Trauma and Its Relationship to Successful Reentry Transcript

Kathleen Guarino:
Hey, good afternoon everyone. On behalf of the Bureau of Justice Assistance and the American Institutes for Research, I want to welcome you to today's webinar; Trauma and Its Relationship to Successful Reentry. My name is Kathleen Guarino. I am with the Corrections and Community Engagement Technical Assistance Center that is funded by BJA and hosted at the American Institutes for Research.
Kathleen Guarino:
Just a quick note, before we begin that the webinar will be recorded for posting on the NRRC website. So by staying on the webinar, you're agreeing to this, and if you don't wish to be included in the posting feel free to not be on camera.
Kathleen Guarino:
And just a little bit about the American Institutes for Researcher or AIR. AIR is a nonpartisan not-for-profit organization that conducts behavioral and social science research and delivers technical assistance or TA, through relationship based methods and partners with pure organizations and subject matter experts to strengthen our TA approach.
Kathleen Guarino:
Our speaker for today Dr. Chris Branson is one of our leading subject matter experts and we're really thrilled to have Dr. Branson as a partner and a presenter today. I'll be your moderator for today's session. I'm a coach with the Corrections and Community Engagement Technical Assistance Center through AIR, and I work specifically with grantees that are participating in BJA's Innovations in Supervision Initiative grant program. And here at AIR, I also lead our work related to supporting trauma informed care and organizations. I'm really excited to hear this presentation today. I'm going to turn it over now to Dr. Branson to lead us through today's session.
Dr. Chris Branson:
All right. Well, thank you, Kathleen, and welcome everybody. Here's an overview of what we're going to be talking about today. And just real quick on my background, I'm a clinical psychologist. My entire career has focused on the justice system. A former juvenile offender myself. Started off as a therapist for people in the system, moved to research. And since about 2012, I've been working with states on making their systems trauma informed. So going to be using some of that practical experience to flesh out some of these topics.
Dr. Chris Branson:
One thing I want to say, it says Q&A at the end, but I really want to encourage folks to ask questions throughout. Kathleen will be monitoring them, and I'm more than happy to stop and answer questions. I think that'll make it much more interesting. The only other thing I want to say is, this being a trauma presentation, trauma's a sensitive topic. I don't know anyone's trauma history in the audience. If at any point something we're talking about makes you uncomfortable, stirs up some uncomfortable memories, please feel free to take a second step away, do what you need to do to feel better.
Dr. Chris Branson:
All right. And let's jump in. So, we're going to start off by talking about the research on traumatic experiences, just to make sure we're all on the same page with what trauma means. We will start with a definition of a traumatic event. And this comes from the DSM-5, which is the book that all mental health professionals in the US use to diagnose mental health disorders. And so a traumatic event, it involves actual threatened death, violence. And it could be something that happens directly to you. You can witness it happening to someone else. It doesn't even have to be someone you know to be traumatic. And the third point is particularly relevant to anyone working in the justice system, working with people who are incarcerated or reentering the community. And that's the idea that just by hearing about details of other people's traumatic experiences, seeing how trauma affects their life, that can lead to what we now know as secondary vicarious trauma. So just by working in the system, you can become traumatized working with clients.
Dr. Chris Branson:
So just to get everyone thinking, I know it's in the afternoon. Probably been a long day for some, but what are some examples of traumatic events? When you hear the word trauma, either just in general or thinking about the clients that your agency serves, what are some examples you'd think of? Please feel free to type in the chat. Witnessing family being arrested, see domestic violence. Wow. You guys are giving out answers faster than I can keep up. And they're all dead on. Near death experiences, domestic violence. Being a victim of gun violence. Absolutely. And that's one, I think for a long time we underestimated it. But even if you go down to juvenile justice and teenagers, there's high rates of witnessing gun violence, even higher once you get to adults. Medical trauma, poverty, domestic violence, racial injustices. Absolutely.

