The Pathways from Trauma in Legal Offenses and How to Help Divert Them

Brian L. Meyer, Ph.D.
PTSD-SUD Specialist
McGuire VA Medical Center
Richmond, VA

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Disclaimer

The views expressed in this presentation are solely those of the presenter and do not represent those of the Veterans Health Administration or the United States government.
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Trauma in the Criminal Justice System
The Prevalence of Trauma in Justice-Involved Populations

The experience of trauma among people with substance abuse and mental health disorders, especially those involved with the justice system, is so high as to be considered an almost universal experience.

This is also true among Veterans: a recent study found that 93% of incarcerated Veterans had experienced trauma (Hartwell et al., 2014)

SAMHSA, 2013
Childhood Trauma

- 73.7 million children in the U.S.
- 4.1 million referrals
  - One referral every 8 seconds
- This represents 3.5 million children
  - 4.7%, or more than 1 out of every 21 children
- 3.47 million investigations

Child Maltreatment 2018, DHHS

• 676,000 child victims
  • This equals 0.9% of children

• 144,000 children received foster care services

• 437,000 total children in foster care (U.S. Children’s Bureau, 2018)

• 1,750 fatalities

Child Maltreatment 2018, DHHS
The Severity of Childhood Maltreatment

• More than 46%-67% of children report at least one traumatic event prior to age 18 (Copeland et al., 2007; National Survey of Children’s Health, 2016)

• 14%-16% of boys and 27%-32% of girls report sexual abuse prior to age 18 (Briere & Elliott, 2003; Finkelhor et al., 1990)

• Childhood abuse is associated with future adult victimization (Briere & Elliott, 2003)
The Effects of Abuse on Early Brain Development

- Excess cortisol and heightened amygdalar response causing:
  - Chronic fear and anxiety
  - Inattention
  - Overreactivity
  - Impulsivity
  - Hyperalertness and hyperarousal
  - Sleep problems
The Effects of Abuse on Early Brain Development

Increased epinephrine and stress steroids causing:

- Dissociation
- Disengagement
- Distorted attachments to others

- Numbing
- Emotional detachment
- Inability to feel empathy and remorse
The Effects of Abuse on Early Brain Development

Hyperactivity of the Hypothalamic-Pituitary-Adrenocortical Axis causing:

- Cognitive impairments
- Emotional dysregulation
- Increased passive/avoidant behavior
- Depression
Some Negative Outcomes of Child Maltreatment

- Mental health problems
- Substance abuse
- Homelessness
- Prostitution
- Violence
- Involvement in the child welfare system
- Involvement in the juvenile justice system
Abuse and the Criminal Justice System

• Estimates of lifetime physical or sexual abuse experienced by men in the criminal justice system range from 25%-68% (James & Glaze, 2006; Weeks & Widom, 1999)

• Estimates of PTSD diagnoses among incarcerated men range from 20%-54.6% (Proctor & Hoffman, 2012; Trestman et al., 2007)

• Rates of physical and sexual victimization among incarcerated men and women range as high as 36% in men and 30% in women (Wolff & Shi, 2010)
  • Men experience more physical assault and women experience more sexual assault
  • These rates are higher among people with mental health problems
Arousal
PTSD: Increased Arousal

E. Trauma-related alterations in arousal and reactivity that began or worsened after the traumatic event:

- Irritable or aggressive behavior
- Self-destructive or reckless behavior
- Hypervigilance
- Exaggerated startle response
- Problems in concentration
- Sleep disturbance
Traumatic Stress and the Brain
ACUTE RESPONSE TO TRAUMA

- Terror
- Fear
- Alarm
- Vigilance
- Calm

Traumatic Event

- Normal with Supports
- Dissociation or Resilient
- Vulnerable few supports
- Vulnerable "with supports"

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Post-Combat Arousal Is Like Having An Alarm in Your Body That Is Always Going Off
Traumatic Stress Decreases Activity in the Prefrontal Cortex

- The Prefrontal Cortex is involved in:
  - Judgment
  - Assessment of risk
  - Inhibition
  - Planning
  - Anticipation of consequences

