Goals of the Presentation:

Define “trauma” and discuss its impact & prevalence

Describe SAMHSA’s concept of trauma-informed approaches

Discuss how trauma-informed approaches can be used in correctional settings.
Understanding Trauma
What is Trauma?

*Individual trauma results from an event, series of events, or set of circumstances that is experienced as physically or emotionally harmful or life-threatening and has lasting adverse effects on the person’s functioning and mental, physical, social, emotional, or spiritual well-being.*
The Three Es of Trauma

**Events**

*Events/circumstances cause trauma.*

**Experience**

*An individual’s experience of the event determines whether it is traumatic.*

**Effects**

*Effects of trauma include physical, social, emotional, or spiritual consequences.*
Potentially Traumatic Events

**Abuse**
- Emotional
- Sexual
- Physical
- Domestic violence
- Witnessing violence
- Bullying
- Cyberbullying
- Institutional

**Loss**
- Death
- Abandonment
- Neglect
- Separation
- Natural disaster
- Accidents
- Terrorism
- War

**Chronic Stressors**
- Poverty
- Racism
- Invasive medical procedure
- Community trauma
- Historical trauma
- Family member with substance use disorder
Experience of Trauma

Experience depends on context, expectations & meaning

May result from threat to life, bodily integrity, or emotional safety

May be compounded by humiliation, betrayal, or silencing

Effects may be unrecognized
Effect of Trauma

The **effect** of trauma on an individual can be understood as a normal response to an abnormal situation.
Effects of Trauma

Trauma can...

- Cause short and long-term effects
- Affect coping responses, relationships, or developmental tasks
- Impact physiological responses, well-being, social relationships, and/or spiritual beliefs
## Signs of Trauma Responses

<table>
<thead>
<tr>
<th>Behavioral</th>
<th>Emotional/Physical</th>
<th>Psychological</th>
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<tbody>
<tr>
<td>• Blowing up when being corrected</td>
<td>• Nightmares or sleeping problems</td>
<td>• Confusing what is safe and what is dangerous</td>
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<tr>
<td>• Fighting when criticized or teased</td>
<td>• Sensitive to noise or to being touched</td>
<td>• Trouble focusing or concentrating</td>
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<tr>
<td>• Resisting transitions or change</td>
<td>• Difficulty trusting others</td>
<td>• Difficulty imagining the future</td>
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<tr>
<td>• Very protective of personal space</td>
<td>• Feeling very sad, angry, afraid; emotional swings</td>
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<tr>
<td>• Reckless or self-destructive behavior</td>
<td>• Unexplained medical problems</td>
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<tr>
<td>• Frequently seeking attention</td>
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<tr>
<td>• Sensitivity to noise or touch</td>
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Additional Signs of Trauma

- Flashbacks or frequent nightmares
- Always expecting something bad to happen
- Not remembering periods of your life
- Feeling emotionally numb
- Lack of concentration; irritability
- Watchfulness, anxiety, anger, shame or sadness
Factors Increasing Impact

- Early occurrence
- Being silenced or not believed
- Blaming or shaming
- Perpetrator is trusted caregiver
Prevalence: Children Exposed to Potentially Traumatizing Events

- **71%**
  Children exposed to violence each year
  (Finklehor, et al, 2013)

- **3 million**
  Children maltreated or neglected each year

- **3.5-10 million**
  Witness violence against their mother each year
  (Child Witness to Violence Project, 2013)

- **1 in 4 girls & 1 in 6 boys**
  Sexually abused before adulthood
  (NCTSN Fact Sheet, 2009)

- **94%**
  Children in a study of juvenile justice settings have experienced trauma
  (Rosenberg, et al, 2014)
Trauma in Adults: Substance Abuse

90% of homeless mothers have severe trauma histories. They have 2x the rate of drug & alcohol dependence as those without
(SAMHSA 2011)

About 1/3 of all veterans seeking treatment for a substance use disorder have PTSD diagnoses
(National Center for PTSD)
Trauma in Adults: Substance Abuse

