

WELCOME TO TODAY'S WEBINAR:

Trauma Specific and Trauma Informed Evidence Based Practices for Justice Involved Populations

The webinar will begin at 2:00 PM EDT.

Audio

Toll-Free Number: 1-855-749-4750

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Trauma Specific and Trauma Informed Evidence Based Practices for Justice Involved Populations

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Trauma Informed Care

- Recognize Depth and Breadth of Trauma's Impact and Long Term Sequelae
- Principles of Safety, Trustworthiness, Choice, Collaboration, Empowerment
- Promotes "Cultures of Care"
- Developed by Roger Fallot and Maxine Harris
- Expanded by SAMHSA and National Center for Trauma Informed Care



Lived Experience

- 56% of incarcerated men studied in large NJ sample reported physical abuse as children¹
- 88% of female offenders reported some exposure to a traumatic event and 74% had childhood sexual or physical trauma²
- 96% of justice-involved women and 89% of justice-involved men participating in mental health diversion reported having experienced traumatic events in their lifetime³

¹ (Wolff, Shi, & Siegal, 2009)

² (Wolff, Frueh, Shi, Gerardi, Fabrikant, & Schumann, 2013)

³ (Policy Research Associates, 2011)

Trauma Contributes to Criminogenic Factors

- “Hurt people hurt people”
- Clear link between criminal behavior and high scores on the Adverse Childhood Experiences (ACE) Questionnaire⁴.

⁴ (Reavis, Looman, Franco, & Rojas, 2013)

Trauma-Informed Services

- Definition
 - Understand the impact of trauma
 - Integration of Principles of TIC in practice
 - Recognizes risk of re-traumatization
 - Avoiding re-traumatization
- Explicit and implicit inclusion into criminal justice programs



Trauma-Specific Services

- Designed specifically for survivors of trauma
- Common elements of respect, hope, empowerment, safety
- Typically multi-session, highly structured, group format
- Cognitive Behavioral
- Skills Building



Evidence-Based Trauma-Specific Services for Justice Involved Individuals

- Slow to gain empirical data, but starting to gather support about effectiveness
- Almost exclusively studied (to this point) in institutional/correctional settings
- Need to evaluate services in community settings (Pretrial, Problem solving Courts, Diversion Courts, Community Supervision)
- Need for adaptation in CJ settings



Seeking Safety

- Present-focused, gender neutral, groups or individuals
- Focus is on safety and integrates substance abuse and trauma treatment
- Multiple studies support improvement both in self-report and in overall functioning⁵

⁵ (Lynch, Heath, Mathews, and Galatia, 2012; Wolff, Frueh, Shi, & Schumann, 2012)



TREM

- Gender-specific (M-TREM developed for males), group approach
- Incorporates aspects of substance abuse and case management to address individuals' experienced trauma
- Studies have attributed “significant improvements,”⁶ to TREM when tested alongside Seeking Safety, called it “promising” in the field of correctional programming⁷.

⁶ (Wolff, Huening, Shi, & Frueh, 2013)

⁷ (Epperson, Wolff, Morgan, Fisher, Frueh, & Huening, 2014)

TARGET

- Strengths-based, CBT focus
- Evaluate and regulate negative thoughts
- Has been shown to reduce symptoms and increase forgiveness when studied in justice-involved individuals⁸

⁸(Ford, Chang, Levine, & Zhang, 2013).



Other Possibilities

- Other evidence-based trauma-specific approaches may be just as effective considering prevalence!
- Helping Women Recover and Beyond Trauma, Dialectical Behavior Therapy (DBT,) Trauma-Focus Cognitive Behavioral Therapy (TF-CBT,) Eye Movement Desensitization and Reprocessing (EMDR,) and Addiction and Trauma Recovery Integration Model (ATRIUM) and others are all vetted and researched



What's Next?

- **More, more, more evaluation!**



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Hyperlinks for additional citations:

[Addiction and Trauma Recovery Integration Model \(ATRIUM\)](#)

[Essence of Being Real](#)

[Risking Connection®](#)

[Sanctuary Model®](#)

[Seeking Safety](#)

[Trauma, Addiction, Mental Health, and Recovery \(TAMAR\)](#)

[Trauma Affect Regulation: Guide for Education and Therapy \(TARGET\)](#)

[Trauma Recovery and Empowerment Model \(TREM and M-TREM\)](#)



Trauma Informed Care

Fallot and Harris

- Safety
- Trustworthiness
- Choice
- Collaboration
- Empowerment

NCTIC – SAMHSA adds

- Peer support
- Mutuality
- Transparency
- Consumer voice
- Sensitivity to cultural, historical, and Gender issues



Challenges to Trauma Informed Care

- The following slides present a review of challenges, one principle at a time.
- Each point on the following slides raises a challenge to coherent and consistent implementation of Trauma Informed Care
- And yet, Trauma Informed Care is essential to a deep and abiding success



Safety

- Emergency intervention and involuntary treatment as a clinical/legal response
- Agencies must respond to family and community concerns about safety and decency (NIMBY)
- Staff safety sometimes threatened
- Realities of community violence as a problem solving method juxtaposed with TIC value for non-violent problem solving



