



2017 State Roundtable Report Trauma Workgroup

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Creating Trauma Informed and Responsive Dependency Courtrooms

If we save the body, but in so doing, destroy the mind and soul, what good have we really done? ~Justice Max Baer

BACKGROUND:

In 2014, the Psychotropic Medication Workgroup's final recommendation was creation of a workgroup, specifically to examine the issue of trauma. After years of discussion and research, the Psychotropic Medication Workgroup concluded that the use/overuse of psychotropic medications for foster children was so closely tied to elements of trauma that it was impossible to address one without addressing the other. In agreement, the State Roundtable (SRT) created the Trauma Workgroup (TWG) with the charge of addressing trauma within the courthouse. It is recognized that court can be a stressful event for many people. Normal, stress-producing events are not the focus of the Trauma Workgroup. Instead, the focus is courthouse/courtroom activities that may trigger reactions in traumatized individuals that may impede the process.

Under this broad charge the TWG set out to examine system and environmental issues within the courthouse and courtroom that might lend themselves to stressful reactions in traumatized people. Additionally, the TWG decided to examine courtroom practices with the potential to make the courtroom experience more welcoming and less threatening. Finally, the TWG wanted to provide guidance to judges and legal professionals aimed at fostering safety, empowerment, and trustworthiness, common factors in creating trauma informed systems.

With these charges in mind, the Trauma Workgroup, under the leadership of the Honorable Kathryn Hens-Greco, Court of Common Pleas, Allegheny County and Mr. David Schwille, organized, developed a plan of action, and collected and analyzed information related to people's experiences with dependency court.

In late 2015, the Honorable Robert Mellon, Court of Common Pleas, Bucks County became the Workgroup Co-chairperson. With his considerable enthusiasm for trauma informed courts, Judge Mellon quickly determined that moving forward without regrouping and rebuilding the workgroup would not serve well. Unfortunately, within the same year the workgroup also lost its other co-chairperson, David Schwille, when he retired.

In 2016, Bill Cisek, Esq., county solicitor for Venango County, joined the Workgroup and became the Co-chairperson. The workgroup membership was expanded to include several new members including a local Pennsylvania expert on trauma, two parent attorneys, two social workers working in a Guardian *ad litem* office and a child welfare caseworker. With the new members, the group's revitalization led to stimulating and robust conversation. The group's best thinking and hard work has been captured through the planning for an instructional video that will be detailed later in this report.

PRINCIPLES FOR CREATING TRAUMA-INFORMED SYSTEMS

A review of the literature suggests the idea of “trauma responsiveness”. This requires all those working within a system to possess the knowledge of both trauma and people’s reactions to trauma. Beyond this understanding, trauma responsiveness requires courts, from judges to maintenance staff, knowing how to effectively interact with traumatized individuals. Simple changes to the way one approaches people and the manner in which one speaks to them can make a huge difference in the responses people have.

Such a commitment begins with an understanding of trauma. The definition of trauma*, in its simplest form, is an “event that threatens someone’s life, their safety or their well-being”. (NCJFCJ, 2010) Gordon Hodas, M.D., child psychiatrist and consultant for Pennsylvania’s Office of Mental Health and Substance Abuse Services (OMHSAS) and expert on trauma, identifies maltreatment and witnessing domestic violence as having “the most severe consequences on children and adolescents”. (A Primer on Childhood Trauma and Trauma-Informed Care).

The U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) defines trauma as

“an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.”

SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach, 2014

This series of three “E’s”, **EVENT**, **EXPERIENCE**, and **EFFECT**, make up the key elements determining if something rises to the level of trauma. Any event, in and of itself, cannot be defined as a trauma. Instead, how the individual experiences that event becomes crucial.

