

THE EFFECTS OF TRAUMA INFORMED CARE WHEN USED WITH OFFENDERS

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Amanda C. Schultz
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ABSTRACT

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Amanda C. Schultz

Under the Supervision of Patricia L. Bromley, Ph.D.

Trauma is a contributing factor in the life of offenders, but this idea has not been widely accepted by society. In the past, the idea has been that offenders needed to be disciplined and controlled. Society should be tough on crime and make offenders pay for what they have done. However, this philosophy has evolved. Over the past 20 years, those in corrections have finally realized that the “get tough on crime” idea is not necessarily the way to punish offenders.

Now, clients are starting treatment at a much younger age, and the use of trauma informed care has been vital to changes that have been taking place more recently. Trauma informed care has been used with children who are in foster care, because these children have often had at least one traumatic event in their lives, it is important that they start getting help to cope as soon as possible. Unfortunately, many of these foster children end up in the criminal justice system. They are introduced to trauma informed care while they are incarcerated, however with changes in the system, they are now able to receive this treatment sooner which makes it likely that the number of foster children who eventually end up in the criminal justice system will be much lower in the future.

Trauma informed care is being implemented in many agencies and institutions throughout the United States and has been beneficial when used with all offenders equally. This paper examines who benefits from trauma informed care and discusses how such care can be implemented in correctional settings.

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Chapter One: Introduction

Public safety has always been viewed as a profession where one must be tough. In the United States, there has always been a “tough on crime” or “eye for an eye” type of mentality when it comes to crime and the people who commit crimes. Recently, however, there has been a shift in thinking regarding the treatment of offenders, known as trauma informed care.

This paper will focus primarily on the use of trauma informed care with offenders. Trauma informed care is an approach that focuses on creating an environment that is responsive to the individual’s needs for safety and does not retraumatize. Many offenders report experiencing some type of trauma in the past, which means that it is vital that offenders receive the appropriate treatment if there is any hope of rehabilitation. Switching a form of intervention that is appropriate for those who have experienced trauma could change the direction of corrections. To implement trauma informed care, orrectional staff will need to be trained in the trauma informed philosophy. They need to understand the rationale for the change and how it will affect them. Agencies will need to consider what type of offender will benefit most from trauma informed care, and be prepared for the changes trauma informed care will bring to the field of corrections.

Individuals who have experienced Post-Traumatic Stress Disorder (PTSD) are most in need of this type of intervention. Posttraumatic Stress Disorder is a mental health disorder that is experienced by a person who has witnessed or been involved in a traumatic event and has not had an opportunity to fully process and recover from it. Not every person who experiences trauma will have PTSD. This disorder can make daily tasks difficult, cause a person to feel on edge and have trouble sleeping, and often leads to drug or alcohol abuse. A person with PTSD

functions at a heightened level of awareness even when they are not in a dangerous situation (US Department of Veterans Affairs, 2016).

Many people have experienced some type of trauma in their lives, even if they are not aware that something has affected them. This includes correctional personnel as well as the offenders. Before correctional personnel can use trauma informed care, they must realize that they also experience trauma through their jobs. In a profession where the staff are expected to be tough, it is very difficult for them to admit that they are experiencing trauma or need help, and therefore it is difficult for the agencies that they work for to help them. Another struggle is that correctional staff and/or their supervisors may feel that if they use trauma informed care they will be seen as soft or unable to do their jobs (University of Cincinnati, 2016). It is very important that correctional staff at all levels are aware why these changes are happening so that they understand why the change in approach is important.

Not every offender has experienced trauma, but because not all offenders who have experienced trauma are going to be open to sharing this information it will be important for all offenders to be treated equally. Some offenders will benefit more from trauma informed care than others. It is important for correctional staff to be aware of who will benefit more and when it is most appropriate to use it. Currently, trauma informed care is being used most in group settings with sex offenders and women's groups, but it is very likely that it will soon be implemented in other areas of corrections.

