



# Strengthening Tribal Courts: Impact of Domestic Violence on Youth

◆ November 20 - 21, 2024 | Hochatown, OK ◆





# Coming Up | Unit 4

Brains in Crisis: Understanding Trauma, Addiction, and the Brain

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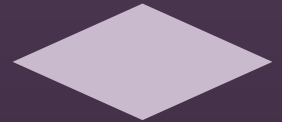


# Unit 4

## Brains in Crisis: Understanding Trauma, Addiction, and the Brain

**Julia Roguski, MA, LPC, CACIII**

Associate Executive Director, Savio House



# Substance Abuse, Misuse and Permanency Planning

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# SUBSTANCE USE DISORDER RECOVERY, TRAUMA AND FAMILY

The Chicken, The Egg, Environment and Genetics

# It's Complicated Friends

- We know now that SUD is a Brain Disease
- NOT Moral Failure, Lack of Will Power etc.
- Our understanding of the impacts of trauma is increasing
- The families we see often have experienced intergenerational SUD, complex trauma and child welfare involvement
- Treating our families requires a wholistic understanding of the issue and a comprehensive approach to treatment
- We must treat the whole system to create a safe and stable home that is sustainable

# SUD 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



# Gender Differences

Men	Women
More severe withdrawal	Addictions develop more quickly
More anti-social/risky behaviors	More likely to have depression/PTSD
Use substance to be part of a group	Less likely to receive treatment
Longer periods of abstinence	Stronger cravings
More likely to overdose	More likely to relapse



# What to Look for in Treatment Providers

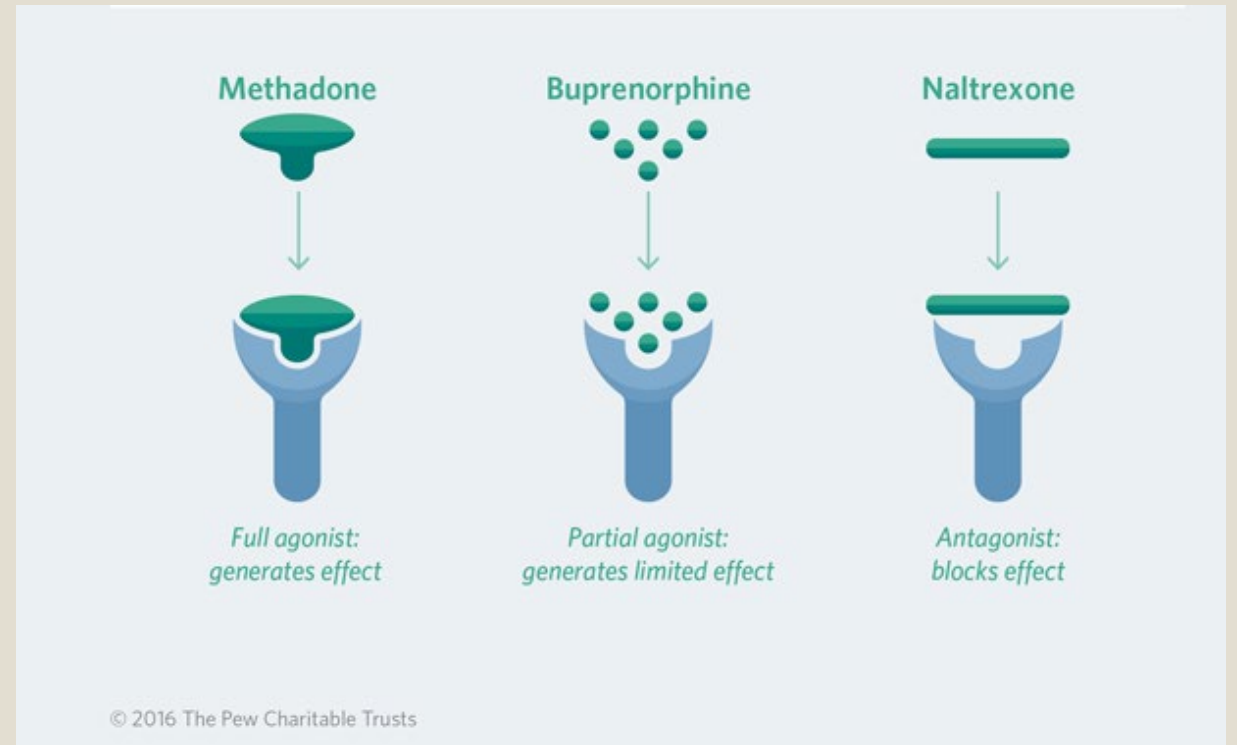
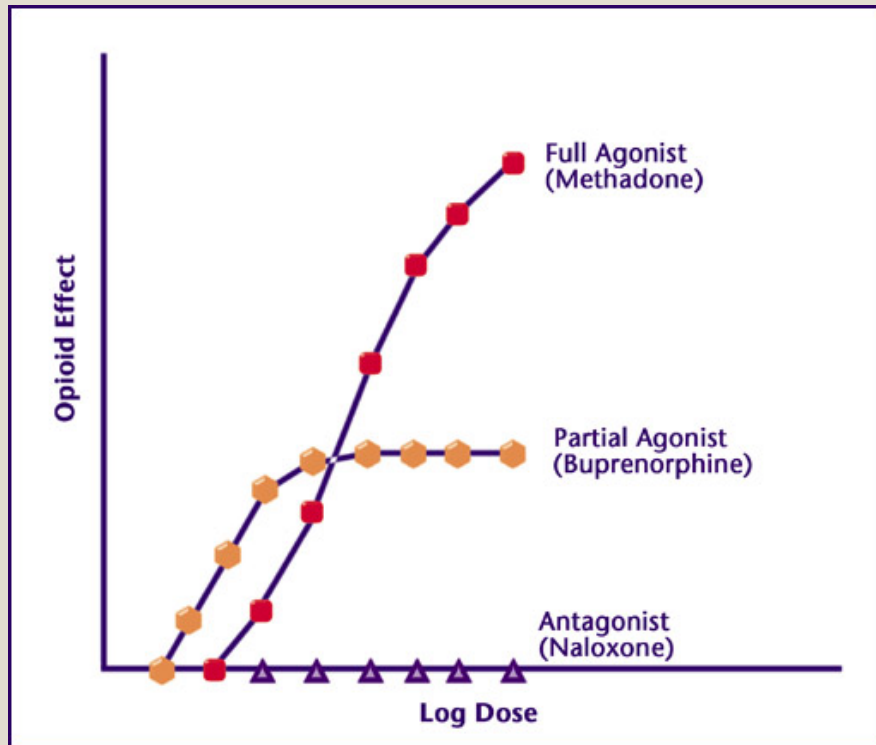
- Evidence-based treatment ([samhsa.gov/ebp-resource-center](https://www.samhsa.gov/ebp-resource-center))
- Gender-specific services
- Cultural awareness
- Inclusion of children in treatment plan
- Retention rate
- After-care services
- Medicine for Addiction Treatment (MAT)