Two well-respected researchers, Roger D. Fallot, Ph.D. and Maxine Harris, Ph.D. note the incidence of trauma is pervasive; nationally 55% to 90% of Americans have experienced in least one traumatic event. (Creating Cultures of Trauma-Informed Care, 2009). Dr. Fallot and Harris have developed core values of trauma informed practice which build the primary framework for many trauma informed systems throughout the country. An organization’s culture, reflecting these five values, recognizes the importance of people, both those being served and those serving. The more ingrained these values, the more attuned the system is to the precept, “do no harm.” The five core values are:

- **SAFETY:** create safe spaces
- **CHOICE:** provide options
- **EMPOWERMENT:** notice capabilities

- **COLLABORATION:** make decisions together
- **TRUSTWORTHINESS:** provide clear/consistent information

TWG members were pleased to note that these core values are consistent with the *Mission and Guiding Principles for Pennsylvania's Child Dependency System*. The values exemplify a system whose mission is to protect children and promote strong families and child well-being. When these things are prioritized, timely permanency can be achieved more readily. The values underscore Pennsylvania's strengths-based and family engaged approach. Lastly, they point to the importance of collaboration, not just with those being served but one system with another; again a principle well-ingrained in our dependency system. As such, the TWG will keep this framework in mind as it develops recommendations and resources for the State Roundtable.

2015 PENNSYLVANIA STATE ROUNDTABLE:

Recommendations made to and adopted by the SRT in 2015 were:

- Develop an electronic resource to highlight innovative and best practices from counties who are becoming trauma informed/responsive so that counties can network and provide peer support for implementation.
 - ✓ *The workgroup is in the process of collecting information from judges and administrators on their successful practices addressing trauma. These will be added to the practices already collected which include therapy and facility dogs in court, community collaboration, education on trauma specific treatment, model courtroom project that embodies respect for all parties and participants in the courtroom, implementation of trauma screening used by caseworkers and model court order language for receiving specific/important information on trauma effects.*
- Work jointly with volunteer counties to obtain parent and child/youth opinions of their court experiences via a survey.
 - ✓ *Surveying parents and children about their court experiences continues. It is a labor intensive process as counties must provide someone to be available to provide assistance and distribute/collect forms. Ten counties will be approached about surveying parents and children by the early fall.*
- Explore the feasibility of the Alternate Dispute Resolution model Facilitation in dependency cases by asking volunteer counties to try the method on a small number of cases and report back on criteria such as implementation, cost and impact on length of hearings.
 - ✓ *Volunteer counties were identified through responses to an email inviting participation. Preparation for implementation is beginning.*

2016 PENNSYLVANIA STATE ROUNDTABLE:

Recommendations made to and adopted by the SRT in 2016 were:

- Development of a training video on creating a trauma informed dependency court.
 - ✓ Creation of a video storyboard, as a precursor to the filming the training video, has been the major focus of the workgroup. The actual filming of the video will occur sometime over the summer and be ready to be used in training by fall 2017.
- Create a “What’s a Court to Do?” document with steps for creating a trauma informed dependency court as a companion to the training video.
 - ✓ The companion guide to the training video is in the planning stage. Following along with the video, the companion guide will give further information about key concepts illustrated or discussed as well as provide resources on evidence-based treatments and other salient issues that could not be addressed in the video.
- Create a bench card on trauma for judges and attorneys.
 - ✓ A bench card has been created and is included in this report as an attachment.
- Explore the feasibility of the Alternate Dispute Resolution model Facilitation in dependency cases by asking volunteer counties to try the method on a small number of cases and report back on criteria such as implementation, cost, impact on length of hearings, and overall effectiveness.
 - ✓ Several counties have observed the facilitation model in Venango county (Allegheny, Blair, and Warren). Indiana, Bucks and Crawford counties are interested in observing facilitation in Venango county. As facilitation is used only prior to adjudication hearings and those are not known months in advance, scheduling has been a challenge.

PROGRESS AND UPDATES:

During 2016, a second Co-chairperson was appointed to the Trauma Workgroup. Bill Cisek, solicitor for Venango County, accepted the position. With a rebuilt membership and stable leadership, the workgroup continued addressing the charges from the State Roundtable. Their passion and commitment is clearly shown in the depth and breadth of the material developed for the video and companion guide.

Development of the video storyboard was the main focus of the workgroup during 2016. Different models of video training were explored and examples sketched out until the workgroup decided on using a courtroom scenario interspersed with commentary from a trauma expert. The purpose of such will be highlighting best practices and giving the audience an explanation of how the practice makes an impact on individuals who have experienced trauma and toxic stress.

