



How Being Trauma-Informed Improves the Health and Safety of Your Criminal Justice System

This project was supported by Grant #2015-DJ-BX-0333, awarded by the Bureau of Justice Assistance, Office of Justice Programs, U.S. Department of Justice, through the Illinois Criminal Justice Information Authority. Points of view or opinions contained within this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice, or the Illinois Criminal Justice Information Authority.

Mary Gubbe Lee, MS, LCPC, Training Consultant
Illinois Center of Excellence for Behavioral Health and Justice
mlee@ilcoe.us
815-395-2144
www.illinoiscenterofexcellence.org

Why address trauma?

Trauma rates are very high.

The Past Isn't Over.... It Isn't Even the Past

For some, the victimization
continues; for others, the trauma is
ever present.



Understanding the Population

Different populations experience different types of trauma



Veterans

- 80% of post-deployed at risk for PTSD are not referred for care
- While only 1% of Americans served in the military, 20% of suicides are veterans
- 60% of incarcerated veterans meet the threshold for PTSD



Historical Trauma

Transmitted from one generation to the next

- American Indians
- People of color
- Immigrants



Poverty

- Intergenerational
- High rates of:
 - Child abuse and neglect
 - Violence
 - Substance abuse
 - Domestic violence



What is trauma?

Trauma is an individual response to sudden or unexpected life events.

- Traumatic Event
- Individual Experience
- Effect

Traumatic Stressors

- Physical abuse
- Natural and man-made disasters
- Combat or victim of war
- Sexual abuse
- Witness of violence or other traumatic event
- Historical trauma



Traumatic Event
Overwhelms physically and psychologically



Response to Trauma
Flight, fight, freeze



Changes in the Brain & in Brain –Body Connection



Psychological & Physical Distress
Triggers & Memory



Emotional and/or Physical Responses

Emotional and/or Physical Responses

- Retreat – isolation, dissociation, depression, anxiety
- Self Harm – substance abuse, eating disorders, deliberate self-harm, suicidal gestures
- Harm to Others – aggression, violence, rages, threats
- Physical health issues

Everyone Reacts Differently

- Pre-existing mental health problems
- Types of trauma
- Severity of trauma
- Proximity to trauma
- Duration of trauma



Everyone Reacts Differently

- Cumulative or re-occurring trauma
- Health issues
- No coping mechanisms
- Ability to build resistance



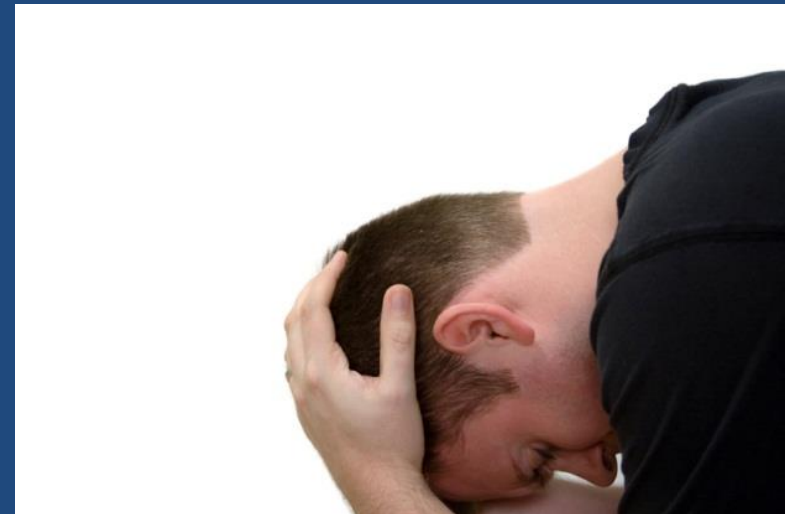
What Helps Resilience?

- Family ties
- Strong primary relationship
- Connection to community
- Employment
- Strong culture or religious beliefs
- Meaningful activity



What Increases Vulnerability?

- Severity of trauma
- Proximity to trauma
- Pre-existing mental health problems
- Numerous traumas
- Health issues
- Diminished coping capacity



Impact of Trauma

Early Responses to Trauma

- Disturbed sleep
- Exaggerated startle reflex
- Restlessness
- Hyperactivity
- Hypervigilance
- Fear of losing control
- Abrupt mood swings
- Flashbacks
- Sensitivity to sound, taste, light, smell, touch
- Fear of going crazy
- Desire for alcohol or other drugs

Drugs Work!

- Cocaine/crack/meth/ice – improves confidence, euphoric mood
- Opiates – reduces both physical and emotional pain
- Tranquilizers – calms you down
- Marijuana – escape through focused attention
- PCP/Special K – anesthesia, dissociation
- Alcohol – anesthesia, calms, confidence



Later Responses to Trauma

- Panic attacks, anxiety, phobias
- Being “spacey”
- Avoiding people, places, things
- Attraction to dangerous situations
- Frequent anger or crying
- Exaggerated or diminished sexual activity
- Amnesia and forgetfulness
- Inability to love, nurture, bond
- Fear of dying
- Self-harming behavior

Later Responses to Trauma

- Cravings
- Fatigue
- Physical health problems (immune system, thyroid)
- Illness – back, asthma, colon, PMS
- Eating disorders
- Inability to make commitments
- Depression
- Isolation
- Inability to make decisions