When serving people who have been affected by trauma, it is important to remember that they need to feel respected, informed, connected, and hopeful in their recovery to be successful (National Council for Behavioral Health, 2015). This means staff must to be trained to be respectful and to treat clients like they are human and that they matter. Clients need to be

informed about what to expect in their position no matter what type of services they are receiving. This way there are no surprises.

Shifting to trauma informed care will change corrections in many ways. Since trauma informed care has not been implemented in all areas of corrections it is difficult to tell how things will change in the future, but correctional staff are already seeing changes happening. The outcomes of Trauma Informed Care will be monitored closely and changes are expected to be noticeable quickly.

Statement of the Problem

The problem to be addressed is, how effective is the use of trauma informed care when used in the treatment of offenders?

Definition of Terms

Trauma Informed Care: an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma.

Offender: for the purpose of this paper is someone who has committed a crime and is incarcerated.

Post-Traumatic Stress Disorder (PTSD): a mental health condition that is triggered by a terrifying event — either experiencing it or witnessing it. Symptoms may include flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event. (Mayo Clinic, 2014).

Method of Approach

A brief review of the history of offender treatment was conducted. A review of literature related to research, on the impact that trauma informed care has made on offenders. The findings were summarized and synthesized, and recommendations were made.

Chapter Two: Review of Related Literature

The History of Offender Treatment

There have been many changes throughout the history of our criminal justice system and these changes seem to come in phases. The early settlers were the first to implement the criminal justice system using the ideas of the English system. Some changes took place after the American Revolution (Molony, 1948). Changes came again in the Early 1900's, then again in the 1960's and 1970's. More changes are being made currently (University of Cincinnati, 2016).

The early settlers were the first to bring the criminal justice system to America. The English common law was based on Mens Rea, meaning punishment should be applied to those who have a guilty mind, and the influence of the Catholic Church. The conditions that offenders were subject to during this time were harsh and inhumane. There was no separate juvenile justice system and if youth were sentenced to prison, they were housed with adult offenders. Prior to the American Revolution, William Penn was the first to promote reform of the criminal justice system. At this time, he promoted reasonable living conditions for prisoners and more humane treatment. More changes were coming to the criminal justice system, but not until after the American Revolution (University of Cincinnati, 2016).

“After the American Revolution, the U.S. Constitution reigned supreme over all person's equal rights and freedoms. Innocent persons now received greater protections, physical punishment was eliminated in some jurisdictions, and the number of prisons grew exponentially” (University of Cincinnati, 2016, p. 1). Then came the Civil War and Reconstruction. This is when the north and the south differed on civil rights and the treatment of prisoners. Many of the prisoners at this time were freed slaves. Around this same time, more and more immigrants

started coming to the United States. With all of the people coming to the U.S., social problems began to escalate and the idea of rehabilitation was established. In the 1900's, Theodore Roosevelt pushed for more reform and this was when many major law enforcement agencies were put into place and new sentencing laws were implemented. This is also when the juvenile justice system was created, which meant this was the first time that juveniles were housed separate from adult offenders. The criminal justice system continued to evolve and the U.S. saw World War I, the Prohibition, the Great Depression, and World War II. The post war years brought many changes in society. There were race wars, protests, and increased drug use. Illegal drug use was at an all-time high and the response of the criminal justice system was tougher sentences and an increase in the size of the criminal justice system all around. This has led to overcrowded jails and prisons, more money being spent on building new institutions, and racial disparities in incarceration. The U.S. criminal justice system still thrives on the idea of "get tough on crime," however, the criminal justice system is changing, and supports using a different approach with offenders.

Why Trauma Informed Care?

Many people are just learning about trauma informed care; however, it is not a new idea. There were many events that have led to the use of trauma informed care starting in the 1960's. There are still studies being conducted, which include best practices for implementing and the effects of using trauma informed care (Hodgdon, Kinniburgh, Gabowitz, Blaustein, & Spinazzola, 2013). What is trauma informed care, why does it work, and why are we using it with offenders?

