

Trauma and Its Relationship to Successful Reentry

2022 Second Chance Month

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Presenters

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- Kathleen Guarino, LMHC, technical assistance coach, American Institutes for Research

Overview

- Research on Traumatic Experiences
- Long-Term Effects of Trauma
- Rates and Impact of Trauma in Incarcerated Adults
- Trauma and Reentry
- Practical Skills for Working With Trauma Survivors
- Q&A

Research on Traumatic Experiences

Definition of a Traumatic Event

- A traumatic event is actual or threatened death, serious injury, or violence that involves one or more of the following:
 - ❑ Directly experiencing trauma
 - ❑ Witnessing trauma
 - ❑ Repeated exposure to the details of traumatic events (i.e., secondary or vicarious trauma)

*Source: American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders: DSM-5. American Psychiatric Publishing.

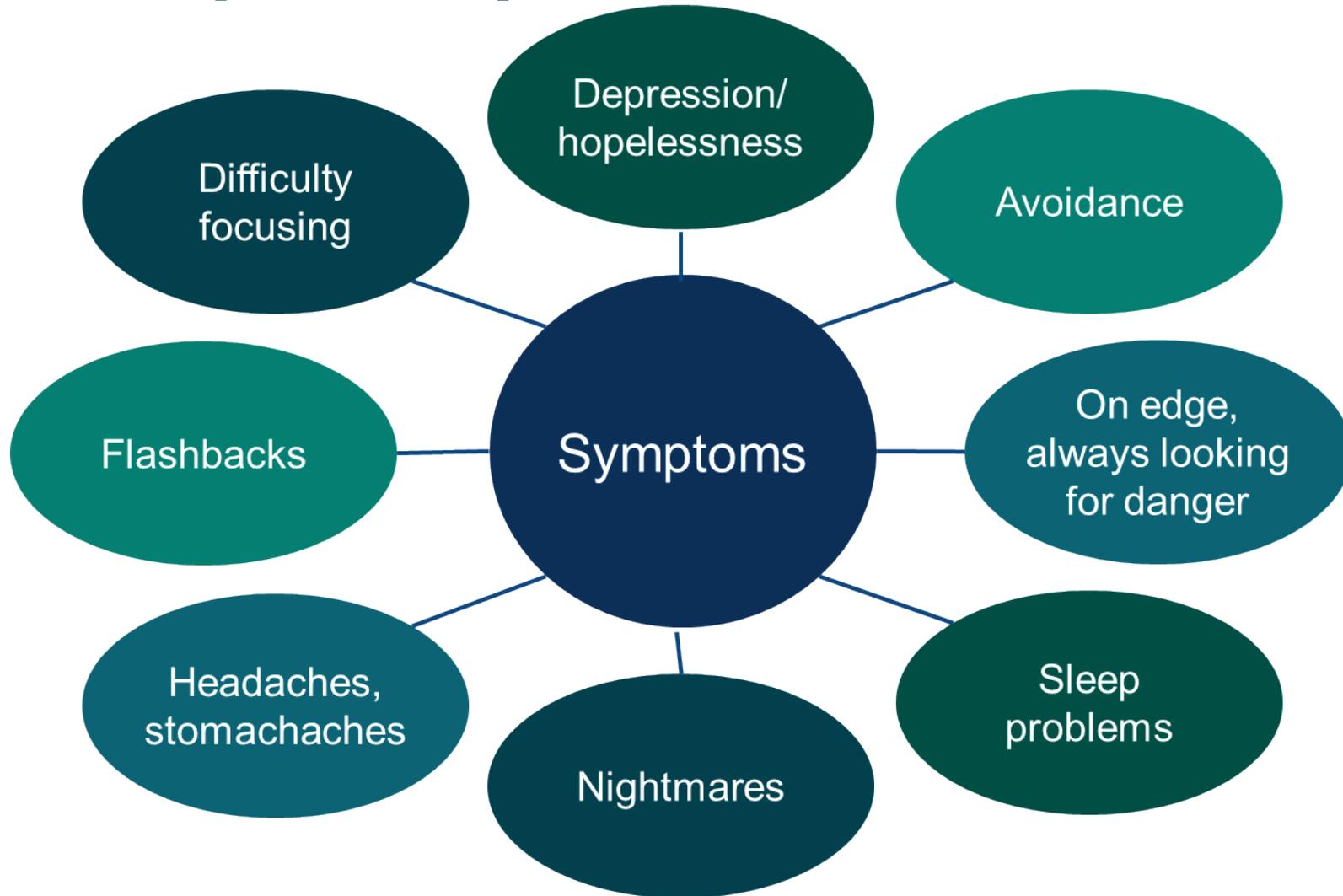
Audience Question

- What are some examples of traumatic events?
(use the chat)

