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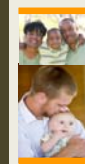

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The webinar will begin shortly.

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Family Drug Court Learning Academy


Trauma-Informed Services

April 27, 2011



Presented by
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 Children and Family Futures

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Webinar Agenda

- Welcome and Opening Remarks
- Importance of Trauma-Informed Care
- Defining Trauma-Informed and Trauma-Specific Care
- Bringing Trauma-Informed Services to Family Drug Courts
- Questions and Discussion
- Next Steps

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Introductions

- **Ellie Oben, L.C.S.W., M.S.W.**
 Program Associate
 Children and Family Futures
 Irvine, California
- **Norma Finkelstein, Ph.D., L.I.C.S.W.**
 Executive Director
 Institute for Health and Recovery
 Cambridge, Massachusetts
- **Vivian Brown, Ph.D.**
 Consultant
 Founder and Retired CEO of Prototypes
 Los Angeles, California

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Overview of Learning Academy Module Format

- Polling Questions
- Live Questions
- Webinar Evaluations

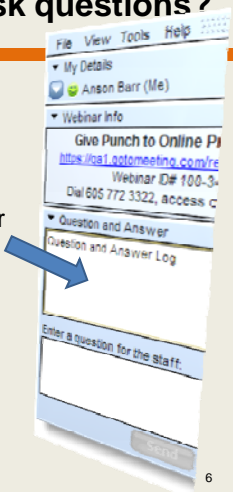


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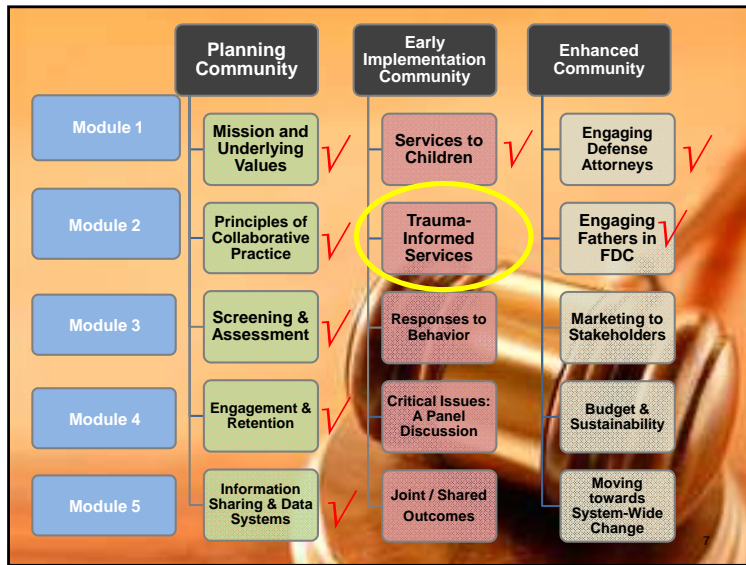
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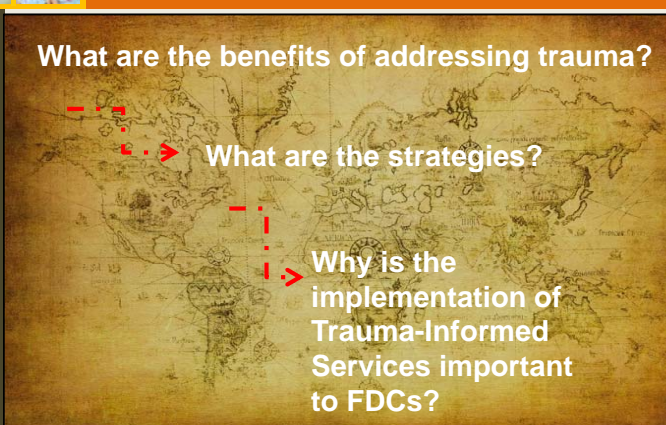
1. Type and send your questions through the Question and Answer log located on the bottom half on your panel/dashboard.



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Today's Plan



What are the benefits of addressing trauma?

What are the strategies?

Why is the implementation of Trauma-Informed Services important to FDCs?



The Importance of Trauma-Informed Care

Norma Finkelstein, Ph. D., L.I.C.S.W.


