

RSAT Promising Practices Guidelines: 2025 Learning Community Series

Treatment Principles

Wednesday, May 14, 2025

Bureau of Justice Assistance (BJA)







Residential Substance Abuse Treatment (RSAT)
Program for State Prisoners

Training and Technical Assistance Resource

This project was supported by grant No.15PBJA-22-GK-01132-RSAT 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

	This event is being recorded: Audio is now broadcasting	01
	Audio is provided through your computer speakers or headphones: Your line is automatically muted.	02
	If you have issues with your speakers: Close out of Zoom, when you reconnect, check your audio options before joining.	03
	Live Captioning is Available: Click the CC Live Transcription button to show and hide captions during today's event.	04
	Chat: Click the Chat icon to open the Chat panel.	05
	Need help or have questions for our presenters? Please type in the Q&A box!	06



RSAT Promising Practices Guidelines: 2025 Learning Community Series

Treatment Principles

Wednesday, May 14, 2025

Bureau of Justice Assistance (BJA)

Residential Substance Abuse Treatment (RSAT)
Program for State Prisoners

Training and Technical Assistance Resource

This project was supported by grant No.15PBJA-22-GK-01132-RSAT 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.



RSAT-TTA Presenter



Lisa Lundrigan, MA

Senior Justice Associate

Advocates for Human Potential, Inc.

RSAT Community Best Practice Experts



Beverly Thomas

Grant Administration

Sanpete County Sheriff's
Office, UT

RSAT Community Best Practice Experts



Jill Wolf, LCSW, CSAC, ICS

Corrections Program Supervisor

WI DOC Taycheedah Correctional
Institution

Learning Objectives

Upon completion of this webinar, the participant will be able to:

1

Name at least three of the treatment principles that are described in the Promising Practices Guidelines.

2

Articulate the difference between trauma-informed, trauma-responsive, and trauma-specific care.

3

Give at least two examples of RSAT program interventions that reflect responsiveness to individual needs.

Today's Agenda

- Presentation by RSAT-TTA staff
- Best Practice Highlight
 - Sanpete County Jail, Utah
 - Taycheedah Correctional Institution, WI DOC
- Peer Learning Opportunity
- Breakout Discussion

Today's Topic

Promising Practice Guidelines

Treatment Principles

Trauma Informed Care

Integrated Treatment

Rewards and Sanctions

Health Literacy

Responsivity / Compatible Treatment Services

Trauma-Informed Care

People who are justice-involved have higher rates of PTSD than those who are not justice-involved

People who are justice involved report higher ACE scores

Women have higher rates of PTSD and report more incidences of trauma than men

People who experience SUD and mental illness have higher ACE scores

Arrest and incarceration can be traumatic

The correctional environment contains a number of triggers for trauma survivors

Correctional employees experience higher rates of PTSD, depression, anxiety, burnout, and suicide

Trauma-Informed Correctional Care

Definitions

Trauma Informed Programs: Understand the prevalence of traumatic experiences and their impact upon the individuals in them. Recognize the connection between traumatic experiences and substance use, mental illness, crime, and coping skills.

Trauma Responsive Program: Take action as the result of understanding. Community standards, practices, and behaviors are rooted in creating safety, avoiding triggers, and building a predictable, consistent, environment. Participants are empowered and treated with respect without compromising security or professional roles. When practical, facility layout, design and décor reflect this standard.

Trauma Specific Programs: Include evidence-based interventions focused on the traumatic experience. Examples include Seeking Safety (Najavits) and Helping Women Recover (Covington).

Trauma-Informed Correctional Care

RSAT Programs Should Include

- Staff who understand trauma and its impact on substance use and co-occurring disorders and the recovery process.
- Services designed to enhance safety, minimize triggers, and prevent re-traumatization.
- Relationships between staff and participants based on equity and healing.
- Staff and services that empower those who have experienced trauma by providing them with information, hope, and appropriate referrals upon release.
- Trauma-specific services that offer specific groups and interventions aimed at coping with the aftermath of trauma, decreasing symptoms of trauma-related disorders while in the program and increasing knowledge about trauma.
- Services that empower participants with skills and techniques to manage and decrease the symptoms of trauma in their own recovery.