Trauma Terminology

TERM	DEFINITION	IMPACT
Trauma	A life-threatening experience	Negative
Trauma reactions	Symptoms that develop after the trauma, but improve quickly (<2 weeks)	Short term
Posttraumatic Stress Disorder (PTSD)	Mental health symptoms resulting from trauma	Long term
Complex PTSD	A wider range of mental health symptoms associated with exposure to multiple traumatic experiences	Long term

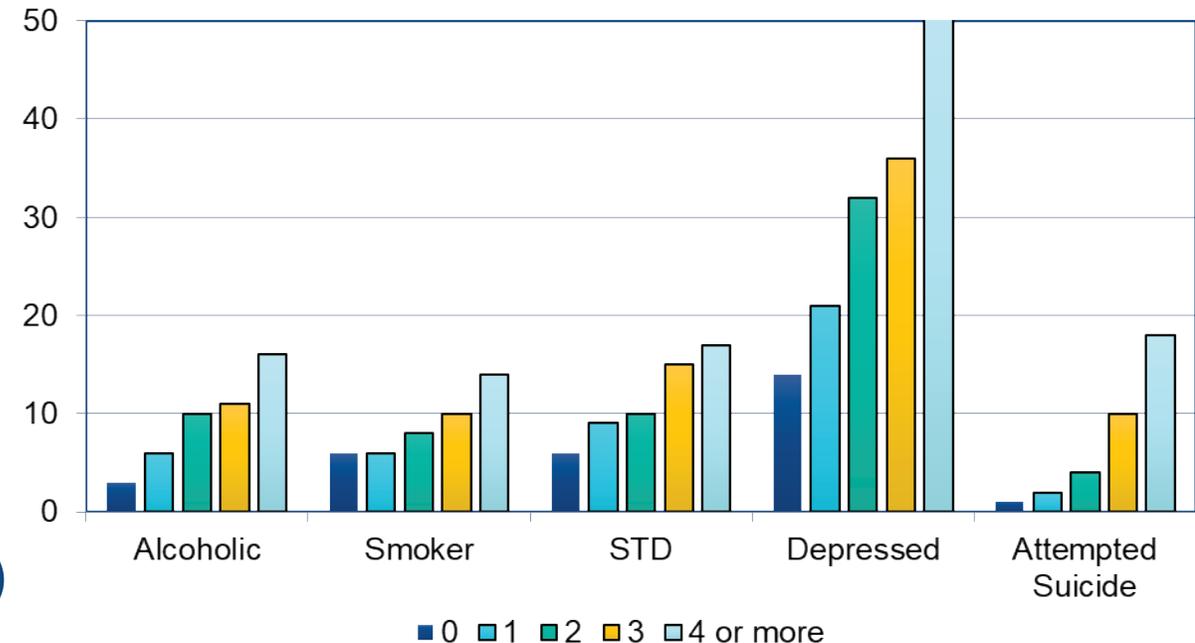
Symptoms of Posttraumatic Stress Disorder (PTSD)



