An aerial photograph of the University of Nevada, Reno campus. The image shows several large, modern brick buildings with glass windows, interspersed with green lawns and walkways. In the background, a range of mountains is visible under a blue sky with scattered white clouds. The overall scene is bright and clear.

Reflections on the Status and Future of Trauma-Responsive Justice in Communities of Healing

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Who are you...?

Please type your occupation in the chat box.



Assumptions

- Participants understand that...
 - flight, fight, freeze, and flock behaviors are normal responses to existential danger;
 - the “4Fs” are problematic when they become the automatic response when one perceives threat... yet, no real threat exists;
 - repeated experiences shape behavior – i.e., “what gets fired gets wired”; and
 - life is tough, and it is even tougher for some more than others, *even without trauma* – i.e., life is not a level playing field.

PART I

The Past
Behind You

800 BC – 2013 AD

- Trauma's impact on the human condition has been written about since ancient times (e.g., Homer).
- "Nostalgia" (≈ 1760's)
- "Soldier's heart" or "irritable heart" (≈ 1860's / Civil War)
- "Railway spine" (≈ 1860's / Europe)
- "Shell shock" or "war neuroses" (≈ 1915 / WWI)
- Combat Stress Reaction or "battle fatigue" (≈ 1940 / WWII)
- Gross Stress Reaction introduced in DSM-1 (1952)
- Changed to "adjustment reaction to adult life" in DSM-2 (1968)
- PTSD included in DSM-3 in part due to research on Vietnam Veterans (1980)
- Criteria for PTSD were revised in DSM-3-R (1987), DSM-4 (1994), DSM-4-TR (2000), and DSM-5 (2013) to reflect continuing research.



PART II

Here & Now

PTS[D] Today

Progress!

PTSD is now in a new category, *Trauma- and Stressor-Related Disorders*, as it can be associated with mood states other than anxiety (e.g., depression, anger).

More mindful narrative around use of “disorder”.

More public awareness, less stigma, and not just military/veterans:

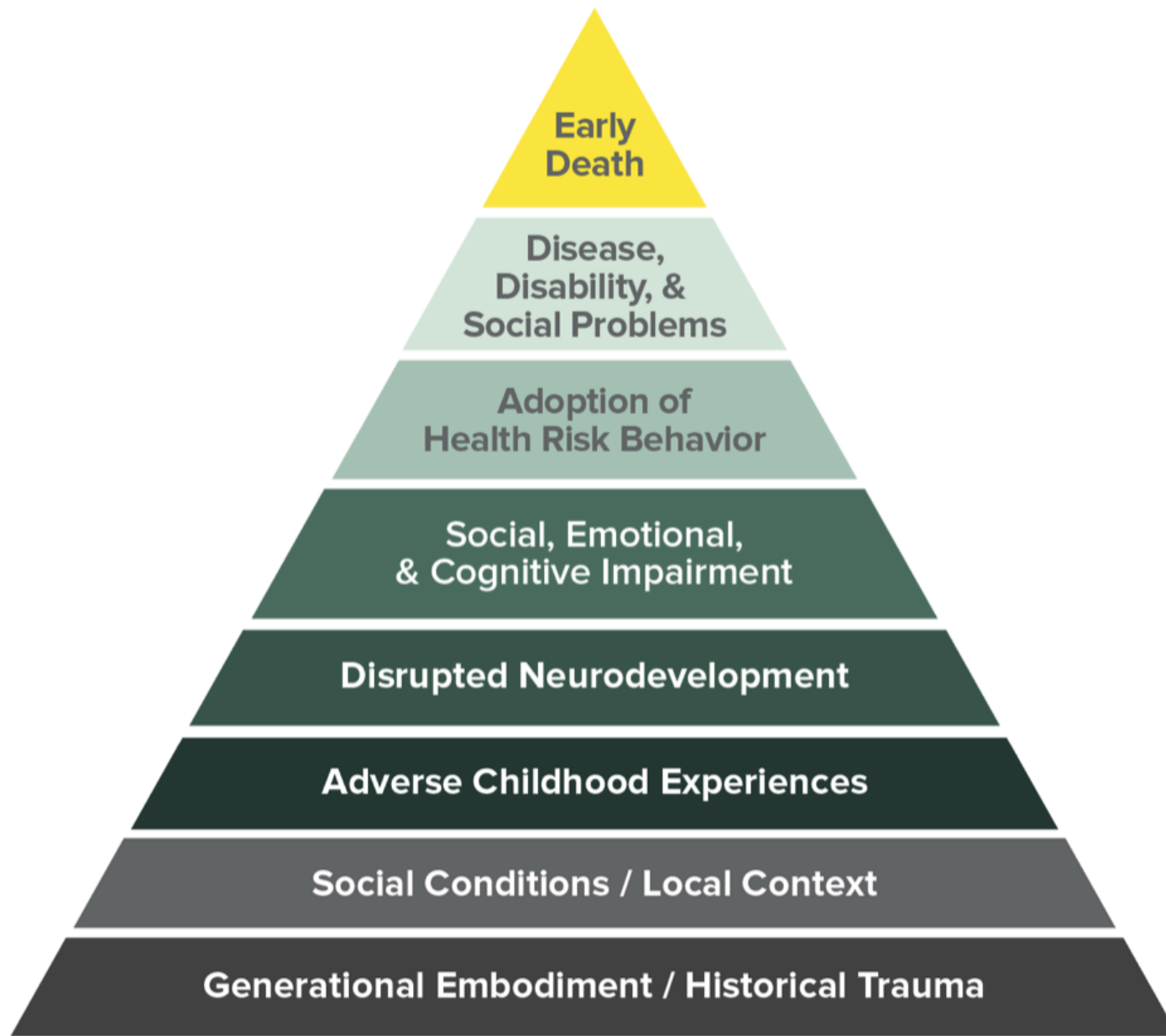
Jacqueline Kennedy Onassis

Darrell Hammond

Whoopi Goldberg

Not only more awareness of trauma, but also better understanding of adversity and toxic stress ...





Mechanism by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

REFRESHER: In general, adversity and trauma can lead individuals to develop a robust fight, flight, freeze, or flock response in the face of *perceived* danger.



Ponder this:

Could/do these responses also manifest collectively at family and system(s) levels?



What we do see co-occurring with PTSD

DEPRESSION



SUBSTANCE ABUSE



Stress Reactions: Pre-School Age

- Anxiety and sense of helplessness as demonstrated by:
 - Loss of previously acquired skills (e.g., falling asleep on their own, tolerance of separation from parents, regression in speech and toileting)
 - Sleep disturbances
 - Repetitive traumatic play



Stress Reactions: School Age

- Persistent concern over safety and sense of fear, shame, guilt, and/or sadness as demonstrated by:
 - Constant retelling of the event
 - Sleep disturbances
 - Difficulties concentrating (e.g., in school)
 - Somatic complaints
 - Unusual aggression or recklessness



Stress Reactions: Adolescents

- Feelings of fear and vulnerability and concerns over “being different” as demonstrated by:
 - Withdrawal from friends and family
 - Expressions of shame or guilt
 - Revenge fantasies
 - Self destructive behavior