Trauma has a pervasive impact

In numerous aspects of a person's life and overall
functioning

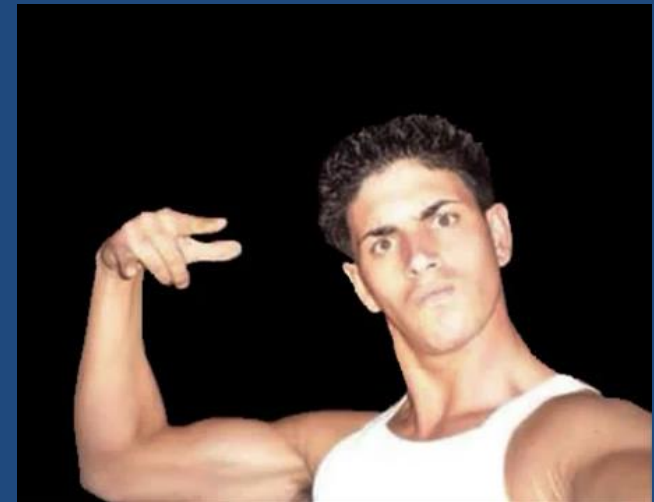
Kinds of Experiences

- Beatings
- Torture
- Verbal abuse
- Watching parents fight
- Watching siblings or parent get hit



Impact

- Beatings were seen as normal, admired
- I became like him/her
- Violence is a cycle in each generation
- Becoming violent is how I survived
- I saw aggression as a strength
- Being a tough guy keeps others at a distance
- Fighting gets respect



BEHAVIOR = SURVIVAL

Behavior = Coping

- Substance abuse – uses drugs to manage feelings
- Defensive aggression
- Isolation
- Lies – tells what the person wants to hear
- Difficulty trusting



Mental Health Issues Associated with Trauma or PTSD

- Depression
- Substance abuse
- Panic disorder
- Agoraphobia
- Obsessive compulsive disorder
- Generalized anxiety disorder
- Social phobia
- Bipolar disorder



Public domain screening tools are free and research supported.

Some are general and some are specific to a particular disorder.

Substance Abuse Screening

- CAGE – Cut back, Annoyed, Guilty, Eye-opener
- MAST – Michigan Alcoholism Screening Test
- DAST – Drug Abuse Screening Test
- SOCRATES - The Stages of Change Readiness and Treatment Eagerness Scale
- URICA - University of Rhode Island Change Assessment Scale

Highest Validity with Offenders

- ADS/ASI – Alcohol Dependence Scale & Addiction Severity Index
- TCU Drug Dependence Screen
- SSI – Simple Screening Assessment

Mental Health Screening Tools

Used appropriately as part of a broader assessment, screening tools have common language and are objective.

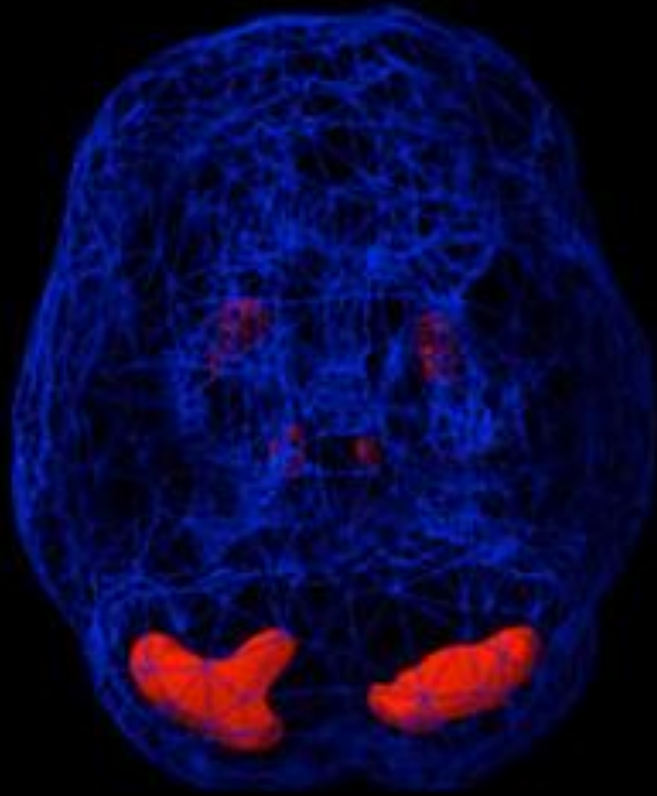
Public domain screening tools are free and research supported.

Some are general and some are specific to a
particular disorder.