# Medicine for Addiction Treatment (MAT) Isn't for The Weak Who Lack Willpower

- Methadone
- Buprenorphine (Suboxone; Subutex)
- Naltrexone (Revia; Vivitrol)



# Agonist/Antagonist



# Family is a Compelling Reason



- Reunification should be the ultimate goal in most cases
- Training on implicit bias and cultural humility is key when working with individuals with SUD's
- Ensuring case plans are tailored to family needs is vital to ultimate outcome
- Reunification should occur when the Safety concerns are gone or mitigated – this doesn't mean completion of treatment
- Non Detected Use  $\neq$  Safety
- Detected use  $\neq$  Unsafe

# The Numbers Set the Stage

- 25.2% of youth who were in foster care developed PTSD
- Up to 90% of justice-involved youth report exposure to some sort of traumatic event
  - Of that population, on average, 70% of youth meet criteria for a mental health disorder with approximately 30% of youth meeting criteria for PTSD
- Children under the age of 6 are disproportionately exposed to trauma, particularly interpersonal violence. Of victims:
  - 34% under age 3
  - 57% under age 7

# Prevalence

- Education – Out of 450 children at several alternative schools in a certain district, 90% of the children had experiences with trauma exposure:
  - 41% - family violence
  - 46% - Physical, emotional or sexual abuse
  - 39% neglect
  - 16% living in foster care or out-of-home placement

# So, what is *Trauma*?

- “Trauma” is defined as witnessing or experiencing an event or a series of events that pose a real or perceived threat to the life or well-being of a person.
- “Acute trauma” is a single event that is limited in time such as a car crash or a terrorist attack.
- “Chronic trauma” refers to multiple traumatic events occurring over time.

# Complex Trauma

- Describes both exposure to chronic trauma – usually caused by adults entrusted with the child's care – and the impact of such exposure on the child
- Children who experienced complex trauma have endured multiple interpersonal traumatic events from a very young age
- Complex trauma has a profound effects on nearly every aspect of a child's development and functioning

Source: Cook et al. (2005). *Psychiatr Ann*, 35(5): 390-398.



# Trauma's Bottom Line



An event or series of events that overwhelms one's ability to cope

# Adverse Childhood Experiences (ACES)

- Emotional abuse
- Physical abuse
- Sexual abuse
- Emotional neglect
- Physical neglect
- Mother treated violently
- Household substance abuse
- Household mental illness
- Parental separation/divorce
- Incarcerated household member

Source: Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., ... Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) study. *American Journal of Preventive Medicine*, 14, 245-258.



