Practical Skills for Identifying & Managing Trauma Symptoms in Incarcerated Individuals

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Learning Objectives

1. Today, we will review the research on trauma rates in correctional populations, as well as consequences of unmanaged trauma symptoms in incarcerated individuals (IIs).
2. We will learn assessment and identification skills that may be employed with II with a history of trauma and/or exhibiting possible trauma symptoms.
3. We will learn concrete skills to help patients manage symptoms of trauma, based on evidenced-based treatments (Dialectical Behavior Therapy, Acceptance and Commitment Therapy).

“Traumatic stress is an illness of not being able to be fully alive in the present.”

Pierre Janet

“The greatest discovery of my generation is that human beings can alter their lives by altering their attitudes of mind.”

William James

Let's start with an exercise…

Universal Precautions & Trauma Informed Care

- In corrections, the rates of trauma among II's is so high, it is ***safest*** to assume that all individuals have a trauma background.
- When responding to behavior, recognize that although it may be maladaptive, it may be the individual's way of coping.
- The program's, organization's, or system's response involves a universal precautions approach in which one expects the presence of trauma in lives of individuals being served, ensuring not to replicate it. A trauma-informed approach seeks to resist re-traumatization of clients.

Prevalence of Trauma Exposure in Corrections

- *Research overwhelmingly indicates that nearly all male and female II's have been exposed to at least one traumatic event in their lifetime* [21,55,58], which are significantly higher rates than the general population [58]
- Among male II's: 99 to 100% report exposure to a lifetime traumatic event [21,58], 95% report a direct violent event [58], 70% report childhood trauma [58], 24% report unwanted sexual contact [58], 35% of male II's reported physical victimization in the last 6 months [8]
- Among female II's: 97% report exposure to a lifetime traumatic event [55], 77% to 90% report a history of childhood trauma [5,22,35,59], 86% reported sexual violence in childhood and adulthood [13], 46-77% reported partner violence [13,55], 60% reported caregiver violence [13], 21% report an incident of some type of inmate-on-inmate sexual victimization in the previous 6 months [57], inmate-on-inmate rape is over 10x higher than rape in the general population [57]; 24% of female II's reported physical victimization in the last 6 months [8]

Prevalence of Trauma Symptoms in Corrections

- Overall, rates of trauma symptoms and PTSD diagnosis range from ***2 to 10x higher*** in II's than in community samples [17,58]
- Among female II's: 51 to 53% in US jails had lifetime PTSD [13,31] and 29% met criteria for current PTSD [31]
- Among male II's: 46% in jails met criteria for current PTSD [21], 59% in prison reported moderate PTSD symptoms, and 49% reported severe PTSD symptoms [58]
- Meta-analysis of 21,000 II's across 20 countries between 1980 and 2017 found that the prevalence of PTSD 6% in males (0.1% to 27%) , and 21% in females (12% to 38%) [4]
  - II's in the US, in particular, have higher rates of PTSD than in other countries [4]

Gender Differences

Male II's are more likely…

- To report exposure to traumatic events that are "violent, interpersonal, sudden, and life-threatening" [58]
- To report a recent incident of sexual and physical victimization perpetrated by correctional staff [8,57]
- With mental health diagnosis are significantly more likely to be physically victimized by inmates and staff than those without a diagnosis [8]
- To exhibit externalizing behaviors (aggression) [17]

Female II's are more likely…

- To report sexual victimization, including childhood sexual abuse [42]; lifetime and recent inmate sexual and physical victimization [8,57]; abusive nonconsensual sexual experience during incarceration [57]
- To have PTSD, C-PTSD, and clinically significant trauma symptoms [4,14, 17,20]
- With mental health diagnosis are significantly more likely to be physically victimized by inmates (but not staff) than those without a diagnosis [8]
- With PTSD are more likely to engage in internalizing behaviors (self-harm, suicidality) than males [17]

Corrections: Special Considerations

- Is the II involved in mental health treatment?
  - PTSD and trauma symptoms often go missed and/or underdiagnosed in screening and assessment, and as a result, II's do not receive the support they need [21]
  - Who gets missed? II's with comorbid diagnoses, particularly psychosis [21] and Borderline Personality Disorder [55], those with difficulty self-reporting [21], those not identified by a brief screen [24]
- Many prison-based mental health treatment programs are not appropriate settings for traditional trauma treatment
  - Reliving the trauma (e.g. exposure to memories, discussion) is ***highly dysregulating***, and can lead to adverse consequences (e.g., panic attacks, 'man down', acting out, self-harm, aggression/violence, self-medication with substance use, infractions, transfer) if the II does not have the adequate regulation skills [52]
  - Treatment may not be frequent/consistent enough to engage in trauma treatment
  - Trauma treatment requires a foundation of physical and emotional safety [52] that is not typical in correctional settings

Corrections: Special Considerations

- Limitations of correctional settings:
  - Institutional and legal constraints
  - Environment: cell, dorm, yard, presence of other IIs
  - Unforeseen circumstances: lockdowns, transfer, court, early release
  - Lack of resources; trauma treatment or DBT is costly, time-intensive, and staff-intensive
  - (In)accessibility to items used in practice of coping strategies: journals, pens/pencils, music, showers, exercise, yoga, art, watches
- Therefore, best practice to help the II cope with trauma symptoms is:

Identifying Trauma Symptoms

Different Types of Trauma

What is trauma?

