

HIGHWAY TO JUSTICE

SUMMER 2021

From The ABA with support from the National Highway Traffic Safety Administration

TRAUMA TREATMENT: NOT A ONE-SIZE-FITS-ALL APPROACH

*By Commissioner Casey L. Clevenger
Boone County (Missouri) Treatment Court Commissioner
ABA Missouri State Judicial Outreach Liaison
Columbia, Missouri*

Angie

Angie is a participant in Drug Treatment Court with a lengthy prior history of drug possession and driving while intoxicated. Angie had been in Drug Court for over a year and continued to make little progress. She rarely showed up to treatment and when she did, she was often late. She was unemployed and changed home plans every couple of months. In a Team Staffing meeting one week, the Drug Court Team learned Angie had a new arrest for felony possession of methamphetamine and driving while revoked. Angie attended her therapy session that week and explained her version of the new arrest. She was asked to give an acquaintance a ride to a motel in another County. The acquaintance told Angie a story about her daughter being trapped at this motel and she had to get there to get her out. Angie immediately reverted to her childhood, where she herself was abused in a motel. Angie's logical thinking went out the window and she let the friend get in her car. The problem was, when they got to the motel, there was no child. The acquaintance was there to meet a man. The interaction led to law enforcement contact, and when Angie's car was searched, the acquaintance's stash of meth was discovered and Angie was arrested.

There have been many occasions when a new felony arrest would result in termination from Drug Court. But because Angie had access to a licensed therapist trained to recognize the signs of trauma in Angie, the therapist was able to relay this story to the treatment court team. The Court addressed the choices Angie made along the way, but she was not terminated from the program. Instead, she was referred to additional trauma therapy, peer support and a trauma-related group.

Access to trauma services saved Angie from incarceration and helped her move forward on the road to recovery. Ultimately the new criminal charges were dismissed, and Angie continues in our program. She has maintained her sobriety and for the first time is gainfully employed.

What is Trauma?

In order to understand how Treatment and other Courts should respond to trauma, we must first ask: What is trauma? According to the Substance Abuse and Mental Health Services Administration (SAMHSA), trauma results from an event, series of events, or set of circumstances that is experienced by an individual and is physically or emotionally harmful or life threatening. Trauma has lasting adverse effects on the individual's functioning and their mental, social, emotional, and spiritual well-being.

In assessing trauma, it is important to understand that one's resilience to trauma can vary greatly. For example, in our Veteran's Treatment Court, most clients come into the program with a diagnosis of Post-Traumatic Stress Disorder (PTSD). Many non-clinicians wrongly assume these veterans have been exposed to violent combat that resulted in PTSD. This turned out not to be the case. In our Court, we found that PTSD symptoms come from a wide variety of experiences, some related to the military and some not. Two people exposed to the same trauma can both or neither become afflicted with symptoms of PTSD and resilience is a factor to consider.

Judges working in a Veterans Treatment Court should have their VA hospital conduct a trauma screening for every veteran in the program. But trauma care should not stop there and should not be a part of only Veterans Treatment Courts. Screening for, and access to trauma services should be a routine part of all Drug Courts, DWI Courts, Family Treatment Courts, and other Specialty Courts. To achieve long term success for a Treatment Court client, root causes, including trauma, must be addressed.

In recognizing trauma, sometimes it is difficult for non-clinicians to understand that there are many causes of trauma that can impact mental health beyond just big "T" traumas such as military combat or sexual assault. Untreated and under-treated PTSD can be like a ticking time bomb. This is true with many cases of domestic violence. It is startling to learn how many aggressors in a domestic violence case have been victims of abuse or exposed to trauma themselves. For those coming into Treatment Court with a charge such as domestic assault or resisting arrest, trauma screenings are essential. Access to a licensed,

continued, page 2

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We would like to hear from other judges. If you have an article that you would like to share with your colleagues, please feel free to submit it for inclusion in the next edition of *Highway to Justice*.