THE PARENTS WE SEE  
ARE THE CHILDREN WE  
MISSED

# Other Sources of Ongoing Stressors

- Traumatized children frequently face other sources of ongoing stress that can challenge our ability to intervene. Some of these sources of stress include:
  - Poverty
  - Discrimination
  - Separations from parent/siblings
  - Frequent moves
  - School problems
  - Traumatic grief and loss
  - Refugee or immigrant experiences



# Effects of Trauma

**Attachment**

**Biology/Physical  
Health**

**Mood/Emotional  
Regulation**

**Dissociation**

**Behavioral Control**

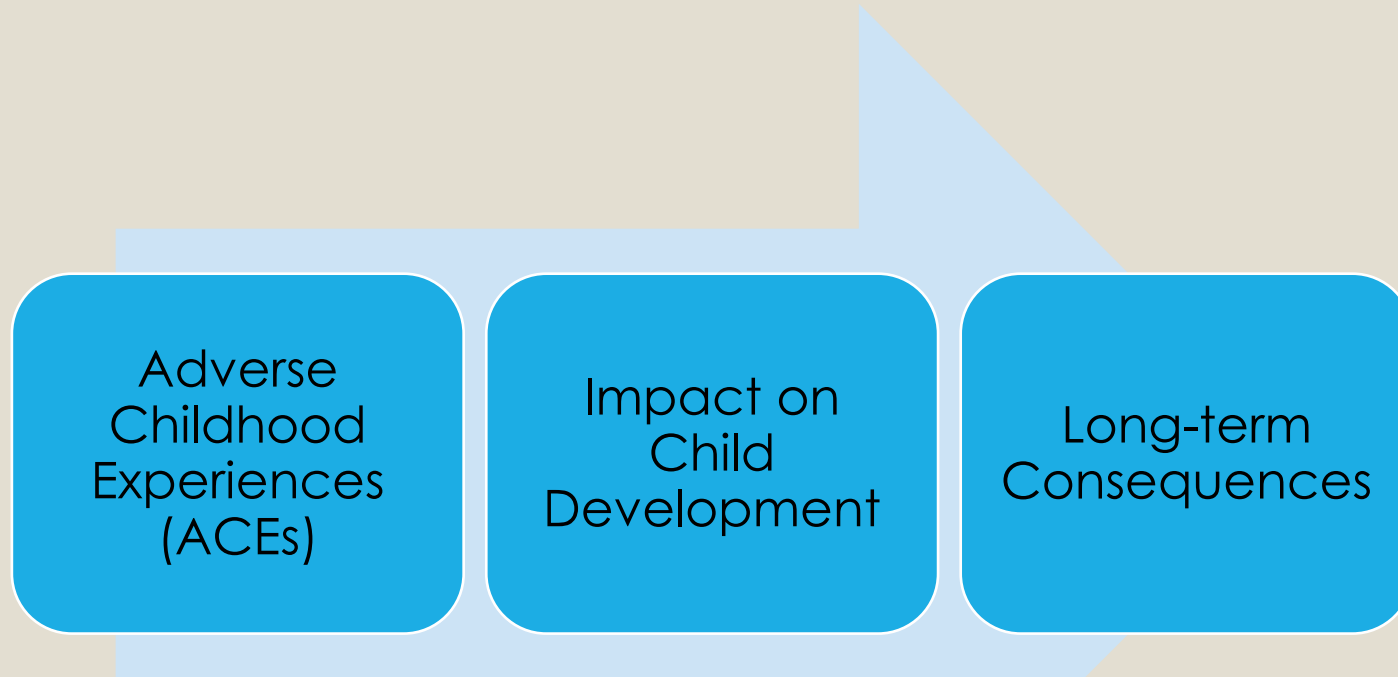
**Cognition**

**Self-concept**

**Development**



# Impact of aces



Source: Putnam, F., & Harris, W. (2008). Opportunities to change the outcomes of traumatized children: Draft narrative. Retrieved from [http://ohiocando4kids.org/Outcomes\\_of\\_Traumatized\\_Children](http://ohiocando4kids.org/Outcomes_of_Traumatized_Children)