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Why is Implementing Trauma-Informed Services Important?



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Trauma Definition

- Extreme stress that overwhelms a person's ability to cope
- The subjective experience of a threat to life, bodily integrity or sanity
- A normal response to an abnormal event that results in a disruption of equilibrium

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Traumatic Events

- Physical assault
- Sexual abuse, including sex work
- Emotional/psychological abuse
- Domestic violence
- War/genocide
- Accidents
- Natural or man-made disaster
- Witnessing abuse/violence
- Living in dangerous environment
- Historical trauma
- Oppression
- Experienced as an adult or child
- Occurred over time or one incident

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Why Trauma Matters



- A significant proportion of men and women entering services for substance use disorders have histories of trauma

Brems, 2004; Clark, 2001; Farley, 2004; Medrano, 1999; Moncrieff, 1996; Rice, 2001

- Women in community samples report a lifetime history of physical and sexual abuse ranging from 36% to 51%, while women with substance abuse problems report a lifetime history ranging from 55% to 99%

Najavits et al., 1997

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Why Trauma Matters cont.

- Studies estimate 3.3 million to 10 million children in the United States witness violence in their home each year
- In 2003, approximately 910,000 children were found by child protective agencies to be victims of child abuse and neglect
- 1.8 million children each year have been victims of serious sexual assault

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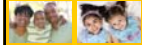



Adverse Childhood Events Study (ACE)

- Sample of 17,000 Kaiser Permanente middle class American adults of diverse ethnicity
- ACEs:
 - Recurrent and severe physical and/or emotional abuse
 - Sexual abuse
 - Growing up in household with:
 - Alcohol or drug user
 - Member being imprisoned
 - Mentally ill, chronically depressed, or institutionalized member
 - Mother being treated violently
 - Both biological parents absent
 - Emotional or physical abuse

Felitti and Anda, 1998

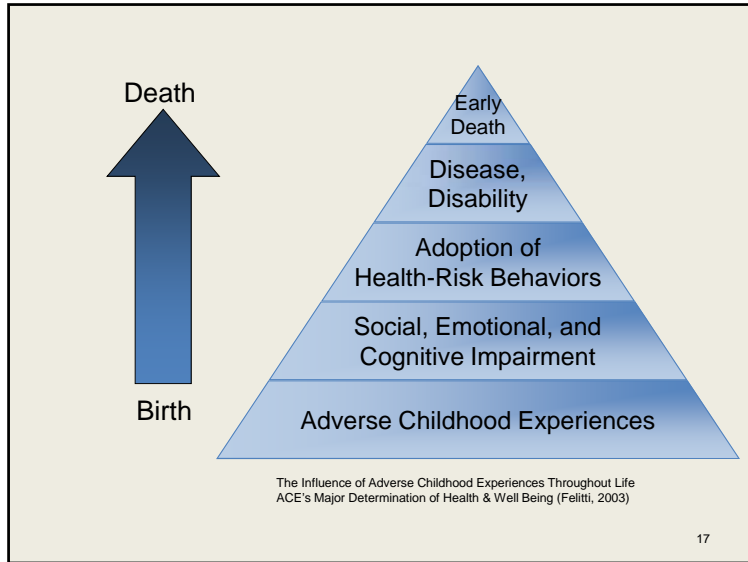
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ACE Study

- Scoring: one point for each category of ACEs before 18
- ACEs not only common, but effects were cumulative
- Compared to persons with ACE score of 0, those with ACE score of 4 or more were 2x more likely to be smokers, 12x more likely to have attempted suicide, 2x more likely to be alcoholic and 10x more likely to have injected street drugs

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For more information on the ACE study...

www.acestudy.org
www.aceresponse.org
www.theannainstitute.org

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Impact of Trauma: Physiological

- Changes in neurobiology and physical health that can dysregulate emotions and distort thinking, perceptions and behavior
- Chronic health problems caused by exposure to stress hormones
- Possibility of traumatic brain injury affecting cognitive functioning, ability to focus and emotional regulation

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Impact of Trauma: Cognitive



- Amnesia
- Blocking
- Flashbacks
- Dissociation
- Confusion
- Difficulty concentrating