To submit an article, please send it to the editor, Hon. Neil E. Axel at neilaxel49@gmail.com with a copy to the staff liaison, kennedy.green@americanbar.org. Please contact Ms. Green for editorial guidelines.

The deadline for submission of articles for the Fall issue is August 25, 2021.

trauma-trained therapist, with no judgment about how resilient one should be when coping with any kind of trauma can determine a successful outcome in Treatment Court.

Treating Trauma

In addressing trauma there are many treatment modalities, groups, techniques and plans available for licensed clinicians to utilize with Treatment Court participants. Although there are many available programs, some of those that have been implemented in the Boone County, Missouri Treatment Courts include:

Seeking Safety: This evidence-based, manualized counseling model is intended to address trauma in a co-occurring PTSD and substance use population. It can be applied in a group or individual setting and does not require a diagnosis of PTSD to be helpful. *Seeking Safety* can be used with clients at any stage of their trauma process, as it does not require the client to delve deep into the recesses and details of the trauma. *Seeking Safety* was developed by Lisa M. Najavits.¹

Breaking the Chains of Trauma: This manualized, gender specific, group therapy program is based on the Moral Reconciliation Therapy (MRT) approach and incorporates all the key issues identified in SAMHSA's Trauma-Informed Treatment Protocol. *Breaking the Chains* was created by Dr. Kenneth Robinson's oversight at Correctional Counseling, INC.²

Eye Movement Desensitization and Reprocessing (EMDR): EMDR therapy is an individual psychotherapy that focuses directly on a memory and is intended to change the way that the memory is stored in the brain. EMDR incorporates the use of eye movements and other forms of rhythmic left-brain stimulation with tones or taps. EMDR is typically delivered one or two times per week for a total of 6-12 sessions. Many high-profile trauma survivors have spoken publicly of the benefits of EMDR for PTSD symptoms, including Prince Harry, Duke of Sussex.³

HEAT (Habilitation Empowerment Accountability Therapy) and HER (Habilitation Empowerment Recovery): Developed by Darryl Turpin and Guy Wheeler, this group-based therapy is a trauma informed, culturally responsive program targeted for African Americans in the justice system. This curriculum is a promising practicing, and research is ongoing in many states, including Missouri.⁴

Boone County Missouri Treatment Court implemented HEAT in 2019. Since that time, nearly 40 men have graduated from the nine-month program, one of whom is Bo, a black man on probation for delivery of a controlled substance, domestic assault, and burglary. A condition of his probation is that he complete Boone County Treatment Court including participation in HEAT. He agreed to share his story and this is what he had to say about HEAT:

I've had so many traumatic incidents in life that I can't speak on all of them. I've witnessed murders, shootings and countless other acts of violence that has caused me traumatic stress. I witnessed a friend get murdered in front of me, my mother struggled with mental health and set herself on fire, burning herself to death. I still have random visions of the way she looked underneath that sheet.

I didn't realize how it was affecting me and this carried over into my personal life and affected me in so many ways. I was jumpy, paranoid unable to sleep, reliving situations and picturing my mother's burned up body underneath that sheet. I held this in for so many years that I exploded on my family and close friends. I was quick to anger and violent towards anyone. I smoked tons of marijuana to self-medicate and carried a gun out of fear for my life. It took me going to jail to learn that I needed to get some help.

Once released from jail I was given a chance to get some real help. Reluctantly I took a class called HEAT. In this class I learned that it was okay to express my feelings

TRAUMA TREATMENT: NOT A ONE-SIZE-FITS-ALL APPROACH

continued from page 2

of pain, hurt, and fear and I also learned that it was natural to feel the way I did. The group helped me see that even though in the hood this stuff seems to be the norm that it's actually not normal and that I needed to talk about these events and speak on how it felt for me to start some type of healing process. When we went over the symptoms of trauma and PTSD I related to almost all of it and so I started taking what I learned from HEAT and bringing it up during my counseling session as well because I realized I needed help more than I thought. HEAT showed me new ways to deal with my trauma, channel my energy and focus on my future. Through Drug Court I was able to get counseling and the necessary help that I truly needed. Without the HEAT Program I would still be yearning for the help. Without counseling I wouldn't be able to figure out who I am as a man/person, and without the accountability of Drug Court I wouldn't have changed my behavior.