In order to fully understand what trauma informed care is, we must understand where it came from. In the 1960's and 1970's, researchers started studying the survivors of captivity and

war. They found that survivors had automatic stress responses. These responses were given names, such as “soldier’s heart” and “nostalgia.” Researchers found that the survivors displayed physiological changes. Higher blood pressure and pulse rate were common (Orr & Pitman, 1993). This is also the time period when Vietnam veterans formed “rap groups” on trauma. These were generally peer run groups, but some were run by mental health professionals who were able to understand this particular group. In the 1980’s the diagnosis for PTSD was added to the DSM-III and treatment was started. This is also when the Veteran’s Administration (VA) established the National Center for PTSD. The 1990’s brought more PTSD services. The first trauma conference was held, highlighting the risks of re-victimization and the importance of survivors finding a voice. New models for trauma services were developed. These included services for women and children. Many studies were also conducted in the 1990’s, such as the Adverse Childhood Experiences study (Anda, 2006) . Trauma informed care started being implemented in the 2000’s.

Since 2000, the understanding and treatment of PTSD has come a long way. In 2005, the Substance Abuse and Mental Health Services Administration (SAMHSA) established centers for child trauma, disasters, seclusion and restraint, and trauma informed care (National Center for Trauma Informed Care, 2012). They have also declared trauma and justice a priority. Research has revealed how trauma impacts the human brain. Many agencies have become more involved in the Federal Partners Workgroup on Trauma.. and national professional associations have been focusing on trauma. The media is also more focused on trauma. Trauma informed care is the direction that many institutions are going. Why is it important and beneficial to use trauma informed care?

Trauma informed care differs from conventional approaches to counseling in many ways. Making the client as comfortable as possible is vital to trauma informed care. This means that clients must feel that they are being respected. They need to know what to expect from their treatment, and they need to feel safe in the environment that they are in. For instance, in a group counseling setting, the group facilitator must be aware of where they are standing in the room. The facilitator should not be standing directly behind a group member as this may make them feel unsafe. Individual counseling is done differently with trauma informed care as well. For example, a female client who has been abused in the past may not be comfortable being in a closed room with a male counselor, so having the door open or having a female counselor may be important. Trauma informed care can be used with a variety of populations, but there are several populations that benefit most from trauma informed care.

What Type of Offender Benefits Most from Trauma Informed Care?

There are many reasons that it is important and beneficial to use trauma informed care in many different settings and with a variety of different people. Trauma affects each individual differently. A person can be affected physically, mentally, socially, and spiritually (National Council for Behavioral Health, 2015) It is also important to understand that anyone can be affected by trauma and professionals need to be aware of the populations that they are working with. There are populations that are more likely to include someone who has experienced trauma. This paper concentrates on the populations that are detained in correctional facilities throughout the United States. The statistics for this population are eye opening, and they show that women are the most affected population in the criminal justice system.

In a study conducted by the U.S. Department of Health and Human Services, 55–99% of women in substance use treatment reported a history of trauma and 85–95% of women in the

public mental health system report a history of trauma, with the abuse most commonly having occurred in childhood (Morgenstern, Riordan, McCrady, Blanchard, McVeigh, Irwin, 2015). Almost half of the women in substance abuse treatment report a history of physical abuse and 35% report being sexually abused (Morgenstern, et al., 2015).

Although women are the most affected population, often, the trauma happened during their childhood, so it is important to understand that juveniles in correctional facilities are also likely affected by trauma. Juveniles grow up eventually to become adults and if they do not get the appropriate interventions as juveniles, they will likely end up in adult facilities. When is the appropriate time to start trauma-informed interventions and who is going to benefit most from these interventions?

Because trauma can come from many different life events; it would be helpful for correctional agencies to know what segments of the population may be more likely to have trauma. According to the National Center for Trauma Informed Care (2012), the following are more likely to have experienced trauma: offenders who are incarcerated, victims of crime, and children in the foster care system. In addition, there is a very good chance that these populations have faced more than just one traumatizing event in their lives.