# Long-term Consequences

## Disease and Disability

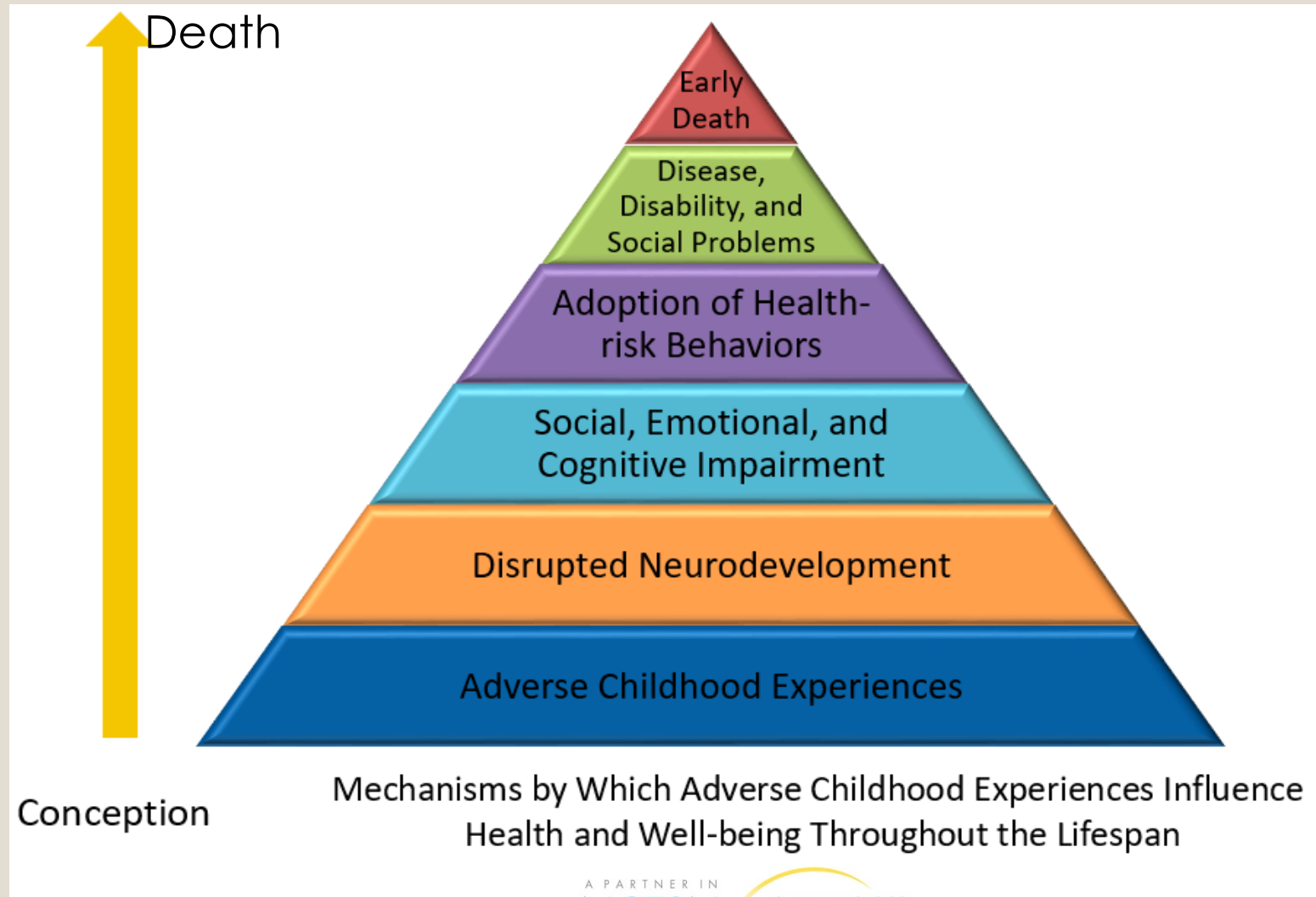
- Major Depression, Suicide, PTSD
- Drug and Alcohol Abuse
- Heart Disease
- Cancer
- Chronic Lung Disease
- Sexually Transmitted Diseases
- Intergenerational transmission of abuse

## Social Problems

- Homelessness
- Prostitution
- Criminal Behavior
- Unemployment
- Parenting problems
- Family violence
- High utilization of health and social services

Source: Putnam, F., & Harris, W. (2008). Opportunities to change the outcomes of traumatized children: Draft narrative. Retrieved from [http://ohiocando4kids.org/Outcomes\\_of\\_Traumatized\\_Children](http://ohiocando4kids.org/Outcomes_of_Traumatized_Children)

# Long-Term Trauma Impact: ACE Pyramid, CDC





# Variability in Responses to Stressors and Trauma

- The impact of a potentially traumatic event is determined by both:
  - The objective nature of the event
  - The child's subjective response to it
- Something that is traumatic for one child may not be traumatic for another.
- The impact of a potentially traumatic event depends on several factors, including:
  - The child's age and developmental stage
  - The child's perception of the danger faced
  - Whether the child was the victim or a witness
  - The child's relationship to the victim or perpetrator
  - The child's past experience with trauma
  - The adversities the child faces following the trauma
  - The presence/availability of adults who can offer help and protection

