

RESIDENTIAL SUBSTANCE ABUSE TREATMENT (RSAT)

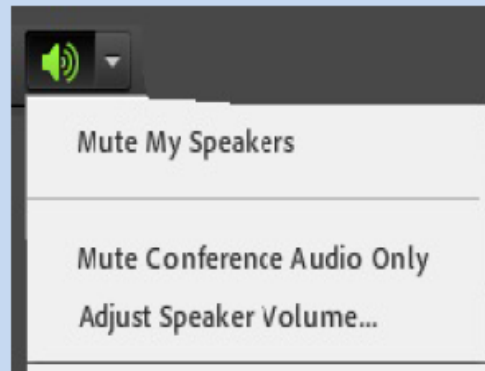
Trauma and Resilience Amid Covid-19 *Part 1: Recognizing and Responding to Trauma and Increased Stress Among People Housed within Jails and Prisons*

This project was supported by grant No. 2016-MU-BX-K021 awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the SMART Office, and the Office for Victims of Crime. Point of view or opinions in this document are those of the author and do not represent the official position or policies of the United States Department of Justice.

Housekeeping: Functions

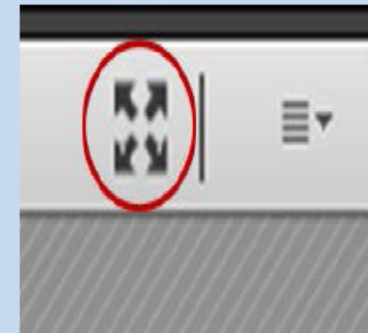
Sound

This webinar will be broadcast through your computer. Please ensure your speakers are on. You can adjust the conference volume with the speaker icon at the top of your screen.



Would you like to **enlarge** the slide presentation?

You can make the slides larger with the full screen button in the upper right corner of the display pod. To exit full screen, just press the escape key on your keyboard.



Presentation materials!

You can download a PDF version of today's presentation and additional resource materials from the "Materials To Download" box.

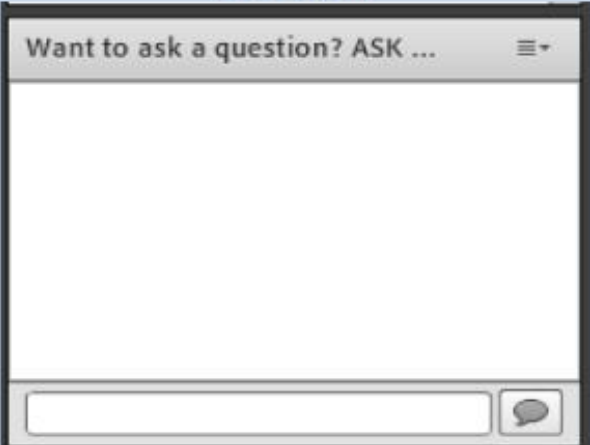
Materials To Download	
Name	Size
Excel SPC HMIS Self Assessment	19 KB
PATH Data Collection Workflow	56 KB
Presentation Slides	6 MB
Word SPC HMIS Self Assessment	31 KB
PATH Participation Policy	122 KB
Download File(s)	

Housekeeping: Communication

Q&A and Technical Issues

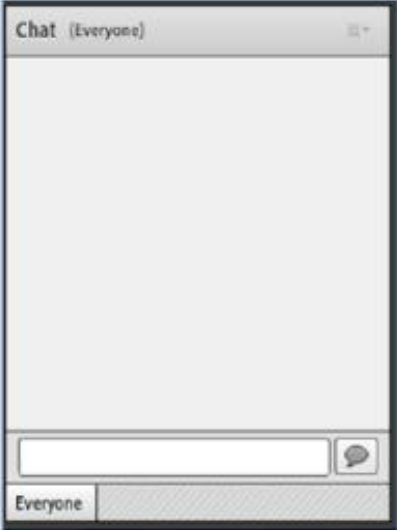
If you have questions for either the presenters or our Technical Support Staff, enter them in the Q&A box.

Our support staff will assist you with your technical issues, and our moderator will present as many questions as possible to the presenter.



Chat with us!

If you have general comments, please post them in the participant chat box.



Trauma and Resilience Amid Covid-19: (Part 1)

Recognizing and Responding to Trauma and Increased Stress Among People Housed within Jails and Prisons



Roberta C. Churchill LMHC

Advocates for Human Potential, Inc.

Learning Objectives

After completing this webinar, participants will be able to:

- Describe at least three of the effects of trauma on people who are incarcerated and detained in jails and prisons.
- Name two of the ways that the Covid-19 pandemic could have increased stress, triggered, and/or re-traumatized individuals housed in prisons and jails.
- Develop at least two ways to increase resilience and/or social support for the people detained and incarcerated in your facility.

Poll: Which Describes Your Current Situation

1. My facility is currently facilitating treatment / educational groups, providing re-entry services, counseling services, and other ancillary services to incarcerated and/or detained people OR people recently released into the community.
2. My facility is NOT currently facilitating services to incarcerated and/or detained people OR people released into the community due to Covid-19 restrictions.
3. Other

Select the best answer in the poll below.

What is Trauma?

Deeply distressing experience(s) brought on by shocking and/or unexpected circumstances.

Sometimes these experiences create significant and lasting impacts on a person's mental, physical, and emotional capacities.

A person may experience feelings of powerlessness, fear, or hopelessness.

What is Trauma?

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

Experiences or situations that are emotionally painful and distressing, and that overwhelm people's ability to cope, leaving them powerless."

*Center for Nonviolence and Social Justice,
Drexel University*

The Triple “E”s of Trauma

Events

Places the trauma in the environment, not in some weakness of the individual

“It’s not what wrong with you, but what happened to you.”

Experience

Not everyone will experience the same events as traumatic

“Your story is not everyone’s story – everyone’s story is not your story.”

Effects

There is a broad range of potential adverse effects that depend upon the event(s), experience, and the individual’s support and resilience factors



Types of Trauma

Both the exposure to chronic trauma and the impact such exposure has on an individual.

Complex Trauma

A single traumatic event that is limited in time.

Acute Trauma

Community /
Systemic /
Environmental
Induced Trauma

The experience of exposure to natural disasters, war, terrorism, neighborhood violence and poverty; the experience resulting from a generational history of genocide and/or racism.

Chronic Trauma

The experience of multiple traumatic events.