- Combined with the overactivation of the Amygdala, it is therefore unsurprising that people with histories of traumatic experiences are more likely to have legal difficulties than those who do not
Traumatic Stress Changes the Brain

Healthy Brain

PTSD
Substance Abuse and Arousal

- Substance abuse may be a means of decreasing arousal
- It can also result in arrest, conviction, and imprisonment
Irritability Increases Arrests

Elbogen et al., 2012
Post-Traumatic Stress Disorder
PTSD: Negative Cognitions and Mood

- Persistent negative trauma-related emotions (e.g., fear, horror, anger, guilt, or shame)
- Markedly diminished interest in significant activities
- Feeling alienated from others
- Constricted affect: persistent inability to experience positive emotions
Why PTSD May Contribute to Violence

- Irritability, startle responses, anger, and aggressive behaviors are symptoms of PTSD
- Disturbance of isolation can lead to outbursts
- Response to sudden movements
- Flashbacks
- Dissociation
- Attacks during nightmares
- Arguments about decreased family involvement
Some Areas Where PTSD and the Legal System Intersect

- Domestic violence
- Child abuse
- Divorce
- Juvenile delinquency
- Homelessness
- DUI/DWI
- Misdemeanors
- Threats
- Violence
- Criminal behavior
Links from PTSD to Incarceration

PTSD

Anger

Aggression

Legal Problems

Incarceration

Alcohol Abuse

Drug Abuse

Institute of Medicine, 2012
The Range of Post-Traumatic Stress Responses
Post-Traumatic Responses Occur on a Continuum

None    Mild    Moderate    Severe
RESPONSE TO MULTIPLE TRAUMAS

After Bruce D. Perry, 1999
Complex Trauma

Complex PTSD is the psychological effects of chronic, cumulative, and often different types of traumas.

Results from interpersonal victimization, multiple traumatic events, and/or traumatic exposure of prolonged duration.

- Sexual and physical abuse
- Domestic violence
- Ethnic cleansing
- Prisoners of war
- Torture
- Being held hostage
Complex PTSD Is Much More Than Simple PTSD

- Loss of a coherent sense of self
- Problems in self-regulation
- Tendency to be revictimized
- Other mental health disorders
- Substance use disorders
- Health problems
- Relationship problems
- Changes in systems of belief and meaning
Complex Trauma in ICD 11*

**PTSD**
- Re-experiencing
- Avoidance
- Hyperarousal

**Complex PTSD**
- Re-experiencing
- Avoidance
- Hyperarousal
- Affect Dysregulation
- Negative Self-Concept
- Interpersonal Disturbances

*Released for implementation planning on June 18, 2018; effective January, 2020*
Personality Disorders

- **Borderline Personality Disorder**
  - 81% have histories of childhood trauma (Herman et al., 1989)
- **Antisocial Personality Disorder**
  - Childhood trauma significantly predicts ASPD (Dutton & Hart, 1992; Horwitz et al., 2001; Luntz & Widom, 1994; Marchall & Cooke, 1999)
  - 73% of people with personality disorders have histories of child abuse (Battle et al., 2004)
  - This suggests that personality disorders may be specific manifestations of complex trauma
Many Branches of the Trauma Tree

- Trauma
- Acute Stress Disorder
- Adjustment Disorders
- Other Trauma and Stressor-Related Disorders
- PTSD
- Complex PTSD
- Borderline and Antisocial Personality Disorders
- Dissociative Identity Disorder
The Special Case of Veterans
High Prevalence of Prior Child Maltreatment

- A study of Army soldiers (Rosen & Martin, 1996) found that:
  - 17% of males and 51% of females reported childhood sexual abuse
  - 50% of males and 48% of females reported physical abuse
  - 11% of males and 34% of females experienced both
- More than 1/3 of incarcerated Veterans report childhood physical abuse (Saxon et al., 2001)
- 77% of incarcerated Veterans experience trauma before the age of 18 (Hartwell et al., 2014)
Justice-Involved Veterans