Dr. Chris Branson:
There's more and more research on racial trauma, how that I can lead... Repeated exposure to racism and prejudice can lead to symptoms of PTSD. Losing family members, that's another one. Absolutely. All right. So clearly I'm not talking... You guys aren't new to this topic. You have a clear idea of what trauma is. Natural disasters. Absolutely. So we tend to think about the individual traumas, the violence, but there's also those large scale ones like natural disasters, terrorist attacks, people who've immigrated from war torn countries. And someone just typed up more. All right, great.
Dr. Chris Branson:
We are all clearly on the same page about what trauma means. So let's talk a little bit more about the impact of trauma. And actually let me go through some terminology, because it can get confusing. So trauma is what we just talked about. That's the experience; the life threatening experience. And then there's trauma reaction. So it's quite normal for folks who've been through a trauma to experience some symptoms for a week or two, but they tend to improve pretty quickly. When they are longer lasting, that's when we start to think of PTSD, post-traumatic stress disorder. And a newer diagnosis, complex PTSD, I just want to introduce now. It's slightly different than PTSD and it's associated with people who've experienced multiple traumatic events. So I'll touch on that a little bit more in a bit.
Dr. Chris Branson:
All right. And so, I'm sure most of you have heard the term PTSD, post-traumatic stress. We often hear about it with military veterans. Folks don't always have a clear idea of what it means. And so here we have some of the core symptoms of PTSD listed Try to present them without the jargon. But really it's intrusive memories. Memories of the trauma pop into your head when you don't want them to. It has a big impact on thoughts, feelings, mood, behavior, views about self and the world. So as you see, it can have a really widespread impact.
Dr. Chris Branson:
So let's talk about the long term effects of childhood trauma. Now realize this is a BJA presentation. We're talking about adults in the system. I'll elaborate on it a bit, adults in the system, the majority of them have experienced trauma and overwhelmingly that trauma began in childhood. When people experience their first trauma in childhood, it has a different impact than if your first traumatic experience happens in adulthood. And I'll explain a little bit more about that.
Dr. Chris Branson:
I don't know how many of you have heard of the ACE study, the adverse childhood events. It was a landmark study back in the early nineties. And honestly, before then, we didn't have a lot of research on how trauma in childhood affected people. We used to think, eh, kids are resilient. They bounce back. Thankfully we've done a lot of research on this topic and found that's clearly not the case. And so in the ACE study, without spending too much time on it, because there's a lot, you can read about it online. But basically they were looking at the 10 greatest risk factors for death in adults. Things like smoking tobacco, suicide attempts, heart disease. And they were looking at what was associated with that.
Dr. Chris Branson:
And one of the things they found was that if you experienced an adverse childhood event, so it was a list of seven different kinds of traumatic events that you could experience in childhood. If you experienced at least one trauma in childhood, you were at greater risk for all 10 of these risk factors. So you're more likely than someone without trauma to have a drinking problem, to be a smoker, to be depressed, to have attempted suicide. And there's several other outcomes they looked at. And the more traumas you had, the worse off. So someone with two traumas was worse off than someone with one. Someone with three, some with four or more. And the reason this is relevant... Well, just keep this in mind when we get to rates of trauma among people in the justice system.
Dr. Chris Branson:
Now, why does it matter? Well, these adverse experiences in childhood, how does that happen? How do they increase the risk for death in adulthood? Well, the way they do this, the way the researchers conceptualize it are thinking about development, it's been affected by these adverse childhood experiences. So kids go through normal stages of development physically, emotionally, mentally. And being exposed to trauma disrupts that process and people don't know how to cope with trauma. And I'll break that down a little bit more. But they start doing things like using substances to numb the pain and joining gangs to feel safer. And these high risk behaviors, you do them long enough, they start leading to health problems. You drink for a long time, you smoke for a long time, we know that those lead to all kinds of other issues. And so these things add up and just continue to increase their risk for bad outcomes over time.
Dr. Chris Branson:
So to make this a little less abstract. So from a psychologist to mental health professionals perspective, when we think about child development, these are some of the major psychological milestones that we look for kids to accomplish. So the first five years of life, it's all about attachment and trust. A baby is reliant on their caregiver. If they're hungry, they

have to cry and hope someone feeds them. If they need comforting, they have to cry and hope someone provides it. And when someone does respond, when someone does feed you when you're hungry or puts you down when you're tired or change your diapers when they're messy, you learn to trust. You learn that if I have needs, my loved ones will be there for me.

Dr. Chris Branson:

Now imagine the flip side. And when you cry, instead of being comforted, maybe you get yelled at, or you get hit. Or maybe your parents are too high on drugs to be able to respond. That child is going to learn a much different lesson about authority figures. And that's who parents caregivers are, the first authority figures. They learn that you can't trust people, that people won't be there for you. Now we get to ages six to 12, when kids leave the home. They go out into school in the world. And some of the key things, if you're a parent you know these, you know they have to learn how to control their emotions, their behavior. Use your words, don't hit. How to make friendships. To succeed in school, you need to learn how to sit still and focus for long periods of time. And this is also when we learn morality, what's right, what's wrong.

Dr. Chris Branson:

Now trauma can interfere with all of these things. It has a major impact on kids' ability to control their emotions, their behavior. And if you are someone who has trust problems, because you didn't develop it in that first five years, and your emotions are all over the place and you're acting out, how do you think you're going to do when it comes to making friends? Probably not so great. Or you might just make friends with the other kids that nobody wants to be friends with. And if you're always having flashbacks, you're having traumatic memories flood your mind when you're in class, it's really hard to learn. And sometimes we misdiagnose these kids. We think they have ADHD or a learning disorder, or they just are lazy when really their mind is being hijacked by these traumatic memories. And when you're thinking about that, you can't think about learning. And all of these things, again, if your early interactions with authority figures were negative, you're not going to automatically assume authority figures like teachers are people you should respect or trust or listen to.

Dr. Chris Branson:

And so now we go to adolescence. And really a couple of big goals, it's figuring out who am I and what am I going to do with my life? What am I going to do in the future? Now, if you've had all these other issues for the first 12 years, by the time you get to high school, you've probably gotten a lot of negative feedback from adults in your life, even classmates about what kind of person you are. Again, we talked about you're probably hanging out with the kids that also have trouble making friends and a lot of them are also experiencing trauma. If you haven't been able to learn all these years as effectively as you would without trauma, it's a good chance you're way behind by the time you reach high school. And if you're not doing well in school, it's hard to think about, well, how is my education going to lead to opportunities? How am I going to obtain employment when I've been failing at school my whole life?

Dr. Chris Branson:

So I like to use an analogy about the difference between someone who has a safe childhood and then experiences a traumatic experience in adulthood, versus a kid who grows up with trauma. So think of building a house. So imagine you build a house, use the best materials, solid foundation and you're completely finished and then there's an earthquake. Now think about how that house is going to be affected versus another house where the entire time they were building that house, there were earthquakes going on. When they were building the foundation, there were earthquakes going on. First floor, earthquakes going on. So by the time that house is finished and then it gets hit with an earthquake, how do you think it's going to hold up compared to that other house that had the solid foundation?

Dr. Chris Branson:

So same thing, if you have a safe childhood, you develop attachment, trust, all these abilities and then you experience trauma, not to say it's easy to cope with, but it's much easier than if it happens to you when you're a kid and you don't have that foundation, and you don't have people in your life explaining to you what's going on and helping you deal with it.