Potentially Traumatic Events



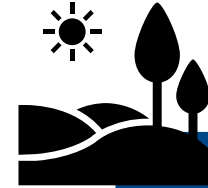
Household

- Physical and Emotional Neglect
- Physical, Sexual, and Emotional Abuse
- Domestic Violence
- Parental Mental Health Disorder(s)
- Substance Use Disorder(s)
- Incarcerated Family Member



Community

- Historical Trauma
- Neighborhood Violence
- Poverty, Substandard Wages, Lack of Jobs
- Structural Racism, Systemic Discrimination
- Lack of Social Mobility
- Poor Housing Quality and Affordability
- War Zone, Refugee, Terrorism



Environment

- Tornadoes and Hurricanes
- Volcano eruptions and tsunamis
- Earthquakes and landslides
- Droughts
- Wildfires
- Floods
- Sea Level Rise

Factors that Increase the Impact of Trauma

- The younger the age when trauma is experienced, the more likely the adverse consequences
- The more traumatic events that are experienced, the more likely the adverse consequences
- The impact of trauma is magnified when the perpetrator is a trusted figure
- The less social support and coping skills (resiliency), the more likely the adverse consequences

The Original ACE Study



- Between 1995 – 1997, over 17,000 people receiving physical exams completed confidential surveys prior to their appointment containing information about their childhood experiences and current health status and behaviors
- Participants were members of the Kaiser Health Plan in San Diego County, CA.
- Study was **retrospective** – adults reported on things they experienced in childhood

Finding Your ACE Score

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household **often or very often**...
Swear at you, insult you, put you down, or humiliate you?
or
Act in a way that made you afraid that you might be physically hurt?
Yes No If yes enter 1 _____
2. Did a parent or other adult in the household **often or very often**...
Push, grab, slap, or throw something at you?
or
Ever hit you so hard that you had marks or were injured?
Yes No If yes enter 1 _____
3. Did an adult or person at least 5 years older than you **ever**...
Touch or fondle you or have you touch their body in a sexual way?
or
Attempt or actually have oral, anal, or vaginal intercourse with you?
Yes No If yes enter 1 _____
4. Did you **often or very often** feel that ...
No one in your family loved you or thought you were important or special?
or
Your family didn't look out for each other, feel close to each other, or support each other?
Yes No If yes enter 1 _____

Finding Your ACE Score

While you were growing up, during your first 18 years of life:

5. Did you **often or very often** feel that ...
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
or
Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
Yes No If yes enter 1 _____
6. Were your parents **ever** separated or divorced?
Yes No If yes enter 1 _____
7. Was your mother or stepmother:
Often or very often pushed, grabbed, slapped, or had something thrown at her?
or
Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?
or
Ever repeatedly hit at least a few minutes or threatened with a gun or knife?
Yes No If yes enter 1 _____
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
Yes No If yes enter 1 _____
9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
Yes No If yes enter 1 _____
10. Did a household member go to prison?
Yes No If yes enter 1 _____

Now add up your "Yes" answers: _____ This is your ACE Score.

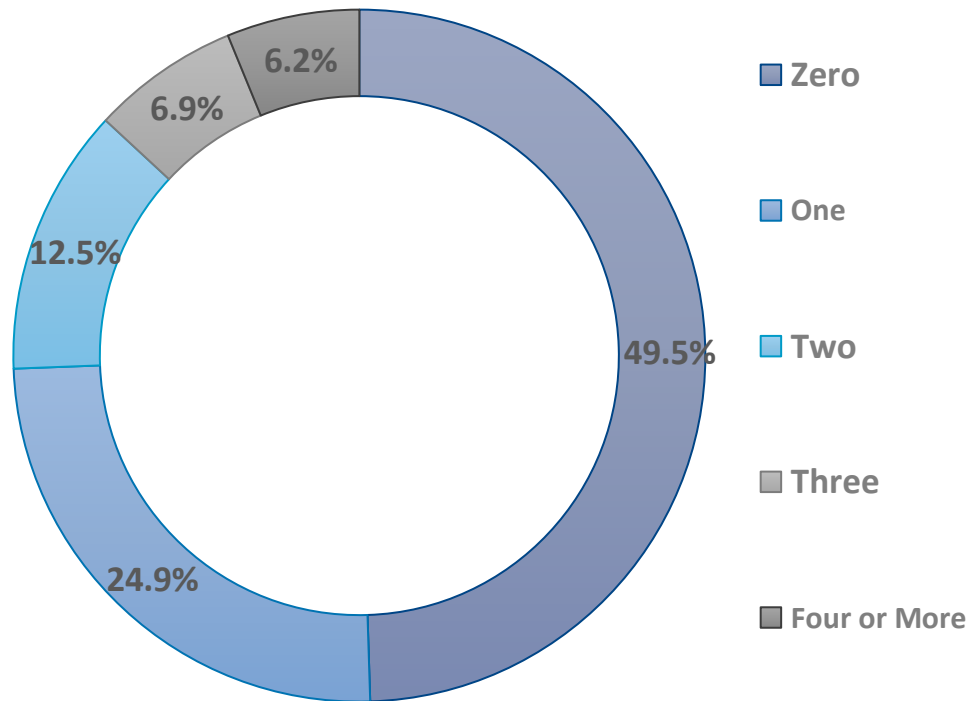
Behavioral Risk Factor Surveillance System



- Since 1984, the CDC has collected state data about US non-institutionalized residents regarding health-related risk behaviors and events, chronic health conditions and use of preventive services
- It has collected data from all 50 states, DC and US territories; completes more than 400,000 adult interviews each year
- Survey questions include 34 topic areas including ACE, anxiety and depression, cancer screening, demographics, housing and employment situation, thoughts about race, cancer screening and others

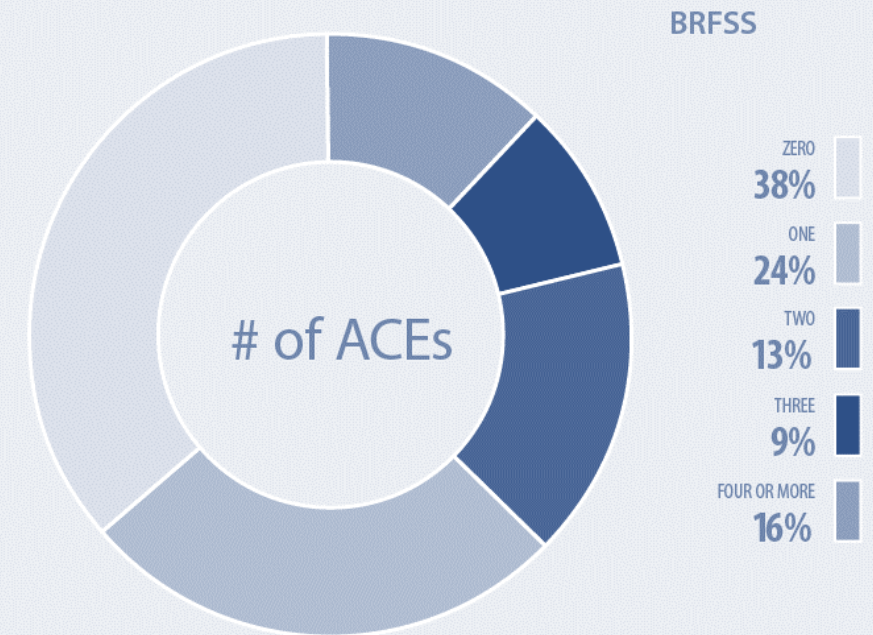
How Common Are ACEs?

ACE Score Prevalence for Participants
Completing the Original ACE Study 1995 - 1997



How Common are ACEs?