• In 2007, 1.2 million Veterans were arrested (Patton, 2014)

• The primary reason Veterans are arrested is substance abuse (Beckerman, et al. 2009; Erickson, et al. 2008)

• 87% of Veterans in jail have a history of trauma (Blodgett et al., 2012)
  • 75% have co-occurring mental health and substance abuse problems
Violence in Veterans

- The rate of domestic violence is higher in the military than the civilian population, especially severe aggression (Bray & Marsden, 2000; Heyman & Neidig, 1999)

- **Domestic violence in Army families rose 33% from 2006-2011** (DOD, 2012)

- Results of national study of 1,388 Veterans (Elbogen et al., 2012):
  - 10% reported a history of violence prior to deployment
  - 11% reported incidents of severe violence in the past year
  - 32% reported incidents of physical aggression in the past year
  - These were related to combat involvement, depression, alcohol abuse, current PTSD, history of violence, and debt
Military and Combat Reinforcement of Arousal, Aggression, and PTSD Symptoms

These are all adaptive in a war zone and, in many cases, trained:

- Reactivity to reminders
- Avoidance of felt danger
- Distrust of outsiders
- Negative expectations of world
- Anger
- Aggressiveness

- Using violence to solve problems
- Numbness
- Hypervigilance
- Startle responses
- Risk-taking
- Insomnia
Learned military skills and tactics such as hypervigilance and rapid response to threatening encounters that enhance survival in combat may translate to aggressiveness, impulsivity, arrest, and potential for incarceration in the civilian community.
The Problem of Repeated Deployments

• The Persian Gulf war is the longest war in American history, with the most repeated deployments

• About 10 percent of the 2.4 million servicemembers who have fought in Iraq and Afghanistan deployed three or more times

• Repeated deployments wear down resiliency
Problems after Multiple Deployments

**FIGURE 4.5** Number of deployments and selected outcomes. SOURCE: MHAT-VII, 2011.
Combat Exposure

- Greater combat exposure is associated with greater substance abuse (Prigerson et al., 2002; Reifman & Windle, 1996)
- Army soldiers deployed twice have 1.6 times greater chance of developing PTSD than those deployed once (Reger et al., 2009)
- Combat exposure increases rate of domestic violence (Prigerson et al., 2002)
The co-occurrence of PTSD and substance abuse leads to greater violence than either PTSD or substance abuse alone:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>PTSD</td>
<td>10%</td>
</tr>
<tr>
<td>Alcohol</td>
<td>10.6%</td>
</tr>
<tr>
<td>PTSD + Alcohol</td>
<td><strong>35.9%</strong></td>
</tr>
<tr>
<td>Neither</td>
<td>5.3%</td>
</tr>
</tbody>
</table>

Elbogen et al., 2014
Co-occurring PTSD and Substance Abuse
Co-occurrence of PTSD and Substance Abuse

Co-occurring disorders are the rule rather than the exception.

SAMHSA, 2002
COMORBID DISORDERS ARE THE RULE, RATHER THAN THE EXCEPTION FOR PTSD

Kessler et al., 1995
Co-occurrence of PTSD and Substance Abuse

- PTSD and substance abuse co-occur at a high rate
  - 20-40% of people with PTSD also have SUDs (SAMHSA, 2007)
  - 40-60% of people with SUDs have PTSD
- Substance use disorders are 3-4 times more prevalent in people with PTSD than those without PTSD (Khantzian & Albanese, 2008)
- The presence of either disorder alone increases the risk for the development of the other
- PTSD increases the risk of substance relapse (Norman et al., 2007)
- The combination results in poorer treatment outcomes (Ouimette et al., 2003; Sonne et al., 2003)
### National Comorbidity Survey

Among people with PTSD:

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol Abuse/Dependence</td>
<td>51.9%</td>
<td>27.9%</td>
</tr>
<tr>
<td>Drug Abuse/Dependence</td>
<td>34.5%</td>
<td>26.9%</td>
</tr>
</tbody>
</table>