The case scenario chosen for the video has elements typically found in dependency cases across the Commonwealth. An unmarried couple, living separately, are the parents of a 12-year-old child. The child is residing in foster care following an adjudication of dependency based on chronic neglect due to the parents' substance abuse issues. Mother, who lives with her paramour, has co-occurring mental health issues. Father, who resides with his parents, was recently released from jail and seeks employment and housing.

After opening remarks, the video moves to general information about trauma that will lay a foundation for the audience. The court scene opens with participants entering the courtroom and pop-up bubbles of their thoughts. Next is an explanatory section where Judge Mellon, as narrator, provides the audience with a brief overview of the principles of a trauma informed courtroom. Action transitions back to the opening of the court hearing depicting the judge interacting with the child and caseworker. Scene 2 of the hearing moves the focus to the mother, with the caseworker identifying mother's and father's strengths and mother testifying about her relapse. In scene 3 the focus shifts to father and he testifies about his recent progress with sobriety. Scene 4 is the conclusion of the hearing.

At the end of each scene the video will cut away to the trauma expert who will highlight the trauma-informed practices and their intended effect. Wrapping up the video, the trauma expert reviews the framework for trauma-informed courts with references to where this was illustrated in the video. Finally, Judge Mellon, as narrator, offers closing thoughts.

The storyboard is in the final stages of completion. Videotaping will happen this summer in Allegheny County. Various roles in the video will be filled by members of the workgroup. This approach will ensure continuity with best practices as workgroup members are most familiar with them. Once completed, the video will be used as part of a training for judges and attorneys if such a training is approved by the State Roundtable.

Parent and Child Surveys

The workgroup developed parent and child surveys as a way to give a voice to these participants. Ten counties were asked to administer the surveys either prior to or following dependency hearings. Scantron forms were provided and it was suggested that one person be responsible for handing out, explaining, and collecting the completed

surveys. Counties were then to mail the completed forms to the Office of Children and Families in the Courts. Some counties have returned their forms while others have asked for an extension because they are very interested in what people have to say but have been unable to arrange for someone to assist with the survey task.

Based on the very conspicuous similarities across the surveys from six counties received to date (about 100 surveys), it is anticipated that the remaining surveys will follow along the same lines, making the partial data useful to the workgroup and SRT. A summary of the data follows.

Children's responses:

Children almost across the board thought being at court was important. While some thought it was interesting and some thought it was boring, most children identified that they liked hearing good things said about them and thought that court made things better. A majority of children liked it when the judge told them they were doing good.

Most often children identified waiting for their turn in the courtroom as what they didn't like. Many responded that it was difficult for them to hear about what happened to them or even to hear people talk about them. Answering questions was also hard for them. Not surprisingly, the most cited suggestion for making court better was to not have to wait so long.

Parents' responses:

Parents' responses were not too dissimilar from the children's responses. They too identified waiting for the hearing was one of the most stressful parts about court. Other stressful things were speaking in court and hearing the caseworker talk about them. Some indicated that the court experience was stressful because it brought up memories about their own childhood experience of being in court.

A majority of respondents identified that it was very helpful when the judge talked to the parent directly and asked if the parent understood what they needed to do. Hearing about how the children were doing and having the opportunity to talk to their lawyer was also very helpful.

Most identified talking with others in a similar situation as not helpful nor was visiting with their children during waiting times. While talking with others was anticipated as not helpful, it was surprising that visiting with children was also rated as not helpful. Looking a little closer at the data showed that spending time with children at court was also rated as never happening so therefore it could not be helpful. Once again, the most frequent suggestion for improvement was to not wait so long for the hearing by starting on time.

Notably, the responses and suggestions are very consistent with expectations and underscore the need for trauma informed courtrooms. Best practices identified by the

workgroup and illustrated in the video will address the stressful aspects of the court experience by offering trauma-informed ways to minimize stress. A final notable area is a general lack of understanding by parents, and sometimes children, of the role of the judge in proceedings. This lack of understanding seems to lead to stress. The workgroup will consider this in light of being trauma informed and consider resources that already exist to help parents and children better understand the judge's role and the court proceeding as a whole.

