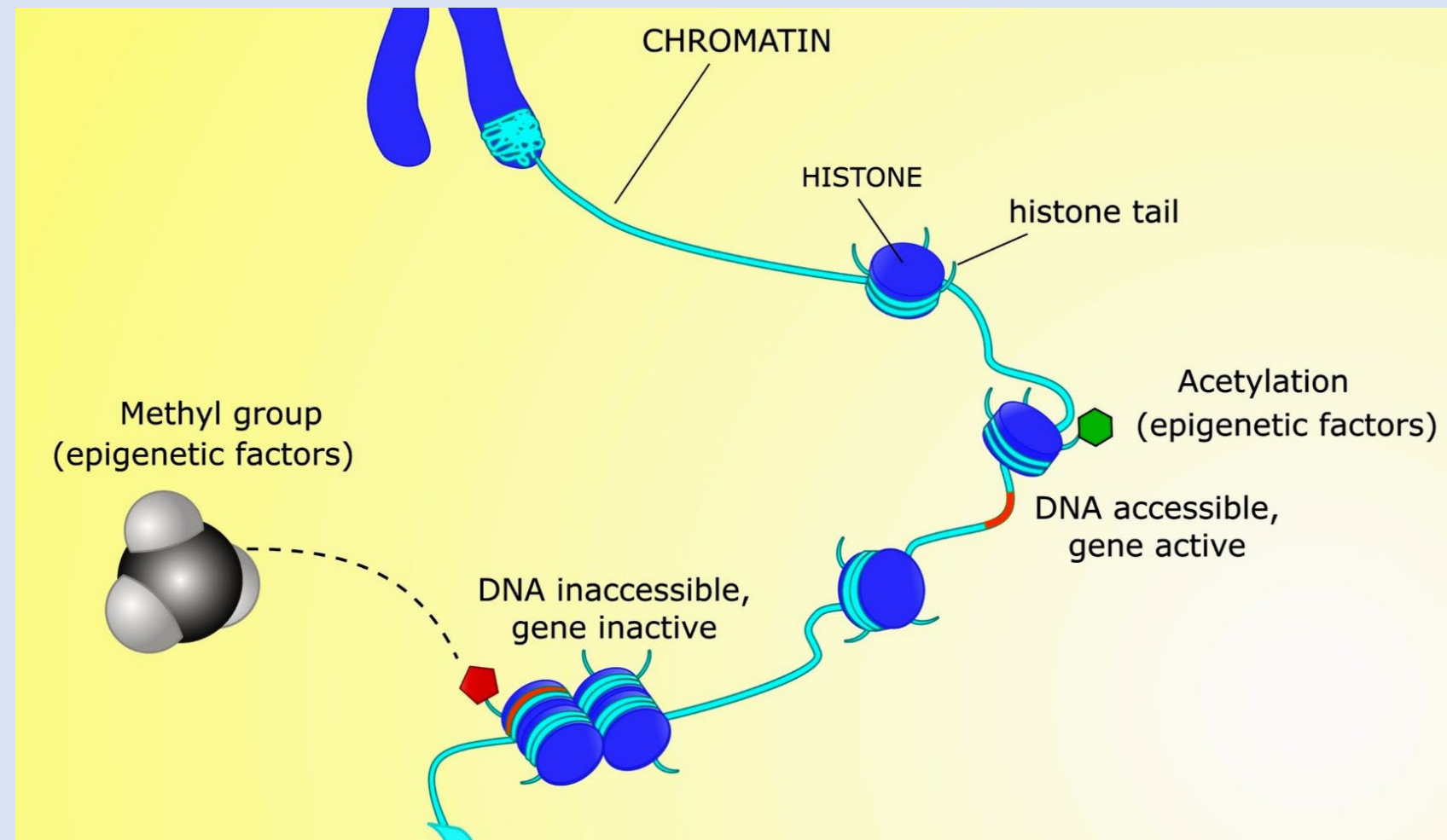


www.cdc.gov/violenceprevention/aces/about.html

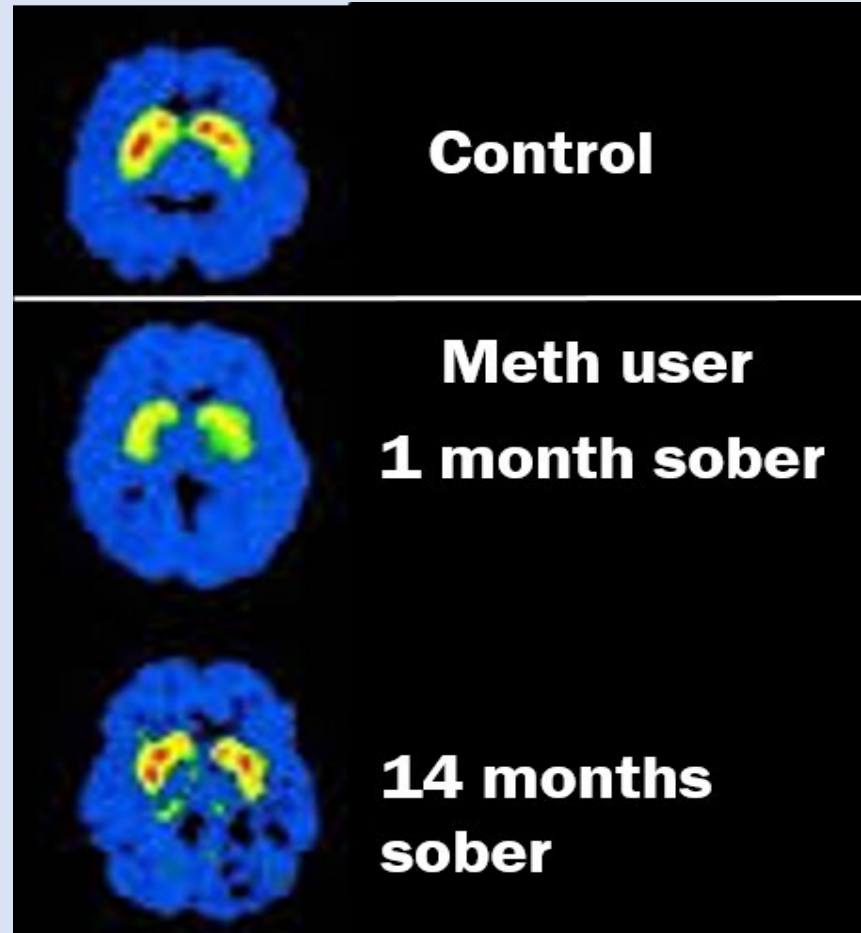
Epigenetics: Intergenerational Transfer of Risk and Resilience

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

-Dr. Maria Yellow
Horse Braveheart (1999)