Bo now works full time, has a valid driver license and lives in his own apartment for the first time in his life. He is one of many whose lives have been transformed by access to a culturally relevant, trauma informed curriculum. Today, Bo is an active participant in our Treatment Court program where he continues to make great progress.

While this is by no means an exhaustive list of trauma modalities that are available to clinicians working in a Treatment Court program, it highlights some examples with proven success. Being mindful of how trauma can impact the brain and body in many ways is critical to the success of a Treatment Court participant. Addressing the impact of trauma on the lives of a treatment court participant can help promote recovery and leads to more successful outcomes, and safer communities.

1. See Lisa M. Najavits, *Finding Your Best Self: Recovery From Addiction, Trauma or Both*, and Lisa M. Najavits, *Seeking Safety* (both available on a variety of online bookstores).
2. Training materials and manuals are both available at www.ccimrt.com.
3. For more details, see www.emdr.com.
4. More information is available at www.heattime.org.

Dates to Remember

August 18 – September 6
Impaired Driving National Enforcement

**IF YOU FEEL DIFFERENT
YOU DRIVE DIFFERENT
DRIVE HIGH GET A DUI**



DON'T FORGET

Resources for responding to the COVID-19 pandemic:

- **Sample set of Frequently Asked Questions (FAQs) guidance by Substance Abuse and Mental Health Services Administration (SAMHSA) on COVID-19 and Opioid treatment Programs**
<https://www.samhsa.gov/sites/default/files/sample-otp-covid-19-faqs.pdf>
- **SAMHSA's COVID-9 Guidance for Opioid Treatment Programs**
<https://www.samhsa.gov/medication-assisted-treatment>
- **Drug Enforcement Administration's Guideline on Use of Telemedicine While Providing Medication Assisted Treatment (MAT)**
<https://www.samhsa.gov/sites/default/files/sample-otp-covid-19-faqs.pdf>
- **Up-to-Date Information for the Substance Use Disorder Treatment field from SAMHSA**
<https://www.samhsa.gov/>
- **Centers for Disease Control and Prevention**
<https://www.cdc.gov/>

Valuable resources for traffic court judges can be found at:

- **National Highway Traffic Safety Administration**
www.nhsta.gov/risky-driving
- **American Bar Association/Judicial Division/NCSCJ**
www.americanbar.org/groups/judicial/conferences/specialized_court_judges/NHTSA.html
- **Highway to Justice - Archives**
www.americanbar.org/groups/judicial/publications/judicial_division_record_home/highway-to-justice/
- **National Judicial College**
www.judges.org
- **Governors Highway Safety Association: Alcohol Impaired Driving**
www.ghsa.org/issues/alcohol-impaired-driving
- **AAA Foundation for Traffic Safety**
www.aaafoundation.org/
- **National Center for State Courts**
home.trafficresourcecenter.org/
- **National Center for DWI Courts**
<https://www.dwicourts.org/>

OREGON'S DRUG DECRIMINALIZATION LAW

Judge Eric J. Bergstrom

Circuit Court for Multnomah County, Oregon

ABA Oregon State Judicial Outreach Liaison

Portland, Oregon

In November 2020, Oregon voters passed Ballot Measure 110 becoming the first state in the country to decriminalize possession of most controlled substances. Its backers claim Ballot Measure 110 is a bold experiment that will get illicit drug users out of jail and into treatment. It was framed as an effort to treat substance abuse as a health care issue rather than a criminal justice one. But will it work? There are many skeptics of the ballot measure and the state is already seeing the unintended consequences for this measure, which was supported by approximately 60% of Oregon voters. Supporters have said the measure will dramatically decrease drug addiction and reduce associated crimes. Opponents fear it will backfire, leading to more drug-related crime, increased overdoses, and more drugged driving related fatalities. The progression of Oregon's experiment should be monitored by states that have similar measures in the initiative process or already working their way through legislatures.