Dr. Chris Branson:

So we talked earlier during the ACE study about how people start to cope with trauma in ways that can cause problems. And so my colleague, Dr. Julian Ford, at University of Connecticut, he came up with this term that I absolutely love called survival coping. And basically when kids are going through trauma, they're not big enough to fight back, they probably can't run away so they learn to survive any way possible. And that might be learning to mentally escape when you're going through something terrible. So you see like in a movie, someone on the operating table has an out of body experience. They're floating above their body. That's what kids can learn to do. It's like, I can't escape this terrible thing happening so I learn to disassociate, to just block it out mentally. That's a really helpful strategy during a traumatic

experience.
Dr. Chris Branson:
It is not at all helpful if you're in the classroom. And something happens, stresses you out. And suddenly you're dissociating because if you're dissociating, that means you're not hearing anything the teacher's saying, anything that's going on in class. Think about that happening repeatedly to someone throughout the day, throughout the week, over and over for years. I have a lot of teenagers, back when I was doing juvenile justice work... Actually, the way I started learning about trauma was running a drug treatment program for court mandated teens and young adults. And I quickly learned that a lot of the teens who were using heavily and having problems stopping were using to self-medicate trauma. So those flashbacks. A lot of trauma survivors experience nightmares, and it makes it really hard to sleep. And sometimes they accidentally discover. They get high or drunk for the first time, they wake up...
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Dr. Chris Branson:
And sometimes they accidentally discover, they get higher drunk for the first time. They wake up the next morning and say, "Wow, that was the first night without a nightmare." They start doing it again. it's the only way they know how to calm themselves when they're re-experiencing these traumatic events. Some of the other examples, both from research and from talking with clients throughout the years, a lot of people who carry weapons to feel safe or join gangs, there are really high rates of posttraumatic stress disorder and child trauma among gang members. But if you join a gang that gives you safety. It may also give you a sense of belonging, a family that you didn't have growing up but it can also be more subtle things, like avoiding close relationships. So I once had a young man, 19 years old, he had been released from Rikers Island and he told me, "I start every relationship with one foot out the door because I know they're going to hurt me eventually. So if I have one foot out the door, it's not going to hurt so bad when it does happen."
Dr. Chris Branson:
And it can also be avoiding any place that reminds you of the trauma. So if you've had traumatic things happen at home, we have a lot of people end up running away on the streets. If something traumatic happens to you, you're assaulted at the workplace. I've had people who've lost their jobs because they just couldn't go back. Or people who had such a bad experience the first time they're incarcerated or the last time they went to court that they get triggered just thinking about their next court date.
Dr. Chris Branson:
So we're going to flush this out more but basically trauma has a lasting impact and it can contribute to the types of behaviors that get a lot of our clients arrested. Carrying weapons, being involved in violence, substance use, obviously the number one reason for arrest. All right. So now let's get a little more specific talking about rates and impact of trauma in incarcerated adults. I just want to pause here and say the first part of this presentation, it's always depressing because we're talking about trauma and it's impact but I promise we're going to end with the more uplifting, what do we do about it? Because it isn't hopeless, there is something we can do about it. And I don't want y'all to log out before we get to the good stuff.
Dr. Chris Branson:
If we think about who experiences trauma in this country and we look at the US adult population, more than half of us will experience one potentially traumatic event in our lifetime. Now, if we look at adults who are incarcerated, it's 99 to 100%, okay and this is across and this is true if you go down to adolescents who are incarcerated. And we're not talking about one trauma, there have been studies showing an average of six traumas or 10 traumas. I can't tell you how many clients I had in the justice system who'd experienced 10 or more traumas.
Dr. Chris Branson:
And again, if you think back to that ACE study, the more traumas you have, the more at risk, you are for having negative outcomes. And that's just because we're humans and there's only so much we can take. And it doesn't matter how strong, resilient you are, any of that, if you experience enough trauma, you're going to be affected. Now, if you think about post-traumatic stress disorder, okay. So if you look at the entire US adult population, only about 6% have PTSD, lifetime. The rates are much higher in adults in the system and they tend to be particularly high among women who are involved in the justice system but rates of 10 to 25%, I've seen even higher. Basically the rates of PTSD among incarcerated adults are equivalent to the rates of PTSD among soldiers returning from Iraq and Afghanistan.
Dr. Chris Branson:
So again, adults in the justice system are one of the most traumatized populations in our country. Now complex PTSD. So I'm going to go over this quickly but I just want to bring your attention to it because classic PTSD, that was really developed around... Lot of the research on that was based on the experience of soldiers returning from Vietnam, many of whom might have been experiencing their first traumas in adulthood. And we've actually found that people who have