# Trauma and the Brain



- Serious consequences for the normal development of children's brains, brain chemistry, and nervous system
- Trauma-induced alterations in biological stress systems can adversely affect brain development, cognitive and academic skills, and language acquisition.
- Traumatized children and adolescents display changes in the levels of stress hormones similar to those seen in combat veterans.
  - May affect the way they respond to future stress in their lives, and may also influence their long-term health.
  - Think of Parents we Serve Here:  
They are the Children We Missed

# 3 Systems that Control our Behavior

- [3 Brain Systems That Control Your Behavior: Reptilian, Limbic, Neo Cortex | Robert Sapolsky \(youtube.com\)](#)

# Factors that Affect how People Respond to Traumatic Events

- The “dosage”, meaning the length, frequency and intensity of the event or events
- The environment in which the child is placed post-event
- The timeliness, appropriateness and quality of interventions
- Caring and supportive relationships
- Availability of resources
- Natural resiliency
- Others?

# Resiliency

- Positive adjustment in the face of adversity. “The ability to bounce back”.
- It can be developed
- Dynamic; involves a fit between a person's individual characteristics (for example, health or talents) and supportive features of his or her environment (family, school, community) (Princeton.edu)

# The Science of Resilience

- [InBrief: The Science of Resilience \(youtube.com\)](#)

# Protective factors

- Conditions or attributes in individuals, families, communities, or the larger society that, when present, **mitigate or eliminate risk** in families and communities that, when present, increase the health and well-being of children and families. (Child Welfare.gov)
  - Parent Resilience and Family Strengths
  - Healthy Coping Strategies
  - Supportive Child-Caregiver Relationships
  - Cultural Roots
  - Community Connections
  - Economic Stability

# Childhood Trauma and PTSD

- Children who have experienced chronic or complex trauma may be diagnosed with Post-Traumatic Stress Disorder (PTSD).
- According to the American Psychiatric Association, PTSD may be diagnosed in children who have:
  - Experienced, witnessed, or been confronted with one or more events that involved real or threatened death or serious injury to their physical integrity or that of others
  - Responded to these events by experiencing symptoms of PTSD

Source: American Psychiatric Association (APA). (2013). *Diagnostic and statistical manual of mental disorders* (DSM 5). Washington, DC.



# Key Symptoms of PTSD

- Re-experiencing the traumatic event (e.g., nightmares, intrusive memories)
- Intense psychological or physiological reactions to internal or external cues that symbolize or resemble some aspect of the original trauma
- Avoidance of thoughts, feelings, places, and people associated with the trauma
- Negative changes in thoughts and mood (e.g. inability to recall aspects of the trauma, feelings of fear, guilt, sadness, shame or confusion, loss of interest in activities)
- Increased arousal (e.g., heightened startle response, sleep disorders, irritability)

**Many children show signs of post-traumatic stress but do not meet full diagnostic criteria for PTSD.**

**This is also true for the Parents we serve – they are often misdiagnosed from their childhoods – think about that for a minute**

# Childhood Trauma and Other Diagnoses

- Other common diagnoses for children in the child welfare system include:
  - Attention deficit hyperactivity disorder
  - Oppositional defiant disorder
  - Conduct disorder
  - Bipolar disorder
  - Reactive attachment disorder
- These do not capture the full extent of the developmental impact of trauma.
- Symptoms may be a child's reaction to a trauma reminder.
- Many children with these diagnoses have a complex trauma history.