Long-Term Effects of Childhood Trauma

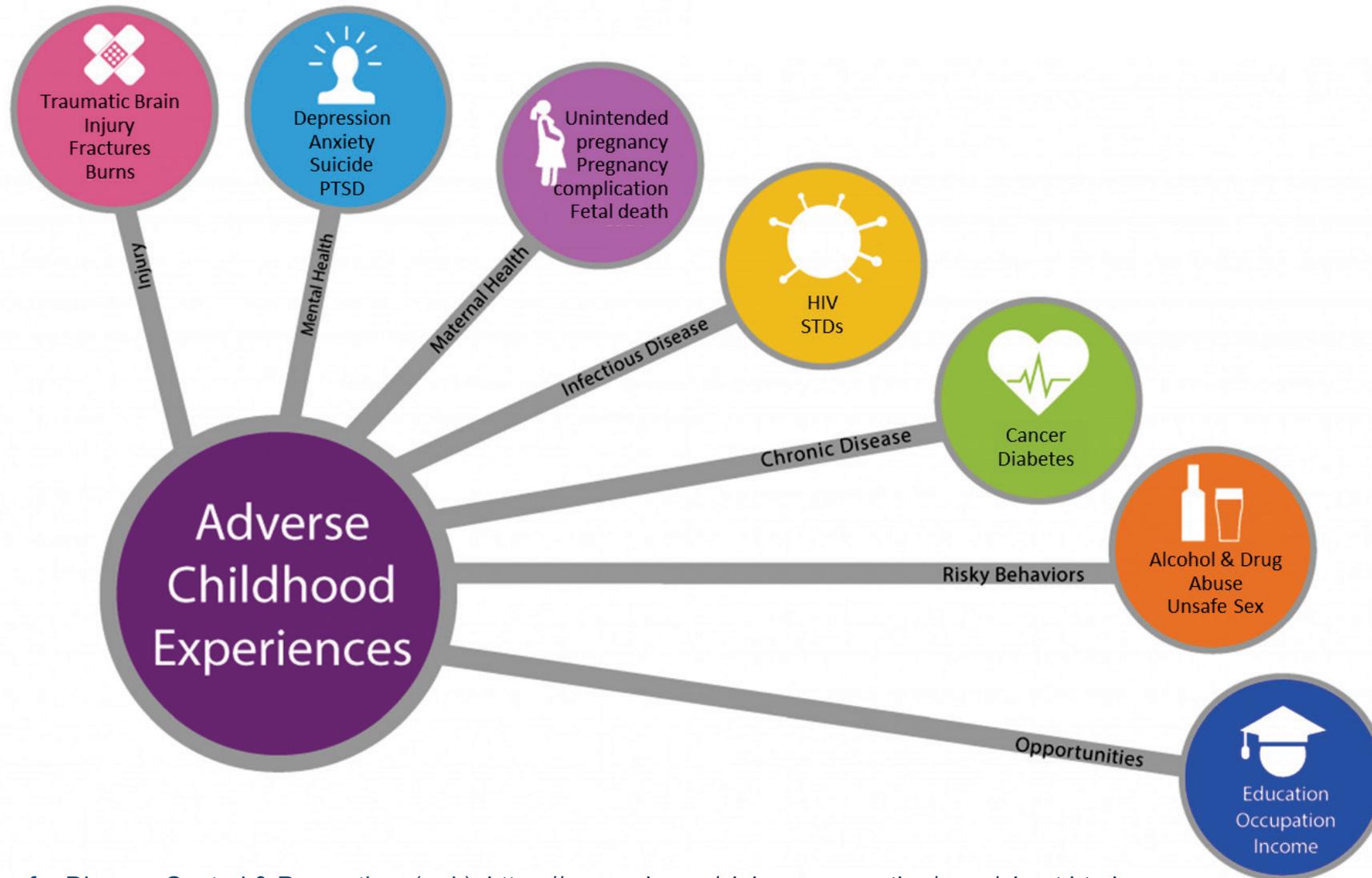
The Adverse Childhood Events Study

- The landmark study on the lasting impact of adverse childhood events (ACEs) examined the relationship between ACEs and the 10 greatest risk factors for death in adults (e.g., smoking, suicide attempts, heart disease)



- “Dose-response relationship” =
As the number of ACEs increases, so does the risk for bad outcomes