a lot of trauma in childhood are less likely to meet criteria for PTSD.
Dr. Chris Branson:
And so that led to some research and a new diagnosis, which was introduced just earlier this year really, called complex PTSD. And so it includes some of the major symptoms of classic PTSD but it goes further. It really captures the difficulties with relationships or to be able to regulate your emotions, your behavior. And also when people grow up being traumatized, it often really damages the way they view themselves. They think they're broken, they think brought this upon themselves or maybe it skews their view of everyone else. They just believe that other people are evil and can't be trusted. And so it's a new topic but some of the emerging research suggests that if you look at incarcerated adults, they're more likely to report complex PTSD then classic. And so my hypothesis is once we've been studying this for a few years and we're measuring both classic and complex PTSD, I bet that we're going to find even higher rates in incarcerated adults than we found to this point. All right, we can skip over this real quick, just the common experiences traumas reported by adult entering the justice system.
Dr. Chris Branson:
We all pretty much covered all of these, when I asked for a definition earlier. And again, I want to highlight that a lot of these traumas involve interpersonal violence and we actually have longitudinal research. So if you experienced physical, sexual, psychological abuse as a child or neglect, it increases your likelihood of being arrested in adolescence and continuing to offend in adulthood.
Dr. Chris Branson:
And it's not just the PTSD. Again, you have PTSD. If you look at people who are incarcerated and you compare those with PTSD, versus those without PTSD, those with PTSD have a higher risk for a lot of other co-occurring problems like substance use, depression, anxiety, suicidal thoughts or suicide attempts, aggression. And there's also research showing that they're associated with increased risk of recidivism. And this includes people who experience traumas while they're locked up. So traumatic experiences in prison because we know there's a lot of violence, sexual violence, witness violence in those settings and that can their likelihood of recidivating once they're back out. All right. So we're about to get into the practical how trauma can affect reentry, what you can do about it. I just wanted to pause. Kathleen, has there been any pressing questions that have come up or should I keep going?
Kathleen Guarino:
I don't see any yet. So I'd keep going and I just remind folks that if you have questions, feel free to put them in the Q and A box. And if there's something that comes up for you midstream, we'll try to find a spot to answer those then.
Dr. Chris Branson:
Great. Thanks Kathleen. All right. So now let's... I promised you we're going to get a little uplifting. So people can recover from trauma and you don't have to be a psychologist. I'm sure you can think of examples, people you've heard about, people you know and there are a lot of factors that help people be resilient and something I really want to emphasize because sometimes I hear in the mainstream press, people are resilient or they're not, you either got it or you don't. And I want to say that's unequivocally false. The science absolutely shows as there are some innate traits, absolutely but look at, for example, family support, peer support, social support is hands down one of the biggest factors in promoting resilience, helping people heal and thrive after trauma. That's not something innate and that's something we as professionals, any service providers in the audience, these are things that we can help clients with during reentry. Coping skills, learning how trauma's affecting them and how to cope with it.
Dr. Chris Branson:
The next two self-efficacy and self-esteem. So self-efficacy is really just a belief that if I try to do something and I do all the steps necessary I can accomplish it. Self-esteem is all about being a person of value, I'm a person of worth and these might seem like basic things but they can be absolutely damaged if you've grown up being traumatized, being abused at a job, it can also be school connectedness. So having somewhere to go. If you're working, if you have stable employment that's a protective factor in so many ways, financially.
Dr. Chris Branson:
It also introduces you to a group of new people who could be supports and it can help just give hope for the future. You have a path that you're working on and I also just want to highlight spiritual belief because sometimes people, when people are really traumatized, it often makes them want to isolate. They stop doing the things like visiting families or going to church or temple or during the time when they need that support, they need that fellowship the most but really just want to highlight. There's a lot that we can do as providers to support resilience. And it's based on the science.
Dr. Chris Branson:
I see a real quick question, difference between emotional, psychological abuse. Honestly, they're used pretty interchangeable. But really, it's more verbal. It can be controlling behavior. I mentioned earlier how people come to the

system with trauma and then they can experience trauma once they're in the system. So incarceration, and I remember this vividly when I was working at juvenile detention center back in college, some of the stories burned into my memory forever are about the violence experienced by these teenagers while they were locked up.
Dr. Chris Branson:
We know experiencing violence can increase their likelihood of having worse outcomes post-release and it's not just the actual trauma. There's a lot of common practices in the justice system that could trigger a trauma reaction. I'm going to explain a little bit more what that means. Cause them to just really experience distress, so physical restrain, if you've been, someone who's been sexually abused, physically abused and that restraint brings back memories of being violated. Same thing with pat down, strip searches. It can be as simple as being observed during urine toxicology testing, which can be a major trigger for people who experienced some sexual trauma.
Dr. Chris Branson:
So hopefully most of you have heard of this concept of trauma informed care, trauma informed practice, trauma informed justice systems. And it's a concept that came out in about 2000 and it's basically a response to recognizing that in the justice system and also in the mental health system, if you go in homelessness services, if you go in child welfare system, the systems where we serve people with high levels of mental health needs, that a lot of them have trauma and not just in the justice system, these other service systems can do things that traumatize.
Dr. Chris Branson:
And if your staff member is working with a lot of traumatized people, you can experience that vicarious trauma. And so it led to this idea of trauma informed systems. That we can't just provide treatment to people who have PTSD but we need to think about how we structure our service systems, our justice systems to think about how can we... Actually you know what? The SAMHSAs four Rs, I think summarize it better than I was about to. They call for systems or agencies to realize the impact of trauma on their clients and staff, be trained in recognizing what are the signs, trained in specific strategies, skills for responding to trauma among clients and staff and then making sure that we resist re-traumatizing our clients whenever possible.
Dr. Chris Branson:
Department of Justice has released reports about this over a decade ago, I believe under a former attorney general Eric Holder, it's been endorsed by the International Association of Chiefs and Police, American Bar Association and a host of other national organizations and federal agencies.
Dr. Chris Branson:
The discussion about trauma-inform systems can feel really abstract but from doing this work with organizations over the past decade, here are some of the core things that I want to go over today. Not saying this is every single element of a trauma informed system but this what I've found to be the core. So, starting with physical and psychological safety. Safety is the foundation of trauma informed practice. if you think about a traumatic experience, it involves a threat to your safety, a loss of safety. And so people need to establish a sense of safety. That's like the foundation for healing from trauma and that's physical and psychological safety.
Dr. Chris Branson:
If someone is incarcerated and they already have experienced a lot of trauma, it's highly unlikely they're going to be able to heal in a setting where they're exposed to violence or witnessing other people being exposed to violence. But it also is relevant for community agencies. You may work in a parole agency or some service agency that works with clients in reentry. And maybe there's not a lot of actual violence in your work setting but that psychological safety and I'm going to talk a little bit more about what that means but if clients don't feel psychologically safe, they're less likely to answer your questions honestly, to tell you what's going on with them, to trust you enough to build rapport and for you to actually be able to help them.
Dr. Chris Branson:
And it's not just safety for clients because this whole trauma informed care movement, it started think about clients and it's clearly important. But as I'll talk about a little bit more. Staff are the ones providing the and creating this environment and staff have to feel safe to be able to create a safe environment for clients. And in my experience having done this work in 11 states at this point, personally trained over a couple thousand probation, correction, court employees, overwhelming majority of staff I've spoken to in the justice system, don't feel physically, psychologically safe. And we'll talk about why that's a problem. Some of the factors that contribute to a safe environment for clients are safety from violence but also from threats. So, to give you a practical example, I PART 2 OF 4 ENDS [00:40:04]
Dr. Chris Branson:
... worked with a large probation department in a big urban city in the Northeast, and they had a new commissioner who brought me on. And one of the things she wanted me to help with, under the last commissioner, the probation officers

had been taught, "If someone's not adhering to their plan, they're not following through with the court mandate, then you threaten them with incarceration, a probation violation," which completely understandable. If you don't adhere to your mandate, you are probably going to get locked back up. But threats don't tend to work well with trauma survivors, and I'm really going to break that down in a minute when we get to the practical skills.