Source: Promising Practice Guidelines, pg. 24

PRINCIPLES OF CO- OCCURRING INTEGRATED TREATMENT

- Co-occurring disorders are the expectation; clinical services should incorporate this assumption into screening, assessment, and treatment planning.
- Within the treatment context, both disorders (i.e., substance use and mental health) are considered primary.
- Empathy, respect, and a belief in the individual's capacity for recovery are fundamental.
- Treatment should be individualized to accommodate the unique needs and personal goals of individuals at different stages of their recovery.
- The role of an individual's community in treatment, post-release reintegration, and aftercare is a major factor in recovery.

Integrated Treatment

SAMHSA's Practice Principles for Integrated Treatment (SAMHSA TIP 42, 2020)

Treatment for mental health disorders and for SUDs is integrated to meet the needs of people with co-occurring disorders.

Integrated treatment specialists are trained to treat both SUDs and serious mental illnesses.

Co-occurring disorders are treated with different services provided at different stages.

Motivational interventions are used in all stages, but especially in the persuasion stage.

SUD counseling, using a cognitive-behavioral approach, is used in primary treatment and relapse prevention stages.

Multiple formats for services are available, including individual, group, self-help, and family.

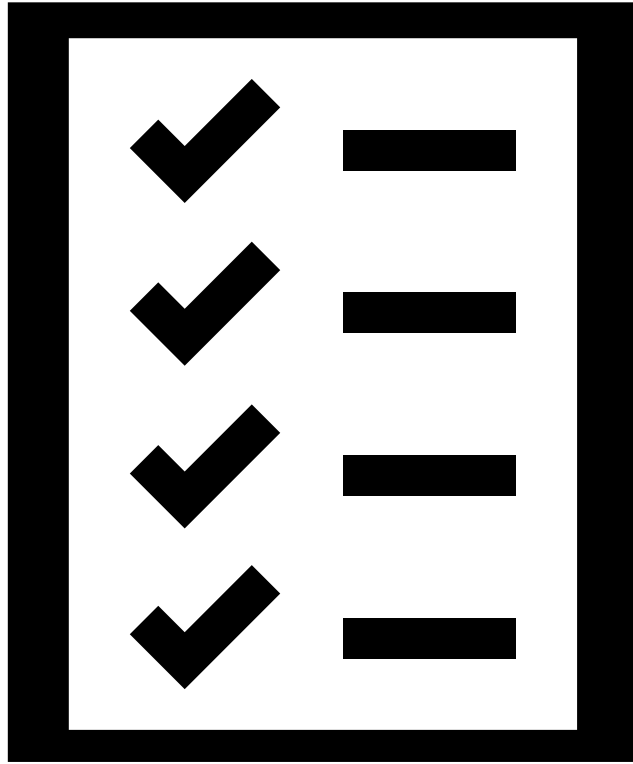
Medication services are integrated and coordinated with psychosocial services

Integrated Treatment

Considerations for Staff Training and Communication

- Train all staff members to recognizing signs and symptoms of mental health treatment needs, including the need to assess for suicide risk.
- Prioritize information sharing among SUD and MH treatment teams through formalized procedures and regular communication.
- Evidence-based, effective treatment approaches such as Motivational Interviewing (MI), Motivational Enhancement Therapy (MET), and Contingency Management are appropriate RSAT interventions.

Rewards and Sanctions



- Teaching accountability is pro-social
- Rewards and sanctions are both consequences of behavior that should be:
 - Clearly communicated
 - Understood
 - Consistently reinforced
 - Progressive
 - Delivered through the lens of treatment and behavior change
- Ratio of 4:1 is optimal
 - Catch people doing well! Research supports the ratio of 4 rewards for every sanction.

Question

What are some of the behavioral incentives used in your RSAT program?



