



TRAUMA INFORMED TREATMENT IN SECURE SETTINGS

Rhonda Champagne, LCSW
Michael Johnson, Former DOC Lieutenant

We have the following relevant financial relationship: We are the authors of 'Correcting Treatment in Corrections'

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Educational Learning Objectives

01

Identify the
physiological
signs of trauma

02

Differentiate
between behaviors
related to trauma
and behaviors
related to criminal
thinking

03

Analyze how to
integrate current
policies with a
trauma-informed
approach

Physiological Signs of Trauma

- Trauma as defined by the Federal Substance Abuse and Mental Health Services Administration (SAMHSA)

“Individual trauma results from 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.”

prepared by SAMHSA's Trauma and Justice Strategic Initiative July 2014

- **Perceived** experience or actual experience

3 'E' s of Understanding Trauma

- **Event(s)** may include an actual or perceived threat of physical or psychological harm; can happen as a single occurrence or repeatedly over time.
- **Experience** a particular event may be experienced as traumatic by one individual but not by another. How a person experiences an event is linked to a range of factors; how the individual assigns meaning to the event, cultural belief, availability of social supports, the developmental stage of a person, etc.
- **Effect** Long lasting effects of an event are a critical component of trauma. These effects may occur immediately or may have a delayed onset. The duration may be short or long term.

Why do Treatment Facilities need Trauma-Informed Care?

- Trauma is an underlying factor in addictions and criminal behavior
- Reduces Recidivism
- Reduces Overcrowded Penal System
- Successful Re-integration into Community
- Assists in chemical dependency recovery
- Supports recovery from PTSD

Benefits of being Trauma-Informed

“Just as exposure to trauma affects an individual's neurobiological response system, **trauma-informed interactions with others can create healing at the neurobiological level.**”

National Resource on Justice Informed Women, 2014)

What is Trauma-Informed Care?

- **Trauma-informed care** means **treating** a **whole** person, taking into account past **trauma** and the resulting **coping** mechanisms when attempting to understand behaviors and treat the patient.

<https://www.psychologytoday.com/us/blog/modern-day>

- **Considers PIE:** Person in their environment

Trauma-Informed Care

- Trauma-informed care is grounded in and directed by a thorough understanding of the neurological, biological, psychological, and social effects of trauma and the prevalence of these experiences in persons who seek and receive mental health services. It takes into account knowledge about trauma- its impact, interpersonal dynamic, and pathways to recovery.
- Trauma-informed care also recognizes that traditional service approaches can re-traumatize consumers and family members.
- Additionally, trauma-informed care is a person-centered response focused on improving an individuals' all-around wellness rather than simply treating symptoms of mental illness.

(Alameda County Trauma Informed Care)

6 Principles of being Trauma-Informed

- Safety
- Trustworthiness and transparency
- Peer Support
- Collaboration and Mutuality
- Empowerment, Voice and Choice
- Cultural, Historical and Gender issues

Using these 6 principles during resident contact (case management, intake, assessment and classification, staff interactions, sanctions, programming and treatment, medical, mental health, re-entry) is when these principles will be most effective.

Shown Improvements

- Relationships
- Sleep habits
- Attendance in programs and service
- Supports a safe and secure environment
- Adds value and meaning between staff and clients.
- Builds Trust.
- Increase in community success rates.
- Addiction Recovery

Decreases In

- In disciplinary infractions
- Conflicts between incarcerated individuals.
- In suicide attempts
- Mental health watches
- In use of force
- Use of segregation
- Criminal Behavior

The Challenge of Policy and Trauma-Informed/Trauma-Responsive

Trauma-responsive: “While many organizations are trauma-informed, becoming trauma-responsive means looking at every aspect of an organization’s programming, environment, language and values and involving all staff in better serving clients who have experienced trauma.”

Trauma-Responsive (2018) <https://www.hazelden.org/store/item/520203?Moving-from-Trauma-Informed-to-Trauma-Responsive>

Other Challenges

Strip Searches

Face to Face

Therapist's Office vs. What is contraband?

Is this behavior Trauma or Criminal Thinking?

The story of Victorious

Which personnel should be Trauma-Informed?

“It is important that the agency or system that you are working in becomes Trauma-Informed, This process includes everyone in admissions, bookkeeping, housekeeping, transportation, the administrative staff, and the medical staff as well as those in clinical services.”

Stephanie S. Covington, PHD ‘Beyond Trauma’

The 4 'R's

- In a Trauma-Informed approach:
 - **All people at all levels of the organization** have a basic **realization** about trauma and understand how trauma can affect families, groups, organizations, and communities as well as the individual.
 - People in the organization are also able to **recognize** the signs of trauma. These signs may be gender, age, or setting-specific and may be manifest by people seeking service in these settings.
 - The program, organization, or system **responds** by applying the principles of a trauma-informed approach **to all areas** of functioning.
 - A trauma-informed approach seeks to **resist re-traumatization**. Staff who work within a trauma-informed environment are taught to recognize how organizational practices may trigger and re-traumatize clients. For example, they recognize that using restraints on a person who has been sexually abused or placing an adult who has been neglected as a child in a seclusion room may interfere with healing and recovery. Strip searching a person who has sexual abuse related trauma is re-traumatizing.

Action Steps

- Implement new Trauma-Informed operational practices.
 - Implementation of meditation, music, check ins or 1:1s, scheduling groups strategically.
 - Inmates being fully informed of what is happening.
- Introduce Strategies to help inmates manage difficult trauma symptoms.
 - Mental Health, Substance Abuse
 - Quality and calming interactions.
 - We have implemented Trauma Informed and Gender Specific curriculum.
 - Mindfulness, psycho-educational groups on trauma, yoga, skills practice during specific times.
- Build a Trauma-Informed community with inmates.
 - “Everything we do and how we do it can cue safety and stability at the level of the nervous system (NRCoJIW, 2014).”
 - Soliciting resident input for the facility.

It's all about the culture!

- The environment in many criminal justice settings is particularly challenging.

“The therapeutic process will not be successful if the setting mimics the behaviors in the dysfunctional environment.”

Covington and Bloom 2003

“We have come to believe that retraumatizing people by placing them in environments that reinforce helplessness, scapegoating, isolation, and alienation must be viewed as anti-therapeutic, dangerous, immoral, and a violation of basic human rights.”

Bloom 2000, 85

In this book the authors challenge how trauma-informed treatment is implemented within a correctional facility.

The reader will be a "fly on the wall" as the therapist and Sergeant battle through their conflicting priorities.

The journey is filled with heavy debates, extreme stress, hilarious happenings, and great psychological and philosophical challenges.

Are security policies and procedures supporting a treatment environment?

Are treatment cultures threatening the safety and security of correctional facilities?

"Our judgement of incarcerated people interferes with our treatment process."

"I don't think you understand the kind of people who are coming here."

"Let's agree to disagree."

"You can say that again."

"I still feel the need to inform you, this office is a crime scene waiting to happen."

"What is it called when people are bought and sold?"

"Slavery. They call that slavery."

CORRECTING TREATMENT IN CORRECTIONS

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RHONDA

MICHAEL

References

- Bloom 2000, 1985
- Champagne and Johnson - 'Correcting Treatment in Corrections'
- Covington and Bloom, 2003
- National Resource on Justice Informed Women, 2014
- SAMHSA's Trauma and Justice Strategic Initiative, 2014
- Stephanie S. Covington, PHD - 'Beyond Trauma'