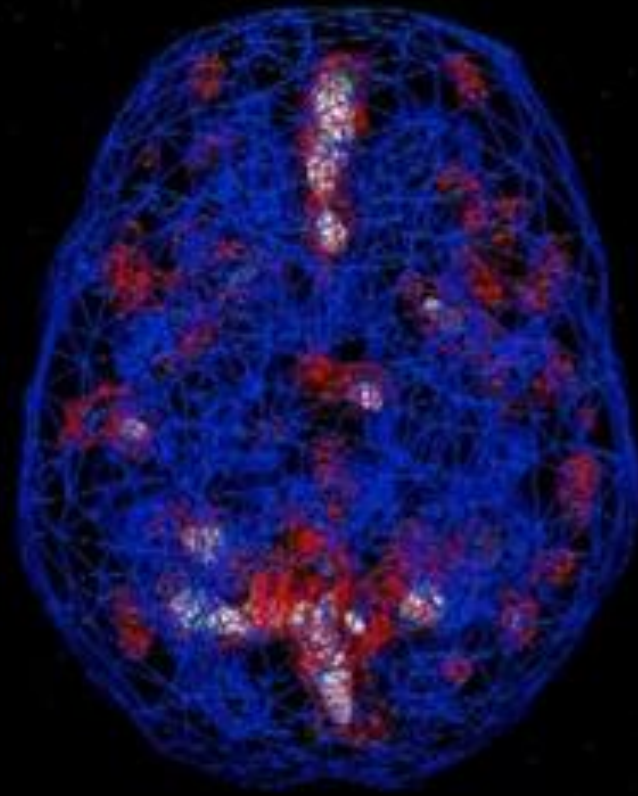
www.MHAScreening.org

Screening by Disorder

- Modified Mini Screen – MMS - Self report for mood, anxiety and psychotic disorders
- PTSD Checklist – PCL - A checklist for symptoms of PTSD
- Primary Care PTSD Screen - PC-PTSD - Used in primary care and VA setting
- General Anxiety Disorder – GAD-7 - Self report for general anxiety
- Beck's Depression Inventory - Self-scored screening for depression



Healthy Brain

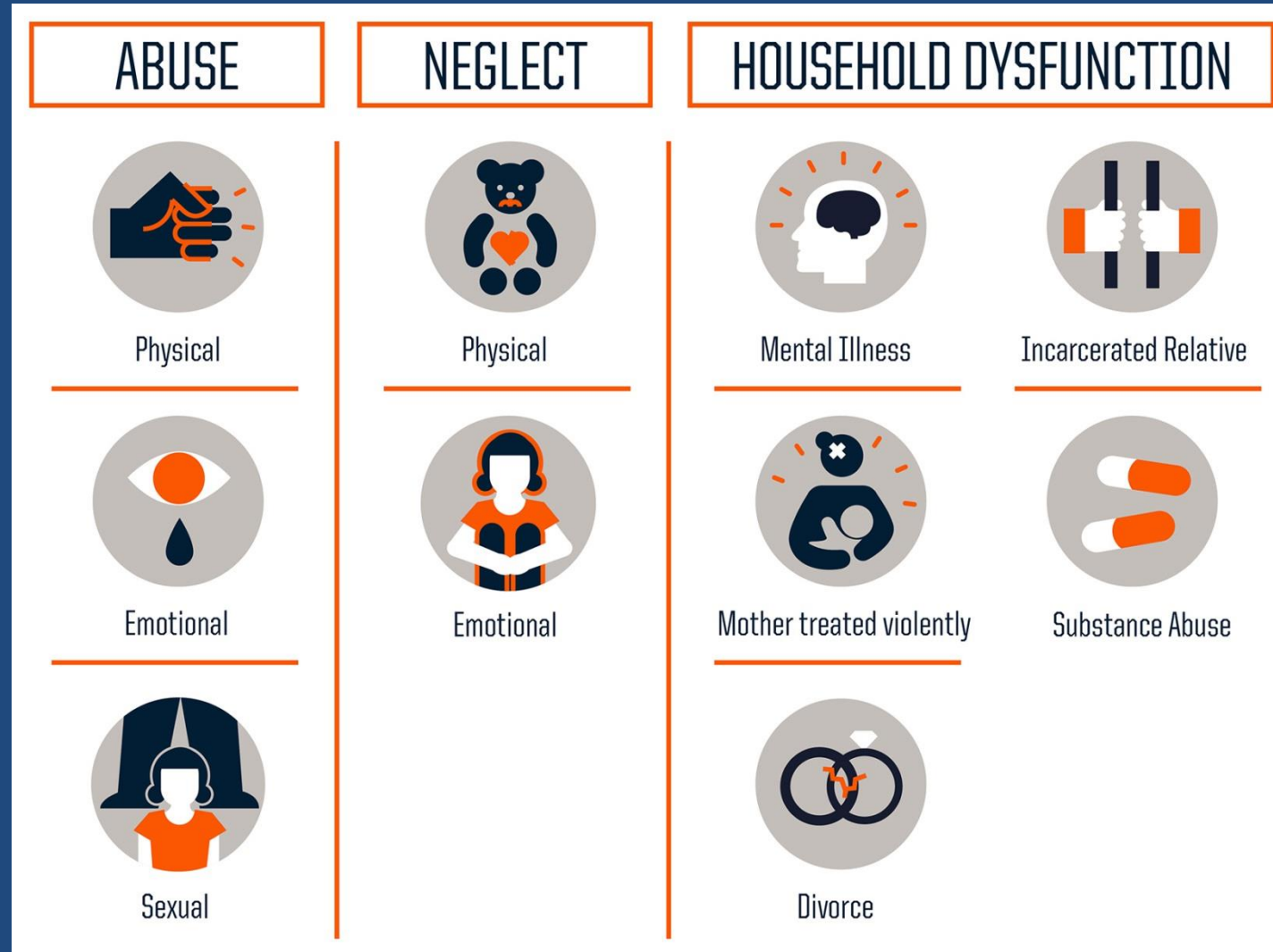


PTSD

Trauma Screening

Adverse Childhood Experiences Scale – A.C.E.S.