Oregon has a long history of trying new things. Oregon's Bottle Bill was passed in 1972 and was the first bottle return bill in the U.S. It was intended to address the litter problem on Oregon's roads and beaches and exists to this day. In 1973 Oregon became the first state to decriminalize marijuana use. Oregon was also the first state to introduce a Death with Dignity Act in 1997, which allows terminally ill people to end their lives using lethal medications prescribed by a doctor. Thus, Oregon was the obvious test state for a decriminalization initiative. This was made clear in a statement of support from the chief sponsor, the Drug Policy Alliance:

Oregonians have always been early adopters of drug policies that shift the emphasis towards health and away from punishment. . . . [T]he idea behind this groundbreaking effort is simple: people suffering from addiction need help not criminal punishments. Instead of arresting and jailing people for using drugs, the measure would fund a range of services to help people get their lives back on track.

Indeed, the Drug Policy Alliance was so committed to the measure that they donated \$5 million of the \$6 million dollars raised to support its passage. By contrast, opponents raised a meager \$167,000.00. According to Wikipedia, the Drug Policy Alliance "is a New York City based nonprofit organization founded by Ethan Nadelmann, with the principle goal of legalizing all illicit drug use. Its formation dates back to 1992 when George Soros met with Nadelmann, a Princeton professor who had long advocated to legalize heroin and cocaine among other drugs." Researcher Jonathan Caulkins said, "the simplest explanation of why marijuana reform happened is that three billionaires decided it should happen and they bankrolled the process for many, many years." According to Cassandra Frederique of the Drug Policy Alliance, the organization is campaigning in many other states to replicate Oregon's ballot measure, including Washington, Colorado, California, and Virginia.

What The Measure Does

The ballot measure passed last November eliminates criminal penalties for possession of specified quantities of controlled substances by adults and juveniles, making them Class E violations with a \$100 fine (which is waived if the person participates in a free assessment at one of the addictions and recovery centers established by the measure). In addition, the measure:

- shifts a portion of marijuana tax money to pay for the centers and directs any state and county savings from the reduction in drug arrests and convictions to a fund for addiction treatment.
- creates an Oversight and Accountability Council (OAC), appointed by the Oregon health Authority, to oversee the centers, the funds, and grants to the centers.
- creates the presumption (which can be challenged) that a person applying for an occupational or professional license or other authorization, and who was convicted of a controlled substance class E violation, is not unfit to hold the license or other authorization.

To help pay for Ballot Measure 110, the initiative directs the state tax revenue from marijuana sales currently allocated for the State Schools Fund, State Police, mental health programs and local governments to be redistributed into a dedicated state grant fund for addiction recovery. Funding from the measure will be used to create at least one Addiction Recovery Center for each coordinated care organization service area in the state by October 1, 2021. The grants will also be awarded to organizations providing substance use disorder treatment, peer support and recovery services, permanent supportive housing, and harm reduction interventions, according to the measure's financial impact statement.

Concerns

While the above are laudatory goals, many people in both law enforcement and addiction recovery have expressed concerns. Oregon already has a huge substance abuse problem. A recent article in *The Oregonian* newspaper noted that more than 35,000 people were diagnosed with opioid use disorder in 2019 according to state data. That same year more than 17,000 people tried heroin at least once according to a federal survey - the sixth highest per capita rate in the country. Based on the most recent date for 2019 and 2020, nearly 40% more Oregonians died of overdoses from heroin, fentanyl, prescription pills and other opioids in 2020 than in 2019, according to Oregon State medical examiner data and 24% died of heroin overdoses. By comparison, deaths from the stimulants methamphetamine and cocaine, grew 21%. Each of the drugs just mentioned are decriminalized under Ballot Measure 110.