Dr. Chris Branson:

But when you threaten people, they feel unsafe. When you remind them of prison, now, you might think, "Okay, that's a motivator because they don't want to go back." Absolutely. But if you're flooding their brain with fear and memories of trauma, they're not going to feel safe enough to open up with you. So not just the violence, but are you constantly using threats to try to keep them in line, so to speak, as opposed to building relationships? The second one... So we talked about practices in prisons, like physical restraint, keeping people in punitive isolation for long periods. We found that those things can be triggering, re-traumatizing.

Dr. Chris Branson:

There was a large study done a few years back where I think half of juveniles who committed suicide while incarcerated had been placed in isolation in the days leading up or physically restrained the days leading up to their suicide. So thinking about, some of these procedures maybe we can't get rid of, but can we limit their use, or can we try to establish some other alternative ways of dealing with challenging behavior? But it's also some really basic stuff that's I think a bit easier for us to control. So clear and consistent rules, having a grievance process where if someone feels like they've been done wrong by their probation officer or their case worker, whoever, that there is a clear procedure for how to file a grievance and someone will respond.

Dr. Chris Branson:

Structure and predictable schedule. So this is one of big ones, and it's something that people often don't realize is a trauma trigger. But if you grew up in a chaotic household where you never knew when violence was going to happen, then a lack of structure, that lack of predictability can really trigger your trauma reactions. And so that's why one of the most important things you can do when working with trauma survivors is having a clear schedule, something that's predictable. If you have to make changes, let people know ahead of time. And just realize that no matter how well you try to do your best, there's still going to be times when, because of short staffing or whatever, there has to be a change in schedule and people are going to get upset.

Dr. Chris Branson:

And one of the biggest things is just giving people a voice and choice, because speaking to someone who's been involved with this system, there's a lot of choice taken away from you, maybe about who you can associate with or what substances you can put you in your body or programs you have to go to a certain number of days of the week. And a lot of times, we don't ask clients their preferences. And I'm not saying, for example, okay, they don't want to go to drug treatment, so no drug treatment.

Dr. Chris Branson:

. But maybe they've already been to the drug treatment program you're recommending, and they don't like it, or they had this other one where they know some of the staff, feel comfortable. They want to go there, or there's certain neighborhoods where they don't want to go to treatment because it's not safe for them to go in that neighborhood. So a lot of times when people hear this voice and choice, they think it means we just let them do whatever they want. It doesn't. But there's still always room to give options.

Dr. Chris Branson:

So here are some practical tips, just things to think about. So if you think about harsh... Are there disciplinary practices, things that you do that might be harsh or clients might think are coercive? You could talk about this amongst yourselves as staff, but you can also just ask your clients. You can do a quick one-question survey or two-question survey that you give out to clients anonymously, or you could just informally ask clients when you meet with them.

Dr. Chris Branson:

Another idea... This isn't my idea. This was a brilliant idea from Harris and Fallot, who came up with the concept of trauma-informed care, and it's called a walkthrough assessment of agency procedures. So imagine yourself as a client coming to your work setting for the first time, going through the intake procedures. And thinking about it from their perspective, are there any potential triggers here or places where maybe we want to say a few words to try to make them feel more safe or comfortable with what's going on?

Dr. Chris Branson:

Trauma-informed safety plans. This is something, and it'll make a little more sense when we go through triggers and warning signs, but basically having clients tell you, "Here's the signs you can tell I'm about to have a trauma reaction. Here's what helps me calm down in that moment." One of the simplest things you can do is just develop some kind of

strategy for routinely collecting feedback from clients. Now, again, it may sound weird. We're in the justice system. Why do we have to care about making these folks happy? They committed a crime. But at the end of the day, they're the people we're serving, right? And if they're not happy with what they're getting, they're not going to come back.

Dr. Chris Branson:

And that's not satisfying for, personally, me as a provider, it's not. I can't imagine it is for most folks. So get their feedback. It doesn't mean, again, you're going to give them everything they want. But if there's ways to create an environment that's safe that maybe you hadn't thought of, it's absolutely worth it. And as someone who's done focus groups and interviews with literally hundreds of people in the system, I promise you, they have a lot of great ideas.

Dr. Chris Branson:

So I use this analogy again, to go back to the idea of staff safety. If you've ever been on an airplane and they say, "Hey, if there's an emergency, oxygen masks drop. Put yours on before you help anyone else." It's the same thing when it comes to safety. Staff have to feel safe, physically and psychologically safe, before they can create a safe environment for clients. And a lot of the factors that contribute to a sense of safety for clients are the same for staff. One thing I want to say really clearly is, when I talk to staff about feeling safe at work, and man, when I have this conversation, it tends to open the floodgates, because people don't tend to ask criminal justice professionals about this stuff.

Dr. Chris Branson:

But time and time again, most of their complaints are about the kind of support they're getting or how the agency responds when there's a trauma in the workplace, and less so about the clients that they're working with, which is not what I expected, honestly, when I started doing this work. And so voice and choice. I'm always amazed at how many criminal justice organizations never get feedback from the people on the frontline. And every time there's a new initiative, it's top down. The people at the top come up with an idea, and they plan it and then they roll it out without ever getting the input of the people on the frontline, who are the people who could tell you, "Okay, that's not quite what we need," or, "This is why it's going to fail," or, "We're going to need this to make it work."