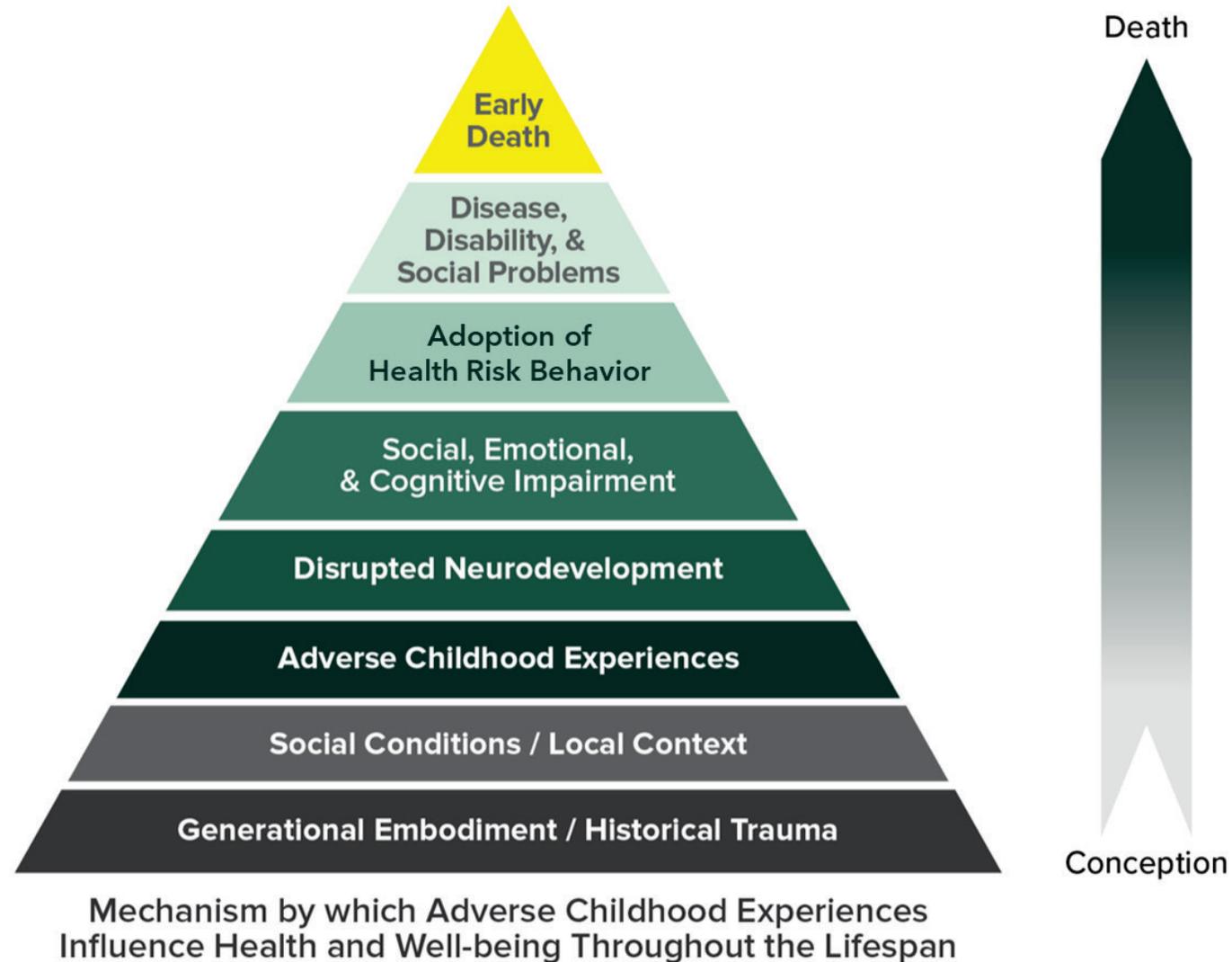
Lasting Impacts of Early Adversity



Sources: Centers for Disease Control & Prevention. (n.d.). <https://www.cdc.gov/violenceprevention/aces/about.html>

Abram et al. (2007); Baglivio et al. (2015); Felitti et al. (1998); Ford et al. (2008); Foy et al. (2012); Greeson et al. (2011); Haynie et al. (2009).

The ACE Pyramid



Trauma's Impact on Child Development

Age range	Major developmental tasks	How trauma may interfere
0–5 years	<ul style="list-style-type: none"> Attachment/trust 	<ul style="list-style-type: none"> Problems forming trusting or positive relationships View authority figures negatively
6–12 years	<ul style="list-style-type: none"> Regulate emotions and behavior (“use your words”) Form friendships Learn to focus for long periods of time (for school/learning) Morality (sense of right and wrong) 	<ul style="list-style-type: none"> Aggressive or disruptive behavior Peer problems Learning disorders or school problems Distorted sense of right and wrong
13–18 years	<ul style="list-style-type: none"> Develop stable identity: “Who am I?” Develop goals for the future/adulthood 	<ul style="list-style-type: none"> Develop negative identity Hang out with negative peers Difficulty forming long-term goals School problems earlier in life limit options and opportunities for the future

“Survival Coping”

- Coined by Dr. Julian Ford (UConn School of Medicine)
- Survival Coping: Children learn ways to survive ongoing trauma by any means necessary
- These coping strategies may help them survive ongoing trauma, but cause problems in daily life
- Examples of survival coping:
 - ❑ Substance use to block out traumatic memories (flashbacks, nightmares, intrusive thoughts)
 - ❑ Preemptive violence to prevent revictimization
 - ❑ Carrying a weapon or joining a gang for protection
 - ❑ Avoiding close relationships in order to prevent further trauma
 - ❑ Avoiding triggering situations or places (home, workplace, court, therapy)

Rates and Impact of Trauma in Incarcerated Adults

Rates of Traumatic Experiences

- Prevalence of trauma exposure:
 - U.S. adult population: 60%
 - Adults with history of incarceration: 99–100%
- Rates of posttraumatic stress disorder (PSTD):
 - U.S. adult population: 6%
 - Adults with history of incarceration:
 - Males: 6%
 - Females: 21%

Source: Baranyi G, Cassidy M, Fazel S, Priebe S, Mundt AP. Prevalence of posttraumatic stress disorder in prisoners. *Epidemiologic Reviews*, 2018;40(1):134–45.

Complex PTSD

- People who experience multiple traumas during childhood have symptoms that go beyond “classic PTSD” (i.e., DSM-5 definition)
- The newly recognized mental health disorder includes difficulties in interpersonal relationships, view of self, and self-regulation
- Research is limited thus far on rates of complex PTSD in prison populations
- One small study of incarcerated adult males in UK found much higher rates of complex PTSD (16.7%) compared to classic PTSD (7.7%)

Sources: Facer-Irwin, E., Karatzias, T., Bird, A., Blackwood, N., & MacManus, D. (2021). PTSD and complex PTSD in sentenced male prisoners in the UK: prevalence, trauma antecedents, and psychiatric comorbidities. *Psychological Medicine*, 1-11.

World Health Organization. (2022). *International Classification of Diseases for Mortality and Morbidity Statistics (ICD-11)*.