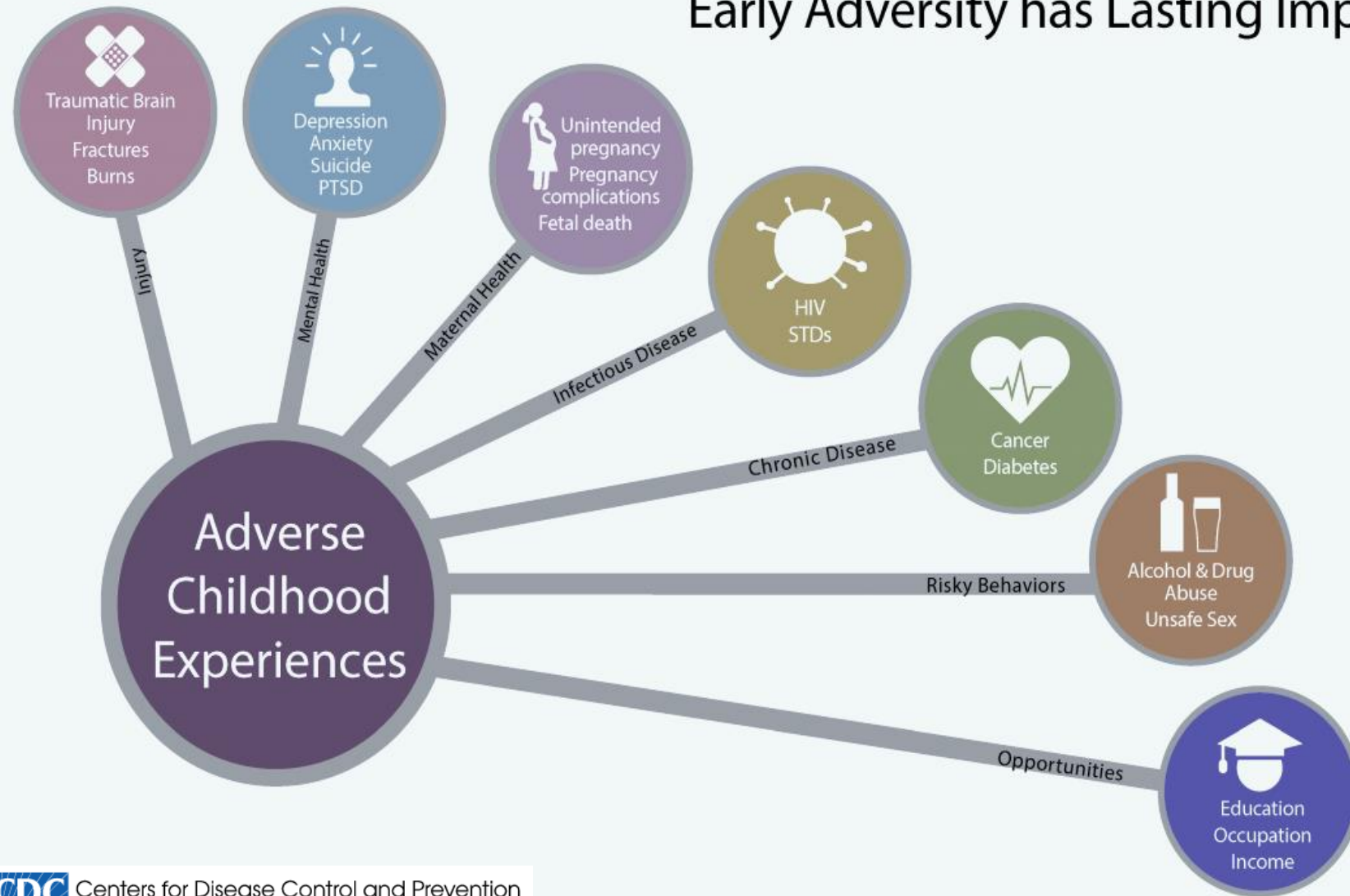
ACE Score Prevalence for Participants
Completing the ACE Module from the 2011-2014 BRFSS



Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14(4), 245-258.

Merrick, M.T., Ford, D.C., Ports, K. A., Guinn, A. S. (2018). Prevalence of Adverse Childhood Experiences From the 2011-2014 Behavioral Risk Factor Surveillance System in 23 States. *JAMA Pediatrics*, 172(11), 1038-1044.

Early Adversity has Lasting Impacts

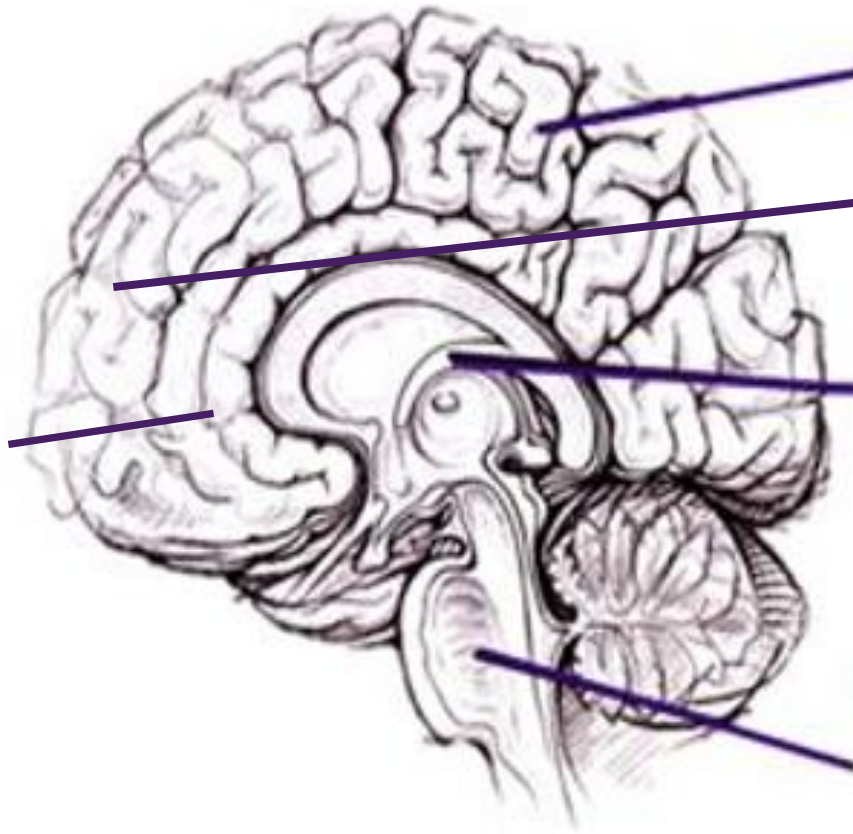


Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Merrick, M.T., Ford, D.C., Ports, K. A., Guinn, A. S.
(2018). Prevalence of Adverse Childhood Experiences
From the 2011-2014 Behavioral Risk Factor
Surveillance System in 23 States. JAMA Pediatrics,
172(11), 1038-1044.