- Per DSM-5, a traumatic event is exposure to actual or threatened death, serious injury, or sexual violence [2]
- Trauma is “an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life-threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.” [61]
- Trauma is “an experience in which an individual is directly involved in or a witness to an event that evokes feelings of loss of safety, helplessness, intense fear, horror, and a threat of annihilation” [12,26]

Types of trauma

- *Childhood maltreatment*: "any recent act or failure to act on the part of a parent or caregiver that results in death, serious physical or emotional harm, sexual abuse, or exploitation, or an act or failure to act that presents an imminent risk of serious harm.“ [11]
- *Collective trauma*: the impact of a traumatic experience that affects and involves entire groups of people, communities, or societies (e.g., 9/11, COVID-19 pandemic) [50]
- *Transgenerational trauma*: trauma that passes through generations following a descendant's traumatic experience (e.g., descendants of Holocaust survivors, descendants of enslaved and interned peoples) [12,48]
- *Vicarious trauma:* distressing response to trauma through secondary exposure (e.g., working with traumatized individuals in corrections or therapy, looking at crime scene photos) [38]

PTSD: Intrusion Symptoms

Presence of one (or more) of the following **intrusion symptoms:** associated with the traumatic event(s), beginning after the traumatic event(s) occurred [2]:

- distressing memories
- dreams
- dissociative reactions (e.g., flashbacks),
- intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event

PTSD: Avoidance Symptoms

Persistent avoidance of stimuli associated with the traumatic event(s), beginning after the traumatic event(s) occurred, as evidenced by one or both of the following [2]:

- Avoidance of distressing memories, thoughts, or feelings about or closely associated with the traumatic event
- Avoidance of or efforts to avoid external reminders (people, places, conversations, activities, objects, situations) that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event

PTSD: Changes in Cognition and Mood

Negative alterations in cognitions and mood associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following [2]:

- Inability to remember an important aspect of the traumatic event
- Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world
- Persistent, distorted cognitions about the cause or consequences of the traumatic event that lead the individual to blame self or others
- Persistent negative emotional state
- Markedly diminished interest or participation in significant activities
- Feelings of detachment or estrangement from others
- Persistent inability to experience positive emotions

PTSD: Arousal Symptoms

Marked alterations in arousal and reactivity associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following [2]:

- Irritable behavior and angry outbursts, typically expressed as verbal or physical aggression toward people or objects
- Reckless or self-destructive behavior
- Hypervigilance
- Exaggerated startle response
- Problems with concentration
- Sleep disturbance

Trauma on a Spectrum

- *Not all individuals exposed to a traumatic event develop trauma symptoms or PTSD, and others develop trauma symptoms and distress that do not fit the PTSD diagnosis*
- "It has become clear that in clinical settings the majority of traumatized treatment seeking patients suffer from a variety of psychological problems that are not included in the diagnosis of PTSD" [52]
- Complex PTSD: chronic, prolonged and severe interpersonal abuse [52]
  - Symptoms: emotion dysregulation, destructive behavior (drugs, self-harm), dissociation, poor sense of self (guilt, shame), interpersonal difficulties, somatization, loss of sustaining beliefs [52]

- Why is it important to understand Complex PTSD?
  - Often such traumatized individuals do not meet criteria for PTSD, despite a significant trauma history, and may not receive sufficient or necessary treatment
  - Those with Complex PTSD frequently do not respond to traditional trauma treatment (prolonged exposure, cognitive restructuring) [52]
  - Very little research on C-PTSD in II's, but a 2021 UK study found that C-PTSD is over 2x more likely than PTSD in male II's [18]
  - In sum, when assessing trauma, be open to various types and presentations of trauma, as a one-size-fits-all approach certainly does not apply to traumatized II's

Assessing Trauma Symptoms

- Clinical interview/Structured Clinical Interview for DSM-5 (SCID)
- PTSD Checklist for DSM-5 (military, civilian, specific versions)
- Clinician-Administered PTSD Scale for DSM-5 (CAPS-5)
- Childhood Attachment and Relational Trauma Screen (CARTS)
- Short Post-Traumatic Stress Disorder Rating Interview (SPRINT)
- Life Events Checklist for DSM-5 (LEC-5)
- Primary Care PTSD Screen for DSM-5 (PC-PTSD-5)
- Beck Anxiety Inventory (BAI)
- Prison Violence Inventory (PVI)

The Window of Tolerance [53]

- Optimal zone of “arousal” for a person to function in everyday life
  - Able to effectively manage and cope with emotions
- Patients with a history of trauma often have difficulty regulating emotions (hyperarousal or hypoarousal)
  - The window of tolerance where they can function effectively is limited
- When a patient has a history of trauma, it may be difficult for them to ***stay grounded in the present,*** as the past (the trauma) is vivid and intrusive.
  - Patients re-living their past trauma are primed to detect threat, can become defensive, which decreases their window of tolerance