Three Types of ACEs



During the first 18 years of life

- Did parent or other adult swear, put down, humiliate you
- Did parent or other adult push, grab, slap, throw something at you
- Did parent or older person touch, fondle or have you touch their body sexually
- Did you think no one loved you or thought you were special
- Did you not have enough to eat, wear dirty clothes, had no one to protect you

During the first 18 years of life

- Were your parents separated or divorced
- Was your mother or stepmother pushed, grabbed, slapped, kicked, bitten
- Was anyone in the household an alcoholic or addict
- Was anyone in the household, depressed, mentally ill, attempt suicide
- Did anyone in the household go to prison

CDC Research

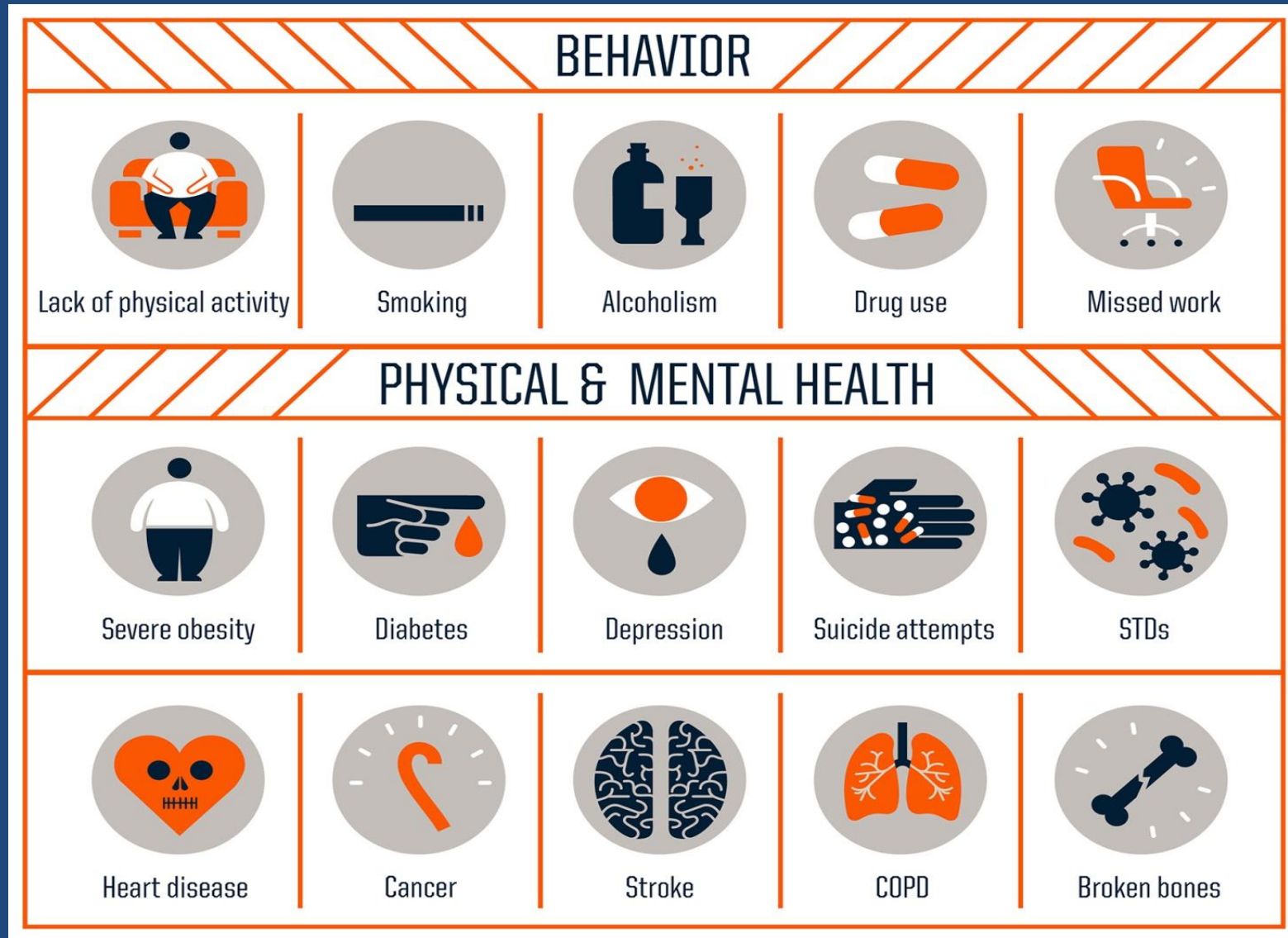
- Childhood trauma is very common, even in employed white, middle-class, college-educated people with great health insurance
- There is a direct link between childhood trauma and adult onset of chronic disease, as well as depression, suicide, being violent and a victim of violence
- The more types of trauma increase the risk of health, social and emotional problems
- People usually experience more than one type of trauma – rarely is it only sex abuse or only verbal abuse

As your ACE score increases, so does the risk of disease, social and emotional problems. With an ACE score of 4 or more, things start getting serious