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Impact of Trauma Feelings: Numb or Overwhelmed

- Fear, terror
- Anger, revenge, hate
- Frustration
- Guilt or self-blame
- Shame, humiliation
- Grief or sorrow




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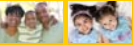



Impact of Trauma: Beliefs


- About self
- About other people
- About the world
- About relationships



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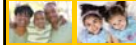



Mental Health Problems



- PTSD
- Other anxiety disorders
- Depression, suicidality
- Personality disorders
- Self-harming behaviors
- Eating disorders

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Children and Trauma

- Trauma derails normal child development
 - When children are exposed to chronic trauma, energy normally invested in development of competencies, internal sense of efficacy, achievement, and confidence in approaching new tasks is instead invested in survival

Blaustein, 2007

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Children and Trauma cont.

- “Toxic stress” — affects architecture of brain
 - Routinely operate in “survival mode” — can permeate every aspect of child’s life and take on life of its own
 - “Stress response” — becomes regular way of functioning, even when there is no danger. Cannot regulate or turn off survival strategies
 - Increases risk of stress — related physical and mental illness

Shonkoff, 2005

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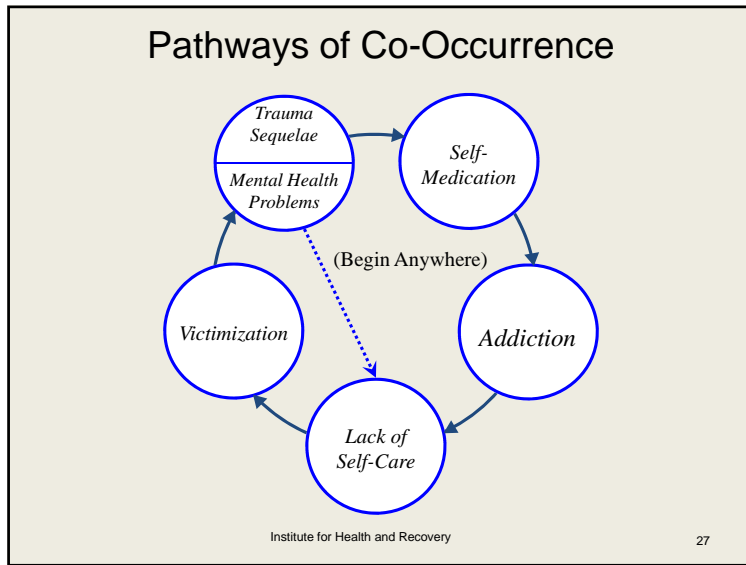



Childhood trauma/PTSD has high co-morbidity with a number of other disorders including:

- Depressive disorders
- Attention deficit disorders
- Anxiety disorders
- Conduct disorders
- Substance abuse disorders
- Explosive disorders
- Affective disorders





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Defining Trauma-Informed and Trauma-Specific Care

Norma Finkelstein, Ph. D., L.I.C.S.W.

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Trauma-Informed vs. Trauma-Specific Treatment

- Trauma-informed; basic training/education to all staff—from secretaries to high level administrators—understanding of trauma permeates every aspect of treatment milieu and interventions
- Trauma-specific treatment; educating fewer, carefully selected staff/clinicians to conduct actual trauma treatment

Fallot & Harris, 2001; Najavits, 2006

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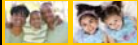



Trauma-Informed Services

- Trauma-Informed services are based on an understanding of the impact of violence and victimization
- All treatment for co-occurring disorders should be trauma-informed




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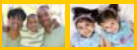
Principle 1: Trauma is Central and Pervasive


- Central to the development of mental health and addiction problems
- Impacts **many** aspects of a person's life



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 **Principle 2: Universal Precautions**

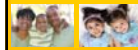





An individual should not have to disclose trauma to receive trauma-informed services—treat everyone as if they may have experienced trauma

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 **Principle 3: Symptoms and Behaviors**




Symptoms and behaviors are often attempts to cope with the trauma




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 **Principle 4: Goal of Services**

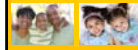


...is to return a sense of autonomy and control to the person being served





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 **Principle 4: Goal of Services**



“One of the most important things I have learned is how to keep myself safe. The word ‘safety’ never came up in treatment. I now realize how much jeopardy I put myself in when I was using substances, not caring what time of the night it was, not caring that the guy just came into the room waving a gun, just give me another hit. We continue to put ourselves in situations that can re-traumatize us on a daily basis. Learning how important safety is to my recovery process has changed my outlook.”