Kessler et al., 1995
PTSD and the Brain

Amygdala – Emotional reactions, fight or flight alarm system

Hippocampus – Relay station for sorting memories

Prefrontal cortex – logic, reasoning, planning, impulse control, organizing
The Brain’s Reward System on Substances

Robeck, 2013
Shutting Down the Ventromedial Prefrontal Cortex Leads to:

- Emotional dysregulation
- Acting on impulse
- Not considering consequences of actions
- Decrease in logical thinking
- Inappropriate social behavior
- Decreases in empathy, compassion, shame, and guilt
- Impaired decision-making
PTSD and Substance Abuse Feed Off Each Other

PTSD and substance abuse make each other worse in a downward spiral
PTSD/SUD Patients Have Significantly More Problems

- Unemployment (Henkel, 2011)
- Academic dropout (Breslau et al., 2011)
- Homelessness (Palepu et al., 2013)
- HIV risk
- Incarceration (Nowotny et al., 2014)
The Paths from Trauma to Legal Problems

- Childhood Abuse
- Military Service
- Prostitution
- PTSD and TBI
- Substance Abuse
- Combat Trauma
- Accidents
- Violence, incl. domestic
- Legal Problems
Diversion through Treatment of Trauma
Reducing Anger

- Identify triggers
- Self-monitor anger frequency and intensity
- Progressive muscle relaxation
- Diaphragmatic breathing
- Cognitive-Behavioral Therapy
Reducing Anger

SAMHSA’s Anger Management Manuals
Seeking Safety

Seeking Safety is the only evidence-based treatment for co-morbid PTSD and substance abuse

25 lessons on topics that overlap between PTSD and Substance Abuse

- Safe coping skills
- Asking for help
- Grounding
- Anger
- Boundaries
- Self-care
- Honesty
- Re-thinking
Seeking Safety

• Weekly 90 minute sessions
• Often taught in 12 sessions
• Can be provided individually or in groups
• Typical group size is 8-10 members
• Can be provided by professionals or paraprofessionals
Dialectical Behavior Therapy Skills Training

- Four topics with multiple lessons
  - Mindfulness
  - Interpersonal Effectiveness
  - Distress Tolerance
  - Affect Regulation

- New manual provides suggested menus of different specific skills and exercises with different populations, including people who abuse substances
Evidence-Based Treatments for PTSD

- Cognitive Processing Therapy
- Prolonged Exposure
- Eye Movement Desensitization and Reprocessing
Cognitive Processing Therapy

• A cognitive intervention to change the way a traumatized person thinks
• 12 weekly sessions delivered in a structured, manualized protocol
  • Number of sessions can be expanded
• May or may not include a trauma narrative
• Can be delivered individually and/or in groups
• Homework worksheets between sessions
Cognitive Processing Therapy

- Central techniques:
  - Identifies stuck points
  - Examines evidence for thoughts and beliefs
  - Challenges beliefs

- Changing the interpretation of the traumatic event changes the emotions resulting from the event

- CPT is an effective treatment for PTSD (Vickerman & Margolin, 2009; Ougrin, 2011; Jonas et al., 2013; Ehring et al., 2014)

- CPT successfully treats complex trauma (Resick et al., 2003; Galovski et al., 2013)
Prolonged Exposure

• A behavioral intervention that repeatedly exposes patients to distressing stimuli in order to decrease their anxiety in response to those stimuli

• 10 weekly sessions

• First part involves *in vivo* exposure to places that increase anxiety (e.g., public places)
  - Uses an anxiety hierarchy
Prolonged Exposure

- Second part involves writing and dictating a trauma narrative focusing on one traumatic experience
  - The patient listens to the narrative over and over for an hour each day
  - Repeated and prolonged exposure decreases their anxiety
- Prolonged Exposure is an effective treatment for PTSD (Vickerman & Margolin, 2009; Ougrin, 2011; Jonas et al., 2013; Ehring et al., 2014)
- There is no evidence that it successfully treats complex trauma
Eye Movement Desensitization and Reprocessing

- Patient focuses on distressing image
  - States a belief that goes with it
  - Notices feelings that go with it
  - Identifies body sensations that go with it
- Therapist passes fingers back and forth, guiding the eyes
- As this occurs, the images, thoughts, feelings, and body sensations change
- Adaptive information processing results
Eye Movement Desensitization and Reprocessing

Bilateral Stimulation (BLS) is any rhythmic alternation of stimulation between the left and right hemispheres.