Health Literacy

Social Determinants of Health



Source: CDC, 2024

Health Literacy

Education Regarding Symptoms and Accessing Care for Health Conditions

- Accessing medical, dental, and psychiatric care in the institution
- Obtaining healthcare insurance or public benefits upon release
- Navigating the healthcare system in the community-skill development and rehearsal
- Awareness of relevant community providers of care and resources for safer sex, reproductive care, harm reduction, overdose prevention, and general medical, dental, and psychiatric care
- Accessing specialized care for complex medical or mental health conditions

Responsivity / Compatible Services

Addressing Individual Needs That Could Be Barriers To Successful Reentry

- Case Management
- Safe Sober Housing
- Medical and Dental Care Arrangements
- Overdose Prevention
- Family and Social Support
- Educational and Vocational Needs
- Thinking Errors / Criminal Thinking
- Counseling Services

Question

Why should RSAT programs address needs beyond SUD and MH needs?



Facility Best Practice Highlight

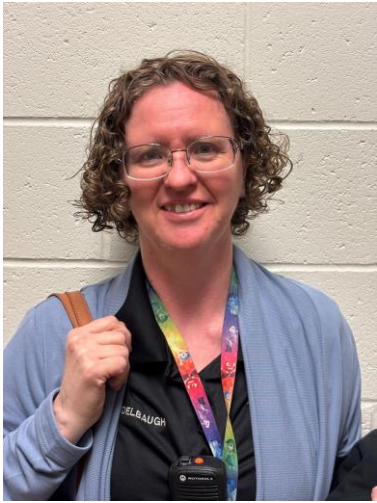
Sanpete County Sheriff's Office and Jail

1130 South Service Berry Road, Manti UT

- Rural county in the heart of Utah, 1588 square miles with very limited resources
- 128 bed facility
- 16 beds dedicated to RSAT for men, 16 beds for women
- Enrollment is open ended 90-day to 120-day program



Sanpete County Jail Clinical Team



**Cassie
Kridelbaugh**
LCSW, Program
Director



Gretchen Nunley
Jail Programming
Sergeant



Tonia Castro
SUDC



Cheryl Swapp CHW



Lisa Estey
RN

Trauma Informed Care

1. Adverse Childhood Experiences (ACE) screening score
2. Allow individuals to talk about their feelings being incarcerated and (TC) housing
3. Explore how past traumas are related to current situation
4. Appropriately acknowledging and accepting anger
5. Autonomy versus attachment

Integrated Treatment

Screening and Assessment

ASI (Addiction Severity Index)

LS/RNR (Level of Service – Risk/Need/Responsivity)

Drugs Alcohol Screening Tool (SBIRT)

Intake Screening by medical

Treatment Plan

Communication Clinical Team

Weekly clinical meetings (include custody staff)

Weekly meetings with Central Utah Counseling Center, local substance use authority

Release of Information and discuss new signs and symptoms of changes in mental health

Treatment Plans review/change

Compliance with medication

Integrated Treatment

Drug and Alcohol treatment along with Mental Health, and Medical treatment

- Aftercare/Early Recovery during the final phase of RSAT
- Become clients of CUCC, signed up for Medicaid (Tonia)
- Assessment for co-occurring disorders (Cassie)
- Continue Medication
- Continue MAT (Lisa)

Wellness Fridays: Acudetox, Yoga, Health classes, Meditation,

SUDC is bilingual and program materials published in other languages.

Rewards and Sanctions

Rewards:

- Reinforcement ratio
- Shoutouts
- Certificates
- Incentive every two weeks
- Commissary coupons
- Earn good time

Consequences:

- Redo step work
- Extra assignments
- Major violations-handled by jail staff
- Progress on their own, they don't get work done, it slows them down, no early release
- Treatment Agreement sign and handbook published
- Incentive is a privilege not a right

Health Literacy

CHW gives Naloxone information in support bags-includes where to get it, how to administer it, also in bags: Overdose education, Safe sex education

Refer to CUCC for other MAT treatment, USARA, Peer Support, Continued treatment referrals and placement

Therapist teaches DBT which includes harm reduction

Nurse helps identify those interested in Vivitrol, offers quarterly Health classes



Responsivity

Case Management- CHW meets with clients to develop transition plan. This includes Medicaid, peer support referrals, treatment referrals, housing, jobs, medical and dental appointments, vocational rehab, referrals to continued services.