Outside the Window of Tolerance

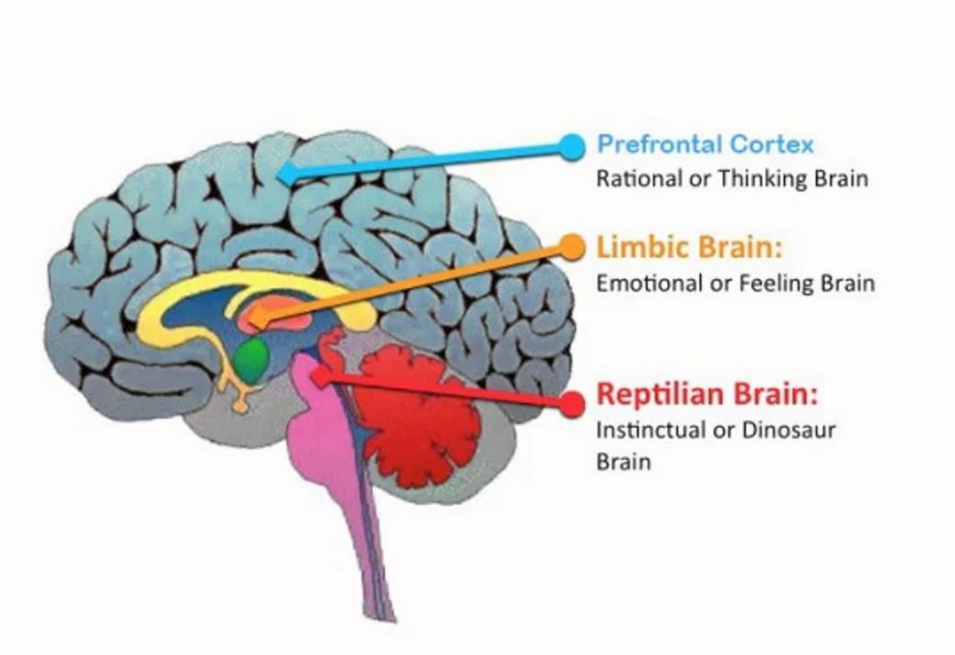
Hypoarousal
Depression
Numbness
Emptiness
Flaccid body
Blank stare
Inability to speak
Dissociation

Hyperarousal
Angry outbursts
Fear
Anxiety
Emotional overwhelm
Panic
Hypervigilance, perceived threat
Tight muscles
“Deer in the headlights” freeze

Treatment Goals [41]

- Help the client engage in the present
- Help the client self-regulate better
- Help the client tolerate distress
- Help the client engage with others
- Help the client gain acceptance

Top-Down vs. Bottom-Up Approaches



- *Bottom-up approaches* focuses on a patient's raw emotions and defense systems by working with clients to modulate their bodies.
- *Top-down approaches* look to shift the way a patient thinks – whether it's veering them away from unhelpful rumination or encouraging curiosity for their reactions.