Alternate Dispute Resolution: Facilitation

In keeping with trauma informed core values, Alternate Dispute Resolution (ADR), methods, used in many sections of the court, was discussed as being a possible way to empower and provide parents and children voice. The TWG thought an ADR practice could positively impact a trauma informed court system and further exploration should be done.

The completion of this objective has been a challenge for the workgroup. Several counties have observed the facilitation model in Venango county (Allegheny, Blair, and Warren). These counties have decided that it would not be practical for them to implement the model. One decided to create their own model and others did not think that they had the resources to devote to implementation. Indiana, Bucks and Crawford counties are interested in observing facilitation in Venango county. As facilitation is used only prior to adjudication hearings and those are not known months in advance, scheduling has been a challenge.

At this point, the workgroup believes that they have made every effort to meet this recommendation and would ask the State Roundtable to allow them to discontinue efforts. Recognizing the value of this model, the workgroup would like to add it to the companion/resource guide along with contact information for Venango county so that a county interested in implementation can reach out directly to them.

CONCLUSION:

The child welfare and dependency systems have an ever increasing awareness of the complex and intricate layers of trauma woven throughout. By becoming trauma informed in both culture and practice, these systems have an opportunity to help those whom they serve continue on their journey to health and wholeness. Wanting what is best for children must include the willingness to look at one's own practices through a trauma lens and see what those before you see. Change is hard but areas that cause unintended harm need to change. In the end, all will be better for it.

RECOMMENDATIONS:

The Trauma Workgroup respectfully submits to the Pennsylvania State Roundtable the following recommendations:

1. Conduct a training on the trauma-informed court utilizing the training video, resource guide, and bench card.
2. Send the bench card to the Bench Book committee for possible inclusion in the next edition to the bench book.
3. Work jointly with the Drug and Alcohol Workgroup to explore the intersection of substance abuse and trauma.
4. Discontinue the search for counties to implement the Alternate Dispute Resolution model Facilitation in dependency cases. Instead, summarize the model in the trauma resource guide as an option and provide contact information for Venango county so that interested counties could directly reach out for information.

TRAUMA

- ⇒ An event *or*
- ⇒ A series of events *or*
- ⇒ Set of circumstances

Experienced by a person as

- ⇒ Physically harmful *or*
- ⇒ Emotionally harmful *or*
- ⇒ Life threatening

And has lasting adverse effects on a person's

- ⇒ Functioning and
- ⇒ Mental well-being *or*
- ⇒ Physical well-being *or*
- ⇒ Social well-being *or*
- ⇒ Emotional well-being *or*
- ⇒ Spiritual well-being

(SAMHSA)

BUILDING CONNECTIONS: (TO THE CHILD)

10

1. Tell me about something good that's happened recently.
2. What have you learned at school this week?
3. What is your favorite (song, sport, television show, etc.)?

TO THE CASEWORKER OR OTHER PROFESSIONAL:

1. How was the child screened for trauma?
2. Is there a need for an assessment?
3. Has there been an assessment?
4. What was the result of the assessment?
5. Have the recommendations been implemented?

IF TREATMENT FOR TRAUMA WAS INDICATED:

1. Is the child currently in treatment?
2. Is the clinician skilled in providing trauma treatment?
3. Is the treatment specifically addressing the trauma?
4. How is the child responding?
5. Is the child being prescribed psychotropic medication?

If so, ask the Blue Box Questions

WHEN A CHILD IS ON PSYCHOTROPIC MEDICATIONS

What is the child's diagnosis? Is it the correct diagnosis?

What is the medication's intended effect? Is it effective?

Are we monitoring for adverse effects?

If doing well, have we thought about tapering the medication?

What is the opinion of the treating physician?