Introduced to services that will continue after their release

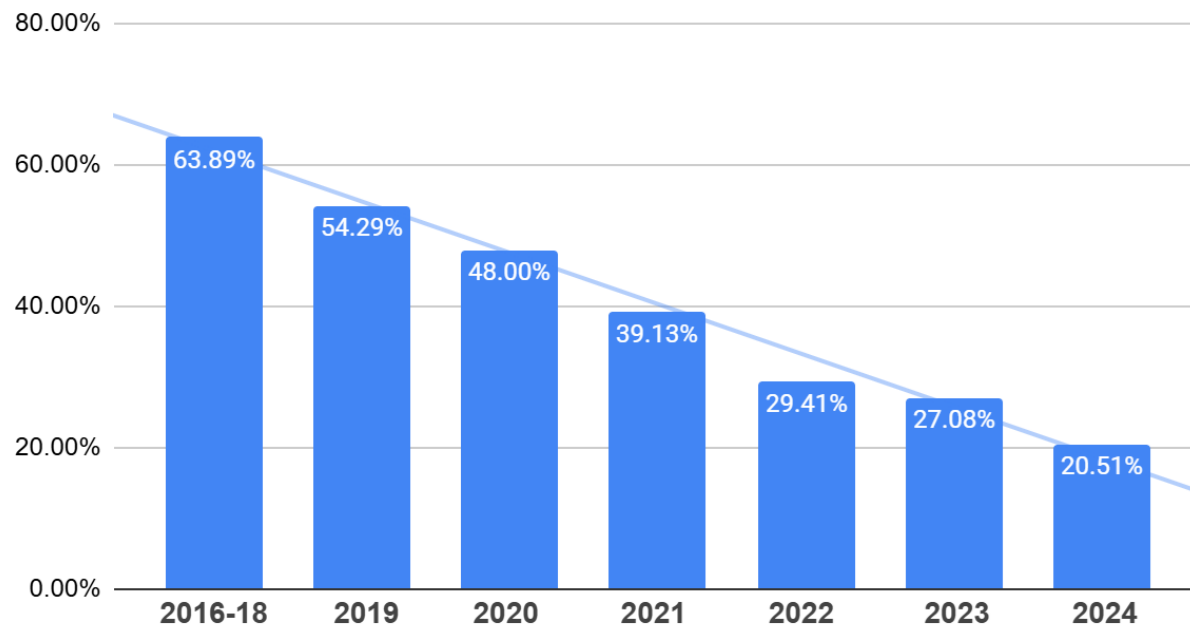
Monthly SAFE events, Recovery Day celebrations

Coordinate with adult education to complete high school diploma, continue classes once released.
(Gretchen)