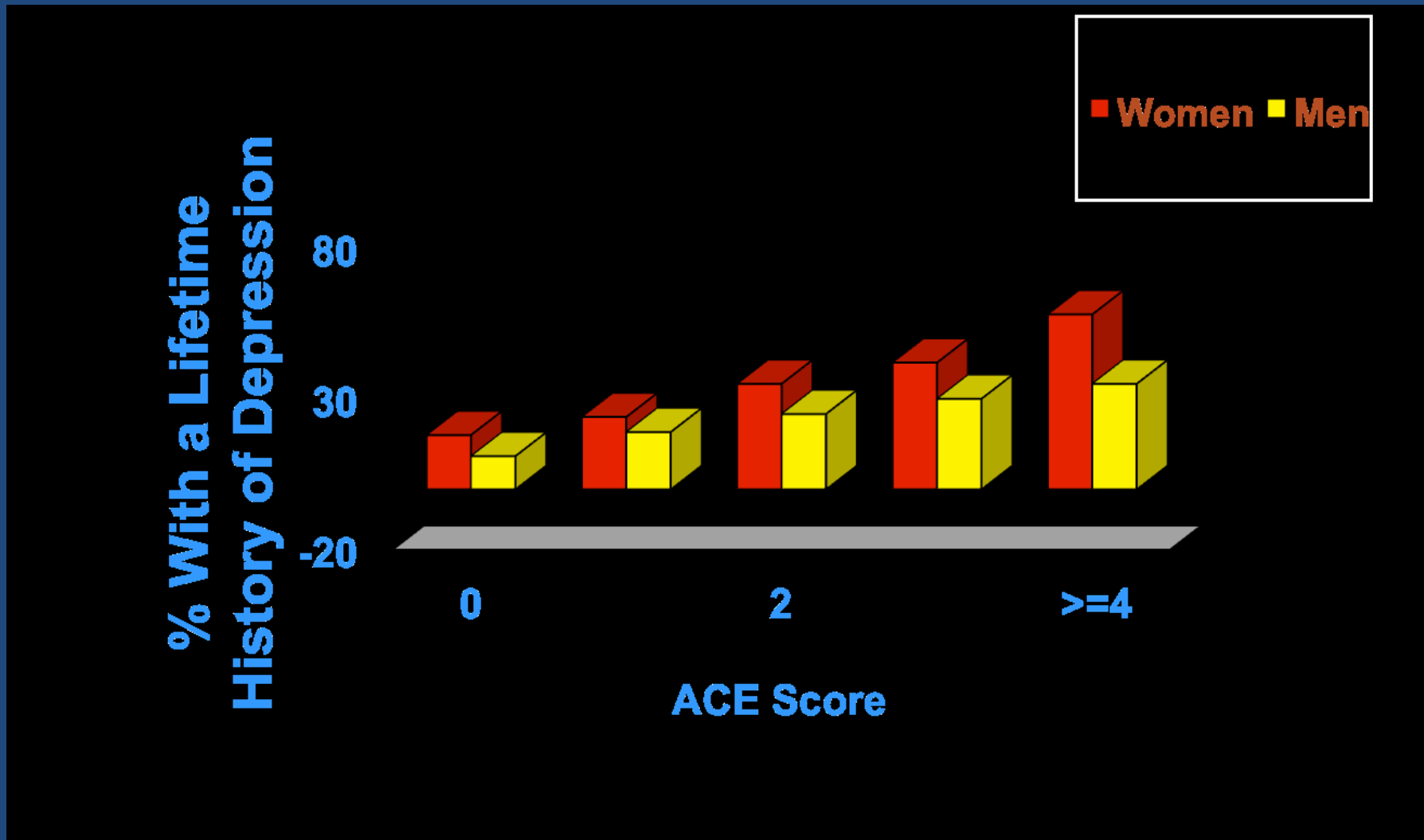
“Male child with an ACE score of 6 has a 4600% increase in likelihood of later becoming an IV drug user when compared to a male child with an ACE score of 0.”

(Felitti, 1998)

ACEs Increase Health Risk



Childhood Experiences Underlie Chronic Depression



All behavior has meaning.

Symptoms are adaptations.

Trauma-Informed Responses

Help you do your job, keep everyone safe, avoid
re-traumatizing

A Trauma-Informed Response

- Understand behavior as self-protective
- Approach people with caution
- Plan for safety
- Anticipate behavior
- Be aware that their behavior can be frustrating, annoying and dangerous



Hurt people hurt people.

Trauma-Informed Approach

- Safety
- Trustworthiness and Transparency
- Peer support
- Collaboration and mutuality
- Empowerment, voice and choice
- Cultural, Historical, and Gender Issues

Your Personal Approach

- No touching without permission or warning
- Allow safe space
- Body language – supportive stance
- Voice – tone and cadence



