



POSITION ON PROPOSED LEGISLATION

BILL: SB 0299
Human Services - Trauma-Informed Care - Commission and Training

POSITION: Favorable

DATE: February 9, 2021

The Maryland Office of the Public Defender writes to support SB 0299 and its call to establish a Commission on Trauma-Informed Care to coordinate a statewide initiative to prioritize the trauma-responsive and trauma-informed delivery of State services that impact children, youth, families, and older adults.

Trauma-informed and trauma-responsive delivery of State services is critical to improving the way we care for our most vulnerable populations and for curbing crime rates and criminal risk factors.

Children who experience violence and trauma, especially when compounded with feelings of abandonment, tend to have a larger, more active amygdala. The amygdala is the part of the brain, within the limbic system, that allows you to act without thinking in times of emergency. It is impulsive and reactive. And, in traumatized brains –such as those that experienced and witnessed violence and especially experienced violence during adolescence – and in those who experience abandonment – such as the death of the only stable parental figure – it can become overdeveloped. Those brains experience fear in a faster and more immediate way, and may engage in pre-emptive violence more often than counterparts with normally operating amygdalas because they perceive danger everywhere. Individuals with larger amygdalas are also prone to self-medication in order to shut-off their over-active fear response. Trauma-informed and trauma-responsive care is critical to help minimize these fear responses and unhealthy coping mechanisms. Further, black children and other children of color are more susceptible to the psychological effects of race-based trauma because of their age and developmental stage.¹ Thus, trauma-informed care is critical for Maryland to move forward in its pursuit of racial justice.

¹ Leah Metzger, Don't Shoot: Race-Based Trauma and Police Brutality, Taylor University Orphans and Vulnerable Children 1 (2019).

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In fact, it is commonly accepted that trauma-informed care and cognitive behavioral therapy assist in reducing criminal risk factors and can help persons who have experienced trauma or violence in their past work through their history of trauma, understand their responses to trauma, and recognize appropriate, responsive and trauma-safe pathways that can be pursued going forward. For example, trauma informed care can teach people to ground themselves, focus on the present moment, and manage unhealthy or aggressive responses.² Such programming would be extremely beneficial to anyone who has experienced trauma or violence in their past, and demonstrates that even people who have made mistakes can change, develop new healthy coping mechanisms and trauma responses and move on to live productive and healthy lives.

Prisons, jails, and even police can cause and reinforce trauma, especially in vulnerable persons. Many studies support the idea that potential psychological consequences for the direct and indirect targets of racially and ethnically motivated police brutality may include, but are not limited to, distrust, fear, anger, shame, PTSD, isolation, and self-destructive behaviors.³ Thus, trauma-informed policing, social services, and treatment for arrested and incarcerated persons are critical to racial justice efforts and rehabilitation efforts. If trauma-informed principles are introduced, all staff can play a major role in minimizing triggers, stabilizing offenders, reducing critical incidents, de-escalating situations, and avoiding restraint, seclusion or other measures that may repeat aspects of past abuse.⁴ For these reasons, it is believed that trauma-informed correctional care and staff training can go a long way toward creating an environment conducive to rehabilitation and staff and institutional safety.⁵ In short, the more research surrounding, and

² Seeking Safety: An evidence-based model for substance abuse and trauma/PTSD. In K.A. Witkiewitz & G.A. Marlatt (Eds.). *Therapist's guide to evidence based relapse prevention: Practical resources for the mental health professional* (pp. 141-167). San Diego: Elsevier Press.

³ Thema Bryant-Davis et al., *The Trauma Lens of Police Violence against Racial and Ethnic Minorities*, 73(4) *J. Soc. Iss.* 852-871 (2017).

⁴ Blanche, A. (2003). *Developing trauma-informed behavioral health systems*. Report from NTAC's National Experts Meeting on Trauma and Violence August 56, 2002 Alexandria, VA National Technical Assistance Center for State Mental Health Planning, National Association of State Mental Health Program Directors.; Center for Mental Health Services. (2005). *Roadmap to seclusion and restraint free mental health services*. DHHS Pub. No. (SMA) 05-4055. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration.

⁵ "Creating trauma-informed correctional care: a balance of goals and environment," Niki A. Miller and Lisa M. Najavits, *European Journal of Psychotraumatology* 2012, 3: 17246.

application of, trauma-informed care that we can provide will benefit individuals and communities in countless ways.

The Maryland Office of the Public Defender supports Senate Bill 299 because of the meaningful training, support and guidance it offers regarding the provision of trauma-informed care across state agencies. A trauma-informed service system recognizes the wide prevalence of trauma, and that trauma may take many forms. Long-lasting negative effects of trauma persist across the lifespan impacting physical and mental health. Trauma-informed care involves both practice recommendations and organizational changes, which help reduce barriers to care, promote engagement in treatment services, and reduce the likelihood of further victimization.

Many of our clients have had past contacts with treatment providers, juvenile services, or other providers that have attempted to provide support; however, if a program is not equipped to provide trauma-informed care there is increased risk of subsequent victimization. A trauma-informed practice shifts the focus from “what is wrong with you,” and instead asks “what happened to you?” By collaborating with clients in a non-judgmental, supportive and safe environment, outcomes are improved. However, implementing these techniques, strategies and policies within agencies requires training and guidance.

Establishing a Commission on Trauma-Informed Care will help identify key strategies for implementing best practices across state agencies, and supply much needed support and training. It will create a common lens and framework for agencies tasked with serving the people of Maryland. For these reasons, the Maryland Office of the Public Defender supports SB 0299.