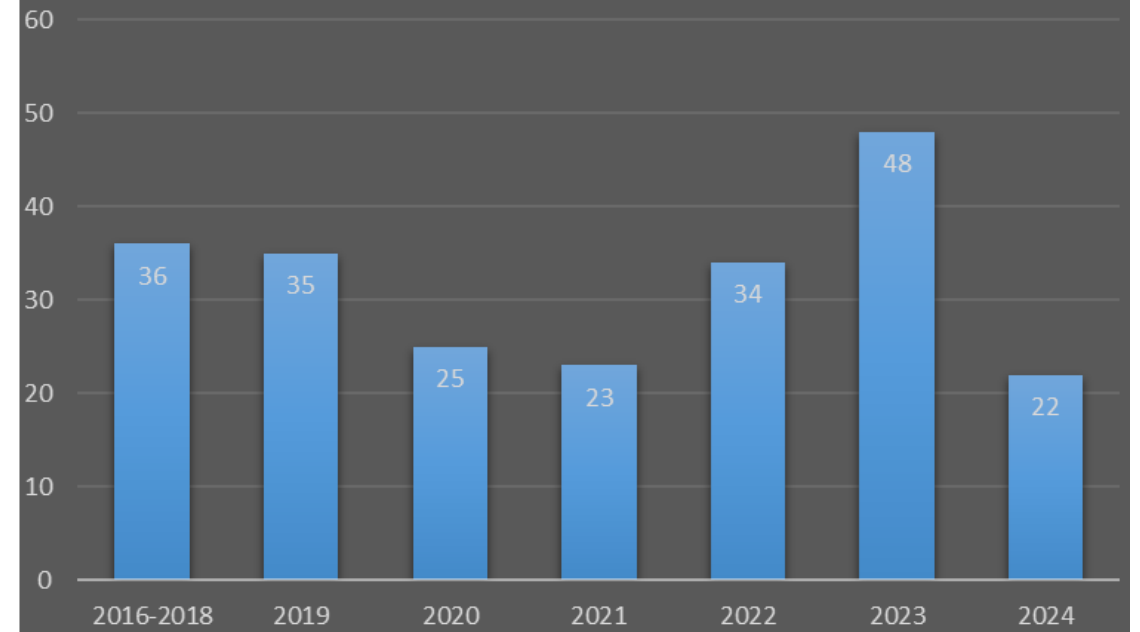


Informative Graphs

RSAT Recidivism 2016-Current



RSAT Enrollees 2016-Current



About the Facility

Taycheedah Correctional Institution (TCI)

- Taycheedah Correctional Institution is a maximum/medium security facility entrusted with the custody and supervision of Wisconsin's female Persons in our Care (PIOC).
 - Our mission is to protect the public, utilizing a well-trained and professional workforce through the constructive management of PIOC, reducing criminal behavior, and restoring a sense of safety to victims and the community.
 - 752 is our facility capacity
 - Average age of our population is 38, youngest is 18 and oldest 80 years of age
 - 64% of population is Caucasian, 24% is African American, 11% American Indian/Alaskan Native, 1% Asian or Pacific Islander of these 9% Hispanic origin
 - 95% of our population have a mental health diagnosis



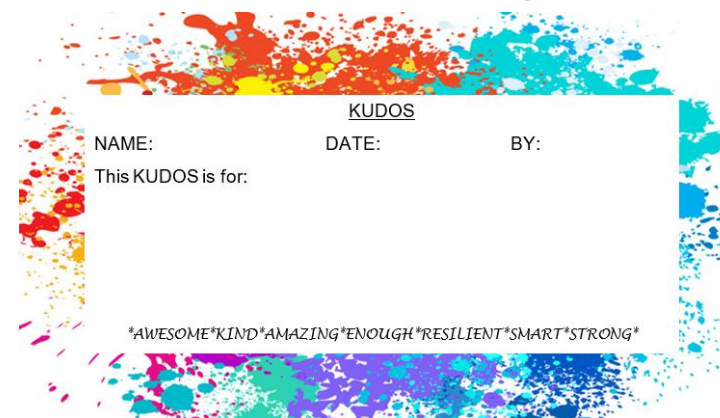
Taycheedah Correctional Institution

STRENGTH (Support, Trust, Respect, Encouragement, Natural, Growth, Together, and Honesty) Program

- STRENGTH is a treatment program for women diagnosed with co-occurring mental health and substance use disorders
 - Team consists of a Psychological Associate, SUD Social Worker, Program Sergeant, Psychiatrist, and Corrections Program Supervisor
 - 12 participants are accepted into the program at a time, four of whom are Alternatives to Revocation (ATRs)
 - Treatment groups involve participation in: Moving On (a cognitive intervention program), Helping Women Recover (SUD), Seeking Safety (PTSD and SUD), Mental Health Education, Coping with Feelings (DBT-informed skills), Connections (shame & resilience), Beyond Violence (Anger Management), and Picking Up the Pieces (Grief & Loss)
 - Participants meet bi-weekly with the Psychological Associate for individual psychotherapy and attend bi-weekly with the SUD Social Worker on top of care management/release planning