Common Traumatic Experiences Reported by Adults Entering the Justice System

- Childhood abuse (physical, sexual, psychological)
- Neglect
- Witnessing domestic violence
- Abandonment by parent(s)/caregivers
- Foster care placement
- Physical assault
- Sexual assault
- Witnessing murders
- Losing loved ones to violence

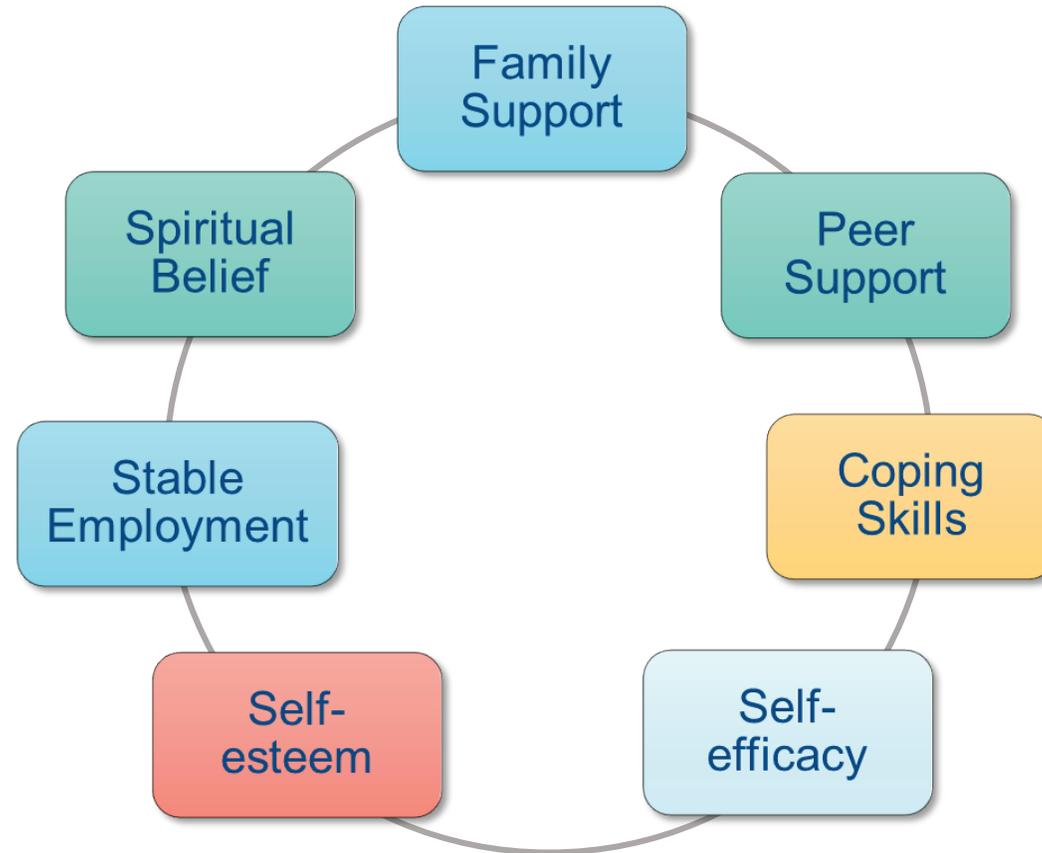
Co-Occurring Problems and Outcomes

- PTSD increases the risk for other mental health and behavioral problems
- Among adult individuals who were formerly incarcerated, PTSD is significantly associated with:
 - ❑ Substance use problems
 - ❑ Depression
 - ❑ Anxiety
 - ❑ Suicidality
 - ❑ Aggressive behavior
- Trauma and PTSD are associated with increased risk of recidivism

Source: Facer-Irwin E, Blackwood NJ, Bird A, Dickson H, McGlade D, Alves-Costa F, et al. (2019) PTSD in prison settings: A systematic review and meta-analysis of comorbid mental disorders and problematic behaviours. PLoS ONE 14(9): e0222407. doi:10.1371/journal.pone.0222407

Trauma and Reentry

What promotes resilience from trauma?



Trauma Related to Justice System Involvement

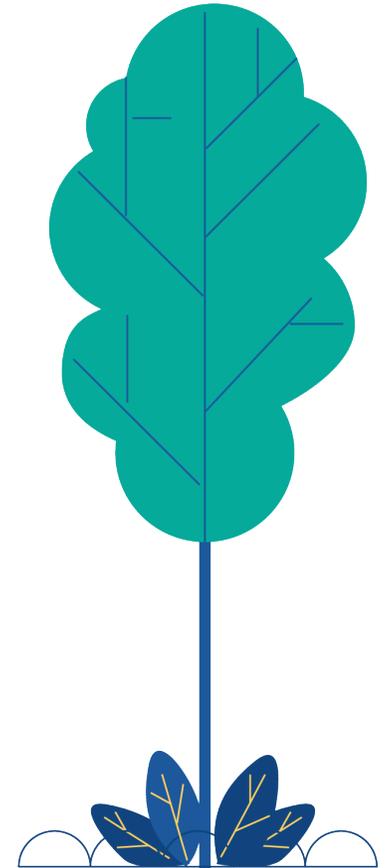
- Incarceration often exposes adults to additional trauma (witnessing or experiencing violence from fellow inmates or officers)
- Trauma experienced while incarcerated is associated with worse post-release outcomes
- Several common practices in criminal justice settings may trigger or retraumatize adults with histories of trauma (e.g., physical restraint, pat downs, strip searches)

What is trauma-informed care?