Top-Down vs. Bottom-Up Approaches

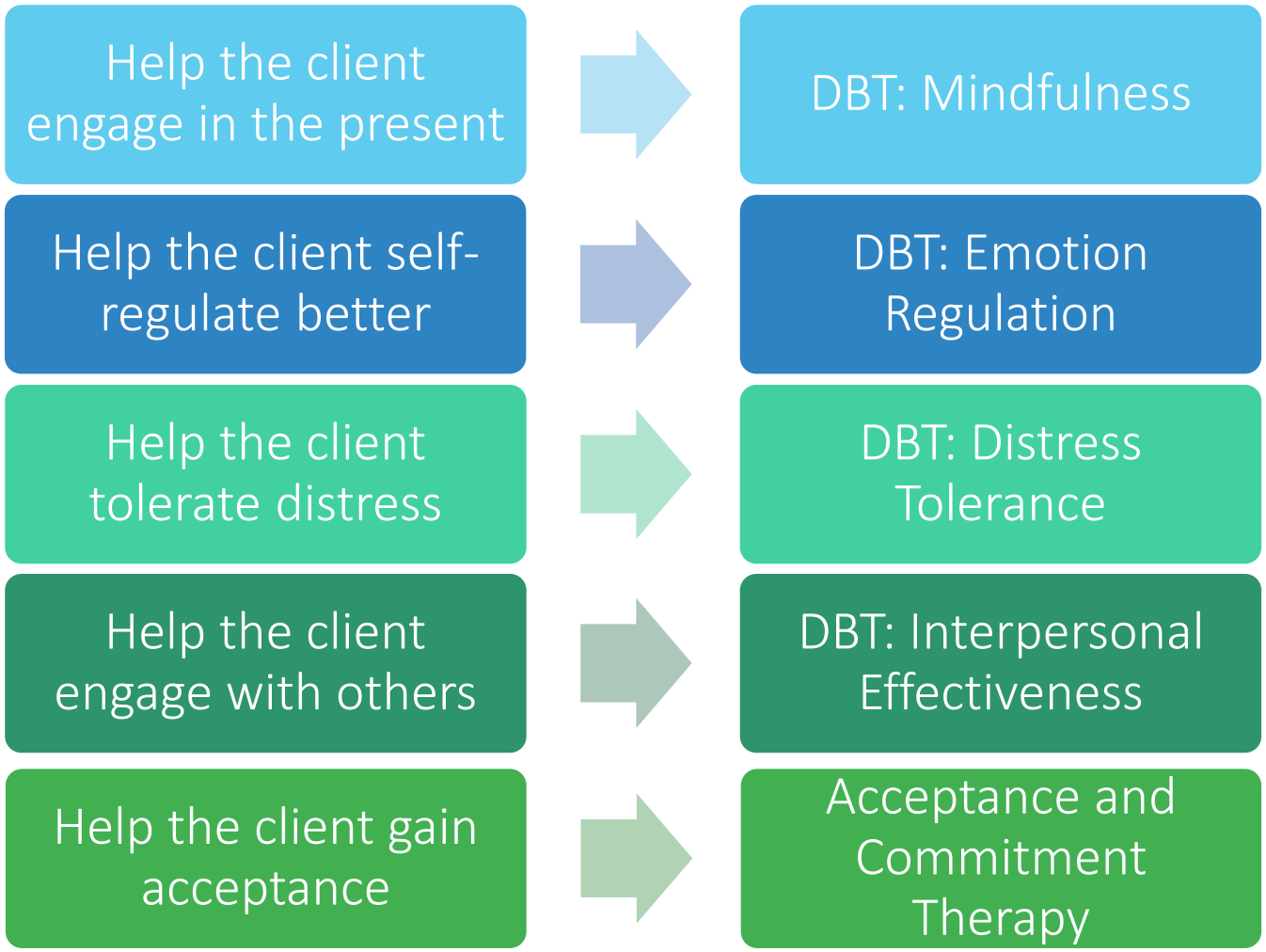
Top-Down: Help clients think differently.

- Talk therapy
  - CBT
  - ACT
  - DBT
- Prolonged Exposure Therapy
- Solution-Focused Brief Therapy

Bottom-Up: Help patients cope with their "raw" emotions and defense reactions.

- Yoga
- Somatic/Sensorimotor Psychotherapy
- Comprehensive Resource Model
- EMDR
- Internal Family Systems
- Expressive Arts Therapy
- DBT Skills

Treatment Goals & Skill-building



Managing Trauma Symptoms: Dialectical Behavioral Therapy (DBT) Skills

What is DBT?

- Dialectical Behavior Therapy (DBT) is an evidenced-based cognitive behavioral treatment [27-30]
- Initially developed in the 90's to reduce parasuicidal behaviors in those with Borderline Personality Disorder, it has been applied to other difficult-to-treat populations [7, 27-30, 36]
- "DBT is especially well suited for the treatment of problems characterized by **behavioral dyscontrol** such as self-harm, violent aggression and poor impulse control." [7]
- DBT focuses on identifying maladaptive behaviors and reinforcing new, adaptive behaviors, based on 4 modules: [30]

DBT in Corrections: Why it Fits

1. High incidence of personality disorders
2. Comprehensive and structured treatment; CBT interventions have previously been shown to be effective in forensic environments
3. Reduces self-harm, impulsive behaviors, aggression and violence
4. Reduces staff burnout [34]

DBT in Corrections: Research

- Preliminary research has found that DBT is effective in correctional/forensic populations [7.36], but there has been limited research; here is a brief review:
- Adolescent male II's demonstrated ***reduced aggression and disciplinary infractions*** after a 16-week DBT-CM skills groups [46]
- Male II's with intellectual disability and history of violence in forensic hospitals demonstrated improvements in ***self-regulation and coping skills*** after a 13-week group [43]; II's with BPD traits showed a ***reduction in violent behavior*** after 18-month modified DBT program [16]
- Male II's with BPD traits or self-harm history in prison had ***decreases in depression and anxiety*** after 10-week DBT skills group and therapy [15]; in 5 pilot studies of DBT with female II's with BPD or self-harm, participants showed ***improvements in borderline traits, impulsivity, emotional control, and self-esteem*** [37]; male and female II's had ***decreases in behavioral infractions and aggression***, and increase in use of skills a DBT-CM 16-week skills group [47]
- II's in jail used ***more adaptive coping skills, fewer maladaptive coping skills***, and less externalization of blame following an 8-week DBT skills group [36]

DBT Skills: Mindfulness [30]

- Purpose: to help the II bring attention to the present moment, to help activate awareness and interoception within the brain, which can help one build self-regulation, to help the II learn that bodily sensations change over time
- Skills:
    1. Breathing exercises: deep breathing, box breathing
    2. Body scan: help the client bring awareness to, then find the words to describe bodily sensations and states, and notice how sensations change over time
    3. Progressive muscle relaxation
    4. Mindful movement: walking, yoga movements, posture changes
    5. Mindfulness meditation exercises
    6. Important to incorporate different all sensory modalities: 5-4-3-2-1 technique