When an individual experiences a traumatic experience their self-preservation instinct goes into a state of permanent alert, because they feel as though the danger could return at any time and they want to be prepared. They will continue to function at a heightened level of fear and awareness and the professionals who are working with them need to be aware so that they are not re-traumatizing them. Since the percentage of offenders who have experienced trauma is very high, and there are even more who have not reported trauma, the most appropriate approach is to treat all offenders as though they had experienced trauma (Miller & Najavits, 2012).

Trauma-informed care is being implemented in all types of facilities, but is it more beneficial to certain types of offenders than others? According to the National Council for Behavioral Health (2015), juveniles, sex offenders, and female offenders benefit most from trauma informed care.

Juveniles. The majority of foster children have been through some traumatic events, being taken from their home and away from their parents and other family members. Then they are likely taken from their initial foster home and moved around, or taken away from their siblings (Hodgdon, Kinniburgh, Gabowitz, Blaustein, & Spinazzola, 2013). Children are pretty resilient, but upheavals like this will likely come up again in the future and may cause more problems for the child. Many offenders who are in juvenile facilities have been through the foster care system and have not received any mental health treatment. Over 92% of detained juveniles have reported that they have experienced at least one type of psychological trauma in their life, while 50% have reported that they have experienced six or more adversities in their life (Abram, 2004). An estimated 67-90% of the juveniles in juvenile facilities suffer from PTSD (Drerup, 2008). The focus in juvenile facilities is changing to help the juveniles learn self-regulation. Trauma informed care is helping the staff and the juveniles to be more successful in this setting.

Many changes have been taking place in our juvenile facilities. For example, staff are no longer wearing law enforcement uniforms, staff are paying more attention to positive behavior instead of attending only to infractions, rooms are being painted to be welcoming instead of looking like jail cells, and staff are being trained on the effects of trauma. Often, what is interpreted as delinquent behavior, is simply youth attempting to take care of themselves or make themselves feel safe. It is important for youth to feel safe while they are in an institution because many of them have learned that the adults in their lives cannot, or are not willing to, protect them. When trauma

informed care is implemented with youth it benefits the youth and the staff that who are working with them. There is less violence, the youth are being rewarded for positive behavior instead of punished for poor behavior, and the staff are spending less time punishing and more time doing activities with the youth (Burrell, 2013).

In a study conducted by the National Child Traumatic Stress Network, trauma informed care was implemented in two programs that serve girls ages 12 – 22 (Hodgdon, et al., 2013). These were intensive treatment programs with an educational element integrated in the treatment. The average length of the program is six to nine months. Ninety percent of girls admitted between January 2006 and August 2007 presented with a history of multiple traumas. Researchers first measured the girls' PTSD symptoms, then implemented trauma informed care. Once all of the steps were taken to implement trauma informed care, the PTSD scores significantly declined at the first follow-up. In further follow-ups the level did not decline any further, but the lower level was maintained throughout the time in the program. There was also a 54% reduction in restraint utilization. This is significant decrease compared to programs that were not part of the study, where there was a 20% increase in restraint utilization. This study proves that implementing trauma informed care with juveniles is highly beneficial.

Incarcerated women. When women are incarcerated they have to endure constant authority presence, frequent discipline, lack of privacy, restricted movement, pat downs, and strip searches, among many other things. All of these things could trigger the emotional responses that are caused by PTSD. It is possible that some additional staff training and therapeutic approaches could help lessen the amount of trauma caused by these safety precautions (Lopez-Castro, Hu, Papin, Ruglass, & Hien, 2015). Staff training is very important in order to implement trauma informed care because during these trainings the staff learn ways to keep control of the facility and

minimize triggers. With additional training staff can also reduce critical incidents, de-escalate situations, and stabilize offenders without the use of restraint and seclusion. Not only is additional training beneficial for the inmates, it is beneficial for staff because it creates safer facilities which in return creates a better working environment. Women also benefit from evidence based counseling services for PTSD. Women benefit from this type of treatment because many of them actually feel safer in prison, especially if being in prison means that they are no longer homeless, being sold for sex, or in an abusive relationship. When they feel like they are in a safer environment they are better able to seek out help and concentrate on treatment.

