



TRAUMA-SPECIFIC INTERVENTIONS FOR JUSTICE-INVOLVED INDIVIDUALS

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There is a growing awareness of the significant role that trauma can play in criminal justice involvement. Traumatic experiences have consequences on individuals' mental and physical health and can increase the risk of substance abuse and involvement in the criminal justice system. Trauma impacts an individual's sense of identity, perception of the world, and social relationships (Harris, M. & Falot, R.D., 2001). With an increased recognition of the prevalence of trauma and its impact on an individual, the principles of trauma-informed care and trauma-specific treatment interventions have been incorporated into an array of services.

Creating trauma-informed care requires the integration of trauma awareness into service delivery across all levels of treatment and support. Trauma-informed care involves the provision of both trauma-informed and trauma-specific services. Services that are trauma-informed acknowledge the needs that people with trauma histories may have in a particular treatment setting or service by promoting empowerment and acknowledgement of the impact of trauma on peoples' lives. Trauma-specific treatment services are "interventions designed to address the specific behavioral, intrapsychic, and interpersonal consequences of exposure to sexual, physical, and prolonged emotional abuse (SAMHSA, 2000)."

Evidence Based for Trauma-Specific Interventions

While there are many research reports about the effectiveness of trauma-specific interventions, relatively few have been peer reviewed. Nonetheless, the trauma-specific interventions listed below provide some empirical evidence on their effectiveness.

Seeking Safety

Seeking Safety is a present-focused intervention to aid in the recovery of people with histories of trauma, primary post-traumatic stress disorder and

substance abuse. There are five key principles of Seeking Safety: (1) safety; (2) integrated treatment; (3) a focus of ideals; (4) four content areas: cognitive, behavioral, interpersonal, and case management; and (5) attention to clinician processes. Seeking Safety consists of 25 modules with no set order. The topics range from learning grounding techniques to self-care and from recovery thinking to coping with triggers. Seeking Safety has been adapted for use in a variety of settings, including corrections (Najavits, L.M, 2002).

Trauma Affect Regulation: Guide for Education and Therapy (TARGET)

Trauma Affect Regulation: Guide for Education and Therapy (TARGET) is a trauma-specific intervention that uses a seven-step psychoeducational skills approach emphasizing FREEDOM: focus, recognize triggers, emotion self-check, evaluate thoughts, define goals, options, and make a contribution. TARGET has been adapted for use with justice-involved people (University of Connecticut Health Center, 2011).

Trauma Recovery and Empowerment Model (TREM)

The Trauma Recovery and Empowerment Model (TREM) is a gender-specific group intervention designed to address the impact of sexual, physical, and emotional abuse. The model employs cognitive restructuring, psychoeducational, and skills-training techniques. Individuals take part in up to 29 group sessions. The model addresses coping skills, social support, mental health, and substance abuse (Harris & Community Connections Trauma Workgroup, 1998). A 24-session adaptation of the model for men, M-TREM, has been developed. Additional modifications have been made to M-TREM for use with veterans, V-TREM. TREM and its adaptations have been implemented in a variety of settings, including corrections and jail diversion settings.

Prolonged Exposure (PE) Therapy for Posttraumatic Stress Disorders

Prolonged Exposure Therapy for posttraumatic stress disorder (PTSD) is a cognitive behavioral treatment program that focuses on thoughts, feelings, and situations related to the traumatic event. Prolonged Exposure has four components: (a) education about the nature of trauma and trauma reactions; (b) training in controlled breathing; (c) repeated discussion and talking over of the traumatic event; and (d) exposure practice in situations that are safe but the individual has been avoiding as a result of the traumatic event.

Behavioral Health

Trauma-specific interventions have been shown to be effective in reducing mental health symptoms and substance abuse problems while increasing coping skills. Seeking Safety, which has been the most researched, has been found to be effective in a wide variety of settings (Hien, Cohen, Miele, Litt, & Capstick, 2004; Najavits, Gallop, & Weiss, 2006; Najavits, Schmitz, Gotthardt, & Weiss, 2005; Najavits, Weiss, Shaw, & Muenz, 1998; Desai, Harpaz-Rotem, Najavits, & Rosenheck, 2008; Zlotnick, Johnson, & Najavits, 2009). Studies have found TREM to be effective in increasing functioning and decreasing psychiatric symptoms (Fallot & Harris, 2002; Toussaint, VanDeMark, Bornemann, & Graeber, 2007). In a meta-analysis of 13 studies, prolonged exposure therapy was found to significantly reduce PTSD symptoms (Powers, Halpern, Ferenschak, Gillihan, & Foa, 2010).

When researched against treatment-as-usual interventions, trauma-specific interventions have proven to be effective in reducing behavioral health symptoms. A nonrandomized, quasi-experimental study of 170 women with co-occurring substance abuse, mental illness, and trauma histories in a substance abuse treatment center found that women who received TREM showed greater improvements on mental health symptoms, dissociative symptoms and improvements in coping skills. Both participants in the treatment-as-usual group and TREM showed improvements in substance abuse symptoms (Toussaint, et al., 2007). Frisman, Ford, Lin, Mallon, & Chang (2008) found TARGET to be more effective compared to trauma-sensitive usual care in helping participants maintain sobriety.

