

Advancing Trauma-Informed Systems Change in a Dependency Drug Treatment Court Context

**Shelby Jones, Soveary Chea, Ashley Thomas, Grace Ivey
Laurie Drabble, faculty lead (laurie.drabble@sjsu.edu)**

Background

A growing body of literature documents the importance of trauma-informed and trauma-specific services and systems change in both addiction treatment and child welfare fields. Collaborative models of practice, such as Dependency Drug Treatment Courts, appear to be promising in terms of positive outcomes for both parental treatment participation and parent-child reunification. However, there is a paucity of literature examining the process in which trauma-informed systems changes might be advanced in a collaborative context, such as Dependency Drug Treatment Courts. The overall aim of this qualitative study was to explore barriers, benefits, and facilitating factors associated with a trauma-informed systems assessment and improvement initiative conducted in the context of dependency drug treatment court (DDTC). Semi-structured in-depth interviews with 12 key informants and historical analyses of project documents over a 4-year time span were conducted. Results underscore the relevance of trauma-informed systems change in collaborative contexts designed to address the complex needs of children and families.

Research Questions

1. What were the core strategies and key findings associated with the implementation of a trauma-informed assessment process;
2. What were the benefits, barriers, and facilitating factors related to trauma-informed systems change.

Methods

Purposive sampling was employed to recruit interviewees representing the dependency drug treatment court and partner systems. Key informants were selected based on the following criteria: (1) Involvement in Family Wellness Court, (2) inclusion of individuals from different systems, and (3) knowledge of trauma-informed systems change efforts in Family Wellness Court. The final sample included 12 key informants over the age of 18, representing the court and legal services (n=4); drug and alcohol treatment (n=2), child welfare and children's services (n=3), mental health (n=1), domestic violence services (n=1), trauma consultant (n=1). [Note: Additional interviews and systems assessments were conducted in Domestic Violence and Department of Alcohol and Drug Services agencies, but are not reported here]

Findings

Key Strategies in Advancing Trauma-Informed Systems Change

The Family Wellness Court (FWC) in Santa Clara County identified trauma-informed systems change as a pivotal goal and use of a trauma-informed perspective as a core value during the formative months of the project. Review of historical documents and in-depth interviews revealed several intersecting strategies for advancing trauma informed systems changes during the formation and implementation of the project. The prevalence of trauma among program participants was discussed, and the need for trauma-informed systems change was prioritized early in the project by a Strategic Planning team comprised of over 30 leaders and providers.

Results from the “walk-through” assessment process. Responses from interviewees regarding the trauma-informed “walk-throughs” revealed the assessment’s strengths, limitations, and potential for furthering trauma-informed systems change efforts in the courts and partner systems.

- **Identification of trauma triggers and action steps.** Participants in the assessment process uniformly described the process as effective in surfacing specific potential trauma triggers and generating ideas for reducing or eliminating triggers. “What everyone was asked to do was basically put themselves in the shoes of a client,” noted one participant. Another noted the “trauma-informed survey reframes everything. It heightens the awareness of what our parents have to go through, and what their kids have to go through.” Table 1 provides illustrations of insights and action steps that emerged from the assessment “walk-through” process.

Table 1: Summary of key strategies and activities for advancing trauma-informed systems changes during the DDTC formation and implementation

Key Strategies	Activities
Trauma-informed systems assessment with consultation of expert in trauma informed services and systems	<ul style="list-style-type: none"> • Observation of collaborative court and development of preliminary recommendations • Development of full “walk-through” assessment of potential trauma triggers and potential strategies for addressing potential triggers
Training with experts in trauma informed interventions and systems for both adults/parents and children	<ul style="list-style-type: none"> • In-depth training with direct service providers and court staff • Training for all partner systems through interdisciplinary conferences and trainings, including core training on trauma informed approaches in working with both parents and children • Targeted training for partners on key and emerging topics of interest (e.g., trigger identification and de-escalation strategies; men and trauma; child-specific trauma activities)
Parallel processes in partners systems to advance trauma-informed systems changes	<ul style="list-style-type: none"> • Replication of “walk-through” assessment processes in partner systems and agencies • Other partner system trainings (with “slots” for other partners and/or information exchange).

- **Exploration of options for change in systems and among providers.** Many respondents commented on the “feedback” of the trauma consultant as being particularly helpful throughout the “walk-through.” The exploration also challenged individuals to re-examine how they may inadvertently contribute to re-traumatizing clients.
- **Adoption of a trauma lens.** Interviewees described the assessment process and invaluable to helping them to operationalize what it means to view service delivery systems and client experiences in court (or partner services) through a trauma lens. The phrase, “Think trauma first,” came up frequently in interviews as a phrase that helped individuals remember what they learned in the walk-through assessment process throughout their day-to-day practice.