**When you're tired of people
standing too close to you**



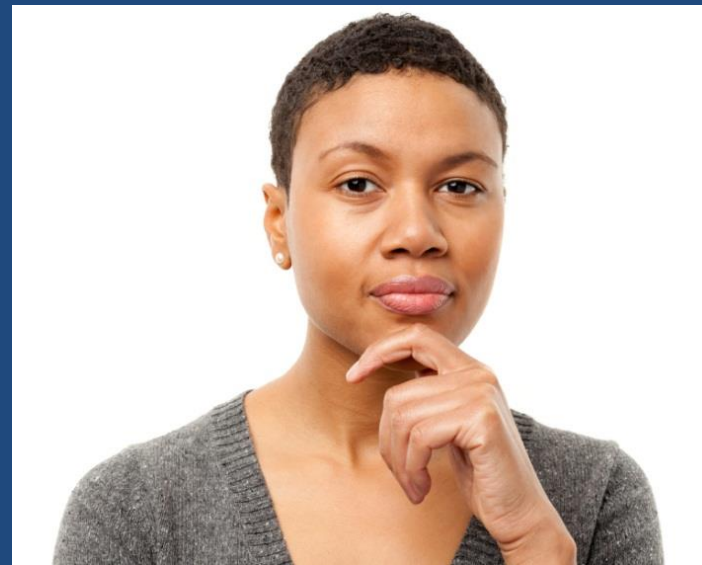
Your Personal Approach

- Time
- Interest
- Structure vs. sanction
- Avoid confusion
- Clear and simple communication



Some Good Statements

- There's a lot going on for you right now.
- I don't want to make it worse.
- What makes you feel scared, upset or angry?
- What could cause you to go into crisis?



Trauma-Informed Treatment

- The Trauma Recovery and Empowerment Model (TREM and M-TREM)
- Seeking Safety
- Dialectical Behavior Therapy (DBT)
- Addiction and Trauma Recovery Integration Model (ATRIUM)
- Essence of Being Real
- Risking Connection
- Sanctuary Model (Children)
- Trauma, Addiction, Mental Health, and Recovery (TAMAR)
- Trauma Affect Regulation: Guide for Education and Therapy (TARGET)
- Eye Movement Desensitization and Reprocessing (EMDR)

Since the rates of trauma
are so high, assume that
the person has a trauma
background.

Always use trauma-informed
approaches.

Planning for Safety

- The greatest need is for safety
- Physical and psychological safety
- Safety plans
- Crisis plans
- Coordination with treatment providers



Components of Trauma-Informed Judicial Practice

Court Communications Language Matters

- What you say....
 - Non-compliant
 - Manipulative
 - No Show
 - Resistant



Participants' Experience of Court Processes

- Court Communication
- Court Processes and Procedures
- Courtroom Environment

Judges Comment	Reaction of Trauma Survivor	Trauma-Informed Approach
Your drug screen is dirty	I'm dirty. There is something wrong with me.	Your drug screen shows the presence of drugs.
Did you take your pills today?	I'm a failure. I'm a bad person. No one cares.	Are the medications your doctor prescribed working?
You didn't follow the contract, you're going to jail, we're done with you. There's nothing more we can do.	I'm hopeless. Why should I care how I behave in jail? They expect trouble anyway.	Maybe what we've been doing isn't the best way for us to support you. I'm asking you not to give up on Recovery. We're not giving up on you.
I'm sending you for a mental health evaluation.	I must be crazy. There is something wrong with me that can't be fixed.	I'd like to refer you to a doctor who can help us better understand how to support you.

Courtroom Procedure	Reaction of Trauma Survivor	Trauma Informed Approach
A court officer handcuffs a participant without warning to remand him or her to jail because they have not met the requirements of their agreement with the court.	Anxiety about being restrained; fear about what is going to happen.	Tell the court and the Individual you intend to remand them. Explain why. Explain what is going to happen and when. <i>(The court officer will walk behind you; you will be handcuffed, etc.)</i>
A judge remands one individual to jail but not another when they both have done the same things (e.g., had a positive drug screen) and they are both in the courtroom at the same time.	Concern about fairness; feeling that someone else is getting special Treatment.	Explain why you are doing this. For example, <i>“Both Sam and Meredith had positive drugs screens. Sam is new to drug court and this is the first time he had a positive screen. Meredith has had multiple positive drug screens; I’m remanding her to jail because the approach we’ve been using here hasn’t been effective in supporting her recovery.</i>

Courtroom Procedure	Reaction of Trauma Survivor	Trauma Informed Approach
Individuals who are frightened and agitated are required to wait before appearing before the judge.	Increased agitation; anxiety; acting out.	Clearly provide scheduling information in the morning so participants know what will be expected of them and when. To the greatest extent possible, prioritize who appears before you and when; those who are especially anxious may have the most trouble waiting and be more likely to act out.
A judge conducts a sidebar conversation with attorneys.	Suspicion, betrayal, shame, fear.	Tell the participant what is happening and why. For example, <i>“We have to discuss some issues related to your case. We just need a minute to do it aside.”</i>

Signage, Rules, Security

RULES!

1. You SHALL!
2. You WILL!
3. You MUST!



Physical Environment	Reaction of Trauma Survivor	Trauma Informed Approach
Multiple signs instruct participants about what they are not allowed to do.	Feeling intimidated; lack of respect; untrustworthy; treated like a child.	Eliminate this type of nonverbal intimidation, especially if you have no intention of remanding the individual. Tell the court officers not to stand too close. Respect an individual's personal space.
A judge asks a participant to explain her behavior or the impact of abuse without acknowledging the impact of others in the courtroom.	Intimidation or fear of abusers who may be in the courtroom; reluctance to share information in front of family members or others who do not believe them.	Save questions about sensitive issues for when the courtroom is empty or allow the participant to approach the bench. If ongoing abuse or intimidation is suspected, engage those people in activities outside the courtroom while the participant shares her story.