Veterans

Research on trauma-specific interventions has examined their effectiveness on reducing behavioral health symptoms and improving the quality of life for veterans. In an uncontrolled pilot study, Cook, Walser, Kane, Ruzek, & Woody (2006) found that Seeking Safety reduced PTSD symptoms, improved quality of life, and improved communication and problem solving skills of 18 veterans. Similar results were found in a multisite randomized controlled trial of Prolonged Exposure with female veterans and active-duty personnel with PTSD (Schnurr et al., 2007). Desai et al. (2008) studied homeless women veterans with psychiatric and/or substance abuse problems at 11 Department of Veterans Affairs Medical Centers that had Homeless Women Veteran Programs. Individuals who received Seeking Safety showed significantly better outcomes in employment, social support, general symptoms of psychiatric distress, and symptoms of PTSD.

Use of Trauma Specific Interventions with Justice-Involved Individuals

Trauma-specific interventions have been implemented in correctional settings and jail diversion programs across the country. Although evidence of the effectiveness of trauma interventions specifically within criminal justice system is limited, two studies on Seeking Safety have been published. In a preliminary study (no control group), Zlotnick and colleagues (2003) examined the effectiveness of Seeking Safety in addition to treatment-as-usual of 17 incarcerated women with substance use disorder (SUD) and posttraumatic stress disorder. All participants met criteria for current PTSD and substance dependence, and all had histories of repeated physical abuse, sexual abuse, or both. Results indicated that PTSD symptoms decreased significantly from pre-treatment to post-treatment, and was maintained at the 3-month follow-up (Zlotnick et al., 2003). Zlotnick and colleagues (2009) found similar results in a randomized controlled pilot study of incarcerated women with substance use disorder and posttraumatic stress disorder that compared women who received Seeking Safety with treatment-as-usual (TAU) to women who only received TAU. Individuals who participated in both Seeking Safety and TAU group showed improvements in PTSD symptoms at both three and six months.

Several other promising models of trauma-specific interventions exist, for example, Trauma, Addictions, Mental Health Recovery (TAMAR). TAMAR is a manualized intervention that combines psychoeducational approaches and expressive therapies, designed for individuals with histories of trauma in the justice system. TAMAR was developed as part of the SAMHSA Women, Co-Occurring Disorders, and Violence Study and has been implemented and adapted for use with justice-involved individuals throughout the state of Maryland; Fulton State Hospital, Missouri; the Correctional Center of Northwest Ohio; and Rhode Island's Jail Diversion and Trauma Recovery–Priority to Veterans Program. To date no studies on the effectiveness of TAMAR have been published.

Use of Trauma Specific Interventions with Justice-Involved Veterans

With many service members returning from overseas duty and the significant role untreated trauma-related disorders play in justice involvement, SAMHSA launched the Jail Diversion and Trauma Recovery – Priority to Veterans (JDTR) initiative in 2008 to support the implementation of trauma-integrated jail diversion programs. This initiative is designed to address the needs of individuals with trauma-related illnesses involved in the justice system. Since 2008, SAMHSA has awarded JDTR grants to 13 state mental health authorities. As part of these grants, each state will expand behavioral health service providers' and criminal justice agencies' knowledge of trauma-informed care and divert clients to an array of trauma-specific interventions. Trauma-specific interventions that are being offered by the pilot sites include Seeking Safety, the Trauma Empowerment Model (TREM), exposure therapy, eye movement desensitization and reprocessing therapy, and the TAMAR group model (SAMHSA National GAINS Center, 2011).

Community Connections, in collaboration with the JDTR projects in Connecticut and Pennsylvania, are working to implement and revise MTREM for veterans. Following early work with the two JDTR projects, modifications have been made to the trauma-informed additions treatment manual for veterans. Both abbreviated and full-length interventions have been adapted. V-TREM has been reformatted into 5- and 8-session versions that focus heavily on psychoeducation. Veteran involvement

is critical in the recruitment for, and design and provisions of, targeted, culturally appropriate services to veterans in the jail diversion context.

Implications for Research and Practice

Recognizing and addressing trauma and traumatic experiences that may underlie many factors related to an individual's justice involvement is important. As recommended by SAMHSA's 2011 Strategic Initiative #2 Trauma and Justice, attention should be paid to reducing the impact of trauma by integrating trauma-informed approaches and interventions throughout behavioral health and criminal justice systems. In general, trauma-specific interventions have been found to improve substance use, mental health symptoms, and coping skills. Trauma-specific interventions have been adapted and implemented for use with justice-involved individuals and veterans. Preliminary findings on the effectiveness of these approaches for justice involved individuals are promising. Future research is needed that examines the affects of these interventions on men, justice-involved individuals, and veterans. ■

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