Taycheedah Correctional Institution

- Trauma-informed care (TIC)
 - Women specific with curriculum and trauma-informed guidance from a gender consultant
 - DAI staff receive yearly trauma-informed training to help recognize, respond and resist retraumatizing PIOC.
- Integrated treatment
 - Interviewed post for RSAT Program Sergeant trained in MI, CBT, and RSAT guidelines
 - All RSAT team attend annual two-day mental health and SUD training
- Rewards vs. sanctions
 - KUDOS, Sober Fun
 - Corrective Actions, Behavioral Contract



Taycheedah Correctional Institution

- Harm reduction
 - MAT (Medication Assisted Treatment)
 - Naloxone and education is offered to women who are diagnosed with OUD and releasing from incarceration. Community corrections offers naloxone to all, regardless of diagnosis.
 - Even though abstinence-based curriculums discussion takes place about harm reduction
 - Psychiatric medication
- Compatible treatment and services
 - Reentry services include healthcare, housing, vital documents, appointments post release, Workforce Development Center/employment, education, MAT probation staff, legal probation/parole staff.
 - The OARS program

Breakout Session

Breakout Session

Discussion Questions

- **What successes and challenges have you faced in implementing trauma-informed, trauma-responsive services, and/or trauma-specific services?**
- **What successes and challenges have you faced integrating services for people with SUD and mental health treatment needs?**
- **What do you do to ensure regular, effective collaboration between the SUD treatment, mental health and medical professionals in your program?**
- **How do you promote health literacy in your program and in collaboration with community providers?**

Breakout Session – Report Back

Open Q&A

What questions do you have for:

- RSAT-TTA staff
- Facility practice highlight presenter
 - Larger RSAT community



References

- Miller, N. A., & Najavits, L. M. (2012). Creating trauma-informed correctional care: a balance of goals and environment. *European Journal of Psychotraumatology*, 3(1). <https://doi.org/10.3402/ejpt.v3i0.17246>
- Jill S. Levenson & Gwenda M. Willis (2018): Implementing Trauma-Informed Care in Correctional Treatment and Supervision, *Journal of Aggression, Maltreatment & Trauma*, DOI: 10.1080/10926771.2018.1531959
- Zielinski MJ, Karlsson ME, Bridges AJ. Adapting evidence-based trauma treatment for incarcerated women: A model for implementing exposure-based group therapy and considerations for practitioners. *the Behavior Therapist*. 2016;39(6):205-210.
- Mueser, Kim T., Douglas L. Noordsy, Robert E. Drake, & Lindy Fox Smith, 2003, *Integrated Treatment for Dual Disorders: A Guide to Effective Practice*, New York, NY: Guilford Press.
- Substance Abuse and Mental Health Services Administration (SAMHSA), 2020, Substance Use Disorder Treatment for People With Co-Occurring Disorders, Treatment Improvement Protocol (TIP) Series, No. 42, Rockville, MD: U.S. Department of Health and Human Services, SAMHSA, SAMHSA Publication No. PEP20-02-01-004, retrieved January 24, 2023 from <https://store.samhsa.gov/product/tip-42-substance-use-treatment-persons-co-occurring-disorders/PEP20-02-01-004>.
- Wodahl, Eric, Brett Garland, Scott Culhane & William McCarty, 2011, “Utilizing Behavioral Interventions to Improve Supervision Outcomes in Community-Based Corrections,” *Criminal Justice and Behavior* 38(4): 386–405, retrieved January 24, 2023 from <https://doi.org/10.1177%2F0093854810397866>.
- Marlow, Douglas, Lisa Shannon, Bradley Ray, Darryl Turpin, Guy Wheeler, Jennifer Newell, & Spencer Lawson, 2018, “Developing a Culturally Proficient Intervention for Young African American Men in Drug Court: Examining Feasibility and Estimating an Effect Size for Habilitation Empowerment Accountability Therapy (HEAT),” *Journal for Advancing Justice*, 1: 109–130, retrieved January 26, 2023 from <https://www.ojp.gov/ncjrs/virtual-library/abstracts/developing-culturally-proficient-intervention-young-african>.