Effects of Trauma on the Brain

Broca's Area –
language and
speech production



Neocortex and Pre-Frontal Cortex (PFC) –
language, thoughts, self-awareness, perception,
consciousness, **meaning, purpose**

PFC - executive functioning: cause and effect,
planning, goal-setting, understand the
consequences of our actions, moderate social
behavior

Limbic System – emotion, behavior, motivation,
long-term memory; within it are the amygdala
and hippocampus

Brain Stem – bodily functions: body temperature,
hunger, sleep, breathing, heart rate, balance,
senses, auditory / visual processing

Trauma Responses

Behavioral

- Blowing up when corrected
- Resisting change
- Protective of personal space
- Reckless, self-destructive behavior
- Irritability

Emotional / Physical

- Difficulty trusting others
- Feeling very sad, angry, afraid, or numb
- Unexplained medical problems
- Flashbacks or frequent nightmares
- Sensitivity to noise or touch

Psychological

- Confusing safety and danger
- Trouble concentrating
- Difficulty imagining the future
- Not remembering events of one's life
- Always expecting something bad to happen

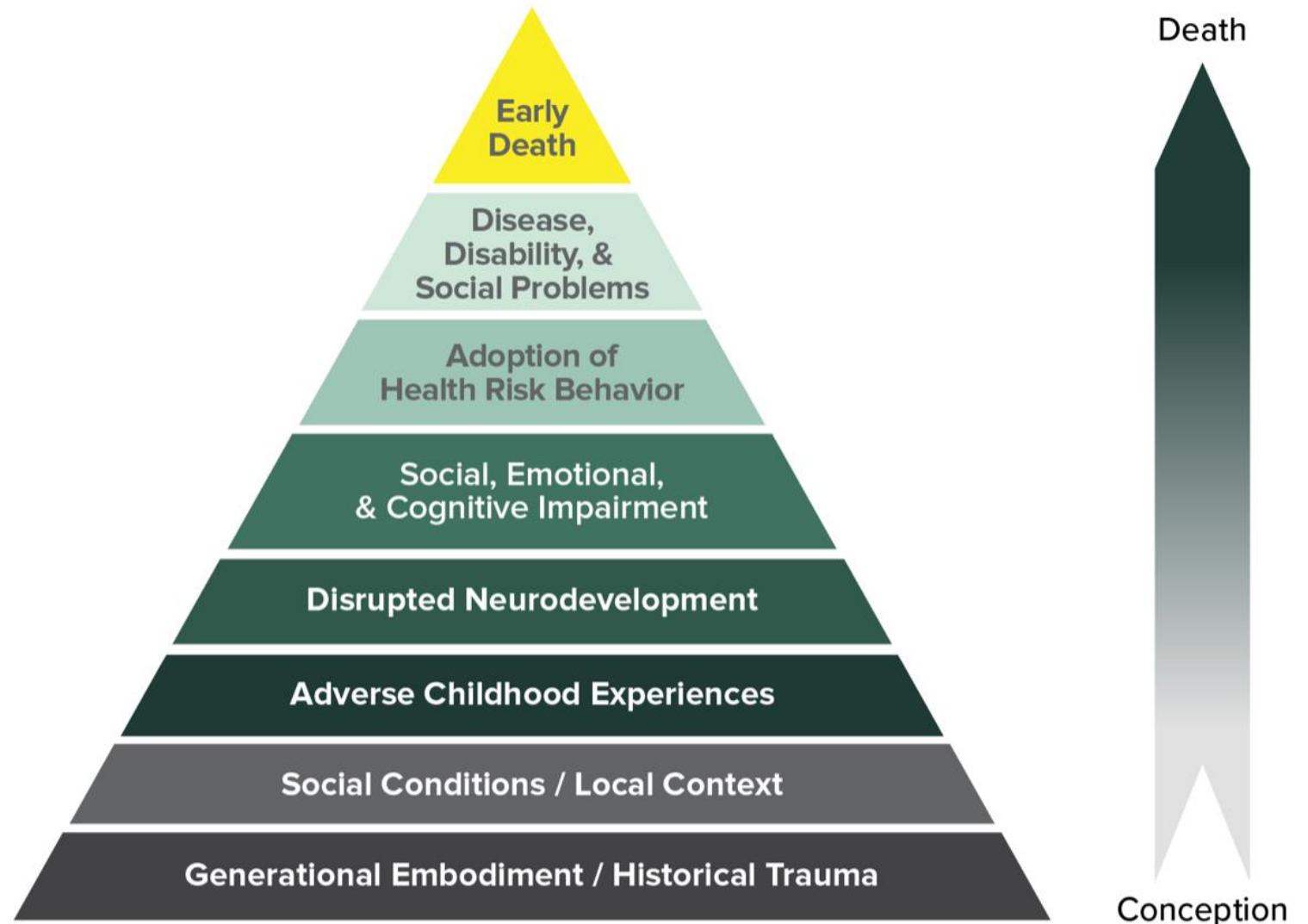
Co-occurring Disorders and Trauma

People with histories of trauma are more likely to experience:

- Depression
- Anxiety
- Eating Disorders
- Dissociative Disorders
- Personality Disorders
- PTSD / Complex PTSD



The ACE Pyramid



Mechanism by which Adverse Childhood Experiences
Influence Health and Well-being Throughout the Lifespan

Post-Traumatic Stress Disorder and Justice Involved People

Intrusive thoughts – repeated, involuntary memories; distressing dreams; flashbacks of the traumatic event.

Avoiding reminders of the traumatic event – people, places, activities, objects and situations that bring on distressing memories; avoiding remembering, thinking or talking about what happened or how they feel.

Negative thoughts and feelings – ongoing and distorted beliefs about oneself or others; ongoing fear, horror, anger, guilt or shame; much less interest in activities previously enjoyed; feeling detached or estranged.

Arousal and reactive symptoms – being irritable, angry outburst; behaving recklessly or in a self-destructive way; being easily startled; having problems concentrating or sleeping.

- Compared to other countries, there is a higher lifetime prevalence rate of PTSD for incarcerated people in the US
- Lifetime prevalence of PTSD for incarcerated men in the US was **27.0%**
- Lifetime prevalence of PTSD for incarcerated women in the US was **49.5%**
- In Western countries, vs the general population:
 - There is an approximately **5-fold** higher point prevalence of PTSD for incarcerated men
 - There is an approximately **8-fold** higher point prevalence of PTSD for incarcerated women
- Based on the 2018 US custodial population, there is approximately **300,000** incarcerated and detained men and women living with PTSD

Baranyi, G., Cassidy, M., Fazel, S., Priebe, S., & Mundt, A. P. (2018). Prevalence of Posttraumatic Stress Disorder in Prisoners. *Epidemiologic reviews*, 40(1), 134–145.

ACEs and Justice Involved People

ACE Score	Research Sample of Men sentenced and court-ordered to out-patient counseling in San Diego, CA (N = 151)	Normative Sample of men obtained from CDC BRFSS ACE Data (2010) (N = 7970)
0	9.3%	38.0%
1	13.2%	26.0%
2	13.9%	15.9%
3	15.2%	9.5%
4+	48.3%	12.5%

Reavis, J. A., Looman, J., Franco, K. A., & Rojas, B. (2013). Adverse childhood experiences and adult criminality: how long must we live before we possess our own lives?. *The Permanente journal*, 17(2), 44–48.

Complex Post-Traumatic Stress Disorder

The repeated exposure to multiple or prolonged traumatic events that usually involves the simultaneous or sequential experience of child maltreatment that begins in early childhood, is chronic and occurs within the primary family or caregiving system.

- Problems with emotional regulation
- Difficulty with relationships
- Difficulties with self-perception
- Attachment to the perpetrator
- Interruption of the survivor's system of meaning / purpose

Davis, Shirley (2019, September 3). What is Complex Post-Traumatic Stress Disorder (CPTSD)? Retrieved from <https://cptsdfoundation.org/2019/09/03/what-is-complex-post-traumatic-stress-disorder-cptsd/>

Chat: Ask the Experts

What factors of being in jail or prison do you think could exacerbate symptoms with someone with a history of trauma and/or PTSD?