It has been estimated that 80 percent of women who seek substance abuse treatment have experienced physical or sexual abuse in their lifetime (McHugo, Caspi, & Kammerer, 2005). In the National Drug Abuse Treatment Clinical Trials Network Women and Trauma study, there were 353 participants and each of the participants received one of two types of treatment. One group participated in trauma informed dual diagnosis treatment and the other group participated in psychoeducational dual diagnosis treatment. Both groups were observed over a 12-month period. The results of this study show that women who were able to reduce their PTSD symptoms were less likely to self-medicate, so fewer women relapsed after treatment (Lopez-Castro, Hu, Papin, Ruglass, & Hien, 2015).

Sex offenders. In the history of sex offender treatment, the offender's developmental history has not been included as a part of the treatment. This is important because childhood adverse experiences interfere with their ability to form normal relationships, and lead to reliance on maladaptive behaviors (Anda, 2006). Treatment for sex offenders in the past has followed a curriculum similar to AODA treatment. Most recently, sex offender treatment has started to shift to a trauma informed care model. When used in sex offender treatment, trauma informed care

allows the offender to reflect on childhood experiences and learn new skills, such as interpersonal skills, healthy communication, and how to improve their personal well-being overall. As sex offender treatment continues to evolve, the focus will be primarily on cognitive and behavioral changes. Offenders will have the opportunity to practice the strategies that they are learning in a safe environment. According to Levenson (2013), the sense of safety is important because over 28% of the participants reported childhood physical abuse, 11% were emotionally abused and 21% had been sexually abused. Over two-thirds of the participants reported experiencing at least one adverse event before they turned 18 and 12% reported four or more. These numbers are proof that many sex offenders have been the victim themselves, yet sex offenders often do not get to reflect on their own trauma and treatment does not focus on the offender. Instead the focus has been on preventing them from reoffending.

Trauma informed care is being implemented in many areas of the criminal justice system, but it is being used more with a few specific parts of this population. Juveniles, women, and sex offenders have been introduced to trauma informed care and the results are already being noticed by the offenders and the staff of these facilities. Trauma informed care is also important for other types of offenders, such as: offenders with AODA needs, male offenders, and LGBT offenders, though less is known about the use of trauma informed care with these groups compared to juveniles, women, and sex offenders. It is possible that as trauma informed is implemented, further research will identify whether trauma informed care works as well with these groups. In order to keep monitoring the results of trauma informed care, it is important that agencies are implementing trauma informed care correctly and keeping pre-implementation and post implementation data.

In summary, it is important that professionals in any human services organization understand that there is a good chance that populations they are working with are at higher risk of having been through some type of traumatic event in their lives and that they therefore need to be aware of the different trauma informed care approaches. Trauma informed care does differ from conventional approaches to counseling, but in the future it is likely to be the norm. Although any person may have experienced trauma, there are some populations where it is more likely that the clients have experienced trauma, so it is very important for agencies to at least begin implementing trauma informed care.

How Will Agencies Implement Trauma Informed Care?

When people living with PTSD feel comfortable and protected, they are more trusting. When clients trust the professionals who are working with them, they are more likely to tell their story and this is where the healing can begin (Benedict, 2014). Many agencies are implementing trauma informed care, and in order to be successful there are guidelines that an agency must meet. They must understand the key principles of trauma informed care, and they must use trauma-specific interventions.

Many programs, organizations, and systems are striving to become trauma informed. In order to be a trauma informed program, the program must recognize the signs and symptoms of trauma in clients, families, staff, and others involved with the system. Responding by fully integrating knowledge about trauma into policies, procedures, and practices and seeking to resist re-traumatization are also very important in becoming trauma informed (Burrell, 2013).