About 65% of people in substance abuse treatment report childhood abuse

(SAMHSA, 2013)

About 75% of women in substance abuse treatment report trauma histories

(SAMHSA, 2009)
Section 2

Trauma-Informed Approaches
The Four Rs

A trauma-informed program, organization, or system:

Realizes
- Realizes widespread impact of trauma and understands potential paths for recovery

Recognizes
- Recognizes signs of trauma in clients, families, staff, and others involved with the system

Responds
- Responds by fully integrating knowledge about trauma into policies, procedures, and practices

Resists
- Seeks to actively Resist re-traumatization.
Trauma-Informed Approaches

Based on the universal expectation that trauma has occurred

Based on the question: “What happened to you?” NOT “What’s wrong with you?”

Seek to understand the meaning people make of their experiences
Approaches that are not trauma-informed....

- Recreate fear & helplessness of original trauma
- Result in distrust, anger, frustration, sadness

If responses are seen as ‘symptoms,’ increased risk of coercion
In trauma-informed programs

- All staff & clients are educated about trauma
- Knowledge of trauma is incorporated into all aspects of service delivery
- Minimize re-traumatization: “Do no more harm”
- Create a warm, welcoming environment
SAMHSA’s Principles of Trauma-Informed Approaches

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<tr>
<th>Safety</th>
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<tr>
<td>Trustworthiness &amp; Transparency</td>
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<tr>
<td>Peer Support</td>
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<tr>
<td>Collaboration &amp; Mutuality</td>
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<tr>
<td>Empowerment, Voice &amp; Choice</td>
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<tr>
<td>Cultural, Historical &amp; Gender Issues</td>
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Trauma-Specific Interventions

- Designed to directly address the behavioral health consequences of trauma
- Often manualized to ensure fidelity to an established model
- Usually delivered by professional staff who have received extensive training in the program model
Things to Remember

Underlying question = “What happened to you?”

“Symptoms” = Adaptations to traumatic events

Healing happens In relationships
Trauma-Informed Approaches in Correctional Settings
Can a prison be trauma-informed?

Hawaii women’s prison built a trauma-informed culture based on the Hawaiian concept of *pu `uhonua*, a place of refuge, asylum, peace, and safety.
What allowed this to happen?

Warden Patterson at WCCC:

- Recognized that most inmates are trauma survivors
- Saw many standard practices as re-traumatizing
- Understood that traumatizing practices affect staff as well as inmates
- Brought together staff, inmates, community groups, government & academics to create a consensus for change within existing security requirements
Making change permanent

Leadership
• Commitment to substantive change

Training
• Staff
• Inmates
• Community Partners

Reinforced by
• Trauma-informed supervision
Trauma-specific Treatment in Correctional Settings

- Manualized, present-focused models work well in correctional settings
- Address current problems & teach safe coping skills without unsettling people by revisiting traumatic memories
- Includes: Seeking Safety, ATRIUM, TAMAR, TREM & M-TREM
What’s in it for the facility?

- Controlling costs of healthcare, close custody, staff turnover & secure housing units
- Reducing seclusion & restraint, de-escalating critical incidents
- Safer facilities, increased job satisfaction

Miller & Najavits, 2012
What would support development of trauma-informed approaches in your organization?
Description: Research indicates that effective substance abuse treatment programs include an aftercare component. There is no single definition of aftercare, but common components include: relapse prevention and continued treatment and/or peer support, combined with other health and human services that promote a stable lifestyle. The evidence also suggests that aftercare is critical immediately after release from prison or jail, and that it is beneficial to concentrate resources during this period, when individuals are most likely to commit new crimes or to violate the conditions of their supervision. This webinar will present some early findings on the types of aftercare services funded by RSAT, from the National Institute of Justice (NIJ) - funded Residential Substance Abuse Treatment (RSAT) Study. The presentation will describe the sample of RSAT-funded aftercare programs and present preliminary data on program services, challenges, and innovations.

Presenter: Kristin Stainbrook