Dr. Chris Branson:

And then we don't get their feedback once we put it into place on what needs to be adjusted. And that's my strong belief why so many initiatives in the justice system fail. We need their voices. And again, this isn't some touchy-feely thing I'm saying as a psychologist, but having spent countless hours interviewing frontline staff about safety challenges, the kind of support they want, they have brilliant ideas. And I promise you, so many of the ideas I'm sharing today I was taught by frontline staff. I didn't learn them talking to other fancy PhDs. I didn't learn them in the research literature. I learned them from the people who've been doing this 10, 20, 30, 40 years.

Dr. Chris Branson:

And so I promise you, you could get so much bang for your buck. We always want to hire the fancy consultant, and I'm one of those fancy consultants, but you can get so much bang for your buck just having town hall meetings with your line staff. The key is, and you can't change everything. You're not going to be able to fix everything they bring up. But explain to them the things you can try to work on if there's something you can't explain what the barriers are. People, they're adults. They can handle it, but you got to listen to them and you got to act upon it. You got to follow up.

Dr. Chris Branson:

And this goes with communication between coworkers, coworkers and their supervisors, supervisors, administrators, admin, and state office if it's a statewide system, and all throughout the hierarchy. It's communication among different professions. I can't tell you how many times I go into an agency and the mental health people are like, "Oh, it's the correctional officer's fault." And the correctional officer's like, "Oh, it's the damn mental health and school people." And everyone's blaming each other. And it's often because they're not brought together to discuss and talk about how they could be collaborating, helping clients in a better way.

Dr. Chris Branson:

And so really, honestly, if you hear nothing else, the biggest way to support safety for staff is just talk about stuff. Have forums where people can raise issues and complaints without fear of getting fired or black balled, because they're all scared to death. That's what they tell me. And this support matters, because people... And they've done this research with professionals in the criminal justice system. If you feel supported by your coworkers and you feel supported by your supervisors and the agency, it reduces your risk of PTSD, of burnout. It's associated with higher job satisfaction, people feeling safer at work. And all of those things affect staff retention or turnover.

Dr. Chris Branson:

And this for me... I guess let me put it the simplest way possible. If you can't hang on to staff, you will never be a trauma-informed agency, period. Because every time they leave, you could train all your staff, and this is what happened in New York City. Had a big project, Department of Probation, corrections, drug court, and it was really

focused on training them to work with clients who have trauma. And the project was a failure in a couple of the sites because the staff in one agency, in a two-year span, the entire staff turned over four times. That includes all the frontline staff and the supervisor.

Dr. Chris Branson:

And so if you go back to safety for clients, predictability, consistency, those things are out the window. And all that money, time we spent training people in trauma-informed practice was wasted because they all left. So promise you as a former someone involved with this system, I didn't go into this work to help frontline justice professionals, to be honest, but the longer I do this, the more I realize they're some of the most important people in the system, and if we don't do right by them, we're never going to be able to do right by our clients.

Dr. Chris Branson:

All right. And I see we are running low on time, so I'm going to get going because I know we have several questions. Staff training. The main thing I want to say is, a lot of training is like trauma 101. And I know this because a lot of agencies that have hired me to do trauma-informed care training, I'm not the first person they hired. Too many times, the training's done by a mental health professional who teaches it like they're teaching psychology students. But psychology students, what they need to know is different from what a case worker, a probation officer, someone in the justice system needs to know. And we need to go beyond just trauma 101, the stuff I did earlier, and provide practical skills. And I'm really quick going to give you an introduction to some of those.

Dr. Chris Branson:

The last thing I want to say about training, because I see this in almost every state I go, you train someone in some really important skill and then you don't talk about it again until the refresher training a year later, and then nobody remembers how to do it. That doesn't work, and the research is crystal clear on that. The staff can all tell you it doesn't work. People need practice. So worry less about having these long one, two, three day trainings, and focus more on, okay, how do we give them a chance to come back a month later and talk about it for an hour, or every few weeks and talk about it for an hour. It's all about the practice.

Dr. Chris Branson:

Trauma-specific mental health services. So this is the most obvious thing we think of, screening, assessing people to see if they have trauma, PTSD, complex PTSD, and then referring them to treatment. A lot of agencies start here, but again, safety should come first. If you're an agency that refers out to mental health services, again, you can refer someone, but if that client doesn't trust you, they don't feel safe with you, they're probably not going to follow through with that treatment. PTSD treatment is really scary for trauma survivors. It takes a lot of trust. I've worked with 50-year-olds who I'm the first person they've ever told about a traumatic experience in their life.

Dr. Chris Branson:

And so just to get them to even think about that, because I saw we had a question about encouraging people to connect with social supports, and I think that goes along with this. And so I think it starts with us being able to build trust with them, to create a sense of safety in our office. And a lot of times, that just starts with asking them what they need. You're coming up with a service plan. Okay? So the judge says, "You need drug treatment." Okay, great. "Do you have any thoughts about that, or is there anything missing from your plan that you think you need to be successful?" Just asking those questions, because a lot of people don't. I never got asked what I needed when I was involved with the system, and I really wish someone had.

Dr. Chris Branson:

So again, if we want people to follow through with the services we're recommending, do you take advice from people you don't like or trust? No. That's true of any of us. We're more likely to take advice from people we trust, so building that relationship with them first. But then another part, which I'm going to talk about here in a minute, is being able to explain to them how trauma could be affecting their life and how it could help to get services for it or to connect with more people. And one thing I just want to mention real quickly because it's up here, workshops for family members of clients. So I'm about to tell you on these next couple slides about some practical skills that teach the clients, teach the frontline staff.