There are six elements to becoming a Trauma Informed agency. Each part is generic and may have different meanings in different settings (Burrell, 2013). First, agencies are making

changes in order for staff and clients to feel safe and supported. These changes would include staff feeling comfortable talking to other staff or their superiors if they need help and clients feeling comfortable with staff and knowing what to expect from the programs that they are involved in. Second, agencies are rebuilding their operational philosophy and taking away the idea that staff should be punitive, authoritarian, and unavailable. The new philosophy is that staff are now to be caring, available, and to reward good behavior. Third, staff are being trained to normalize behavior and understand that maladaptive behaviors happen because the client has a need that is not being met and they are trying to get their needs met. The fourth element is to replace the maladaptive behaviors with better tools and support in order to get their needs met. The fifth element is to encourage the client to think beyond simply surviving. Most often clients are only thinking about survival and do not think into the future. The final aspect is for staff to believe that change is possible for the client (Hodgdon, et al., 2013).

Trauma informed programs, organizations, and systems have recognized that it is important to for participants to be oriented to the process. Offenders need to understand program rules, what the consequences will be if they do not follow the rules, and what to expect from the program that they are in. Offenders also need to feel connected to their own treatment. They need to be involved in setting their own goals and the manner in which they are going to accomplish them. All of these interventions help make the offender feel hopeful in their treatment and will help them to be successful.

Community corrections. Though there are many populations that benefit from the trauma informed approach, one population that benefits greatly is offenders coming out of the institution into community corrections. It is very stressful to transition from a place where there is no freedom, a lot of people with authority, and a strict schedule, back to living in the

community. Moreover, the offender is not completely free to do what they want, because there are still a lot of rules at the facility that they are moving into. Being incarcerated is traumatic for a lot of people. Then, if correctional systems fail to treat mental health and substance abuse issues, individuals coming into community corrections will have a lot of anxiety. In order to have a successful transition it is important that the facility to which they are being moved is trauma informed. This means that as soon as the client gets to the program, they meet the staff and the staff are friendly. As long as basic needs are met (food, shelter, and clothing), they will begin to feel safer. They also need to know right away what to expect. They need to have the program and how it works explained to them and they need to be introduced to some of the other clients who live there. If they are entering a treatment center, they need to know what groups they will be in and what the schedule is. The biggest thing for clients is that they know that they are in charge of their own treatment. This means they understand that the program is voluntary and know what the consequences may be if they do not complete it. They should also be in charge of setting their own goals and think through what steps they need to take to accomplish those goals. Overall, an offender coming from being incarcerated, to being a client in a treatment center needs to be respected as a person. The offender needs to feel safe and in control, and they need to understand the program. There are also a number of evidence based treatment curriculums that can be used with clients who are trauma informed care based, such as: Seeking Safety, Co – occurring Disorders, and Mindfulness Based Cognitive Therapy (National Center for Trauma-Informed Care, 2012).

Summary

The transition from the correctional mentality to trauma informed care is likely to be difficult for some organizations because for so many years the idea of corrections has been to

control the offenders, and trauma informed care requires a softened, less punitive approach. Trauma informed care puts the offender in a better position to begin to heal and make decisions in their own care. The switch to trauma informed care in corrections will be an important step in lowering recidivism and making communities safer for everyone.

Throughout the history of offender treatment, offenders have been controlled and always under authoritative supervision, which we now know and recognize as traumatizing. Shifting to trauma informed care will likely result in many positive changes. It is likely that we will be seeing a decrease in the recidivism rates in the United States, and less violence throughout the systems.

Chapter 3: Conclusion and Recommendations

Trauma informed care is an evidence based treatment approach which focuses on the idea that a person who has endured trauma functions at a high level of alert and therefore some of the behaviors that they exhibit may be a result of the trauma. Trauma informed care has begun to be implemented in the field of corrections. Rather than singling out just the offenders who report a trauma history, trauma informed care has been used with all clients since there is such a large number that do not report that they have experienced trauma. Implementation will require a lot of staff training and offenders will also need to understand the approach, because many offenders who have been in the system for a while are not used to this new approach.