Auditory and tactile alternatives to eye movements using bilateral stimulation

EMDR works for PTSD and complex trauma (Davidson & Parker, 2001; Foa et al., 2009; Maxfield & Hyer, 2002; Seidler & Wagner, 2006)

EMDR can be used to address substance abuse (Vogelmann-Sine et al., 1998)
Promising Treatments: Mindfulness Meditation

Mindfulness Meditation is a part of:

• Dialectical Behavior Therapy
• Mindfulness-Based Stress Reduction
  • MBSR reduces PTSD symptoms in Veterans (Kearney et al., 2012; Kluepfel et al., 2013)
• Mindfulness-Based Cognitive Therapy
• Mindfulness-Based Relapse Prevention
• Acceptance and Commitment Therapy
Promising Treatments: STAIR Narrative Therapy

- Skills Training in Affective and Interpersonal Regulation (STAIR) Narrative Therapy (Cloitre et al., 2006)
  - Uses coping skills from Stress Inoculation Training and Dialectical Behavior Therapy
  - 8-10 sessions of skills building and 8 sessions of narrative therapy
Wellness Activities

Mindfulness Meditation
Yoga
Qi Gong
Tai Chi
Massage
Acupuncture
One Final Way to Help

Remember “Superkids”? They were abused and neglected children, mostly in foster care.

Q: What did they all have in common?
   A: One person who cared about them unconditionally.

*Your job is to find that one person*
Resources
Resources for PTSD

- *Handbook of PTSD, 2nd ed.* (2014), Matthew Friedman, Terence Keane, and Patricia Resick

- *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma* (2014), Bessel van der Kolk

- *Trauma and Recovery* (1993), Judith Herman

- *The PTSD Workbook: Simple, Effective Techniques for Overcoming Traumatic Stress Symptoms, 2nd ed.* (2013), Mary Beth Williams and Soili Poijula
Veterans and PTSD

- *What It Is Like to Go to War* by Karl Marlantes
- *On Killing: The Psychological Cost of Learning to Kill in War and Society* by Dave Grossman
- *Achilles in Vietnam: Combat Trauma and the Undoing of Character* by Jonathan Shay

Military culture courses:
- [www ptsd va gov professional ptsd101 course modules military culture asp](http://www.deploymentpsych.org/military-culture)
Resources for PTSD

• National Center for PTSD:  www.ptsd.va.gov
• International Society for Traumatic Stress Studies: www.istss.org
• International Society for the Study of Trauma and Dissociation: www.isst-d.org
• PTSD 101 courses:
  www.ptsd.va.gov/professional/ptsd101/course-modules.asp
  http://mghcme.org/courses/course_detail/from_the_war_zone_to_the_home_front_supporting_the_mental_health_of_veteran
Veteran Resources for PTSD

- Once a Warrior--Always a Warrior: Navigating the Transition from Combat to Home--Including Combat Stress, PTSD, and mTBI by Charles Hoge
- The PTSD Workbook: Simple, Effective Techniques for Overcoming Traumatic Stress Symptoms by Mary Beth Williams and Soili Poijula
- After the War Zone: A Practical Guide for Returning Troops and Their Families by Matthew Friedman and Laurie Slone
- Free podcast available at https://itunes.apple.com/eg/podcast/returning-from-the-war-zone/id657517343
Veteran Resources for PTSD

• Adjustment after deployment:
  www.afterdeployment.org
  http://maketheconnection.net

• PTSD treatment can help:
  www.ptsd.va.gov/apps/AboutFace
Family Resources for PTSD