6. Are the professionals on the case communicating and working as a team?

Parents often have their own trauma history. Unresolved issues may lead to:

- Failure to engage in needed services
- Increase in symptoms
- Retraumatization
- Relapse
- Withdraw from service relationships
- Poor treatment outcomes
- Avoidance or withdraw from supportive individuals including family

BEING TRAUMA-INFORMED

IN THE COURTROOM:

Create a calm environment

Begin in a timely manner

Welcome people and thank them for coming

Insist on starting with strengths

Assume trauma

Be respectful and courteous

Use plain language

Check for understanding

Be aware of possible trauma triggers

Don't allow badgering, aggressive language or intimidation

Use therapy or comfort dogs

Allow comfort objects and support people to be present

Have distractions such as snacks, coloring pages, small toys or puzzles available for the children.

Reframe a situation as an opportunity for personal growth

Use supportive and hopeful language

OUTSIDE THE COURTROOM:

Create safe waiting areas

Know your biases

Assess how trauma-informed the court & county systems currently are

Bring issues related to becoming trauma-informed to the local children's roundtable

Encourage development of trauma informed resources as needed

Look for the strengths in people

FOUNDATIONS OF TRAUMA-INFORMED SYSTEMS

Safety

~ physical and emotional ~

Choice

~ opportunities to make
decisions and
experience a sense of control ~

Empowerment

~ prioritizing competency,
validation, and skill-building ~

Collaboration

~ working together and sharing
power ~

Trustworthiness

~ built on respect and
transparency ~

"The system shall recognize and address the trauma a child experiences as a result of abuse & neglect and as a result of placement."

PA Mission and Guiding Principles

USING SUPPORTIVE AND HOPEFUL LANGUAGE

- What has happened to you?
- What do you think?
- What can we do to help you solve the problem?
- Your commitment really shows.
- It's clear you're trying to change.
- Sounds like you are saying...
- What do you need to help you get to (the goal)?
- Tell me something good.

CALM BREATHING EXERCISE

- Sit comfortably
- Take a slow breath in through your nose to the count of 3
- Hold breath to the count of 2
- Exhale slowly through your mouth to the count of 5
- Wait 2 seconds
- Repeat as many times as needed, typically 5 to 10 times

What's a Court To Do?
Encouraging Trauma Informed Courtrooms

Assigned Roles

Project Coordinator: Lynne Napoleon
Script Writer: AOPC Trauma Workgroup
Content Consultants:
Video Designer:
Voice Over:

Video Brochure script:
 Proposed soundtrack:
 Proposed voiceover: Narrator

Shot	Audio	Video
a	Introduction <ul style="list-style-type: none"> - Welcome from Justice Baer Talking Points <ul style="list-style-type: none"> A. Mission and Guiding Principles: recognizing and reducing trauma for children and families B. Need for well-being C. Court makes lasting impression, let's make it a good one where court is seen as helpful part of the process in making things better. 	Title Text 1: Video Title Visual: Video of welcome with Justice Baer
b	(transition to Walter) General Content <ul style="list-style-type: none"> - Here is what we know about trauma: <ul style="list-style-type: none"> o Can be an event, series of events or set of circumstances o These lead an individual to feel physically or emotionally harmed o Has lasting adverse effects on functioning (SAMHSA) o Trauma is subjective and comes in many forms but the 	Visual: Walter/ Host shot Text: Bulleted list of points regarding Trauma

What's a Court To Do?
Encouraging Trauma Informed Courtrooms

	<p>bottom line is it overwhelms an individual and his/her ability to cope</p> <ul style="list-style-type: none"> ○ In addition to abuse or neglect that led to removal, children can also experience stress from separation from family, friends, and community-children sensitive to immediate and long term implications of adversity/trauma because brain is still developing ○ Past or present experiences of trauma can affect parents' confidence and ability to keep children safe, work effectively with child welfare staff, and respond to the requirements of the courts ○ Being trauma-informed involves understanding that recovery is possible and moving from what's wrong with you to what happened to you ○ Trauma informed systems acknowledge that trauma is pervasive and has a profound neurological, biological, psychological and social effects ○ Trauma informed practice requires a basic understanding of trauma and its impact, understanding trauma triggers and vulnerabilities of survivors. ○ It is sensitive and respectful, with supportive interactions and being conscious of not retraumatizing <p>Describe purpose of program and intended audience</p> <ul style="list-style-type: none"> - Audience: court personnel and children and youth staff - This video is intended to: <ul style="list-style-type: none"> ○ Help you think about what you say and how you say it through a trauma informed lens ○ Discuss ways to make families feel valued and safe in the courtroom - You will hear some practical ideas about what can be done to create a trauma informed courtroom <p>Transition to next scene:</p> <ul style="list-style-type: none"> - Let's consider a typical courtroom and what is happening with the participants as they enter. 	
c	<p>A family is arriving for a permanency review hearing</p> <ul style="list-style-type: none"> - Father (voice over freeze frame of father) 	<p>Visual: Participants entering courtroom Continuous shot that freezes on</p>