In conclusion, studies have shown that even in the early stages of the change to trauma informed care, there have been positive changes throughout different populations. Continuing to train staff to shift their focus to enforcing positive behaviors, making the clients feel more empowered in their treatment, and showing the clients that they are available to them, should continue to provide positive outcomes for clients in different programs throughout the system.

There are benefits to the trauma informed approach for many different populations. When working with an at-risk population it is important to help them heal, grow, and learn. In the past, when someone presented unacceptable behaviors, the first thought was to punish them. This often meant secluding them from the rest of society so they were not a disruption. With a change to trauma informed care, these individuals will be able to be included in their own care and will be able to learn and grow without being secluded. Clients will have the opportunity to have some ownership over their treatment and will be able to trust the professionals that they are working with. This will allow them to make to make positive changes and ultimately lower the recidivism rate and the threat of violence in the institutions and in the community.

The optimal time to start the trauma informed approach is with the children in the foster care system. This is where we find many children who have experienced some type of trauma. Being taken from their home and parents is traumatic on its own, but often there was something traumatic going on in the home prior to the children being removed. If left untreated, these children will often act out and will eventually make it into the criminal justice system. If we are able to treat them with care and compassion, they will more inclined to trust adults and authority figures instead of fighting against them. These children will be more likely to be successful in the future. All foster care families need to be trained in the trauma informed approach and this needs to be a required practice in each foster home.

Not every child in the foster care system ends up in the criminal justice system, and not every person in the criminal justice system has been through the foster care system. However, often, when offenders enter the criminal justice system, they do not report that they have been through past trauma. It is important that all offenders be treated as if they have experienced trauma. It is important that all staff who work with offenders are trained in trauma informed practices. Trauma informed care changes as we learn more about implementing it, so staff will need to be trained each year as a requirement. The use of the trauma informed care approach “can provide a contextual foundation that strengthens the prison setting to provide effective help in increasing pro-social coping skills, creating a calm and safe prison environment, reducing adverse events, and aiding staff morale, all of which can lead to better offender rehabilitation outcomes” (Miller & Najavits, 2012).

For an organization to become trauma informed, an eight-step system is recommended by The National Resource Center on Justice Involved Women. The first of these steps is to make the commitment to becoming trauma informed. Once an agency or system acknowledges that trauma

informed care is important, The National Resource Center on Justice Involved Women recommends that the agency or system:

- Conduct focus groups with staff and inmates to gain their input.
- Administer surveys to staff and inmates to gain their input.
- Solicit information about institutional experiences from staff, inmates, and providers individually in informal settings (e.g., during staff meetings, facility walk-throughs, and during breaks).
- Assign a small work group to draft a Position Statement based on the feedback received.
- Solicit further input (e.g., from an inmate council, medical and mental health staff) where necessary/desired and develop a final Position Statement on Trauma-Informed Practice.
- Once developed, disseminate the Position Statement throughout the facility and discuss with staff and inmates the steps they can take to make the statement a reality as part of day-to-day practice.

The second step is to train and support staff in their change toward becoming trauma informed.

The protocol recommends that the agency:

- Explain the benefits of trauma-informed approaches: reduced use of mental health units, reduced use of restraints, reduced number of critical incidents, more effective behavior management, increased job satisfaction, less staff burnout/turnover, etc.
- Present basic information on trauma: what trauma is and how it affects the brain and body, trauma related symptoms/behaviors, gender and culturally specific coping mechanisms, ways to facilitate inmate safety and stability.

- Demonstrate skills: show staff how to talk inmates through pat downs and searches, and respond to inmates' disclosures of trauma respectfully and effectively.
- Include sufficient skill practice/rehearsal: use role plays, practice de-escalation techniques, practice how to identify and maintain professional boundaries.
- Reinforce and build on strategies that staff have used successfully in the past. (Miller & Najavits, 2012)

Step three is to start using trauma informed language with the offenders. This is one of the easiest steps to take and will make a world of difference in the way staff and offenders communicate. It will also increase morale in the facility. A few examples of this change would be; instead of saying, "cells," use the word "rooms" or instead of saying, "shakedown" use the words, "safety check."