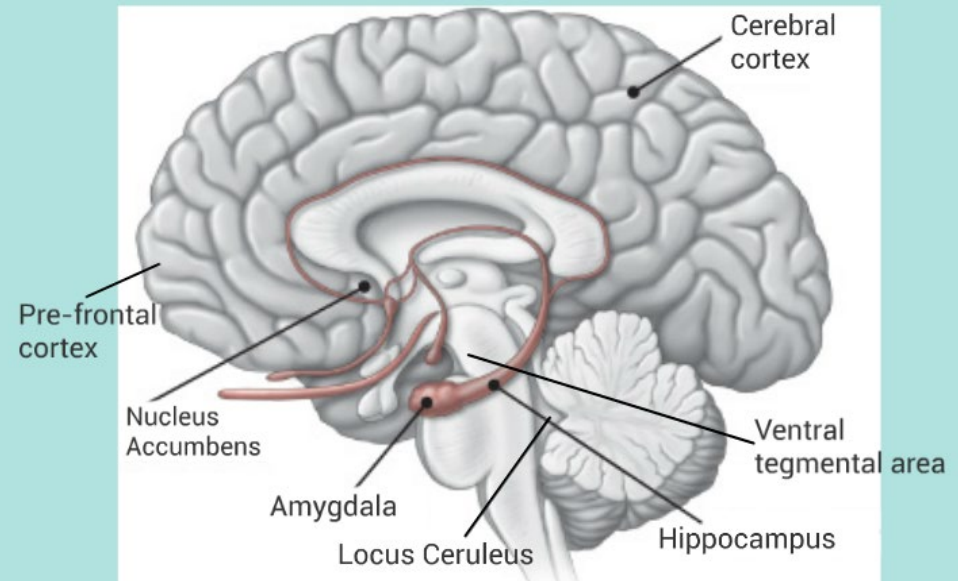
The Brain Can Heal



Source: NIDA

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

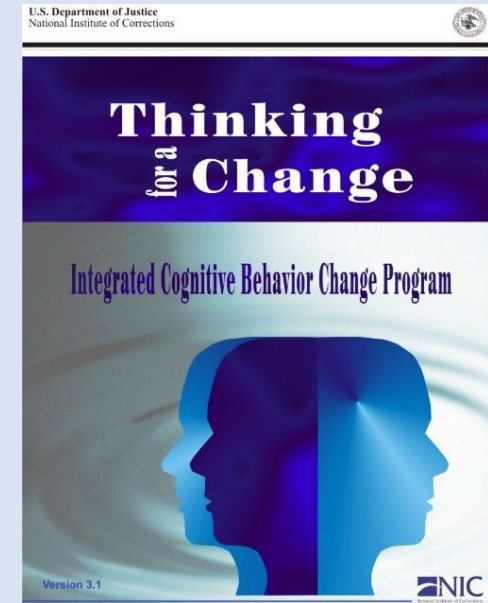
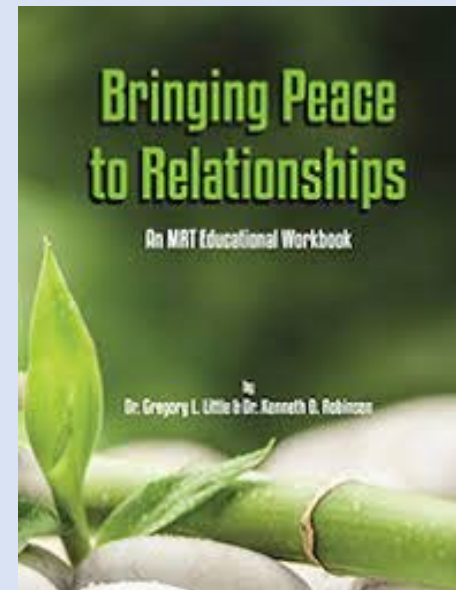
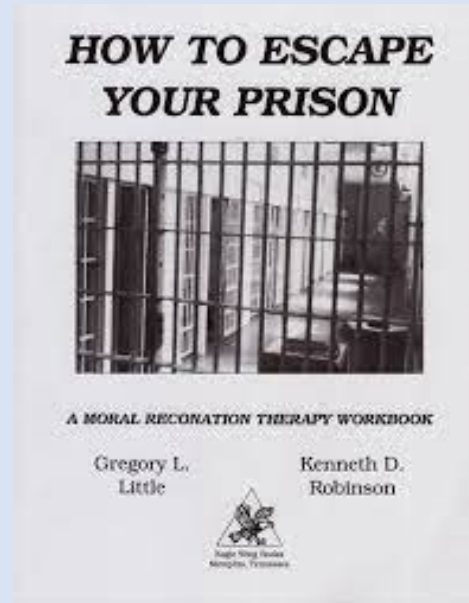
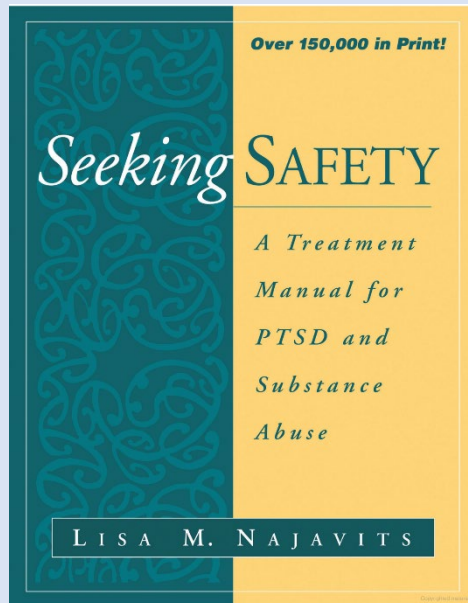


What to Look for in Treatment Providers

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



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



Rat Park/Decrease Social Isolation



Pro-Social Activities

- Peer Recovery Meeting: White Bison; AA/NA; SMART Recovery; In the Rooms
- Traditional crafts
- Spiritual/cultural connections
- Outdoor activitiesCommunity Service
- Bowling; Movies; Game nights
- Community meals
- Exercise



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





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

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?





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





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?

Trauma Informed Communication



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



Kim McGinnis, PhD

Judge@Pojoaque.org