Oregon Public Broadcasting interviewed Mike Marshall, executive director of Oregon Recovers, who was one of the loudest voices against Ballot Measure 110. Oregon Recovers is an organization that serves and advocates for people in recovery for addiction. He supports decriminalization, but in the interview, he said Oregon's recovery services system is fractured and incomplete. Marshall also noted that

continued, page 5

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Hon. Mary Jane Knisely, Judicial Outreach Liaison, Region 10 (Montana, Idaho, Oregon, Washington, Alaska): maryjaneknisely@gmail.com

people must often wait several weeks for a treatment bed and many service centers are outside of the traditional health care system. He added that

... there's nothing in 110 that prepares the healthcare system, or expands capacity . . . They simply deconstructed one system [the pathway to treatment through the criminal justice system] without recognizing the health care system isn't prepared for them . . . I think the largest unintended consequence is that the overdose rates are going to shoot up. There's going to be more people on the streets using drugs, and no mechanisms to either interrupt that or direct them out of that.

Marshall said that previously when people got arrested or written up for possession, many were court mandated into treatment; and, although the system was not perfect, it helped to promote recovery.

The idea behind the measure was to get people out of jail and into treatment, however, in 2017 Oregon had already reduced the possession of small amounts of drugs from a felony to a misdemeanor, so far fewer people were spending time in jail for possession than before. Further, without the possibility of criminal prosecution, there is little incentive for one to go into treatment. At the same time, police officers may be reluctant to bother writing a citation for possession, and addicts are apt to ignore the \$100 fine. Even if an addict was to seek a drug evaluation to have the fine waived, there is no requirement under the measure to enter treatment following that evaluation. Essentially there is a carrot but no stick.

This concern seems to be borne out by recent numbers for the first 5 months of 2021. During that time approximately 2000 individuals would have been issued citations for possession of a controlled substance after passage of Ballot Measure 110. Of that number only 33 calls for assessment were made, 4 of whom were already engaged in treatment prior to being cited.¹ Oregon is initially setting aside \$57 million for treatment, an amount that is expected to climb to \$91 million yet treatment facilities are being underutilized.

One additional concern is the potential that adoption of the ballot measure will inspire a steady stream of out-of-state drug addicts to head to Oregon, where drugs are plentiful and decriminalized, and now, there is no jail or prison time for possessing them. In one recent account from Lincoln County, Oregon a California man was arrested for impaired driving and possession of methamphetamine. In a phone interview with a local newspaper, the man admitted that his reason for coming to Oregon was the decriminalization of methamphetamine and other drugs, and that others would be doing the same.

Finally, there is great concern about the consequences the ballot measure will have on the judicial system. Courts are already seeing the negative effect the measure has had on participation in its drug treatment court programs. A participant in a treatment court must be on probation to be in the program, however, under Oregon law you cannot place an individual on probation for a violation, only for a crime. To address this issue, a statewide committee has already been formed to look for ways to expand eligibility for treatment court participants, which could include accepting individuals who have committed crimes that were not previously considered for program admission.

Oregon will know more once statistics are gathered at least a year into this new era of decriminalization. Will we have a robust substance abuse treatment model with thousands seeking help? Or, will we have increased overdoses, drug-impaired driving and out-of-state drug users ignoring \$100 fines while costing schools and law enforcement precious tax dollars? Only time will tell.

1. Oregon Health Authority, Health Services Division

FROM “THE FLINTSTONES” TO “THE JETSONS” THE FUTURE OF AUTOMATED CARS AND IMPAIRED DRIVING

*Hon. Rogelio R. Flores
Superior Court of Santa Barbara County, California (retired)
ABA California State Judicial Outreach Liaison
Santa Maria, California*

Last year, my wife and I bought a 2018 Tesla Model 3 with a dual motor and the high-performance package—essentially all the bells and whistles one could ever want in a car. One of the coolest features, however, is the autopilot (beta) setting available for those who are adventurous enough to turn the operation of their vehicle over to a computer. It is an odd sensation to watch this car take curves on the highway, to slow down for traffic when the roads are congested, and to recognize traffic lights while in the city.