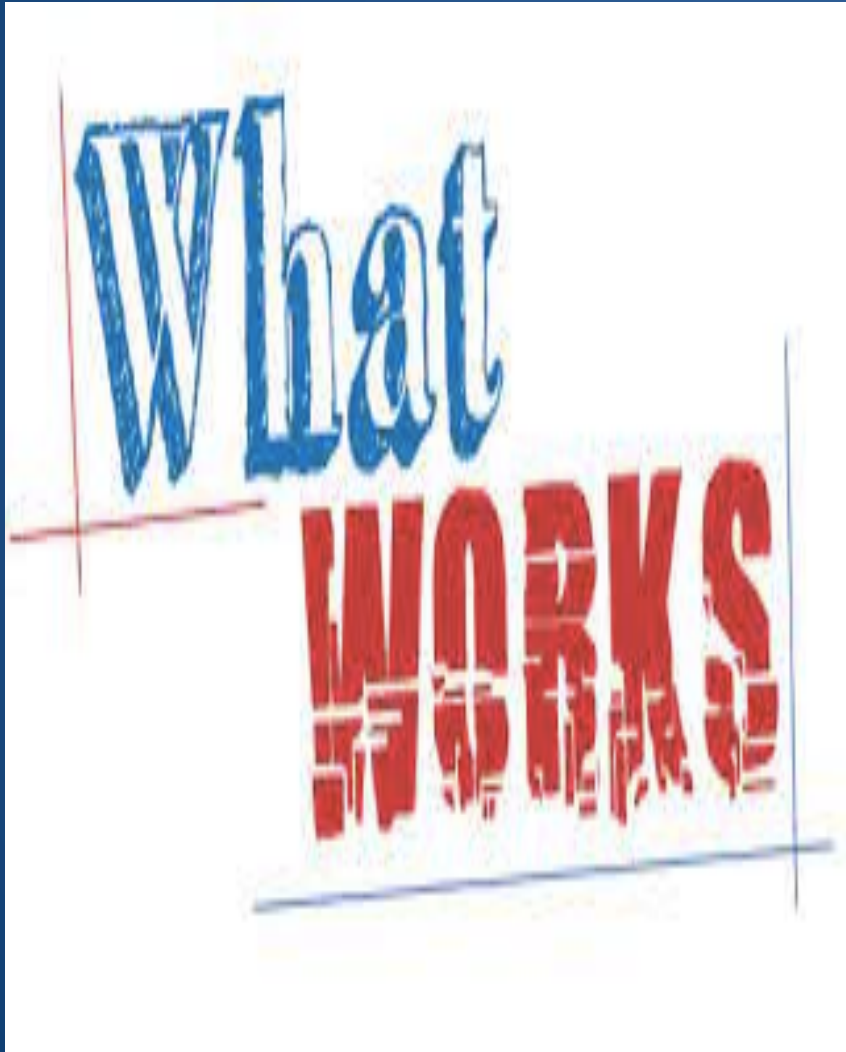


Stress Reactions: Adults

- Common characteristics...
 - Substance abuse
 - Depression
 - “Stuck” re-living the event
 - Sleep disturbances
 - Heightened startle response
 - Relationship and work challenges
 - Isolation and avoidance



Day-to-Day Strategies



- Realistic expectations / avoid overload
- Concrete plans of action
- Monitoring
- Immediate and natural sanctions
- Emphasize strengths and incentives
- Pro-social activities / opportunities to do something right
- Catch them doing something right again and again (4 : 1 ratio)
- Praise
- Education

“Treatment”: Clinical vs. Community

- Trusting relationship with therapist; learn and practice coping / self-soothing skills; revisit traumatic event(s) or triggers and practice coping / self-soothing skills (guided and individually); reframe narrative from “survive to thrive”; provide support and nurture pro-social connection(s).
- Safety, self-determination, and support [S.S.S.] across persons, practice, policy, and environment [P.P.P.E.]
 - Universal precautions approach (e.g., sense of safety) is a win-win for both consumers and administrators of justice/health/etc.

Poll

About how many scientific articles were published on “trauma-informed systems of care” in the last 12 months?

- A. 75
- B. 250
- C. 3500
- D. 9000
- E. 13000
- F. 25000 +

According to “OneSearch”, slightly over 13,000 peer reviewed scholarly publications in last 12 months *alone*, including the contexts of schools, medicine/dentistry, child welfare, juvenile justice, courts, prisons, social work, etc.

We know some other things, too...