Skills: Emotion Regulation [30]

- Purpose: teach II how to identify and describe their emotions, decrease negative emotions and vulnerability to negative emotions, and increase positive emotions, and to learn that like bodily sensations, emotions change over time
- Skills:
    1. Review emotions, what their purpose is, when the client feels them, how they might respond in a maladaptive behavior, and how they can respond with a more maladaptive behavior
    2. “Check the Facts”
    3. Cope Ahead
    4. Positive Self-Talk

DBT Skills: Distress Tolerance [30]

- Purpose: to build and practice concrete "crisis survival skills" to avoid impulsive, destructive behaviors in moments of extreme distress, using distraction, and self-soothing
- Skills:
  1. STOP Skill
  2. Cold Water Activity
  3. Intense Exercise
  4. Breathing Exercise
  5. Progressive Muscle Relaxation

Stop	Do not just react. Stop! Freeze! Do not move a muscle! Your emotions may try to make you act without thinking. Stay in control!
Take a step back	Take a step back from the situation. Take a break. Let go. Take a deep breath. Do not let your feelings make you act impulsively.
Observe	Notice what is going on inside and outside of you. What is the situation? What are your thoughts and feelings? What are others saying or doing?
Proceed mindfully	Act with awareness. In deciding what to do, consider your thoughts and feelings, the situation, and other people's thoughts and feelings. Think about your goals. Ask Wise Mind: Which actions will make it better or worse?

Skills: Interpersonal Effectiveness [30]

- Purpose: teaches assertive communication and other interpersonal skills to help deal with conflicts and get needs in adaptive ways
- Skills:
  1. Assertive communication
  2. Healthy boundaries
  3. DEARMAN

Describe
Express
Assert
Reinforce

Mindful
Assertive
Negotiate

Managing Trauma Symptoms: Acceptance & Commitment Therapy (ACT) Skills

What is ACT? [1]

- Acceptance and Commitment Therapy (ACT) is a **behavioral treatment** approach rooted in the idea that humans do not experience emotional distress because of their experiences, but rather because of their **attempts trying to control the negative feelings they experience following a traumatic experience**.
- The general concept of ACT concentrates on the **acceptance of unpleasant feelings and emotions**.
- Through ACT, you work to improve quality of your life while recognizing that your thoughts are not a reflection of who you are.
- In fact, your thoughts are just that… thoughts. ACT assumes that suffering comes from our attempts to avoid feelings of pain.

ACT: Control [1]

- Control is the problem
    - You cannot force yourself to stop intrusive/traumatic thoughts
- Experimental Avoidance:
    - What have you done to avoid certain thoughts?
    - Correctional/outpatient environment
    - Important to speak in “general” terms - ALWAYS avoid re-traumatization
- We CANNOT forget traumatic memories
- ACT = Accept – Chose – Take Action

ACT: Metaphors & Creative Hopelessness [1]

Metaphors

- Helps prevents re-experiencing traumatic events
- Allows for concepts of ACT to resonate
  - “what if you are on a roller-coaster and told you cannot get anxious?”
  - You are setting the stage for patients to understanding they have been unsuccessful in attempts to stop traumatic thoughts