Additional Resources

TRAUMA

Using Trauma-informed Practices to Enhance Safety and Security
in Women's Correctional Facilities

Benedict, A. (2014) National Resource Center on Justice Involved Women, Bureau of Justice Assistance <https://www.bja.gov/Publications/NRCJIW-UsingTraumaInformedPractices.pdf>

International Society for Traumatic Stress Studies (2024) [Fact-Sheet-Incarceration-Traumatic-Stress-FINAL.pdf](#)

INTEGRATED CARE

Substance Abuse and Mental Health Services Administration (SAMHSA), 2009, Integrated Treatment for Co-Occurring Disorders: Building Your Program, HHS Publication No. (SMA) 08-4366, Rockville, MD: U.S. Department of Health and Human Services, SAMHSA

Contact Information

Lisa Lundrigan

Senior Justice Associate

Advocates for Human Potential, Inc.

llundrigan@ahpnet.com

Beverly Thomas

Grant Administration

Sanpete County Sheriff's Office

bthomas@sanpetecountyutah.gov

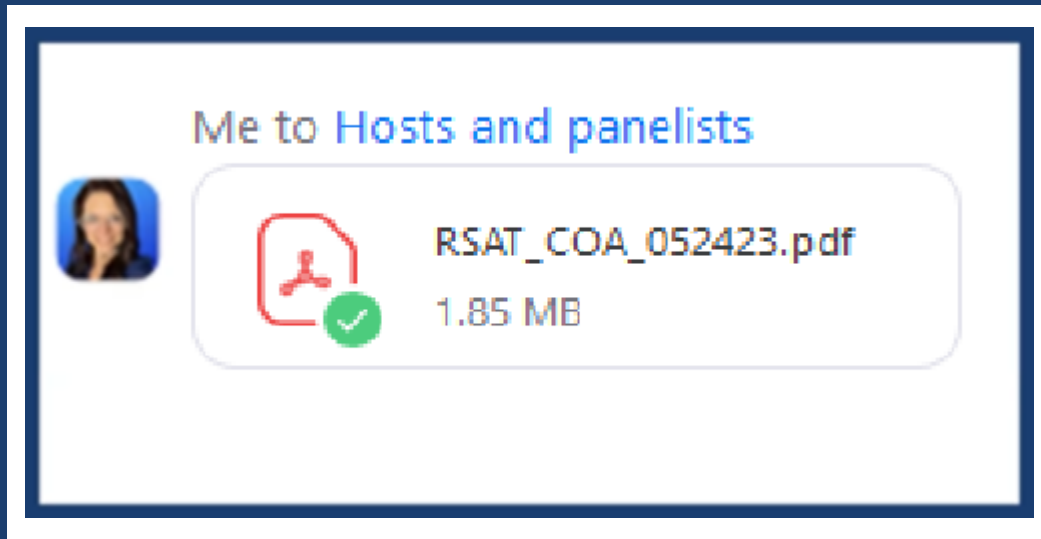
Jill Wolf

Program Director

Taycheedah Correctional Institute

Jill.Wolf@wisconsin.gov

You can download the certificate of attendance from the chat.





CERTIFICATE OF CONTINUING EDUCATION



1 Continuing Education Hour (CEH) approved by NAADAC, the Association of Addiction Professionals



Pass 10-question quiz with 7 correct answers



Download certificate upon completion of the quiz

May 14, 2025 RSAT webinar CEH quiz link:
<https://survey.alchemer.com/s3/8311154/May-14-2025-RSAT-Webinar-CEH>

Upcoming in this Series

- | | |
|-------------------------------------|--------------------|
| • Treatment Interventions | Wednesday, May 28 |
| • Continuing Care and Reintegration | Wednesday, June 11 |
| • Program Administration | Wednesday, June 25 |
| • Facility-Level Interventions | Wednesday, July 9 |

CONTACT



<http://www.rsat-tta.com>



rsattta@ahpnet.com