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Failure to Understand and Address Trauma Can Lead To:

1. Failure to engage in treatment services
2. Increase in symptoms (eating disorders, self-harm)
3. Increase in management problems
4. Retraumatization
5. Increase in relapse
6. Withdrawal from service relationship
7. Poor treatment outcomes

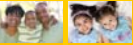
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Trauma-Informed Services

1. Establish as safe an environment as possible
2. Empower clients by working collaboratively
3. Support the development of healthy relationships
4. Build healthy coping skills
5. Provide access to trauma-specific services
6. Engage the whole person/family

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Establishing a Safe Environment

- Physical safety—from abuse/stalking by partners, family, other consumers, visitors, staff
- Emotional safety—in which a participant's experience is validated and his or her needs are addressed

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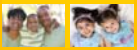


Establishing a Safe Environment cont.

Minimize re-victimization

- Avoid strategies such as:
 - Shaming
 - Moral inventories
 - Hard core confrontation
 - Intrusive monitoring
- Reduce triggering situations

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Procedures or Situations that May Trigger Prior Experiences of Trauma Include:

- Lack of control—powerlessness
- Threat or use of physical force
- Observing threats, assaults, others engaged in self-harm
- Isolation
- Being in a locked room or space
- Physical restraints—handcuffs, shackles
- Interacting with authority figures, in general
- Lack of privacy
- Removal of clothing—strip searches, medical exams
- Being touched—pat-downs
- Being watched—suicide watch
- Loud noises
- Fear based on lack of information
- Darkness
- Intrusive or personal questions

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Service Elements of Trauma-Informed Care

Assessment for:

- Current safety
- History of trauma
- Trauma symptoms
- Substance use and abuse
- Mental health problems




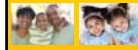
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Service Elements of Trauma-Informed Care cont.

- Psycho-education for participants regarding:
 - Trauma (including domestic violence)
 - Impact of trauma
 - Relationship of trauma to substance use and mental health
- Access to safety planning
- Emphasis on building safe coping skills
- Access to trauma-specific groups



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Service Elements of Trauma-Informed Care cont.


- Crisis Prevention Plans that include:
 - Triggers—actions or events that cause distress for each participant
 - Early warning signs that indicate distress
 - Participant’s understanding of what helps them calm down
 - Agreements about what staff will offer in a difficult situation

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Recovery Includes...

- Establishing physical & emotional safety
- Building understanding of relationship between victimization, mental health problems and substance use
- Building coping skills for maintaining safety
- Leading to a reduction of destructive behaviors and symptoms, including substance use



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“Today I am inching forward with hope and a new sense of purpose. I am restoring and retooling my life from the ground up. I now understand how my damaged childhood affected my decisions as an adult and how I kept repeating these cycles throughout my life. I have broken a damaging life cycle and feel more confident than I ever have. Today my wounds are not so easy to read. They are healing as I get stronger and watch myself making safe, healthy life choices.”

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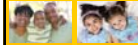



Stages of Trauma Recovery

1. Stage One:
Establishing Safety
 - Goals:
 - Securing & maintaining safety
 - Stabilizing symptoms
 - Fostering self-care
2. Stage Two:
Remembrance & Mourning
3. Stage Three:
Reconnection





Herman, Trauma & Recovery
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Trauma-Specific Interventions

- Services designed specifically to address violence, trauma, related symptoms and reactions
- Intent is to increase skills and strategies that allow survivors to manage their symptoms and reactions with minimal disruption to their daily obligations and to their quality of life; eventually reduce or eliminate debilitating symptoms and prevent further traumatization and violence



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Stage 1: Common Features

- Cognitive-behavioral and relational
- Focus upon establishing both physical and psychological safety
- Increase understanding of links between trauma and substance use
- Teach coping skills
- Group curricula, but can be utilized in individual sessions
- Can be co-facilitated by professional and a peer
- Promote safety, recovery and empowerment