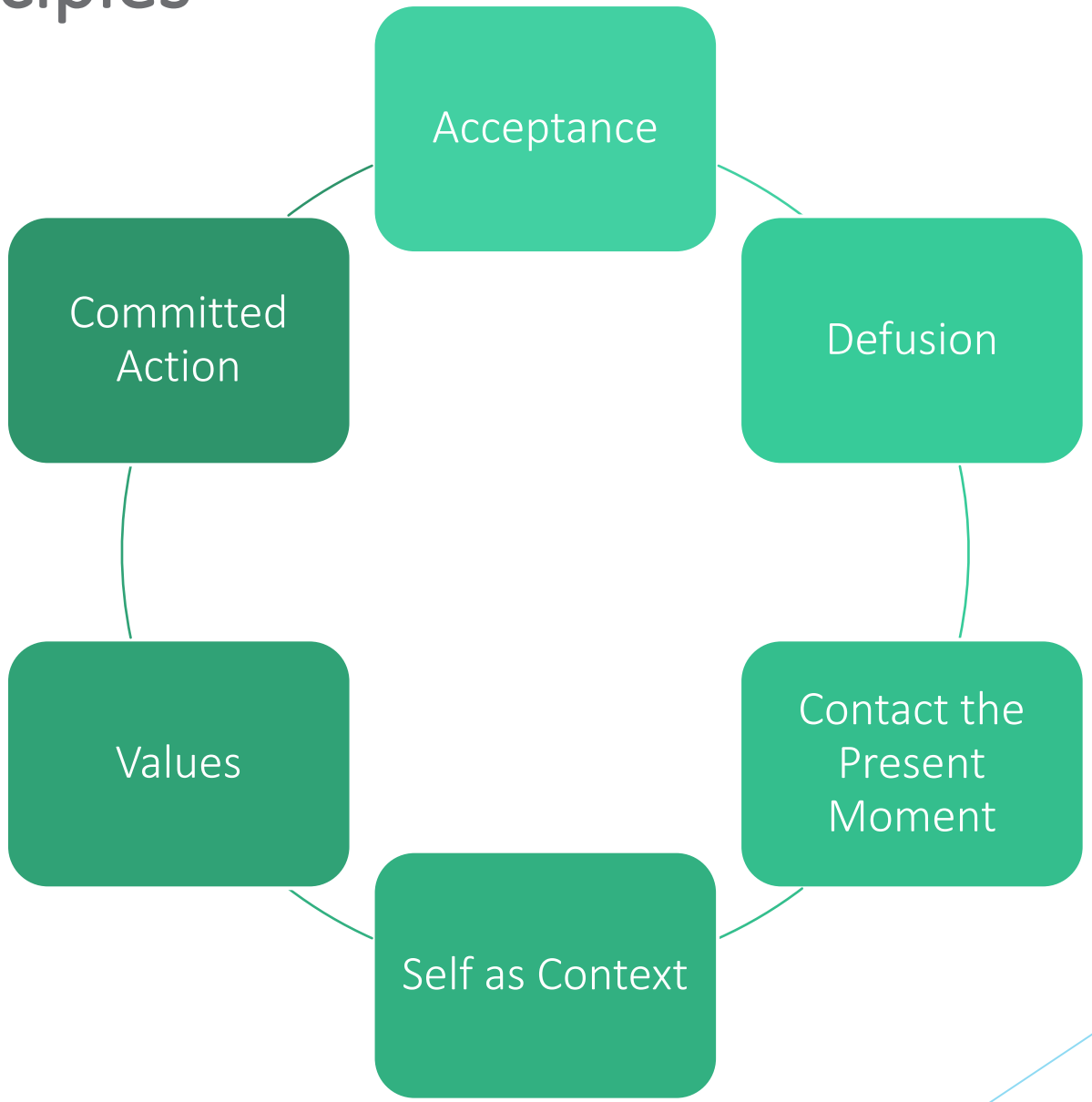
Creative Hopelessness

- Making a case for utilization of ACT
  - “What you have been doing has not been working…”
- Identify aspects of trauma most debilitating to their lives

ACT in Corrections: Why it Fits [1]

1. Large body of evidence based research focuses on the application of ACT as it relates to trauma
    - HIGH percentage of incarcerated individuals report experiencing trauma
    - 99-100% of male populations and 97% female
2. Large body of ACT research also geared to reducing substance use behaviors
3. Utilization of ACT is accomplishable in correctional environments

ACT Principles



ACT: Acceptance [1]

- *Acceptance* means opening up and making room for painful feelings, sensations, urges, and emotions.
- This is an alternative to our instinctual behavior to avoid thinking about potentially negative or negative experiences.
- Acceptance is the active choice to allow unpleasant experiences to exist, without trying to deny or change them.

Exercise: *"Let's try an exercise, I want you to close your eyes and focus on any anxiety you may feel. Scan your body to notice where in your body you feel anxiety the most. Now observe the sensation of your anxiety; notice the edges of it, the shape of it, the vibration, weight, temperature, and the numerous other sensations within the sensation. Now breathe into the sensation making room for it. Allow your anxiety to be in your body even though you do not like or want it. Does this help calm you down?"*

ACT: Defusion [1]

- *Defusion* means learning to "step back" and separate or detach from our thoughts, images, and memories.
- We see our thoughts for what they are—nothing more or less than words or pictures.
- Defusion helps people cope with uncomfortable or unhelpful thoughts and feelings by creating space between ourselves and our thoughts and feelings so that they have less of a hold over us.