What's a Court To Do? Encouraging Trauma Informed Courtrooms

	<ul style="list-style-type: none"> ○ Supervised visitations don't work with my schedule ○ I wonder what they'll tell me I did wrong this time. ○ I am so frustrated with her not staying clean, why can't she get her act together ○ I hope they know how hard it is to do all of this and keep my job <p>- Mother (voice over freeze frame of mother)</p> <ul style="list-style-type: none"> ○ All they will hear is I had another relapse ○ They are never going to let my daughter come home. ○ He has the same issues as me, but no one is putting all these expectations on him, he will still get his visits. <p>- Child</p> <ul style="list-style-type: none"> ○ I wonder if I will even get a chance to talk today. ○ Will I get to go home this time? ○ I'm hungry <p>- Caseworker (voice over freeze frame of worker)</p> <ul style="list-style-type: none"> ○ I wonder what they will say I should have done better this time. ○ How am I going to get all of this done? ○ I know Jessica was really wanting to go home today. ○ Mom is going to hate me for having to tell the court about her relapse. <p>Transition to next scene:</p> <p>- Walter (voice over freeze frame of entire courtroom)</p> <ul style="list-style-type: none"> ○ You will not be able to hear all these things, so what can we do about it? 	<p>individual for voice over</p>
d	<p>Judge Mellon discusses points from Vivian Brown handout:</p> <ul style="list-style-type: none"> ● Use expression of welcome ● Listen and validate where possible ● Use strengths-based language but be true to the situation ● Demand honesty and provide honesty ● Transparency is best ● Come from a place of hope and non-judgment ● Treat parents with respect until they can learn to respect themselves 	<p>Visual: Judge Mellon</p> <p>Visual: graphic of "What Helps?" from University of Buffalo handout (included in 2015 Trauma Workgroup State Roundtable Report)</p>

What's a Court To Do? Encouraging Trauma Informed Courtrooms

	<p>Walter voice over visual, creating a trauma informed environment using five principles:</p> <ul style="list-style-type: none"> - Safety – creating areas that are calm and comfortable - Choice – providing an individual options in their treatment - Empowerment – noticing capabilities in an individual - Collaboration – making decisions together - Trustworthiness – providing clear and consistent information 	
e	<p>Transition back to scene of courtroom</p> <ul style="list-style-type: none"> • Narrator voice over: So what could this actually look like? Let's watch and listen. <p>Scene 1:</p> <ul style="list-style-type: none"> • Welcome and Introductions • Apologizing for late start • Swearing in • Judge talks to child-Jessica • Judge asks Jessica about cheerleading camp • Jessica responds about being disappointed she couldn't go • Judge asks caseworker about why this didn't happen • Caseworker responds: application didn't get processed in time for the registration deadline <p>Narrator voice over visual: (Walter)</p> <ul style="list-style-type: none"> • What happened in this scene that supports the 5 principles • Consider things that can be done in beginning of hearings to attend to the 5 principles <p>Scene 2:</p> <ul style="list-style-type: none"> • Judge asking caseworker to discuss parents'/child's strengths • Caseworker talks about <p><i>Child</i></p> <ul style="list-style-type: none"> • <i>Good attendance at school</i> • <i>Involved with activities and has friends</i> 	<p>Visual: Interaction of Judge welcoming, engaging with individuals</p>