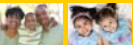
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Trauma-Specific Curricula

- **Seeking Safety**—Najavits, L.M. (2002). *Seeking Safety: A treatment manual for PTSD and substance abuse*. New York: Guilford Press.
- **ATRIUM: Addiction & Trauma Recovery Integration Model**—Miller, D. & Guidry, L. (2001). *Addictions and Trauma Recovery: Healing the body, mind, and spirit*. New York: WW. Norton & Co.
- **TRIAD**—Clark, C. & Fearday, F. (Eds.) (2003). *Triad women's project: Group facilitator's manual*. Tampa, FL: Louis de la Parte Florida Mental Health Institute, University of South Florida.


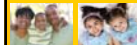
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Trauma-Specific Curricula cont.

- **TREM: Trauma Recovery and Empowerment**—Harris, M. & The Community Connections Trauma Work Group (1998). *Trauma Recovery and Empowerment: A clinician's guide for working with women in groups*. NY: Free Press.
- **Helping Women Recover**—Covington, S.S. (1999). *Helping Women Recover: A program for treating addiction*. San Francisco: Jossey-Bass.
- **Beyond Trauma**—Covington, S.S. (2003). *Beyond Trauma: A healing journey for women*. Center City, MN: Hazelden.



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Trauma-Specific Curricula cont.

- **TARGET-AR: Trauma Adaptive Recovery Group Education and Therapy for Persons in Addiction Recovery**—Ford, J.D., Mahoney, K., Russo, E., Kasimer, N., & MacDonald, M. (2003). Farmington, CT: University of Connecticut Health Center.
- **Helping Men Recover**—Covington, S.S., Griffin, D., & Dauer, R. (2011). *A Man's Workbook- Helping Men Recover: A program for treating addiction*. San Francisco: Jossey-Bass.



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For More Information

- Finkelstein, N., VandeMark, N., Fallot, R., Brown, V., Cadiz, S., & Heckman, J. (2004, July). Enhancing substance abuse recovery through integrated trauma treatment. Sarasota, FL: National Trauma Consortium under contract with the Center for Substance Abuse Treatment.
<http://www.nationaltraumaconsortium.org/documents/IntegratedTrauma.pdf>


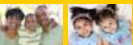
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Choosing a Curriculum

- Look at research, evaluation studies
- Program values and treatment philosophy
- Curriculum length and format
- Group facilitator's expertise
- Adaptations for specific populations
- Cost, training, setting



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Integrating the Curriculum into Substance Abuse Treatment

- Cultural adaptations
- Training for staff and supervisors
- Pilot-testing the curriculum
- Ongoing supervision and support for the new practice
- Monitoring of fidelity



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Trauma-Specific Services for Children

- Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT)
- Parent-Child Interaction Therapy (PCIT)
- Child-Parent Psychotherapy (CPP)
- Circle of Security
- Attachment Self-regulation & Competency: A Comprehensive Framework for Intervention with Complexly Traumatized Youth: ARC



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Adolescents

- Real Life Heroes (RLH)
- Structured Psychotherapy for Adolescent Responders to Chronic Stress (SPARCS)
- TARGET-AR
- Trauma & Brief Component Therapy for Adolescents (TBCT)


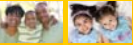
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For More Information...

National Child Traumatic Stress Network
www.nctsnet.org


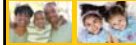
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WCDVS Children's Sub-Study— Groupwork Manual

- Group curriculum for children 4-12 affected by a parent's co-occurring disorders and histories of violence
- Outcomes—involvement leads to sustained improvement in children compared to children receiving treatment as usual
- Curriculum at:
http://www.nationaltraumaconsortium.org/documents/Adapted_Groupwork_Manual_041904_Update.pdf


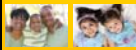
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WCDVS Children's Study