Exercise: Thoughts are Just Thoughts

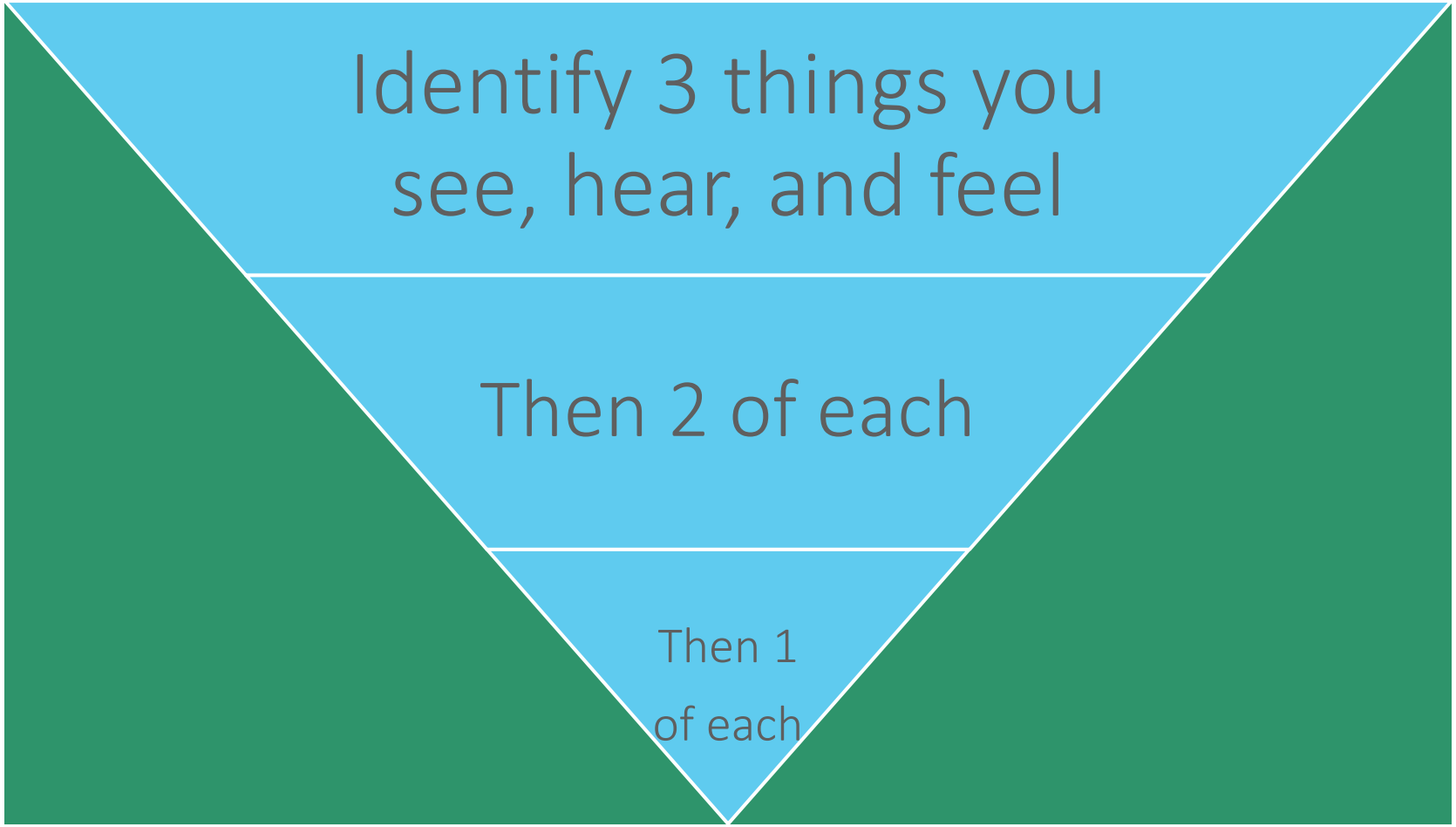
Step 1: Bring to mind an upsetting and recurring negative thought, such as, "I am a bad person." Hold that thought in your mind for several seconds and believe it as much as you can. Now notice how it affects you.

Step 2: Now take the thought "I am a bad person" and insert this phrase in front of it: "I'm having the thought that I am a bad person." Now think through this phrase again, "I am having a thought that I am a bad person."