Type your answer in the dedicated chat box below

“Problem” or Adaptation?

Problem Behavior		Adaptation to Trauma
Non-compliant or aggressive	FIGHT	Struggling to regain or hold onto personal power
Treatment resistant, in denial, or uncooperative	FLIGHT	Disengaging or withdrawing
Passive, getting by, or unmotivated	FREEZE	Giving in to those in power

Trauma and Covid-19

Based on other pandemics and natural disasters, as many as 50% of people may experience anxiety, depression, and PTSD symptoms.

People with pre-existing mental health disorders, particularly anxiety, depression, PTSD, substance use disorders, and obsessional / phobic disorders, will probably have an exacerbation of symptoms due to the pandemic.



People may become anxious, irritable, aggressive, worried, unable to concentrate, unable to sleep, depressed, use substances to excess, stop talking to friends and family, engage in risky behaviors.

Trauma and Covid-19 in Jails and Prisons

There have been at least

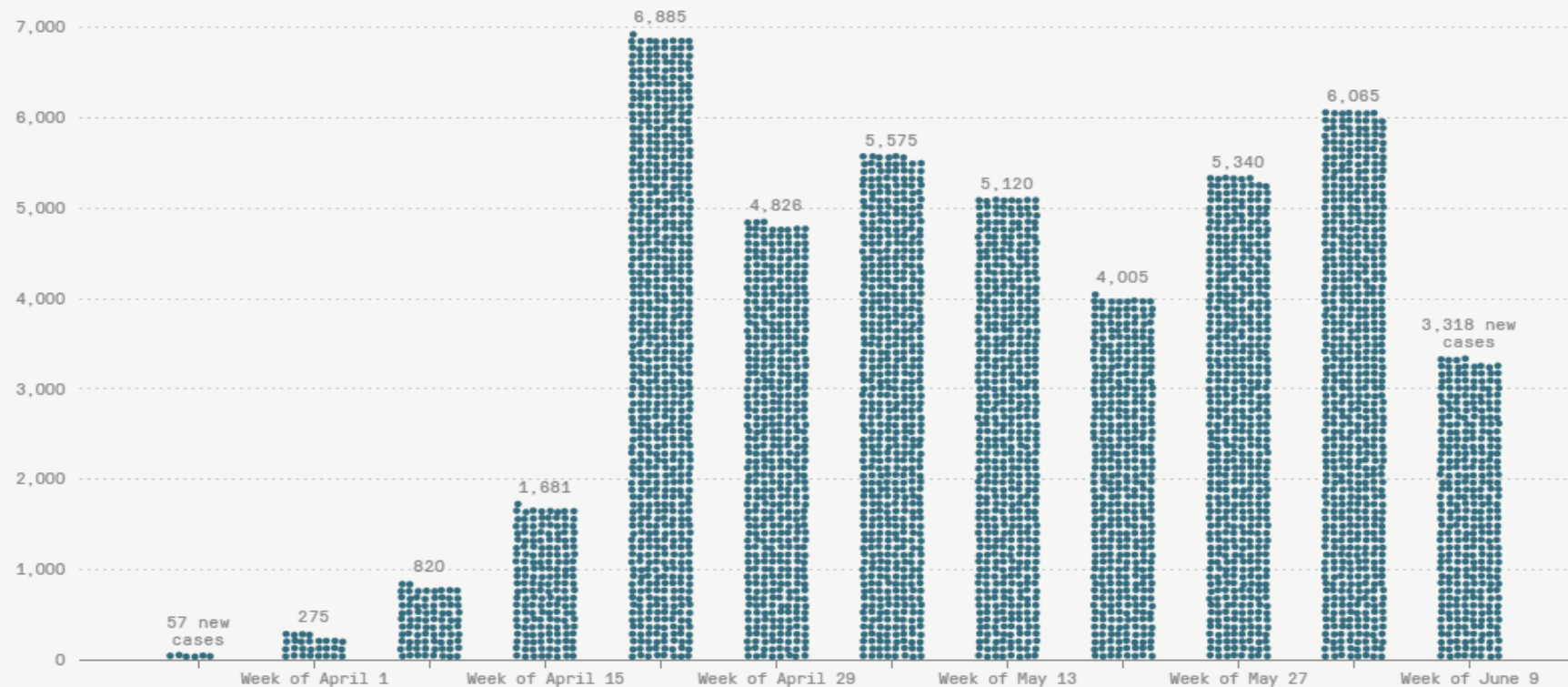
43,967 cases

of coronavirus reported among prisoners.

25,280 prisoners have recovered.

A State-by-State Look at Coronavirus in Prisons (2020, June 12). Retrieved from <https://www.themarshallproject.org/2020/05/01/a-state-by-state-look-at-coronavirus-in-prisons>

Each ● represents 10 new cases



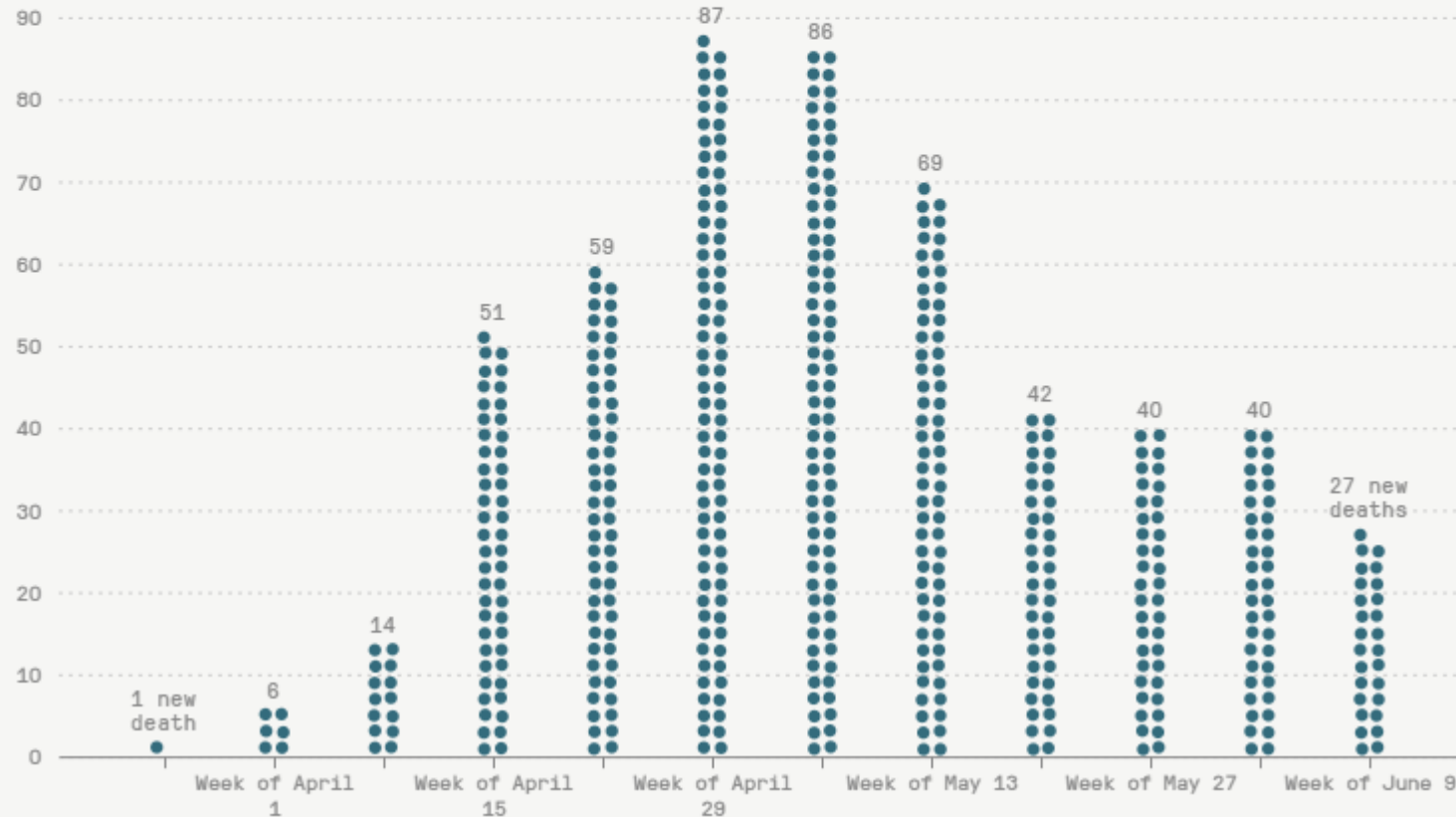
Trauma and Covid-19 in Jails and Prisons