- Trauma-informed care (TIC) is a system-wide approach that goes beyond offering treatment for PTSD
- SAMHSA's 4 R's of TIC: **Realize, Recognize, and Respond** to the impact of trauma among clients/staff, and **Resist** Retraumatizing
- TIC represents a significant shift in organizational culture and practice for most criminal justice agencies
- TIC is widely endorsed by several national criminal justice organizations and federal agencies

Essential Elements of a Trauma-informed Justice System

1. Physical and psychological safety for clients
2. Physical and psychological safety for staff
3. Staff knowledge and training
4. Trauma-informed mental health services (screening, treatment)



The Importance of Physical and Psychological Safety

- **Safety** is the foundation of trauma-informed practice
- Refers to both *physical* and *psychological safety*
- Clients must feel safe in order to build trust/rapport with staff
- Staff must feel safe in order to provide a safe environment for clients

Domain #1: Psychological and Physical Safety for Clients

- Safety from violence/threats in the agency setting
- Minimize use of harsh/coercive disciplinary practices to promote client adherence
- Respectful and collaborative client-staff relationships
- Clear and consistent rules/grievance process
- Structure and predictable schedule
- Privilege client preferences during case planning (“Voice & choice”)
- Involve clients in evaluating and planning services
- Welcoming physical environment

Practical Tips for Creating a Safe Environment for Clients

- Eliminate or restrict use of harsh or coercive disciplinary practices– survey clients about this
- Walk through assessment of agency procedures/policies from consumer perspective to identify potential triggers
- Create trauma-informed **safety plans** (triggers, warning signs, how to help clients cope) for all clients
- Develop process for routinely collecting client feedback (satisfaction surveys, include former clients on agency's advisory board)

Staff need to feel safe before they can help clients feel safe



Domain #2: Psychological and Physical Safety for Staff

- “**Voice & Choice**” (ability to voice concerns with leadership, share suggested changes)
- Open lines of communication across levels of hierarchy and professions/departments
- Organizational problems are openly discussed and addressed
- Support from coworkers, supervisors, and leadership
- Environment where help-seeking is encouraged (not stigmatized)
- Respectful and collaborative staff–supervisor relationships
- Clear, consistent rules/grievance process
- Structure and predictable schedule
- Recognition of staff successes

Domain #3: Staff Training

- Few TIC training curricula have been evaluated by research
- Many TIC trainings offer knowledge on the impact of trauma but no practical skills (“Trauma 101”)
- Training should include practical skills for working with trauma survivors
- Training alone is ineffective—staff need ongoing opportunities to practice new skills and receive feedback
- Sample curricula:
 - *Think Trauma*
 - *T-CARE*

Domain #4: Trauma-Specific Mental Health Services

- Major components: (1) screening/assessment for trauma, PTSD; (2) referral to trauma-specific mental health treatment (therapy to promote healing from trauma)
- Optional: Workshops for family members of clients
- Many agencies start here, but safety must come first
- Do not screen for trauma/PTSD unless treatment is available
- Most therapists are **not trained in evidence-based treatments for PTSD**, so don't assume