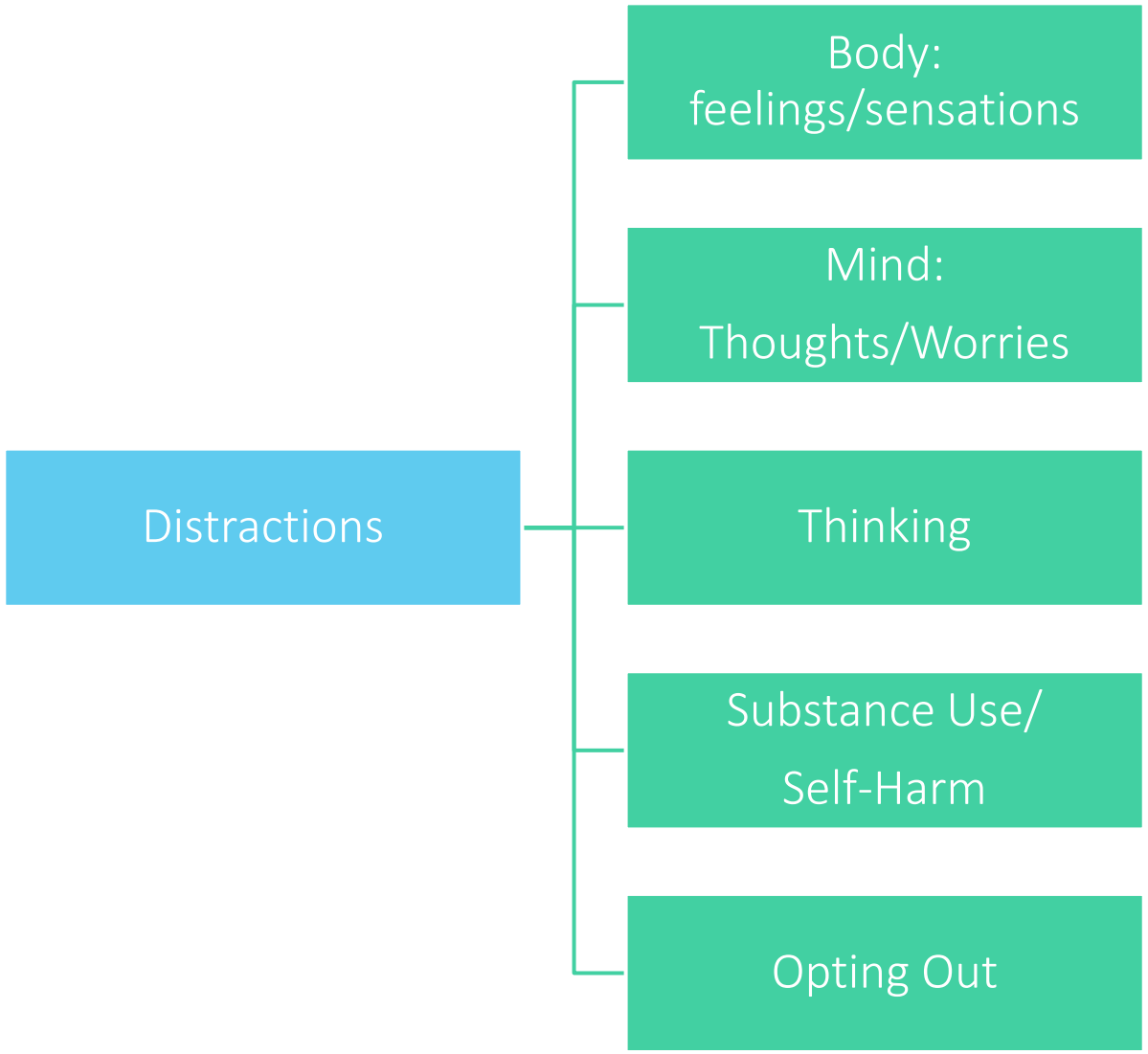
ACT: Contact the Present Moment [54]

- Contacting the Present Moment means being psychologically present and mindful; consciously connecting with and engaging in whatever is happening in this moment. It is being in the "here and now" and experiencing what is going on directly.
  - Also enables us to better identify triggers/antecedents and in turn allow for behavioral change/modification to occur
- Skills:
  - Take 10 slow, deep breaths
  - Drop Anchor
  - Notice 3 things
  - Join the DOTS
  - Mindfulness Activities

ACT: Notice 3 Things [25]



ACT: Join The Dots [25]



ACT: Self as Context [54]

- Self as Context is the idea we are not our thoughts, our feelings, our experienced sensations, the things we see, or the images that pass through our heads. Self as context can be thought of as observing yourself.
- Skills:
    - Relational Frame Theory (RFT)
    - Nature to think in terms of relations and hierarchies
    - A is a part of B and if I am A than I am also B
    - There are folders within in a hierarchy
    - Good to utilize in correctional environments where a hierarchical model is built already

ACT: Values [1]

- Values describe how we want to behave on an ongoing basis. Values are not about what you want to get or achieve; they are about how you want to treat yourself, others, and the world around you. Values will help you be more aware of what's truly important in your life.
- Skills:
  - Values Inventory
  - Values Worksheet
  - Values Assessment Rating Form
  - Clarifying your Values

ACT: Rating Values [25]

Values Assessment Rating Form

Read through the accompanying values sheet. For each of the ten domains, write a few words to summarise your valued direction, Eg 'To be a loving, supportive, caring, partner.' Rate how important this value is to you on a scale of 0 (low importance) to 10 (high importance). It's okay to have several values scoring the same number. Rate how successfully you have lived this value during the past month on a scale of 0 (not at all successfully) to 10 (very successfully). Finally rank these valued directions in order of the importance you place on working on them right now, with 10 as the highest rank, and 9 the next highest, and so on.

Domain	Values direction (write a brief summary, in one or two sentences, or a few keywords.)	Importance	Success	Rank
Intimate relationships				
Parenting				
Recreation				
Family				
Employment				
Education				
Spirituality				

ACT: Committed Action [1,54]

- Committed to actions means taking action that is guided by your values. Values-guided action gives rise to a wide range of thoughts and feelings, both pleasant and unpleasant, both pleasurable and painful. So committed action means "doing what it takes" to live by our values even if that brings up pain and discomfort.
- Skills:
  - The Willingness and Action Plan

ACT: The Willingness and Action Plan [25,54]

My goal is to (be specific)

The values underlying my goal are:

The actions I will take to achieve my goal are (be specific):

The thoughts/memories, feelings, sensations, urges I am willing to make room for (in order to achieve this goal):

Thoughts/Memories:

Feelings:

Sensations:

Urges:

It would be useful to remind myself that:

If necessary, I can break this goal down into smaller steps, such as:

The smallest, easiest step I can begin with is:

The time, day and date I will take that first step, is:

Thank you for your time and attention.

Questions?

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