- Finkelstein, N., Rechberger, E., Russell, L. A., VanDeMark, N.R., Noether, C.D., O'Keefe, M., Gould, K., Mockus, S., Rael, M. (2005, April/June). Building resilience in children of mothers who have co-occurring disorders & histories of violence: Intervention model & implementation issues. *Journal of Behavioral Health Services & Research*. 32(2), 141-154.
- Van DeMark, N.R., Russell, L.A., O'Keefe, M., Finkelstein, N., Noether, & C., Gampel, J. (2005). Children of mothers with histories of substance abuse, mental illness & trauma. *Journal of Community Psychology*. 33 (4), 445-459.
- Noether, C.D., Brown, V., Finkelstein, N., Russell, L., Van DeMark, N. R., Morris, L., & Graeber, C. (2007). Promoting resiliency in children of mothers with co-occurring disorders & histories of trauma: Impact of a skills-based intervention program on child outcomes. *Journal of Community Psychology*, 35(7), 823-843.



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Paradigm

- **Paradigm shift:** Towards trauma-informed, trauma-specific family-centered treatment which includes resilience and strengths based prevention and treatment services for children
- Requires 3 inter-related paradigm shifts

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Key Elements of a Family-Centered, Trauma-Informed Paradigm Shift

Family-centered


Prevention & Early Intervention Trauma-informed

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1. From Individual to Family Focused Approaches

- Treatment to promote well-being of entire family; family is client rather than single individual
- Parent and child well-being are intertwined whether parent and children live together or apart
- Children are primary, not solely collateral clients



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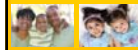



1. From Individual to Family Focused Approaches cont.

- Relationships with children strengthen rather than “overwhelm” the treatment experience
- Connection/relationships are central to treatment; treatment aims to repair “disconnections”





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2. Prevention and Treatment are Intertwined

- Treatment for mother/parent is preventive intervention for child; strengthen family functioning, nurturing parenting practices
- Consider risk and protective factors for child independently from mother/parent
- Build resiliency and protective factors for children


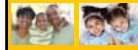
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3. Trauma-Informed/ Trauma-Specific Services

- Understanding multiple and complex links between trauma and mental health problems in both adults and children
- Staff knowledgeable regarding the impact of violence and trained to behave in ways that are not re-traumatizing
- Both adults and children have access to trauma-specific interventions

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Strategies for Creating a Trauma-Informed Organization

- Involve all groups and all aspects of program activities—physical setting and atmosphere, safety, nurturing relationships
- Administrative Commitment
- Training
- Hiring and Human Resource Practices
- Review of Services and Policies

Community Connections, 2003



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Administrative Commitment

- Administrative leadership supports a long term commitment to providing trauma-informed services
- Top managers draft and issue a policy statement and/or amendment to organization's mission statement
- Form sub-committee of diverse staff and consumers
 - Provide feedback integrated into policy statement
 - Develop plan for moving toward trauma-informed services


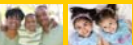
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Training

- Select or develop basic training curricula
- Conduct training on basic curricula for **all** staff
- Include training by survivors of trauma
- Incorporate training into new staff orientation on an ongoing basis



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Hiring and Human Resource Practices

- Hire new staff with knowledge/understanding/ experience of trauma
- Recognize and reduce impact of secondary traumatization on staff
- Training, safe to talk about, value self-care and connection


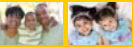
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Vicarious Traumatization

Changes that occur in the inner experience of service providers that come about as a result of empathic engagement with the consumer's experience of trauma

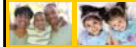
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Vicarious Traumatization and Staff

- Educate all staff on vicarious traumatization
- Recognize that staff may be trauma survivors
- Incorporate concept into supervision and case discussions—make it safe to talk about
- Promote a corporate culture of self-care
- Build in supports
 - Safe coping skills
 - Peer connection and processing
 - Access to counseling


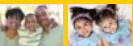
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Review of Services and Policies

- Review current policies and practices and evaluate for potential replication of trauma dynamics
- Develop a system for review of future policies in terms of trauma sensitivity
- Review agency policy and procedures with regard to development of trauma services
- Provision throughout organization of trauma screening, assessment, service planning, trauma-specific services

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“Once I became trauma-informed, I remember realizing one day what perfect sense this all makes. I was able to finally fit the pieces of the puzzle together. Being a survivor was the reason I drank & used drugs. Post Traumatic Stress Disorder had set in, & the drinking and using suppressed my true feelings. I am one among the lucky few. So many of us have not solved the puzzle—survivors, & providers.”