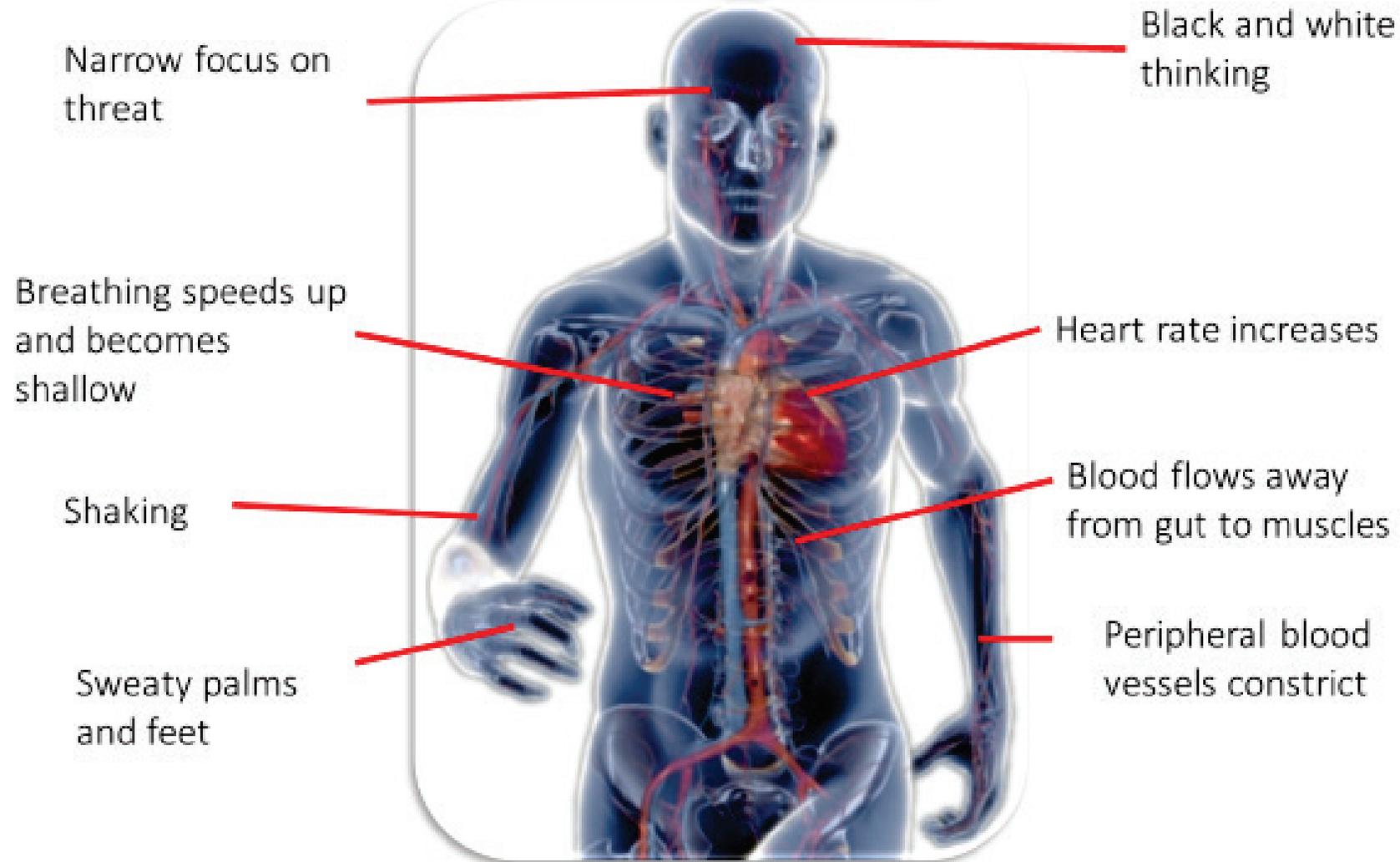
Take-Home Activity: Making Your Agency More Trauma Informed



1. Which elements are your agency already addressing?
2. Which elements are not being adequately addressed?
3. What are your ideas for making your agency more trauma informed?

Practical Skills for Working With Trauma Survivors

The Body's Alarm System: Fight Flight, or Freeze



The Alarm System: Key Points for Providers

- **”Alarm system”**: The alarm system in the brain detects life-threatening situations and prepares us to react (fight, flight, freeze, fawn)
- **“False alarms”**: The alarm system is activated by a reminder of past trauma, rather than actual danger
- Clients can learn to recognize when they are experiencing a false alarm—the first step to controlling these reactions

TIP #1: Notice Signs of False Alarms

How would you or other people know that you were upset or having a hard time? What are the early warning signs?

<input type="checkbox"/> sweating	<input type="checkbox"/> muscle tension	<input type="checkbox"/> breathing hard	<input type="checkbox"/> act rude/disrespectful
<input type="checkbox"/> heart racing	<input type="checkbox"/> clenched teeth	<input type="checkbox"/> clenched fists	<input type="checkbox"/> poor hygiene
<input type="checkbox"/> wringing hands	<input type="checkbox"/> bouncing legs	<input type="checkbox"/> rocking	<input type="checkbox"/> face feels warm/hot
<input type="checkbox"/> fidgety	<input type="checkbox"/> can't sit still	<input type="checkbox"/> swearing	<input type="checkbox"/> break or throw stuff
<input type="checkbox"/> loud voice	<input type="checkbox"/> irritable	<input type="checkbox"/> crying	<input type="checkbox"/> can't pay attention
<input type="checkbox"/> hiding/wandering	<input type="checkbox"/> impatient	<input type="checkbox"/> eat less/more	<input type="checkbox"/> look spaced out
<input type="checkbox"/> can't sleep	<input type="checkbox"/> nervous, scared	<input type="checkbox"/> stay away from people	<input type="checkbox"/> argue with others
<input type="checkbox"/> pacing	<input type="checkbox"/> punch wall	<input type="checkbox"/> look angry	<input type="checkbox"/> upset stomach
<input type="checkbox"/> Others: _____			

Trauma Triggers

Situations, people, places, sights, sounds, smells, emotions, and other reminders of a traumatic experience that set off your body's alarm system
(fight-or-flight response)



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Common Triggers for Adults on Parole

General Triggers

- Being stared at
- Being touched
- Stern facial expression
- Someone standing behind them
- Yelling or loud noise
- Being criticized
- Arguments
- Feeling disrespected or treated unfairly
- Feeling ignored
- Feeling let down by someone they trust
- Lack of control/choice
- Lack of voice/input in service planning
- Court appearances
- Authority figures
- Being in a large group of people
- Place where trauma happened