Trustworthiness

- Staff are working in the context of a consumer's lifetime of negative experience and mistrust of authority
- Funding sources often require a medical model which is often NOT person-centered
- Transparency is hard to implement when dealing with paranoid individuals



Choice

- Criminal justice environments are often adversarial
- Choice for consumer is often “lesser of two evils”
- Civil commitment environments promote involuntary relationships
- Involuntary treatment in institutions and outpatient settings – both covert and overt – is not uncommon



Collaboration

- Assumes respect between two roughly equal parties
- Depends on person centered philosophy (hope, respect, dignity)
- Issues of power and control in community and correctional settings are common
- Multi-systemic collaboration (e.g. mental health/justice environments; inpatient/outpatient environments; restrictions on billing for PTSD, Chronic complex PTSD)



Empowerment

- Power for what? Pro-social ends? Anti-social ends?
When to follow consumer choice?
- Best interest vs. stated interest
- Buy in from non-clinical staff (residential providers, neighbors, family members, security staff)
- Lack of awareness of the prevalence of trauma



Challenges to Implementation of Trauma Specific Care

- Challenges to implementation of Trauma Informed care are substantial
- Similarly, there are challenges to Trauma Specific Care
- And yet, without the contribution of trauma specific care, it is hard to make genuine progress



Requirements of Trauma Specific Care

- Group Setting
- 4-6 months
- Regular attendance
- Non-violent problem solving
- Clean time sometimes required



Realities of Community Care Must be Considered

- Consistency and Coherence: Service is delivered in Piecemeal
- Provider: Services delivered by multiple, uncoordinated stakeholders
- Setting: Services Delivered from multiple, uncoordinated settings (outpatient clinic, hospital, ER, Social service settings)
- Time: Services delivered to people whose involvement waxes and wanes (motivation and engagement comes and goes)



Multiple Challenges to TIC and TSC!

- And yet!
- Neglect of the basic principles of TIC simply perpetuate the original problems
- Neglect of skills and knowledge imparted by TSC hampers recovery



Some Practical Adaptations

- Workers should have background knowledge of TIC, and TSC
- Apply that knowledge in a trauma-savvy manner
- Develop trauma sensitive collaborations with consumers and providers recognizing they will bloom and fade over time
- Develop trauma sensitive collaborations within and across systems of care



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Question and Answer Session

Use the Q&A panel to submit questions to presenters. The presenters will address as many questions as time permits.

Ask the Expert

- Discussion Group with David Freeman, PsyD, to be held on Tuesday, July 7, 2015, from 2:00 – 3:00 PM EDT.
- The first 20 people to sign up will be registered by the GAINS Center for the Discussion Group. An additional group will be scheduled based on interest, but we can not guarantee that everyone will be able to participate.
- Signing up through the link at the bottom of this slide is **not registering** for the discussion group.

<http://events.constantcontact.com/register/event?llr=tfne6nrab&oeidk=a07eb6m58jg437d9f26>



Supporting Document

- Revised fact sheet available as a supporting document for today's webinar.
- The fact sheet is available for download directly from this WebEx event.



A Webinar-Supporting Document: Evidence-Based Practices and Criminal Justice Series
June 2015

Trauma-Specific Interventions for Justice-Involved Individuals

David Freeman, PsyD, and Andrew Lautar, LICSW

Trauma is a widespread experience among persons with mental and substance use disorders, inside and outside of the criminal justice system. In 2014, SAMHSA established a framework for trauma and introduced its concept of trauma and a trauma-informed approach: "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" (SAMHSA, 2014, p.7). The body of research documenting the significant relationship between trauma history and criminal justice involvement continues to grow. Fortunately for those affected, there has also been additional focus on the implementation and empirical study of both trauma-informed and trauma-specific interventions for justice-involved persons (SAMHSA, 2014).

Lived Experience

Rates of traumatic experiences among justice-involved populations, particularly those with mental illness are "so high as to be considered an almost universal experience" (SAMHSA's GAINS Center, 2015; SAMHSA et al., 2013). A study of over 7,500 inmates in New Jersey found 56 percent of males reported physical abuse as children (Wolff, Shi, & Siegal, 2009), while another study of female offenders found that 88 percent reported some exposure to a traumatic event and 74 percent had childhood sexual or physical trauma (Wolff, Frueh, Shi, Gerardi, Fabrikant, & Schumann, 2013). Rates of both current and lifetime traumatic experiences among justice-involved individuals with mental illness is even higher. In one study of jail diversion programs for persons with mental illness, 96 percent of women and 89 percent of men reported traumatic experiences in their lifetime, with 74 percent and 86 percent reporting experiencing trauma in the past 12 months (Policy Research Associates, 2011). In a three-site study of 311 mental health court participants, 67 percent of women and 73 percent of men reported experiencing childhood physical abuse and one-third of all participants reported physical and/or sexual abuse in the past 12 months (L. Callahan, personal communication, May 26, 2015).



Rates of traumatic experiences among justice-involved populations, particularly those with mental illness are "so high as to be considered an almost universal experience"



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