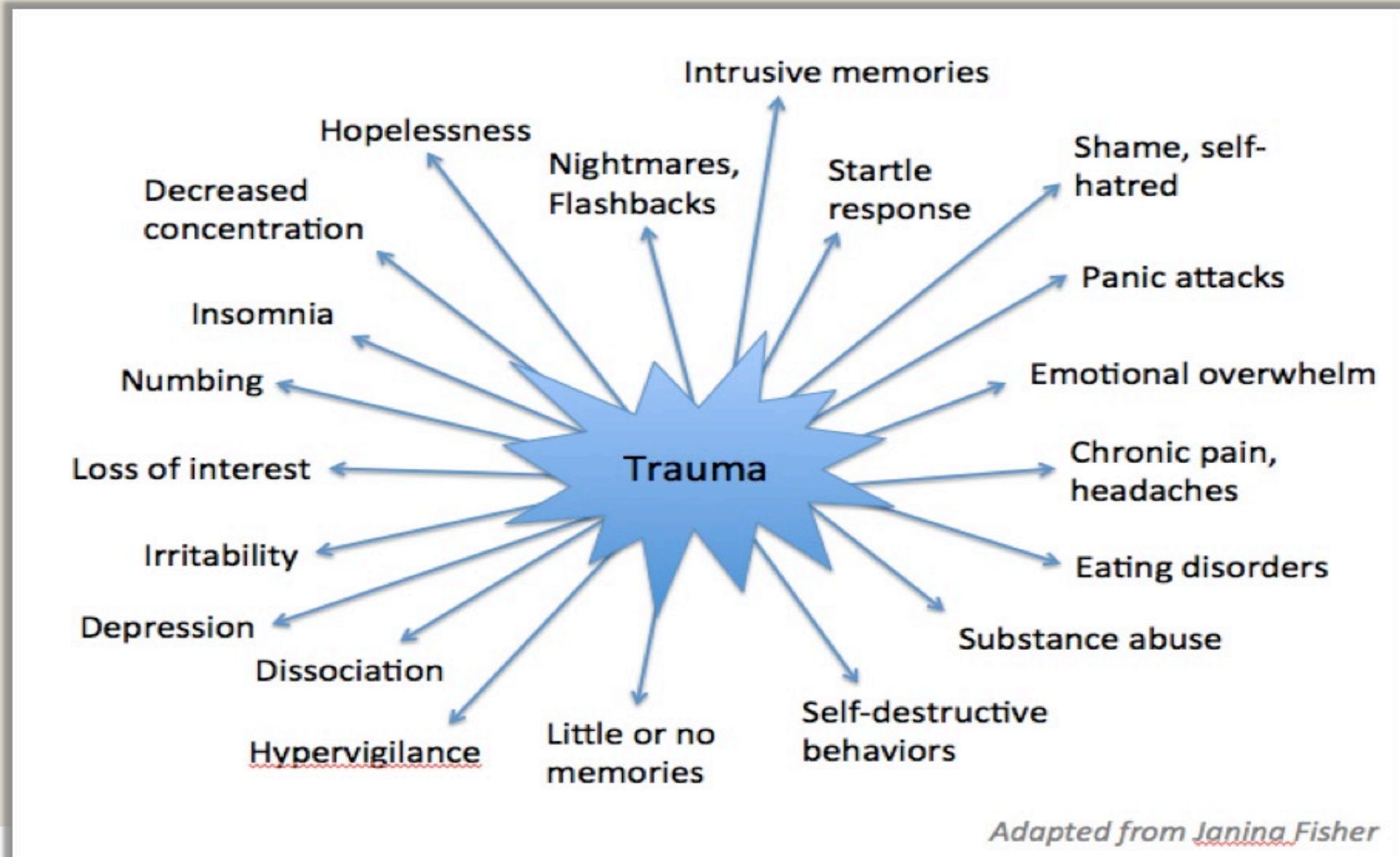
# Diagnoses Change Over Time

- Children often delay revealing some aspects of abuse and neglect
- Misdiagnoses is sometimes determined over time
- Need for reassessment over time in certain situations