Dr. Chris Branson:

In New York City in our detention centers, we actually had colleagues who had a project where they started piloting these groups for family members. So if you had a family member who was locked up, you could come and learn these skills for helping knowing when your family member is triggered, what's triggering them, and how to help them calm down, so that when that person gets released back home, the family has those skills too. And it's something we've only just started piloting. It's been going well, and we've done it in a couple places and it's wildly popular because a lot of the families have trauma themselves.

Dr. Chris Branson:
All right. Ooh, and the last thing. For all of you who aren't mental health professionals, most people are not trained in evidence-based treatments for PTSD. I got my PhD in 2007, and back then, six years of grad school and internship, and I had one one-hour lecture on PTSD. That's it. Everything I've learned about trauma has been since I graduated. So don't assume if you're sending them to a therapist, they know how to treat trauma. You've got to find out. I'd be happy to answer questions about that.
Dr. Chris Branson:
Now, if we were doing a long in-person training, I'd do this activity together, but I want to give you something to take back to your agency or even just on your own to think about. And I know someone asked about copies of the slides, and as far as I know, you will have access to the slides, and I'm happy to send them if needed. But thinking about those four elements we talked about earlier, what is your agency already doing? Where do you think you could be doing more, and what are your ideas, your coworkers' ideas for becoming
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Dr. Chris Branson:
more trauma-informed in each of those domains? Now, practical skills. I realize it's four o'clock and we're almost done. My goal here is only to give you an introduction to these skills. There's no way I'm expecting anyone to master these skills but I just want to give you a sense of the practical skills that can be useful. So, one of the most useful things, one of my favorite things to explain to clients, to providers, to agency leaders is the body's alarm system. So you've probably heard of fight-or-flight and body's alarm system refers to kind of the same thing.
Dr. Chris Branson:
It's part of the brain that has one job and one job only and that's to look for danger and then it senses danger to keep you alive, to prepare you to fight-or-flight. And all these physical changes happen instantly in your body. When your brain detects danger, it releases adrenaline. Do you have of energy to fight or run? But for us as providers and I'm giving you the way truncated explanation right now, is what happens in the mind? So, the parts of the brain that usually run the show, that make your decisions, plan your life, think about what you're going to do today. Those parts of the a brain are really smart but they're really slow.
Dr. Chris Branson:
If you're in rush hour traffic, someone swerves in front of you, you have to make a split-second decision. Those parts of the brain by the time they came up with the solution, you'd have a hood ornament, you'd be in an accident. But the alarm, it takes over, it's just instinctual. It causes people to just react in one of the three F's, the fight-flight-or-freeze. Dr. Chris Branson:
You fight if you can, you run if you have to, if you can't do either, you might freeze. Try to mentally escape or fall which is like you give in. You submit and hopes that it'll protect you in some fashion. And so the alarm's a great thing but once you go through a traumatic experience, it's almost like your alarm says, "wow, I failed you, my only job was to keep you safe and I let you down." And so your alarm becomes an overprotective parent. Anytime something reminds your alarm of that past traumatic event, a smell, a sound, someone who looks like the person who hurts you, the time of day when it happened. Anytime your alarm system senses one of those reminders, it can go off. If it's in a situation where it's just not sure if it's danger or not to be safe, it's going to go off.
Dr. Chris Branson:
And so people start having false alarms where their brain tells them you're in danger, you need to fight-or-flight right now, but they're actually not. And so as we're going through this or if you have to leave soon, I just want you to think about how might false alarms interfere with reentry. If you have a client who's experiencing these and when I'm talking about these false alarms, I have clients who experience them dozen times a day or a week. And if you haven't been through a lot of trauma, your alarm might go off and then if it wasn't a trauma, it would come back down in a couple of minutes. If you've been through trauma, it might take a lot longer hours. You may not know how to without getting high. But basically, these false alarms cause a lot of problems in the day-to-day lives of trauma survivors. It can make it harder for them to connect with service providers, to engage with services or court mandated requirements, and it can lead them to do things that might get them rearrested.
Dr. Chris Branson:
And so real quick, we teach clients to recognize what are the signs you're having a false alarm. I teach staff to recognize what are the signs, the early warning signs. One of the most obvious ones, people start getting real fidgety. There's a sudden shift in their behavior. Trauma triggers again, that's what I just talked about and it can be a wide range of things that remind your alarm system of a past trauma. And I'm putting this in your slides so I'm not going to spend a lot of time on it. But this again is based on my talking with a lot of people in this system and providers who work with them