Although my current Tesla software requires me to maintain at least one hand on the steering wheel while the car is on autopilot, or the system turns itself off, what comes in the next few decades may very well change that to the point where vehicles operate autonomously without any driver control or input. It is just a matter of time, and current technology is only the tip of the iceberg.

What was once a niche for technophiles and futurists has now been embraced by every major automaker. There are dozens of companies that are researching and developing automated driving systems that we all will be using in the future. Even Apple Computer, is on the cusp of jumping on this bandwagon.

You might be asking what does this have to do with American jurisprudence? Well, in my 31-year judicial career, I have presided over thousands of cases involving individuals charged and convicted of driving while under the influence of alcohol (and or other drugs). In 1987 when I took the bench and called my first criminal case there were no such things as automated driving systems or cars that operated without driver control or assistance. But that is changing rapidly, and it could have a major impact on how we in the courts resolve DUI cases. The question now becomes: how will the future of autonomous driving converge with the criminal justice system? What possible benefits and pitfalls should we who are stakeholders in American justice system be on the lookout for?

Consider the following scenario: a motorist was stopped by a police officer who observed his car weaving in and out of the slow lane, over the fog line, and causing other cars to swerve out of his way to avoid a collision. Following the traffic stop, the officer detects a strong odor of alcohol on his breath and observes red, glassy eyes, slurred speech as the driver struggles to retrieve his operator’s license. He fails his field sobriety tests, and the officer receives a preliminary alcohol reading of 0.18. The driver is arrested, and the prosecutor charges him with driving under the influence.

Does this fact pattern sound familiar? According to the FBI, more than a million drivers were arrested for driving under the influence of alcohol and/or drugs in 2019, and according to the National Highway Traffic

Highway Safety Administration (NHTSA), 10,142 Americans died as a result of impaired driving in 2019.

This brings us full circle to autonomous driving cars. Imagine the same scenario above. Same driver, same level of impairment, but instead of sitting in the driver’s side of the vehicle, he is sitting in the passenger seat and tells the car to “take me home.” Instead of possibly causing a horrific traffic crash and taking an innocent life, the driver and his car arrive at home safely. How will, or how should the justice system respond? Is the driver still in actual physical control of their vehicle? What if a technology defect caused the automated driving system to fail and the driver could have taken over control of the vehicle?

This continues to be an evolving science and technology with NHTSA at the forefront on the issue of automated driving systems (ADS). In its report entitled “Automated Vehicles for Safety” NHTSA highlights the benefits of automation, safety, economic/societal benefits, efficiency and convenience and mobility and defines the six levels of automation, from Level 0 no automation where the driver is in complete control of the vehicle at all times, to Level 5 where there is full self-driving under all conditions and with full automation.¹

Pie in the sky? I don’t think so. While it is impossible to predict when this futuristic world will take hold, the train is coming; it is left the station and it is just a matter of time. I respectfully suggest that as judges and lawyers and all stakeholders in the criminal justice system we should be proactive, not reactive, and to make sure that when fully autonomous cars are commonplace that we are ready.

What changes will be necessary to deal with this new technology? For one, we may have to rewrite our vehicle codes and penal codes to provide for what appears to be on the horizon. As judges, we may have to redefine what it means to “operate” or be in “actual physical control” of a motor vehicle. Does giving your car a command to ‘drive me home’ while sitting in the passenger seat or the back seat absolve one of criminal liability for ‘driving under the influence of alcohol and or drugs? Should it?