What's a Court To Do? Encouraging Trauma Informed Courtrooms

	<ul style="list-style-type: none"> • <i>Helpful with chores in kinship home, follows rules and is respectful</i> <p><i>Mom</i></p> <ul style="list-style-type: none"> • <i>Loves children</i> • <i>Has maintained her employment</i> • <i>Engaged with therapy</i> • <i>Good support system</i> <p><i>Father:</i></p> <ul style="list-style-type: none"> • <i>Loves children</i> • <i>Honest</i> • <i>Engaged in methadone program</i> • <i>Attends IOP faithfully</i> <ul style="list-style-type: none"> • Judge thanks the caseworker for pointing out those strengths and then addresses mom's attorney-I understand mom has a letter she wrote to the court • Mom's attorney: mom wants to address the court • Judge: Mom tell us a good thing that's happened since the last hearing • Mom: Talks about relapse, what she did following her relapse, her counseling, loving Jessica and wanting her to come home • Judge: validate mom on positive steps she's taken following her relapse, thanks her for honesty and not making excuses <p>Narrator voice over visual: (Walter)</p> <ul style="list-style-type: none"> • What happened in this scene that supports the 5 principles • Consider things that can be done when discussing the case with the professional staff to attend to the 5 principles <p>Scene 3:</p> <ul style="list-style-type: none"> • Judge to Dad's attorney: What would you like to present? • Dad's attorney: My client would like to address the court. • Judge: Dad tell us a good thing that's happened since the last hearing • Dad: Talks about being clean for the last 10 days but had relapse; got hired at a temp agency and starts job on Monday; will be taking a drug test after leaving hearing so he can start on Monday
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What's a Court To Do? Encouraging Trauma Informed Courtrooms

	<ul style="list-style-type: none"> • Judge asks if the test will come back clean • Dad responds it will • Judge can thank for honesty and being pleased that the dad is currently clean and working his program and encourages him to continue to do so that he can provide for his family <p>Narrator voice over visual: (Walter)</p> <ul style="list-style-type: none"> • What happened in this scene that supports the 5 principles • Consider things that can be done when speaking with families to attend to the 5 principles <p>Scene 4:</p> <ul style="list-style-type: none"> • Judge: GAL, is there anything you would like to present? • GAL: No Your Honor, just position. The child would like would like to go home but my recommendation would be that under the circumstances not possible so should stay with kinship parents, suggest increasing visitation time with parent's permitted to be with child outside of the home but on the property as long as kinship parents are sure parents aren't under the influence. • Judge summarize proceedings and gives order -Judge orders mom to have MH evaluation to assess whether or not she's depressed, asks CW to tell what the options are regarding evaluation • CW gives options • Judge asks mom where she would like to go and when he could expect for her to call to get an appointment • Mom decides on where and when she'll call for appointment • Judge checks with all about understanding and next steps <p>Narrator voice over visual: (Walter)</p> <ul style="list-style-type: none"> • What happened in this scene that supports the 5 principles • Consider things that can be done when concluding hearings to attend to the 5 principles 	
f	<p>Narrator voice over visual: (Walter)</p> <p>- So let's look at some of the ways our scenario illustrated the five principles</p>	<p>Visual: graphic of 5 principles Highlight each as illustrations are shared</p>

What's a Court To Do? Encouraging Trauma Informed Courtrooms

- **Dad** *no access to suitable housing, living with parents, blue collared worker and difficulty with drug tests during the day due to work schedule, impacts ability to have visitation, concerned about child safety*
- **12 year old Child** *in foster care, not placed with other siblings, parentified in the home setting, issues in school, aware of moms substance issues and relapse*
- **Caseworker** *concern for the child and split from siblings, having to share about moms relapse, thinking about what has to be said to mom, frustration with clients, juggling demands of case – family concerns, documentation, solicitor, recent cases/ larger caseload*

Narrator: Walter Smith

Participants in mock hearing

Mom: Cindy

Father: Dave Evrard

Child: Callie

Solicitor: Bill

Judge: Judge Mellon

Parent Attorney 1: Ben

Parent Attorney 2: Nicole

GAL: Kerith Strano-Taylor