and some of the common things that can be triggers and specifically listed common triggers that can occur when they're in criminal justice settings.
Dr. Chris Branson:
Help clients learn their triggers. The reason for it, if it's a trigger they're going to encounter a lot. Maybe they can make plans to avoid it and if they can't, can they come up with a plan to cope with it? I have a lot of clients who get triggered whenever they go to court. So maybe I give them a stress ball. So they have something to do with that adrenaline. Because if your adrenaline's pumping through your veins, it's hard to sit still or bring a trusted person who can help you feel calm and you don't want to just storm out of there. List of practical strategies for helping clients feel safe when they are triggered again. This isn't something I can teach you in one hour, but this is the stuff that we should be teaching to clients, to frontline staff.
Dr. Chris Branson:
Helping them focus on goals. So again, when people are in that alarm mode, their brain's thinking about a danger that's not there. They're not thinking about the big picture like, oh, if I hit this person, I'll get rearrested or I got to stay here and stay in this therapy group even though it's uncomfortable because it's part of my mandate. And so helping them come up with thoughts that they can focus on in those moments, to ground them, to bring them back to reality, to remind them of the bigger picture. So these are really practical skills. You don't have to have a PhD to learn or to be able to teach to clients. These are some examples of client goals. All right, take-home message real quick because I'm already past time. So, safety's the foundation. It really is. If you can consult with an expert, find someone and I'd be happy to give tips.
Dr. Chris Branson:
I have my contact info on one of the last slides. So you can email me if you don't have a chance. But one of the biggest things I want to say is, in the justice system I find, it seems like everyone wants to have things done yesterday. You get new agency leader, they want this new initiative put in yesterday. For trauma-informed care, you got to plan it, otherwise you're going to waste time and money. And please involve your voices of the frontline staff and the clients. I promise you it'll make your initiative so much more successful and stronger. And a lot of these things, staff training tends to be more expensive but there's a lot you can do to promote staff safety that cost absolutely nothing or at most couple dollars. So, it can seem overwhelming but get many voices involved. Come up with a plan and pick an area you to focus on. So I want to open it up to Q&A. Just want to show real quick that I have my website there, you can email me through that. Now let's open it up.
Kathleen Guarino:
Thank you so much Chris. There's just so many gems in there and so much good information for people to digest and consider and I can see people doing that even as they're starting to ask questions in the chat box. There were a couple that are immediately related to, I think a little bit more to triggers that you were just talking about towards the end. So one, I think Betty, you were asking a great question about, how do I know to find the triggers. If you know something's going on but you're not sure what the trigger is and just naturally as a provider, you're not necessarily going to know what all those triggers are. So that's question one about triggers.
Dr. Chris Branson:
I was muted. Sorry about that. So the slide that I had about triggers it's... Actually, I have a worksheet that's a longer form and I'd be happy to share. And it's just a list of common triggers. And so, when I was doing these groups with clients in the system, I go over it with them. Usually they don't know many if any, unless they've heard about alarms and trauma and all that. But once they start paying attention to them, they start learning more. But then you also ask for situations like," Hey, was there any time this last week when you had a false alarm, when you blew up?" And then you ask about what was going on in the moments leading up to it to try to hone in on the trigger. Again, these are great questions. I wish we had an hour just to answer all of these.
Kathleen Guarino:
And I'll just add another one which was along those lines, maybe a little different is, Rhonda you were asking the question, how do you minimize the chance of retraumatizing clients during assessment in therapy? Which is probably in part about triggers and in part about thinking about making sure you don't recreate environments that are going to be traumatizing. Chris, thoughts on that?
Dr. Chris Branson:
Sorry. I got distracted by a question. I heard the last part about traumatizing environment. Sorry.
Kathleen Guarino:
It was just a question about how you minimize the chance of retraumatizing clients during assessment and therapy.
Dr. Chris Branson:

Great question. One of the simplest things you can do is... Just before you get to the trauma questions, just a little, hey now is part of the intake where we ask about some sensitive questions. So preparing people that you're about to ask them these questions and letting them know why. Because people might... Okay, you're asking me if I've ever been sexually abused, some pervert or something we ask because these experiences are common among the clients we work with, can really have an impact and there's things we can do to help. Another way to make the assessment less traumatizing, it depends on what setting you're in but you don't necessarily have to ask them what traumatic events they've gone through.
Dr. Chris Branson:
If you're working with people who've been incarcerated, you can pretty much assume they've been exposed and what's more important would be asking the symptom questions. I worked with one agency, they showed people list of traumas and just said, "yes, no, you experienced anything on this list?" Yap. Okay. So we're going to ask these questions. I've worked with other agencies where they just asked the questions regardless because they assume there's trauma. So let's just see if they have the symptoms too. So it's really about preparation and also don't ask about trauma and PTSD unless you can refer someone to services to help with it.
Kathleen Guarino:
Chris, there was a question about, if you have a good resource for building safety plans? That's one and the second is just more generally, do you think a class like this should be part of correction officers training?
Dr. Chris Branson:
Great. So yes, I have a resource on safety plans that I can share with you. It's a real simple document and I actually worked with one state where it was a maximum security, correctional facility and actually put these outside of everyone's cell doors because they're not expected to memorize everyone's triggers or warning signs but if someone gets triggered, Hey can quickly reference, here's how to respond. So I'd be happy to share that. Should this be a part of training for correctional officers? I absolutely think so. I've done this, I've trained correctional officers, Rikers Island and honestly, the feedback I get from frontline officers about how these skills have been helpful, that to me is more important.
Dr. Chris Branson:
Research evidence is important, but hearing officers in dangerous settings tell me, you know what? This helps, and it helps me manage my reactions and it helps me build. Gives me an extra tool for deescalating. So, my goal is to get this to the correction officers, court officers, probation officers, attorneys, judges, anyone who's working in the system, with people involved with the system. And also the other systems that serve our clients, GED program, because people have false alarms in GED class and they storm out and then they're in trouble with the court. So it's helpful for anyone interacting with our population to have this knowledge and training.
Kathleen Guarino:
So thank you. Chris, I'm aware of the time and so I see a couple of things that I'm thinking your emails up on the screen here. There was one question that was about how a community based agency could secure family contact information to engage them in participating in a workshop. And I'm thinking that might be something specific that someone could email you about that's specific to that pilot you're doing. Does that makes sense?
Dr. Chris Branson:
Absolutely. I know there are folks who had to leave early or there are a lot of questions and I'm sure I didn't answer them as fully as you would've liked. So please don't hesitate to reach out.
Kathleen Guarino:
I think at this point that's all we can cover but I appreciate everyone's engagement in the chat. A lot of it was agreeing Chris with a lot of what you're saying or saying a lot of what you're saying resonates. And I think some acknowledgement that this can be a hard shift and a bit of a mindset shift for folks working in the system. Reorienting people's ways of sometimes thinking about this is a long term process which I think you were talking about there towards the end and worth investing in. So I'm just going to thank you again for a really wonderful presentation and thank you everyone who joined today and listened and participated and are taking all of this information back and thinking about it. I appreciate it.
Dr. Chris Branson:
Great. Well, thanks everyone for joining and take care.
Kathleen Guarino:
Thank you everyone.
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