Change is never easy in our profession. It is time for us to sit down and chart how self-driving cars will impact the criminal courts, how we might incorporate this technology in making the nations’ highways safer. So, let’s have this dialogue, soon. Let’s invite the best and brightest minds from the criminal justice system, from industry, insurance companies, techies, all who have a vested interest in these developments to this national dialogue. I am old enough to remember Selectric typewriters, 8 track tapes, floppy drives, and CD-ROMs. Two of my favorite cartoons as a child were the Flintstones and the Jetsons. We have come a long way since the era of the Flintstones and are well on our way to the Jetsons’ world of self-driving cars. Who would have believed that we would experience these in our lifetimes? Let’s get going!

1. NHTSA citation to report; see also *Preparing for Automated Vehicles: Traffic Safety Issues for States* (GHSA, August 2018)

WELCOME TO THE ABA JUDICIAL OUTREACH LIAISON PROGRAM!



Judge Douglas Hedger—ABA State Judicial Outreach Liaison—Nevada Henderson Municipal Court, Department 2—Henderson, Nevada

Douglas Hedger was elected City of Henderson Municipal Court Judge, Department 2, in April 2003 and re-elected in April 2009 and April 2015. He served as Chief Judge from 2004-2008 and again in 2016. His court calendars include criminal arraignments, criminal trials, adult traffic arraignments, traffic trials and drug court. In April 2008, Judge Hedger implemented the A.B.C. (Assistance in Breaking the Cycle) Drug and Alcohol Court, an intensive alternative sentencing program to address habitual offenders with substance use disorders. In April 2021, the A.B.C.

Court held its 25th graduation. Before his election, Judge Hedger served as a Chief Deputy Public Defender for Clark County from 2001 to 2003 and Deputy Public Defender from 1990 to 2001. He was a member of the Capital Defense Team from 1998 to 2001. Judge Hedger is a current member of the Clark County, Nevada State and American Bar Associations, the Nevada Judges of Limited Jurisdiction and American Judges Associations. Judge Hedger has served on the Nevada State College Criminal Justice Program Advisory Committee, the Nevada Supreme Court Committee to Develop Statewide Data Collection for Nevada's Problem-Solving Courts and the Nevada Specialty Court Funding and Policy Committee. Additionally, he has served as an Adjunct Associate Professor—Medical Jurisprudence—with Touro University Nevada.



Judge Karen Khalil—ABA Region 5 Judicial Outreach Liaison (Illinois, Indiana, Michigan, Minnesota, Ohio) Seventeenth District Court—Redford Township, Michigan

Judge Karen Khalil was first elected in 1992, the youngest judge serving in Michigan at the time and the first woman to serve her district in the Seventeenth District Court, Redford Township, Michigan. During close to 29 years on the bench, she has served with distinction, and has been selected to serve as the Court's Chief Judge for the majority of her time on the bench. She has presided over thousands of drunk and impaired driving cases during her tenure. Under her leadership, she established an

“Intensive Supervised Probation” program in 2000, eventually incorporating the 10 key components of the drug court model. Then in 2011, she led her court to become one of the first Veterans Courts in the State of Michigan. She has been the Presiding Judge of the Veterans Court program since its inception. Judge Khalil serves as a faculty member for the Michigan Judicial Institute and teaches and mentors other judges, especially in relation to her position teaching at New Judges School. She is a treatment court leader and a longtime member of the Board of Directors of the Michigan Association of Treatment Court Professionals. Immediately prior to her time on the bench, Judge Khalil served as a Staff Attorney for Chrysler Corporation. Her experiences at both Ford Motor Company and Chrysler gave her a broad overview of the legal profession and the far-reaching impact of sound lawyering and solid business practices. While at Chrysler, she was also the corporate counsel representative on the American Bar Association's Commission on Opportunities for Minorities in the Profession and a leader in the Minority Counsel Demonstration Project.

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Introducing: *The Tribal Traffic Safety Bulletin*

The American Bar Association Judicial Division's Judicial Outreach Liaison and Judicial Fellows Program is producing a new publication: *The Tribal Traffic Safety Bulletin*. This newsletter will be shared twice a year, and will feature pieces written by Judicial Outreach Liaisons, Judicial Fellows, judges, and other program stakeholders. The newsletter will be focusing on highway safety matters in native lands. The Judicial Outreach Liaison and Judicial Fellows program is producing this newsletter because of the increased interest in impaired driving, seatbelt use, and motor carrier safety issues on native lands. We are excited to share this new way for our team to communicate news and other information our valued partners and stakeholders on this topic.