- Trauma-informed care is a robust model based on science.
- Victims can be offenders / offenders can be victims: “injury” model much more helpful.
- Trauma and adversity is a universal rallying point for systems and communities: everyone knows what “hurt” feels like.
- Data indicates trauma-informed care saves money and is more humane (e.g., less sick leave, helps with secondary stress).
- Growth in living/learning/social labs (e.g., NCJFCJ Linking Systems of Care).
- If you look, you will see trauma-informed care blossoming around you... even my dental hygienist is in on it!

Good stuff! *clap* Progress! *clap* Celebrate! *clap*

Part III



Race. Justice. Health.

- Diversity, equity, and inclusion [DEI] is a priority.
- *If powerful institutions do not “look like” or otherwise resonate with or reflect the community it serves, the community will fundamentally not feel safe in the face of that power.*
- Safety is a core component of healing from trauma/adversity and victimization.
- DEI is trauma-responsive practice.

Communities of Healing

- Public health is an issue of justice (e.g., see COVID).
- Courts are part of the community of healing.
- Reciprocal communication, coordination, and collaboration are critical to success; relationships matter!
- Dynamic nature suggests “adapt vs. optimize” motivation.
- Perhaps the *OneHealth* model is a promising guide post-pandemic (i.e., interdisciplinary, integrated, and holistic approach to global health that considers humans, animals, climate/environment, race/culture, indigenous practices, etc. ...*and* their interdependence).

Speaking of Animals...



SERVICE DOGS

Any dog trained to perform tasks for an individual with a disability.



EMOTIONAL SUPPORT DOGS

Medically prescribed animals providing therapeutic benefit through dedicated companionship.



THERAPY DOGS

Animal-assisted therapy involving animals as a form of treatment.



Environment Matters

ACTUAL COURT

- [THEN / 2015] A courthouse with dark, paneled courtrooms, staid corridors lined with headshots of past judges, and closed windows with shades drawn. Families waited in an overcrowded, chaotic main hall, craning to hear each time the bailiff appeared and shouted the case name at the top of his lungs. For a court whose job was to rehabilitate and strengthen children and families, the environment was hardly conducive.
- [NOW] Classical music plays on the piano in the lobby. Doors are painted the colors of the rainbow, and a Dr. Seuss mural consumes a wall on the way to the child abuse department. Staff smile and show families where to wait. Signs indicate when and where cases will be heard. Attorneys quietly escort clients to assigned courtrooms when cases are called.

More focus on environment and “easy” wins





Patience

- Trauma and adversity are, unfortunately, part of being human. [COVID is reminding us all of the reality of collective trauma, too.]
- Issues did not just appear overnight (e.g., racial inequality, institution versus consumer focus, historical traumatization, healthcare, poverty).
- There is no “social ills vaccine” (yet) – it will take time and effort.
- Need to balance quick solutions with long term reality (i.e., think both proximal and distal objectives).
- Injury by 1000 cuts requires healing by 1000 band aids – every single contact is a point of potential healing.

Connectedness

- We are social animals; connection is critical for healing (e.g., 30% of change).
- At the end of the day, customer service is our job; it is what we signed up for and we should feel privileged to have the opportunity to help others in need.
- Social allergies won't kill you (but secondary stress might).
- Warm touch and warm handoffs; back to people helping people.
- Consumer advocates, health/system navigators, liaisons, care specialists, etc. as a specialty and career (with commensurate status and pay – it is a skill!). ~PLUS, we need more help!~
- Vision. Empathy. Transparency.

But, how will we have the time???

- Co-locating (e.g., court clinics).
- Resource sharing and efficiencies.
- Technology (i.e., artificial intelligence, machine learning, quantum computing, robotics, etc.).
- Improved data storage, sharing, and security (e.g., improved servers, cloud computing, client level storage, broadband/optical transmission).
- Improved transportation systems and driverless transportation.
- Virtual options (i.e., can it be done online)?
- Technology will promote rapid cycle testing/CQI in order for complex systems to stay on their toes and respond to changes in real time.