Step four is to create a trauma informed physical plant, which means changing the physical appearance of the facility. The National Resource Center on Justice Involved Women recommends the following changes:

- Install privacy walls in sensitive areas such as showers.
- Ensure that there are protocols for changing, hygiene, and toileting and other sensitive activities that balance inmate privacy and supervision requirements.
- Identify spaces clearly (i.e., do not have unmarked closed doors).
- Attend to basic comforts such as adequate lighting and appropriate heating and cooling.
- Display positive messages and images.
- Post visual materials that reinforce desired values, skills, and expectations.

Step five is to make the everyday procedures of the facility more trauma informed by taking into account the common triggers for PTSD symptoms. Some of the most likely triggers in the prison system are:

- Detox
- Searches (including strip and body cavity searches) and pat downs
- Cell searches and extractions
- Visits/contact with family and key supports
- Segregation
- Restraints and pat downs
- Nighttime routines
- Opposite sex supervision
- Hygiene activities (including showering, toileting, changing, and other personal care activities)

Step six is to implement new trauma informed practices, such as having unit meetings, preparing offenders for new clients, offender debriefing as needed, and reminding each staff member at shift change to use trauma informed care.

Step seven is to help inmates manage difficult trauma. In order to do this staff must;

- Use trauma-informed curricula that are empowerment-based, skills-based, and have shown positive outcomes with offenders.
- “Resource” or help inmates to prepare for individual and group work that addresses trauma can also be important (i.e., through psycho-education, clinical interventions, and processes).

- Implement activities and practices that will allow inmates to experience psychological and physiological grounding in the here and now. For example, staff could offer somatically-based groups and activities (those that address how trauma lives in the body) that encourage self-awareness and regulation. Research suggests that somatic-based modalities are essential trauma interventions, important adjunctive treatments for PTSD, and complementary to cognitively based approaches.
- Incorporate grounding experiences and skills practice during important procedures such as at orientation, court appearances, and visits (e.g., orienting to time and space, inviting an inmate to notice and slow/deepen her breath, offering and exploring skills to manage difficult sensory experiences). Staff members can role model grounding and skills use, prompting and facilitating mini practice sessions with inmates. Staff should employ these approaches only after they have been properly trained to use them with trauma survivors.
- Implement trauma-informed procedures that can offer support to inmates at high risk times such as intake, after the loss of a loved one, after a serious institutional event/critical incident, etc.
- Reinforce inmates' use of grounding and self-awareness and regulation skills at unit meetings, and reinforce successes at the individual and group levels.
- Support staff to adopt basic strategies to help inmates self-regulate as part of their management and supervision of inmates.

Step eight is to build a safe, trauma informed, community for offenders. When there is a large group of offenders that come from different backgrounds, it is very important that they

have a place where they feel safe since they will all have different trauma triggers. Some examples of how to build a safe, trauma informed community are to:

- Offer inmates opportunities to impact their environment by establishing an inmate council and soliciting their input and ideas regularly as part of institutional practice.
- Encourage inmate-inmate interactions that create safety and stability at the nervous system level (e.g., teaching inmates nonviolent communication) and engage them in purposeful team building activities. Reduce down time (when problems are more likely to occur with inmates due to boredom, etc.) and replace it with productive activities such as expressive arts such as drawing/sketching and writing.
- Create standards for staff-inmate interactions that are specifically designed to create stability such as Motivational Interviewing, collaborative problem solving, relational language, and trauma-informed and nonviolent communication.

Following the examples in these eight steps will help to guarantee that the facility will be a trauma informed environment where offenders will feel safe and will be able to begin to heal.

It is important to remember that although trauma informed care has been shown to reduce issues in facilities, research is still needed to show the impact in the community and in recidivism. Because trauma informed care is a newer approach there are not a lot of statistics that show that trauma informed care is successful in reducing recidivism.

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