- *When Someone You Love Suffers from Posttraumatic Stress: What to Expect and What You Can Do* by Claudia Zayfert and Jason Deviva
- *Finding My Way: A Teen’s Guide to Living with a Parent Who Has Experienced Trauma* by Michelle Sherman and DeAnne Sherman
- Helping family members get veterans into treatment: Coaching Into Care [www mirecc va gov/coaching/index asp](http://www.mirecc.va.gov/coaching/index.asp)
PTSD and Substance Abuse

- *Trauma and Substance Abuse (2nd ed.)* by Page Ouimette and Jennifer Read
- PTSD 101 course about treating PTSD and SUDs: [www.ptsd.va.gov/professional/ptsd101/course-modules/SUD.asp](http://www.ptsd.va.gov/professional/ptsd101/course-modules/SUD.asp)
- Practice recommendations for treating co-occurring PTSD and SUDs: [www.ptsd.va.gov/professional/pages/handouts-pdf/SUD_PTSD_Practice_Recommend.pdf](http://www.ptsd.va.gov/professional/pages/handouts-pdf/SUD_PTSD_Practice_Recommend.pdf)
Anger Management Workbooks


Cognitive Processing Therapy

Prolonged Exposure


- *Reclaiming Your Life from a Traumatic Experience: A Prolonged Exposure Treatment Program Workbook* (2007), Barbara Rothbaum, Edna Foa, and Elizabeth Hembree
EMDR

- Getting Past Your Past: Take Control of Your Life with Self-Help Techniques from EMDR Therapy (2013), Francine Shapiro
- www.emdr.com
- www.emdria.org
- www.emdrhap.org
Seeking Safety

• *Seeking Safety* by Lisa Najavits
• *Recovery from Trauma, Addiction, or Both* by Lisa Najavits
Dialectical Behavior Therapy

- *Cognitive-Behavioral Treatment of Borderline Personality Disorder* by Marsha Linehan
- *DBT Skills Training Manual, 2nd edition* by Marsha Linehan
- *DBT Skills Training Handouts and Worksheets, 2nd edition* by Marsha Linehan
- [http://www.behavioraltech.com](http://www.behavioraltech.com)
- [http://www.linehaninstitute.org](http://www.linehaninstitute.org)
Mindfulness

- Mindfulness for Beginners: Reclaiming the Present Moment - and Your Life (Book and CD) by Jon Kabat-Zinn
- Guided Mindfulness Meditation Series 1 (CD) by Jon Kabat-Zinn
- Mindfulness-Based Stress Reduction:
  - [www.umassmed.edu/cfm/stress/index.aspx?id=41252](http://www.umassmed.edu/cfm/stress/index.aspx?id=41252)
  - [www.fammed.wisc.edu/mindfulness](http://www.fammed.wisc.edu/mindfulness)
  - [www.marc.ucla.edu](http://www.marc.ucla.edu)
  - [https://palousemindfulness.com/](https://palousemindfulness.com/)
STAIR Narrative Therapy

- Treating Survivors of Childhood Abuse: Psychotherapy for the Interrupted Life by Marylene Cloitre, Lisa Cohen, and Karestan Koenen

- Online at:
  
  http://www.stairnt.com/index.html

  http://www ptsd.va.gov/professional/continuing_ed/STAIR_training.asp
Online Resources

- Self-assessment Mental Health screening
  http://www.militarymentalhealth.org
- Computer-based Problem-Solving Therapy
  http://startmovingforward.t2.health.mil
- Wellness resources
  http://afterdeployment.t2.health.mil
Self-Help Mobile Applications

http://www.t2health.org/mobile-apps

• PTSD Coach

• CPT Coach

• PE Coach
Self-Help Mobile Applications

http://www.t2health.org/mobile-apps

• T2 MoodTracker
• Breathe 2 Relax
• Tactical Breather
Self-Help Mobile Applications

http://www.t2health.org/mobile-apps

• Mindfulness Coach
• Parenting2Go
• LifeArmor (includes family section)
Self-Help Mobile Applications

http://www.militarymentalhealth.org/articles/media

Positive Activity Jackpot

Virtual Hope Box

Provider Resilience
Contact: Brian L. Meyer, Ph.D.
brianlmeyerphd@gmail.com