Even More Technology?

- The promise of epigenetic research.
- Neuroscience – mapping / imaging.
- Vaccine “moon shot” shows us what we can do when focused.
- Medication and treatment advances (MDMA, VR, targeted stimulation, etc.).
- We are flying helicopters remotely on Mars; can we really not figure out a way to be more humane in our day-to-day work and make life a bit easier for everyone?

Post-Pandemic

- What do we want work to look like?
- What will our consumers and administrators of justice be facing? How can we be ready?
- **Opportunity to further pivot to a strengths-based, humanistic, positive psychology orientation? [we might be evolutionarily wired to see “negative” but we can overcome]**

Where do you think we'll be in 25 years?

Questions?



[please use chat box]

Can you help us connect with parents of detained youth?

We are currently seeking parents of detained youth to participate in research interviews; we want to better understand *their* experience with their child's detention.

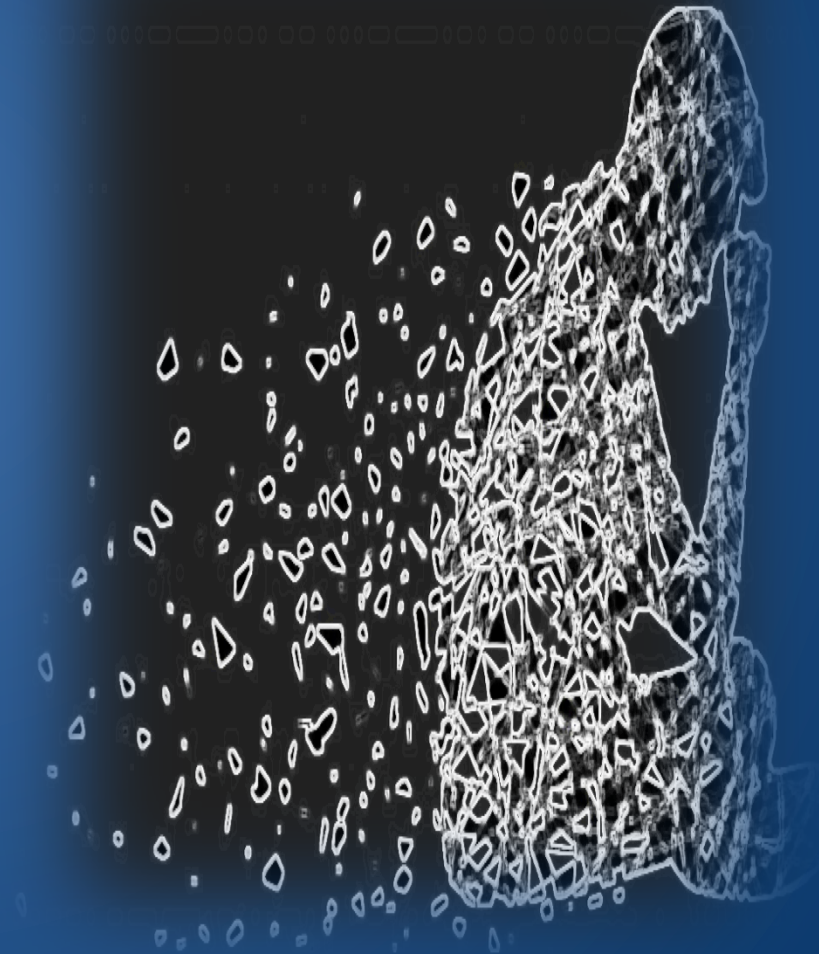
If you work with parents who might qualify for this study, please refer them to

<https://tinyurl.com/JJParents>

Participants will be asked to complete a short questionnaire to see if they qualify, and will be asked to provide contact and scheduling information if they are interested in participating in an interview. For more information:

Contact Katie Snider at ksnider@unr.edu
or visit

<https://tinyurl.com/JJParents>



Thank you!

PPT Available on Request / Contact Information

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