There have been at least

522 deaths

from coronavirus reported among prisoners.

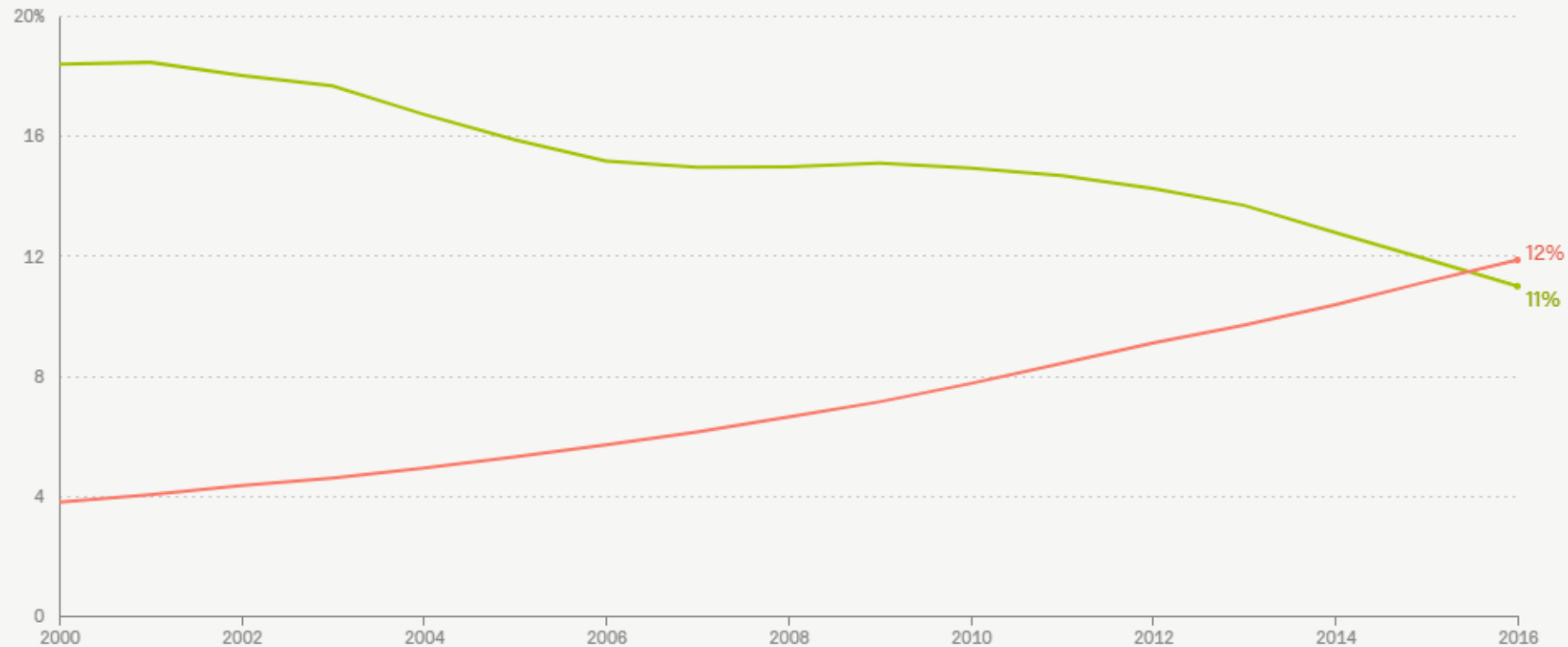
Each ● represents one new death



A State-by-State Look at Coronavirus in Prisons (2020, June 12).
Retrieved from <https://www.themarshallproject.org/2020/05/01/a-state-by-state-look-at-coronavirus-in-prisons>

The Aging Population In State Prisons

Between 2000 and 2016, the percentage of **people who are 55 or older** has been consistently growing, reaching 12 percent in 2016. This means for the first time, the aging population in state prisons has surpassed the number of **young adults between the age 18 and 24**.



Source: National Corrections Reporting Program

Trauma and Covid-19 in Jails and Prisons

- Lack of adequate testing
- Lock-downs to decrease viral spread
- Discontinued visitation
- Decreased or discontinued treatment / education programs
- Lack of social interaction with others (peers / staff)
- Seeing or hearing about others (peers / staff) get sick / die
- Being notified of loved one's death from Covid-19 while in jail / prison

Chat: Ask the Experts
What has this resulted in?

Increase Resiliency

- Officers and staff – be visible as much as possible to people in lock-down; foster hope, offer encouragement, acknowledge and make room for emotional responses, listen, connect and empathize
- Help staff and incarcerated / detained people recognize the symptoms of trauma and other related mental health disorder symptoms
- Make available relevant information to incarcerated / detained people to offer clarity and raise awareness on how to best prevent and deal with Covid-19
- Provide information on how to best access care upon re-entry as well as social distancing and other relevant material

Increase Resiliency

- Encourage self-care routines through exercise and mindfulness during stressful times
- Allow access to additional phone-time (at lower cost or free) so incarcerated / detained people can maintain social ties
- If treatment / education have been temporarily suspended, provide workbooks / journals as an alternative
- Those in leadership positions – those of you who are not: Foster hope, take care of one yourselves and each other, be flexible of emotional responses, listen, connect and empathize



Coronavirus COVID-19 Trauma & COVID-19

What is trauma?

Trauma is the experience of severe distress from a terrible or life-threatening event. Sufferers may experience extreme anxiety, anger, or sadness. There may be problems with sleep, physical pain, or difficulty with relationships due to the overwhelming amount of stress.

As the COVID-19 crisis and social distancing continue, we are facing a shared trauma. The media focuses on the spread of the virus, the number of people who have died, and the amount of suffering in those who are sick. Even if the virus has not harmed us personally, many of us have fear and anxiety regarding our own safety and the safety of those we care about. Fear about safety is a natural response to trauma.