Triggers in the Justice System

- Threats of parole violations or reincarceration
- Interacting with law enforcement
- Handcuffs
- Pat downs, searches
- Being observed during urine toxicology testing
- Sudden changes in programming/services
- Staff turnover (or preferred staff are absent)
- Arguments
- Being asked personal questions during intake interviews, therapy sessions, etc.
- Lack of privacy
- Loud, chaotic waiting areas

TIP #2: Help Clients Learn Their Triggers

- Provide clients with list of common trauma triggers
- Ask clients to learn their triggers by:
 - ❑ Noticing when they have false alarms and thinking about what happened right before
 - ❑ Asking people close to them (i.e., “Have you noticed any of my triggers?”)
 - ❑ Once clients learn their most common triggers, they can plan for them (i.e., how to avoid a trigger or how to cope)

TIP #3: Help Clients Feel Safe When They Are Triggered

People go into “alarm” mode when they feel unsafe. Make clients feel safer by:

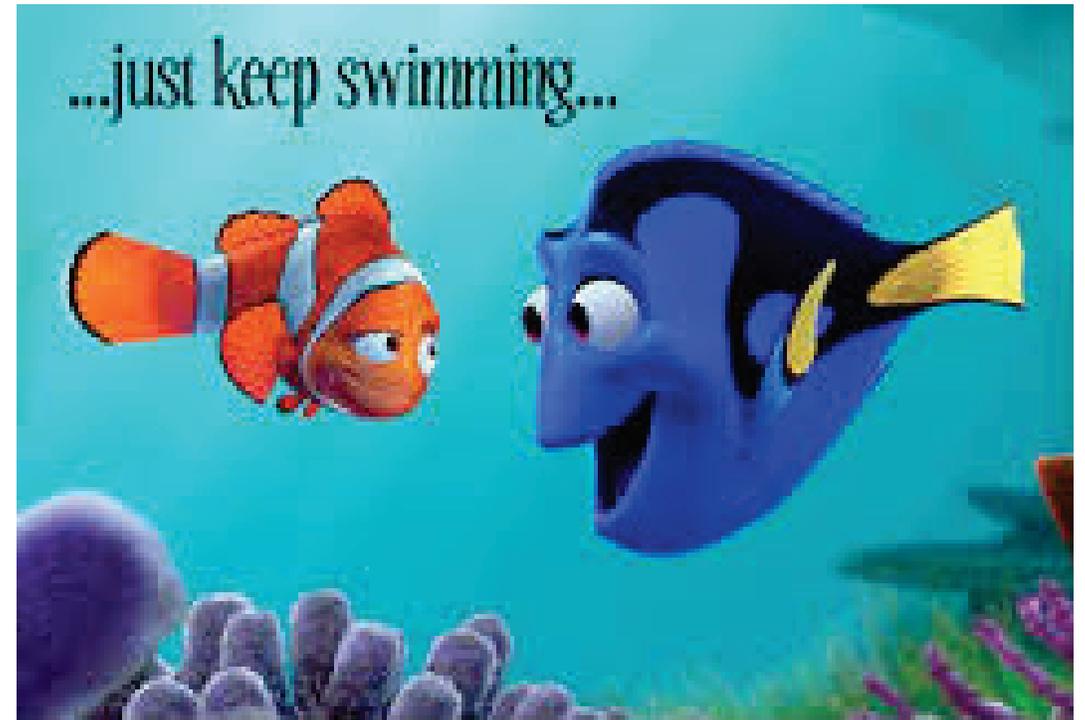
- Giving them more physical space (don't stand too close or touch them)
- Using a calm and even tone of voice (yelling and stern tone can be triggers)
- Remove them from “audience” (talk 1:1)
- Go for a walk around the office (get the adrenaline out)
- Give clients options or a sense of control. (e.g., “You can decide to stay in drug treatment and get your case closed or you can stop going and experience such and such consequence. I hope you go but it's really your choice”)
- Explain why you are asking them to do something
- Helping them focus on their goals and what really matters to them
- Point out their strengths/ability to handle the situation
- Ask them questions about what is upsetting them and what would help them calm down—can be as simple as “You seem really upset right now. What's going on?”

TIP #4: Help Clients Focus on Goals

- When triggered, we may react in a way that does not fit with our goals or values
- During a false alarm, we want to focus on our goals rather than a nonexistent danger
- Teach clients to focus on a thought that reminds them of:
 - ❑ The type of person they want to be
 - ❑ Their values
 - ❑ Their goals in life

Examples of Client Goals

- “Keep swimming”
- “I got this”
- “I have to provide for my family” (or picturing your family)
- Picturing self at graduation or first day of work



My Take-Home Messages

- Safety for staff and clients is the foundation of a trauma-informed agency
- Consult with an expert
- TIC doesn't happen overnight—plan carefully and involve all “voices” (avoid usual top-down approach)
- Front-line staff are crucial to successful implementation—involve them from the start!
- Many changes can be implemented at little-to-no cost

Q&A

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Thank you!

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