I've learned that people will forget
what you said, people will forget
what you did, but people will never
forget how you made them feel.

Maya Angelou

Trauma-Informed Organization

- Organizational and administrative commitment to trauma-informed
- Trauma-informed is used in strategic planning
- Review and update mission, vision, values
- Key staff person is assigned to facilitate
- Trauma-informed oversight committee
- Organizational self-assessment

Trauma-Informed Organization

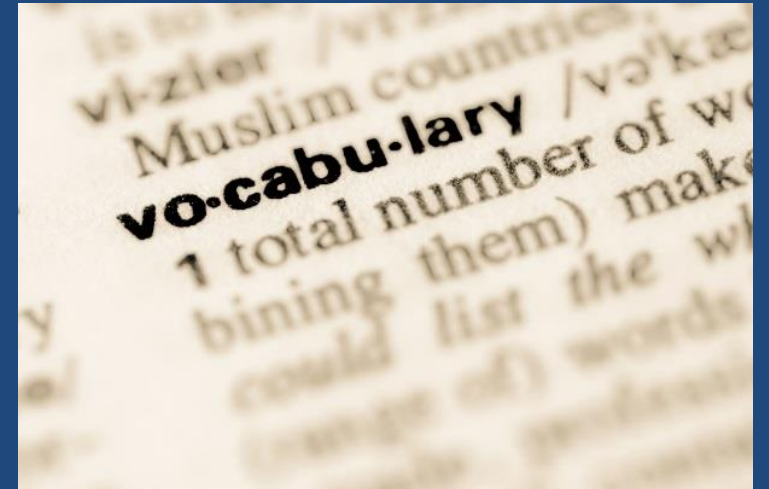
- Implementation plan
- Policies and procedures
- Disaster plan
- Universal routine screenings
- Culturally responsive principles
- Science-based knowledge

Trauma-Informed Organization

- Peer support environment
- Ongoing feedback and evaluations
- Change the environment to increase safety
- Develop trauma-informed collaborations

Vocabulary Simplified

- Compassion Satisfaction (Good)
 - Positive aspects of working as a helper
- Compassion Fatigue
 - Negative aspects of working as a helper
- Burnout
 - Inefficacy and feeling overwhelmed
- Work-related traumatic stress
 - Primary traumatic stress: Direct target of event
 - Secondary (Vicarious) Traumatic Stress: Exposure to event due to a relationship with the primary person



Secondary Traumatic Stress or Compassion Fatigue

“The stress resulting from helping or wanting to help a traumatized or suffering person”

Figley, C.R. 1995

Prevalence of Secondary Traumatic Stress

- Between 40% and 85% of “helping professionals” develop vicarious trauma, compassion fatigue, and/or high rates of traumatic symptoms¹
- 70.2% of Social Workers experienced at least one symptom in the previous week²
- 56% of Substance Use Counselors experienced at least one symptom in the previous week³

¹ Mathieu, F. (2012). *The Compassion Fatigue Workbook*. (Routledge, NY).

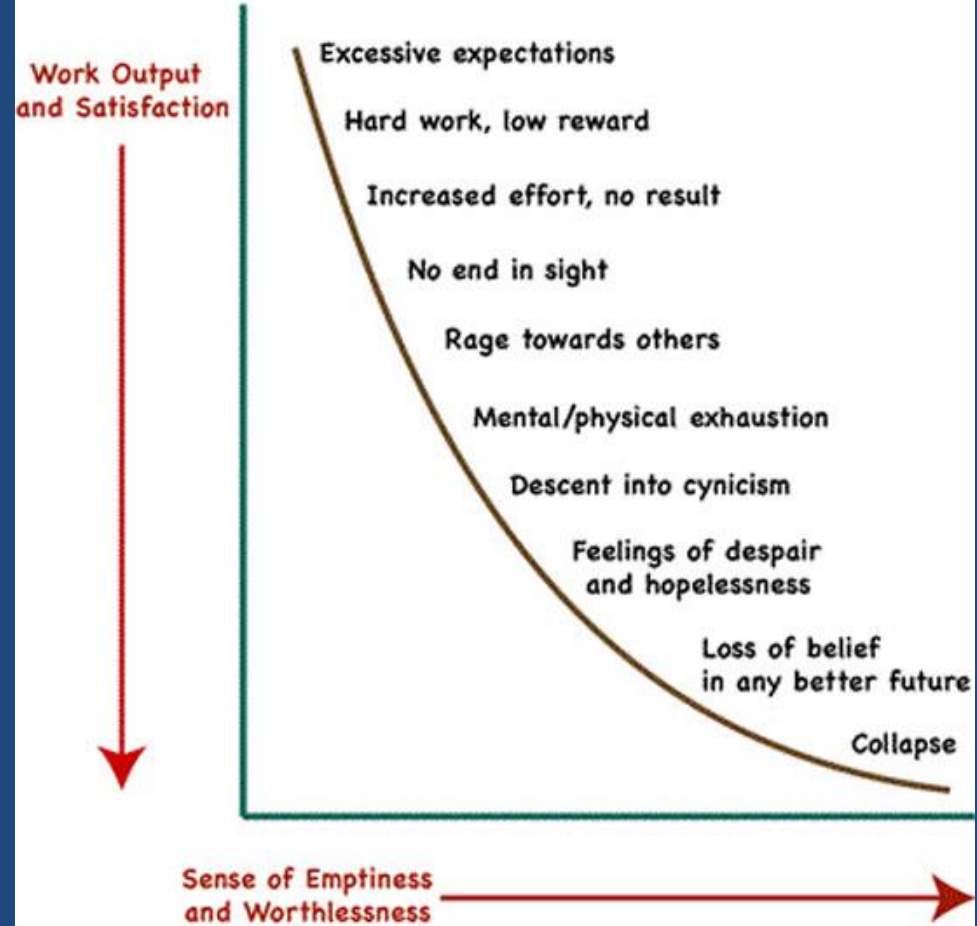
² Bride, B. E. (2007). Prevalence of secondary traumatic stress among social workers. *Social Work (52)* 1, 63-70.