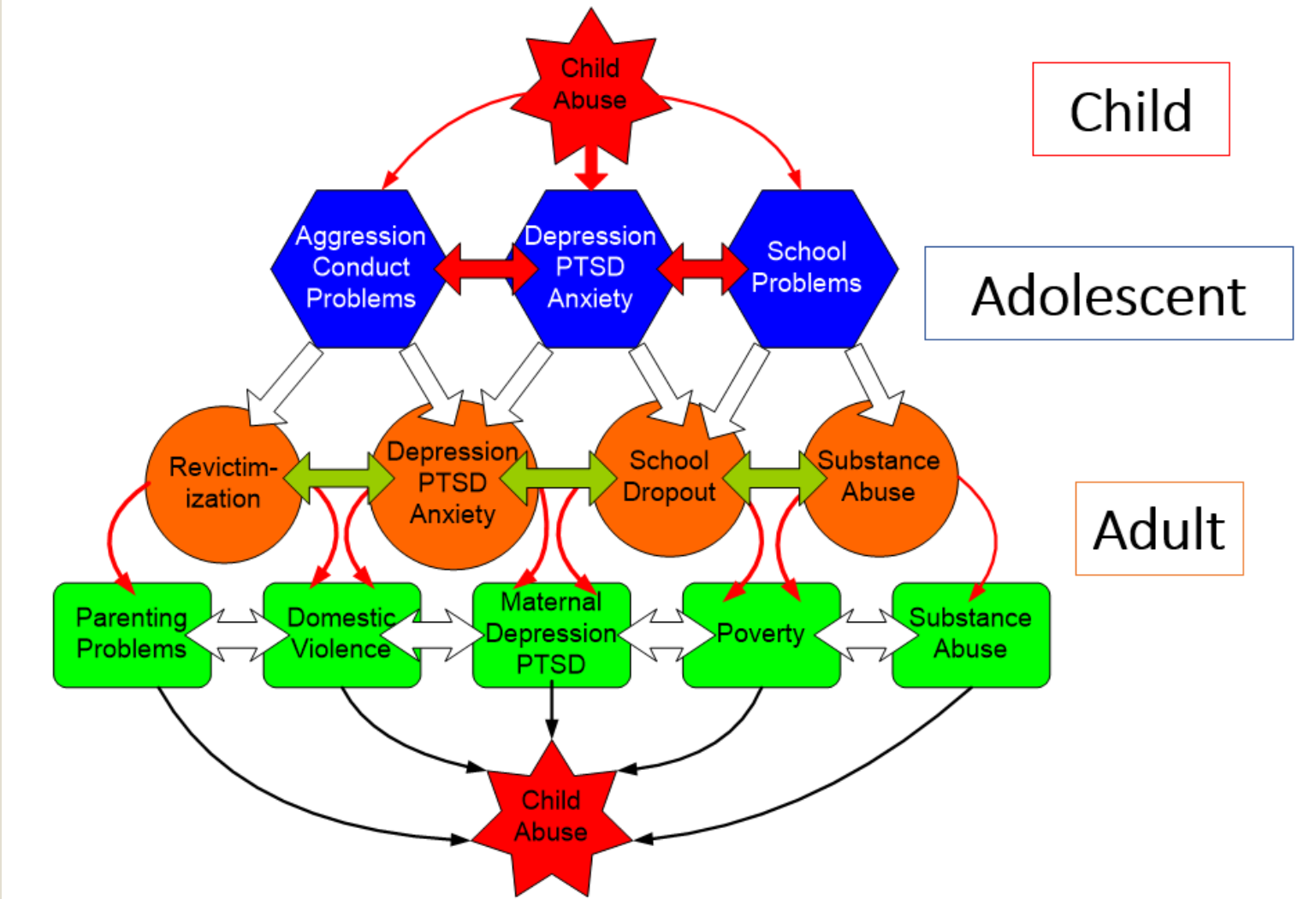
# Long-term Effects of Childhood Trauma

- High-risk or destructive coping behaviors
- These behaviors place children at risk for a range of serious mental and physical health problems, including:
  - Alcoholism
  - Drug abuse
  - Depression
  - Suicide attempts
  - Sexually transmitted diseases (due to high risk activity with multiple partners)
  - Heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease

# Trauma Effects



# Intergenerational Transmission of Child Maltreatment



Source: Putnam, F., & Harris, W. (2008). Opportunities to change the outcomes of traumatized children: Draft narrative.

# Impact of Complex Trauma

- Floods the body with cortisol to induce flight, fight or freeze
- Changes the brain and the body
- Keeps the body alert and defensive even when danger is no longer present
- Impairs the body's ability to focus on other things like language acquisition, academic progress, growth
- Look for sleep disturbances, self destructive behavior, eating disorders
- Consider that lack of boundaries and oppositional behavior may arise from complex trauma
- Observe and note any behaviors that may reflect the child acting out what they have experienced
- Expect children to be alert, defensive, guarded, distrustful of others, fearful, anxious
- Look for problems with health, language development, cognitive delays, developmental delays, lack of self confidence
- Recognize that attention problems, impulsive behaviors, inability to make decisions, and difficulty planning may arise from a history of complex trauma

# Impact of Complex Trauma (cont'd)

- Note the child may misread other's emotional states, expression of emotions or intent.
- Be aware that children may not have appropriate body image and may experience shame and guilt.
- Recognize that children may express themselves through behavior when they cannot communicate their wants and needs.
- Note any lack of curiosity, lack of ability to process language, and any inability to complete tasks.
- Recognize that the child may experience impaired memory as a way of coping with extreme abuse.



# Long-Term Impact of Complex Trauma

- Impairs the ability to learn
- Impairs physical health and growth
- Impairs the ability to have happy, healthy relationships as an adult
- Plants the seeds for mental illness, substance abuse and violence

# How Can I Tell Who Has and Who Has Not Been “Traumatized”?

The truth is....

You and I probably can't!

Universal precautions approach to trauma

It's a rule-out vs. a rule-in

# What Can We Do to Change the Script?

- One thing we can do as a community is to surround our children and families with **trauma-responsive systems**, consistently trained and messaged, **working in meaningful collaboration** with one another.
- Giving children an honest sense of safety and giving parents the information they need to rebuild their families is the message of hope that each of them need.

# Building Adult Capacity To Improve Child Outcomes

- [https://youtu.be/urU-a\\_FsS5Y?si=bOqeO2k140GIFMwk](https://youtu.be/urU-a_FsS5Y?si=bOqeO2k140GIFMwk)

# Trauma-Responsive Community Vision Statement

**For the community within which it operates to work together to minimize trauma and the effects of trauma experienced by its children, adults, and families.**

## Trauma-Responsive Community Mission Statement Example

**The community members will work together to prevent, minimize, detect, respond to, and mitigate the impact of trauma exposures and experiences to and by its children, adults and families, and to meet the needs of those affected by trauma timely, appropriately and effectively.**

## The CE-CERT Model

Components for Enhancing Clinician Experience and Reducing Trauma -  
Brian Miller, PhD



- ✦ After-hours "self-care" is insufficient.
- ✦ Risk for burnout and STS can only be reduced through strategies for changing the way you go about your work.
- ✦ These are acquirable skills!
- ✦ Intentional oversight of yourself in the moment, throughout the day is necessary.
- ✦ A long-term, energizing career is possible AND you must find joy in your work to sustain.