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Bringing Trauma-Informed Services to Family Drug Courts

Vivian B. Brown, Ph.D.


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Polling Question #1

In my opinion, the greatest barrier in implementing Trauma-Informed Services in FDCs is the following:

1. Lack of properly trained staff
2. Lack of funding for enhanced services
3. Lack of cooperation, motivation
4. Lack of gender-responsive services
5. Other – please send response via chat or question function



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Today's Overview

- 1 • Understand importance of Trauma-Informed (T-I) services in FDC
- 2 • Example: Santa Clara County Implementation
- 3 • What is needed for transformation to T-I

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Importance of Trauma-Informed Services in Family Drug Courts

- High prevalence of trauma, substance abuse and mental health disorders in FDC populations
- Parents need to understand impact of trauma on them and their children
- Need to reduce possible re-traumatization of parents and children
- Need to maximize child(ren) safety
- T-I services improve retention in services
- T-I services improve family outcomes, including prevention of child disorders


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Failure to Identify and Address Trauma


- May lead to:
 - Withdrawal from services
 - Inadequate or inappropriate services
 - Re-traumatization
 - Increase in relapse events
 - Increase in management problems
 - Poor treatment outcomes

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Example of Transforming a Family Drug Court to a Trauma-Informed System: Santa Clara County, CA


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Steps in Process

- Initial conference on trauma with plenary and workshops
- Meeting with key partners and design of Action Plan
 - “What does Trauma-Informed look like” ?
- Observation of the Family Wellness Court to assess triggers
- Design of a Trauma Assessment Walk-Through
- Walk-Through of FWC with all key partners


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Steps cont.

- Formulation of Plan, including:
 - Issues – Potential Triggers – Possible Solutions
- Open invitation for partners to use consultant to implement Trauma Assessments (or anything else that fit better for the agency)
- Trauma Training of Court Staff
- Trauma Trainings for Agency Staff
- Development of T-I Children’s Activities



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Steps cont.

- Training of child providers on the T-I Children’s Activities
- Development of a T-I Parenting Module
- Training of Parent Training Coordinators on the T-I Parenting Module
- Ongoing Consultations and TA with system partners
- Access to EBP in trauma-specific interventions
 - Seeking Safety in DADS
 - Trauma-focused CBT in Mental Health

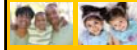

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What is Needed for Transformation

- Commitments from all collaborative partners to engage over a long-enough period of time
- Multi-level training for providers & partner staff (e.g. court staff)
- Continuous system assessment and modification
- Trauma-specific services available in a number of partner sites
- Internal and/or external consultant(s) knowledgeable of T-I systems and trauma-specific interventions


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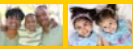

Polling Question #2

After receiving this Trauma-Specific information for FDCs, I feel we are able to implement these measures in our site:


1. Agree
2. Disagree
3. Unsure



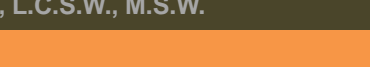
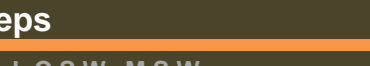



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Questions & Discussion



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Next Steps

Ellie Oben, L.C.S.W., M.S.W.

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FDCs as a Laboratory for Change




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Next Steps & Closing Thoughts



- Take an inventory – what exists
- Identify what/who is missing
- Develop or enhance what is needed
- Prioritize and implement strategically



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FDC Learning Academy

Planning Community – launched in 2010; available for review

Early Implementation – 5 modules in 2011

Enhanced Community – 4 modules in 2011

Save the Dates!
2011

Please visit:
<http://www.cffutures.org/presentations/webinars>



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FDC Learning Academy

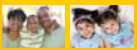

Next Webinar: Engaging the Community/ Marketing to Stakeholders



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<https://www1.gotomeeting.com/register/776233496>


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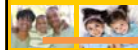

Evaluation

- Please take a moment to complete our evaluation.
- You will be re-directed to the evaluation after exiting this webinar.

Thank you!



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