Benefits and Barriers to Systems Change

Table 2 summarizes themes about benefits and barriers to advancing trauma informed systems changes

Benefits	Barriers
Awareness of trauma Benefits for clients <ul style="list-style-type: none">• Higher level of sensitivity for parents• Emphasis on strength-based supports• Focus on safety and making parents feel “heard” and “not judged.” Benefits for providers <ul style="list-style-type: none">• Trauma-informed systems change to contribute to client success with, in turn, directly affected their own job satisfaction• Increased awareness of, and attention to addressing, secondary trauma.	Physical, functional, and social context <ul style="list-style-type: none">• Adversarial court context• Triggers in environment (e.g., security processes) Competing resources: funding, staffing, training. Culture, philosophies, and values of different systems. <ul style="list-style-type: none">• Different philosophical frameworks,• Different parameters in terms of ethical and legal obligations Mandates of systems. <ul style="list-style-type: none">• Tension around safety in the court vs. trauma informed processes• Legal requirements and time constraints (that do not match trauma recovery) Systemic stressors <ul style="list-style-type: none">• Secondary trauma• Competing demands.

Facilitating Factors to Implementing Trauma-Informed Systems Change

Three major themes emerged related to facilitating factors to implementing trauma-informed systems change in Family Wellness Court, which are summarized below.

- **Formal commitment emphasizing ongoing training, walk-throughs, and discussion about trauma-informed changes.** Many respondents stressed the importance and helpfulness of experiencing a clear and formal commitment from leaders and partners in their systems towards making trauma-informed changes.
- **Trauma leaders and champions.** “It’s extremely important that there are trauma champions. If you don’t have the trauma champions, it’s going to be very difficult” typified observations of interviewees. One respondent stressed the need to have multiple champions behind trauma-informed systems change since there is frequent staff turnover in the courts, “You never have just one champion within a system. You have to have a number.” Other comments reflected the role that champions play in moving trauma-informed systems change along, for instance, “I think we need to have someone championing it. A unique program of Family Wellness Court which was frequently brought up by interviewees was the Mentor Parent Program, a program of volunteer mentors who have been through the child welfare system and succeeded in reunifying with their children. “You just can’t talk trauma-informed without having a Mentor Parent there,” was a characteristic idea brought to the discussion by interviewees. One interviewee working in the court system stated, Parent mentors were frequently mentioned as key in implementing trauma-informed systems change because they are the window for the court into the trauma experience of parents and children in dependency drug treatment courts.

- **Judicial leadership.** One point made consistently across interviews was that of “bench leadership.” An example of observations echoed across interviews was that the judge, “made it clear from the very beginning that she thought this was important, that most people appearing [in the court] had trauma in their lives and that somehow the court had to address that and acknowledge it.” Another interviewee also stated that the judge played an important role in explaining and educating the court about the effects of trauma on an individual’s ability to parent,

Implications for Research and Practice

- Adoption of a trauma-informed lens in evaluating policies and practices were valued by providers across systems and a shared commitment to trauma-informed systems change was perceived as providing common ground for the articulation of shared values and development of compatible approaches to practice with both parent and children.
- Assessment tools, such as the trauma-informed systems “walk-through,” are important for organizational and service delivery improvement. Assessment activities, like the “walk-through,” demonstrate the impact of minimal cost activities on informing systems and services change.
- Cost neutral, or minimal cost, assessment processes have exceptional value in the human services field, especially considering the current fiscal climate, in identifying small, do-able changes as a strategy for service improvement.
- There is a need for research specifically examining outcomes for clients, particularly in regards to reunification and sobriety, when courts are trauma-informed.
- It will be particularly important that future research examine the way in which addressing the issue of trauma in parents will, in turn, impact children, particularly in children with histories of trauma, victimization, abuse, and removal from their parents.
- Partners across systems reported parallel efforts to advance trauma-informed systems changes in different systems; however assessment, planning, training, or evaluation activities were not always shared or coordinated in a systematic manner. Shared planning and greater coordination between systems may help leverage both system-specific and collective efforts to advancing trauma informed systems changes.
- Future efforts might also be informed by conducting an inventory of existing data in each systems regarding assessment of trauma (e.g., screening or assessment of clients) or assessment of systems (e.g., what if any organizational assessment tools or processes have been adopted in each system).

This study was part of the 2011-2012 Field Instruction Initiative funded by the California Social Work Education Center and based at the San Jose State University School of Social Work. Small research teams of students, in partnership with their agency field instructors and led by a faculty lead investigator, pursue high priority research questions identified by child welfare agency staff to complete their capstone learning project for the MSW degree.