If you are interested in being on the listserv, please reach out to Project Manager, Kennedy Breanne Green at kennedy.green@americanbar.org.

Please click the link below to access the first issue: <https://www.americanbar.org/groups/judicial/publications/tribal-traffic-safety-bulletin/>

UPCOMING ABA AND NJC COURSES



July 8, 2021 at 2:00 p.m. Eastern

Improving Justice Outcomes for Veterans

This presentation will focus on the issues that are faced by courts and veterans when they meet in the justice system. There will be a discussion of evidence-based best practices in addressing this unique population and the unique approaches that have proven successful. This session will demonstrate ways that any court can improve the outcomes in the delivery of equitable justice and improving outcomes for veterans, which make up such a large part of our communities.

[Register here](#)

July 14, 2021 at 1:00 p.m. Eastern

H.E.A.T.: Habilitation Empowerment Accountability Therapy

H.E.A.T. is a holistic, afro-centric, strength-based, trauma-informed model that emphasizes a positive and engaging approach to treatment. This manualized intervention targets young African American males. The holistic approach of H.E.A.T. focuses on treating the complete person by addressing spiritual, mental, emotional physical, environmental, and experiential factors that influence one's sense of self, behaviors, and choices. The curriculum seeks to validate life experiences and help the client address and resolve emotional and psychological issues that have shaped his self-image, behavior, and lifestyle choices. H.E.A.T. is spreading across the county. It is the only culturally responsive intervention of its kind in the county. This session will discuss why this intervention is important and the research that makes it a promising practice.

[Register here](#)

On-Demand Programs

Judicial Wellness and Coping in COVID-19

This program was an interview-style conversation on judicial wellness strategies and challenges between Judge Robert S. Anchondo, the ABA Region 6 Judicial Outreach Liaison, and Dr. Brian L. Meyer, Ph.D. a Clinical Psychologist, and the Psychology Program Manager for the Community-Based Outpatient Clinics of the Central Virginia Veterans Affairs Health Care System.

[View here](#)

Gavel Talks Podcast: What can spending three minutes with a defendant do to reduce recidivism?

ABA Region 6 Judicial Outreach Liaison, Judge Robert Anchondo and ABA Region 10 Judicial Outreach Liaison, Judge Mary Jane Knisely discuss how some simple techniques used in treatment courts can also be used by judges who do not preside over a treatment court.

[Listen here](#)

Racial & Identity Profiling in Traffic Stops

This program focuses on how data can lead to solutions to limit racial and identity profiling and what the courts can do in these efforts. ABA California State Judicial Outreach Liaison, Judge Rogelio Flores, Professor Rafael Gutierrez, and Retired Lieutenant Charles Jordan of California Highway Patrol serve as faculty.

[View here](#)

Gavel Talks Podcast: Justice for Vets—Why a Veterans Court Makes Sense and How to Get One Started

In this extended Gavel Talks episode, ABA Region 10 Judicial Outreach Liaison, Judge Mary Jane Knisely, gives a front-line perspective of the benefits of a Veterans Court and how to get one started in your community.

[Listen here](#)

Wellness Wednesday: Secondary Traumatization in the Judiciary and How to Deal with It

Judges who work in criminal and civil courts are exposed to people who have been traumatized and stories of trauma on a daily basis. Often these people and stories take a psychological toll on the people who hear them. As a result, they may become depressed, irritable, angry, tired, and anxious. When these experiences become continuous rather than occasional, secondary traumatization may result. This presentation will describe the primary symptoms and behaviors associated with secondary traumatization. It will also provide specific tools to help judges engage in self-care so that they can successfully continue to engage in the important work they do rather than burn out.

[View here](#)