With all the attention everyone is giving to COVID-19, you may be experiencing symptoms of stress and trauma right now. Have you noticed yourself snapping more easily than usual or maybe being more tearful? These may be a traumatic response.

Although we face a shared trauma, our responses may be different. We have different histories and different personal strengths. If you have experienced trauma in the past, the current situation may be a trigger. You may see an increase in the problems described below. Even without a history of trauma, you may have the following reactions to the pandemic:

Difficult Emotions

Stress and trauma can also make you more easily upset. You might cry more often or feel hopeless. Fear reactions are common, too. You might have a general feeling of anxiety that is hard to shake, or be easily startled by loud noises.

Feeling Numb

You might feel cut off from your emotions, unable to feel the highs or the lows. It might be hard to find motivation to do normal activities or things you enjoy.

Avoidance

Maybe you try to avoid things that trigger upsetting feelings, like trying to ignore the news about COVID-19 or working hard to push away memories of your trauma. These reactions are easy to understand as a way to protect yourself against overwhelming feelings. At the same time, avoiding trauma triggers can prevent you from working through those painful experiences.

If you are struggling with some of these reactions, know that you are not in any way weak. This is an extremely difficult time, and these are all normal reactions to an overwhelming situation.

Also, keep in mind that being incarcerated makes it extra hard. You are cut off from many of the supports and ways of coping that you normally use. Supports are so important as we face current traumas and heal from past ones. Sheltering-in-place and social distancing make it harder to get comfort from the people close to you, as visits have been suspended.



Coronavirus COVID-19 Trauma & COVID-19

What can you do to begin healing from or coping with the trauma?

Focus on being aware of your emotions.

It may be helpful to keep a log of how you are feeling. This can help decrease the chance that you hold on to traumatic feelings.

Connect with others.

This might mean that you call a loved one or connect with a staff member or someone on the block. It's important to maintain social distancing and wear masks when interacting with others.

Accept your emotions.

Allow your experience to be what it is, without judging or criticizing yourself. You're human, and you're having a human reaction. Denying or downplaying your feelings increases the chance of them hurting you, now and in the future.

Support others who may be having a tough time.

This can help you feel stronger, better about yourself, and better able to bounce back from stress.

Remember that you are not a victim of this trauma or any other. Many of you have made it through past traumas and you will make it through this one!

The Behavioral Health Department continues to provide weekly handouts. These handouts focus on ways that you can cope and bounce back from the stress. Using these handouts will not make you weak. Please take advantage of them. Please talk to the behavioral health, medical and Restorative and Transitional Services Department staff as they conduct their rounds. As always, you can submit a sick call if you are having difficulty and need to speak with someone in the Behavioral Health Department.

If you are having thoughts of harming yourself or ending it all, please tell someone immediately. A qualified behavioral health professional will see you. You deserve support!

June 1, 2020
Developed by Dr. Dana Killingsworth

Symptoms of Covid-19 infection

Early symptoms include:

- Fever, cough, shortness of breath
- Some report loss of taste and/or smell

Signs of serious illness include:

- Trouble Breathing
- Persistent pain or pressure in the chest
- New confusion or unable to wake up
- Bluish lips or face

If you think you might be or do get sick

- Stay home except to get medical care. **CALL before you get medical care.** Get care if you feel worse or think it's an emergency or have trouble breathing.
- If you call 911 for a medical emergency, tell them you think you may have Covid-19 and, if possible, put on a face mask before they arrive.
- Avoid public transportation, ride-sharing, and taxis.
- Isolate yourself in your home. Stay in one room and use a separate bathroom if possible.



This project was supported by grant No. 2019-J2-BK-K001 awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the SMART Office, and the Office for Victims of Crime. Point of view or opinions in this document are those of the author and do not represent the official position or policies of the United States Department of Justice.

Did you know....

If you have asthma, chronic lung disease, a heart condition, diabetes, liver disease or any medical problem that compromises your immune system, you are at higher risk of getting very sick from the Covid-19 virus.

"What about continuing or starting on buprenorphine or methadone?"

Because of Covid-19, there are new rules that make it easier to start and receive both methadone and buprenorphine. Contact your local MAT providers to find out more.



"Everyone is wearing face masks! Should I be wearing one too?"

Wearing a face mask decreases the chances of becoming infected with Covid-19 and definitely protects others if you may be infected. But even with a face mask, you still need to take steps to protect yourself as outlined in this brochure.



Preparing for Re-Entry

What you need to know before you go

Covid-19

The world has changed because of Covid-19.

There is no cure or vaccination to stop the spread of the Covid-19 virus.

To prevent becoming sick, you must avoid being exposed to this virus.

Protect Yourself:

- Wash your hands often for at least 20 seconds, especially after being out in public, blowing your nose, coughing, or sneezing. If no soap or water are handy, use a hand sanitizer that contains 60% alcohol. Cover your whole hands with the sanitizer and rub until dry.



- Don't touch your face with unwashed hands.
- Avoid close contact with people who are sick.
- Clean and then disinfect surfaces in your home that are touched a lot, such as tables, countertops, doorknobs, light switches, phones, keyboards, faucets, etc. You can use household disinfectants OR combine 5 tablespoons of bleach into one gallon of water.



What is social distancing?

Staying away at least 6 feet away from other people while in public. This includes when you are out grocery shopping, picking up prescriptions, or going out for a walk.

Some people infected with Covid-19 don't have any symptoms, nor do people during the first few days of being infected. This is why it's very important for you to avoid contact with other people outside your home.

**Stay Home.
Stay Safe.
Save Lives.**

Decrease your risks

- Don't smoke anything shared with another person – even a cigarette.
- Don't drink alcohol or anything else out of a container someone else drank from.
- Sharing any drug use equipment, not just injecting equipment, is dangerous. This includes pipes, straws, vaping devices, etc.
- Plastic baggies, balloons and cellophane can also carry the Covid-19 virus. Wash your hands and these items after contact.

"What if I have no home to go to when I'm released?"

If you are homeless:

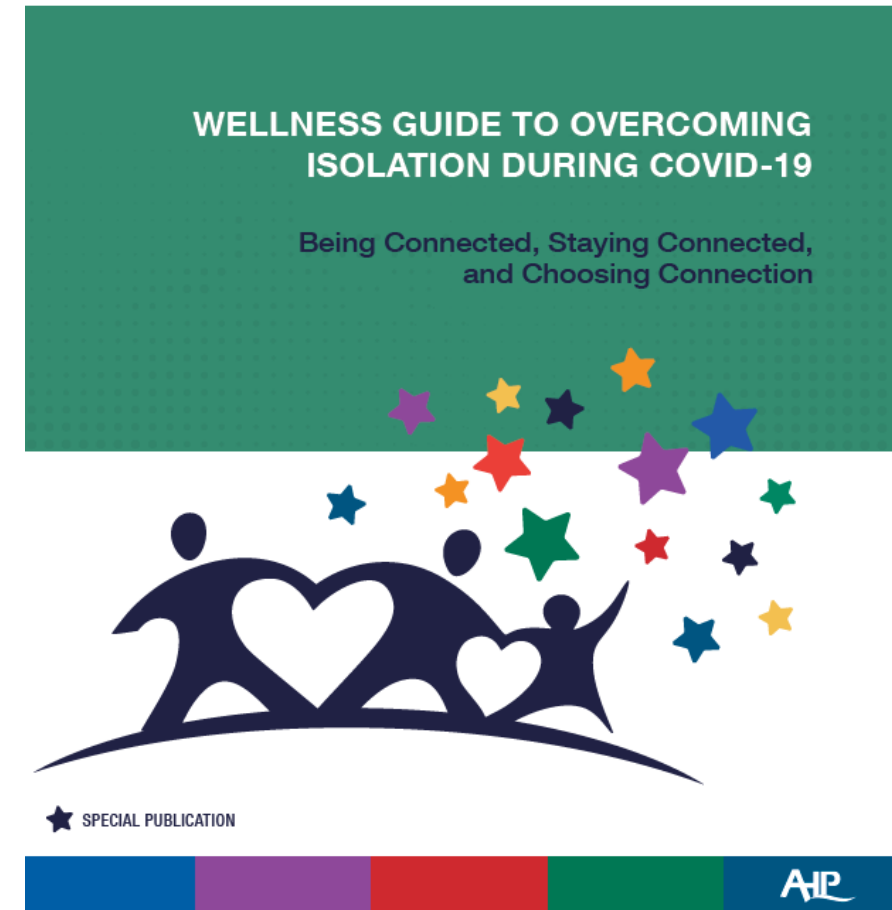
- Try to make your encampment, tent, sleeping place, at least 12 feet away from another person's encampment.
- Try to find a bathroom that has soap and water and paper towels to dry your hands.
- Seek a shelter that has these facilities where you can receive care. Shelters have information to help you if you are or become sick.

During the pandemic of COVID-19, people are struggling with isolation. Being alone and lonely is difficult enough, but stay-at-home orders and social distancing make it even more challenging to overcome such feelings and make connections.

To help address these challenges, Advocates for Human Potential, Inc.'s (AHP) Human Potential Press, in collaboration with the Copeland Center for Wellness and Recovery, developed and is making available at no charge the *Wellness Guide to Overcoming Isolation During COVID-19: Being Connected, Staying Connected, and Choosing Connection*.

This new guide is designed to help you maintain emotional wellness and whole health. The practical information and exercises offer a pathway to making and building connections and help you overcome feelings of isolation and loneliness.

AHP's mission focuses on helping organizations and individuals reach their full potential. It is in the spirit of supporting full health and connection that we offer this new resource to you. We encourage you to use it, grow your connections, and share it with others.



More Resources

<https://www.mentalhealth.org.uk/sites/default/files/how-to-look-after-mental-health-in-prison.pdf> From the UK with 30 FREE pages of easy to understand information on how incarcerated people can take care of their mental health.

<https://www.psychpoint.com/mental-health/worksheets/> Lots of FREE cognitive-behavioral based worksheets with quick instructions that can be copied and pasted

Facilitator Manual: https://store.samhsa.gov/sites/default/files/d7/priv/anger_management_manual_508_compliant.pdf

Participant Manual: https://store.samhsa.gov/sites/default/files/d7/priv/anger_management_workbook_508_compliant.pdf

SAMHSA's FREE Anger Management for Substance Use Disorder and Mental Health Clients – a CBT Manual
Can be given out with some instructions / background from Facilitator Manual as weekly worksheets

Wellness Recovery Action Plan (WRAP) Updated Edition - <https://www.wrapandrecoverybooks.com/store/wrap-2018.html>
A great resource for people preparing to re-enter the community or newly released.

The Change Companies Journals <https://www.changecompanies.net/products/?servicearea=3> creates journals for justice involved clients on a wide range of subject matter including trauma and resilience.



Chat: Ask the Experts

What has your facility implemented in response to the increased needs of people with histories of trauma, mental health disorders amid Covid-19?

What resources are you utilizing?

Questions?

Type your questions in the Q&A box on your screen.

Speaker Contact Info:

Roberta C. Churchill
rchurchill@ahpnet.com

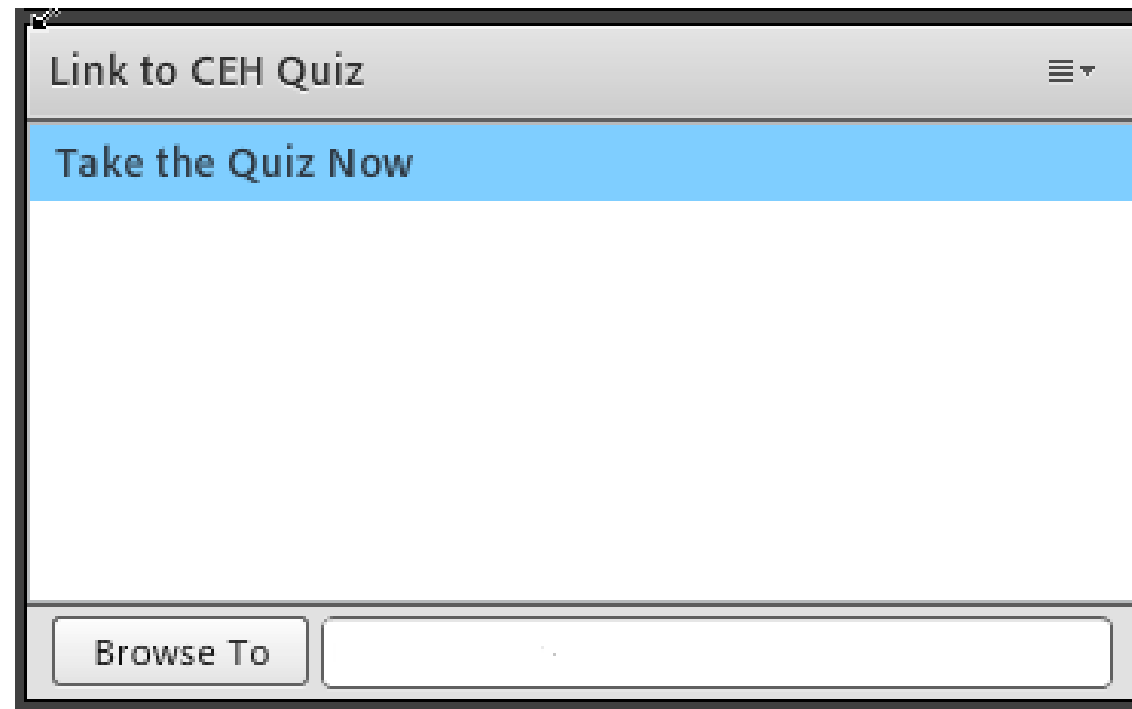
Certificate of Attendance

Download Now!

Certificate of Attendance	
Name	Size
Download My Certificate	1 MB
Upload File...	Download File(s)

Certificate of Continuing Education

- 1 NAADAC CEH
- Pass 10-question quiz with 7 correct answers
- Download certificate upon completion



For more information on RSAT training
and technical assistance please visit:
<http://www.rsat-tta.com/Home>

Stephen Keller
RSAT TTA Coordinator | skeller@ahpnet.com

Cassandra Rice
Research Assistant | crice@ahpnet.com