³ Bride, B. E., Hatcher, S. S., & Humble, M. N. (2009). Trauma training, trauma practices, and secondary traumatic stress among substance abuse counselors. *Traumatology, 15*(2), 96-105. DOI: 10.1177/1534765609336362

Burnout

Burnout – A syndrome of emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment

THE BURNOUT CURVE



Vicarious Trauma

Transformation in the self of a trauma worker or helper that results from empathic engagement with traumatized clients and their reports of traumatic experiences

Warning Signs

- Being afraid to take time away from your daily activities
- Thinking the worst in every situation
- Reacting disproportionately
- Never taking a vacation
- Forgetting why you do your job
- Decreased performance at work
- Constantly not getting enough sleep
- Increased arguments with your family
- Decreased social life

Workplace Symptoms of Secondary Trauma

- *Behavioral*

- Frequent job changes
- Tardiness
- Absenteeism
- Irritability
- Exhaustion
- Overwork

- *Personal values/beliefs*

- Worried about not doing enough
- Dissatisfaction
- Negative perception
- Loss of interest
- Apathy
- Hopelessness

- *Interpersonal*

- Staff conflict
- Blaming others
- Poor relationships
- Impatience
- Lack of collaboration
- Avoidance of working with clients with trauma histories

- *Job performance*

- Low motivation
- Increased errors
- Decreased quality
- Lack of flexibility
- Avoidance of responsibilities
- Over-involvement in details/perfectionism

Personal Symptoms of Secondary Trauma

- *Behavioral*
 - *Sleep disturbances*
 - *Hypervigilance*
 - *Losing things*
 - *Clumsiness*
 - *Substance use*
- *Physical*
 - *Panic symptoms*
 - *Aches and pains*
 - *Weakened immune system*
- *Cognitive*
 - *Minimization of secondary trauma*
 - *Lowered self-esteem*
 - *Trouble concentrating*
 - *Racing thoughts*
 - *Lack of meaning in life*
- *Emotional*
 - *Helplessness/powerlessness*
 - *Survivor guilt*
 - *Numbness*
 - *Fear*
 - *Anxiety*
- *Social*
 - *Withdrawal and isolation*
 - *Loneliness*
 - *Distrust*
 - *Projection of blame*
 - *Decreased interest in intimacy*

Physical Self-Care

- Eat regularly
- Eat healthfully
- Exercise
- Get enough sleep
- Practice martial arts
- Get regular medical care for prevention
- Get medical care when needed
- Take time off when you're sick
- Get massages or other body work
- Do physical activity that is fun for you
- Wear clothes you like
- Take vacations
- Take day trips or mini-vacations
- Get away from stressful technology such as cell phones and email

Emotional Self-Care

- Spend time with others whose company you enjoy
- Stay in contact with important people in your life
- Treat yourself kindly
- Feel proud of yourself
- Reread favorite books, watch favorite movies
- Identify and seek out comforting activities, objects, people relationships, places
- Allow yourself to cry
- Find things that make you laugh
- Express your outrage in a constructive way

Spiritual Self-Care

- Make time for prayer, meditation, reflection
- Spend time in nature
- Participate in a spiritual gathering, community or group
- Cherish your optimism and hope
- Be aware of nontangible aspects of life
- Identify what is meaningful to your and notice its place in your life
- Sing
- Express gratitude
- Celebrate milestones with rituals that are meaningful to you
- Remember and memorialize loved ones who have died
- Nurture others
- Have awe-full experiences
- Contribute to or participate in causes you believe in
- Read inspirational literature
- Listen to inspiring music

Workplace/Professional Self-Care

- Take time to eat lunch
- Take time to chat with co-workers
- Identify projects or tasks that are exciting, growth-promoting, and rewarding to you
- Set limits with clients and colleagues
- Balance your workload as much as possible
- Arrange your workspace so it is comfortable
- Get regular supervision or consultation
- Delegate – learn to ask for help
- Have a transition from work to home

Being trauma-informed is a
universal precaution.

Don't ask....

What's wrong with you?

Ask.....

What happened to you?

Mary Gubbe Lee, MS, LCPC, Training Consultant

Illinois Center of Excellence for Behavioral Health and Justice

mlee@ilcoe.us

815-395-2144

www.illinoiscenterofexcellence.org

Questions