## Beyond Selfcare the CE-CERT Model for Secondary Trauma and Burnout

- [Beyond Self-Care: The CE-CERT Model for Secondary Trauma and Burnout | Office for Victims of Crime \(ojp.gov\)](https://www.ojp.gov/ce-cert)

# The Relationship between Trauma and the Best Interest of the Child

- The importance of family integrity and preference for avoiding removal
- The health, safety, and/or protection of the child
- The importance of timely permanency decisions
- The assurance that a child removed from his/her home will be given care, treatment, and guidance that will assist the child in developing into a self-sufficient adult



# How the Body Keeps the Score

- [How the body keeps the score on trauma | Bessel van der Kolk for Big Think+ \(youtube.com\)](#)



# Trauma-Informed Care – Questions to Ask

- Were services provided specific to the child and parent's needs by someone who is trained to provide trauma informed care?
- Ask for trauma informed cognitive behavioral therapy, child parent psychotherapy, parent and child interactional therapy, eye movement desensitization and reprocessing, and other evidence based therapies designed to address trauma.
- Ask for consistency in the child's life with placement, education, day care, medical care and counseling.
  - Foster care and the legal system may further contribute to complex trauma with frequent moves, changes in school and day care, and constant introduction of strangers to provide medical and psychological care.
- Is the child engaged with his or her counselor? If there is no rapport, there is not likely to be any trust or any progress.
- Are appointments kept on a consistent basis by the child's caretaker and the counselor?
- Does the child have sufficient contact with parents, siblings and other significant persons in the child's life to have the child's emotional needs met?

# Trauma-Informed Care – Questions to Ask (cont'd)

- Can the child self regulate?
- Does the child act out rather than express emotions?
- What is being done to teach the child to self regulate? To express emotions?
- Does the child's caretaker have the skills to assist the child with regulation of behavior and expression of emotions?
- Is the caretaker attuned to the child?
- Does the caretaker support the child when they need regulation help?
- Does the caretaker encourage the child and support the child in expressing emotions?
- Does the child feel that the Court and others know what the child wants?
- Does the child have opportunities to interact with peers and expand social capacities through peer activities?
- Does the child have the capacity to make friends and be a friend?
- Are there age specific services that provide additional support

# Trauma-Informed Care – Questions to Ask (cont'd)

- Does the child have any health problems?
- Is there any family history of health problems that should be considered?
- Does the child have physical activity on a regular basis?
- Does the child have the opportunity for spiritual development?
- Are the caseworkers across agencies communicating to form a case plan consistent across agencies?
- Is the child progressing in school?
- Does the child have adequate support for school? Supplies, tutoring, engagement
- Does the child have hopes, dreams, aspirations for the future...three wishes?

# Ghosts in the nursery



# Credits

- National Child Traumatic Stress Network
- Casey Family Programs
- National Council of Juvenile and Family Court Judges
- Chadwick Center for Children & Families
- Massachusetts Advocates for Children in collaboration with Harvard Law School and the Task Force on Children Affected by Domestic Violence
- Presentations by the Honorable Peggy Walker

# Learn More

- Adverse Childhood Experiences Study; [www.cdc.gov/ace/index.htm](http://www.cdc.gov/ace/index.htm)
- Center for the Developing Child; [www.developingchild.harvard.edu](http://www.developingchild.harvard.edu)
- Child Trauma Academy; [www.childtrauma.org](http://www.childtrauma.org)
- National Child Traumatic Stress Network; [www.nctsn.org](http://www.nctsn.org)
- Zero To Three; [www.zerotothree.org](http://www.zerotothree.org)

# Learn More

- National Council of Juvenile and Family Court Judges; [www.ncjfcj.org](http://www.ncjfcj.org)
- Justice For Children; [www.complexttrauma.us](http://www.complexttrauma.us)

# Contact Information

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**Please take a short 10-minute break, we'll be back!**





# Coming Up Next | Unit 5

Lived and Learned: Foundations of Tribal  
Child Welfare: Understanding Abuse,  
Neglect, and Their Impact on Childhood  
Experiences

**Melisa Harris, MSNAL, MSEICD, (Chickasaw Nation)**

Forensic Interviewer, Grayson County Children's Advocacy  
Center





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