Trauma-Informed Care in High-Security Settings

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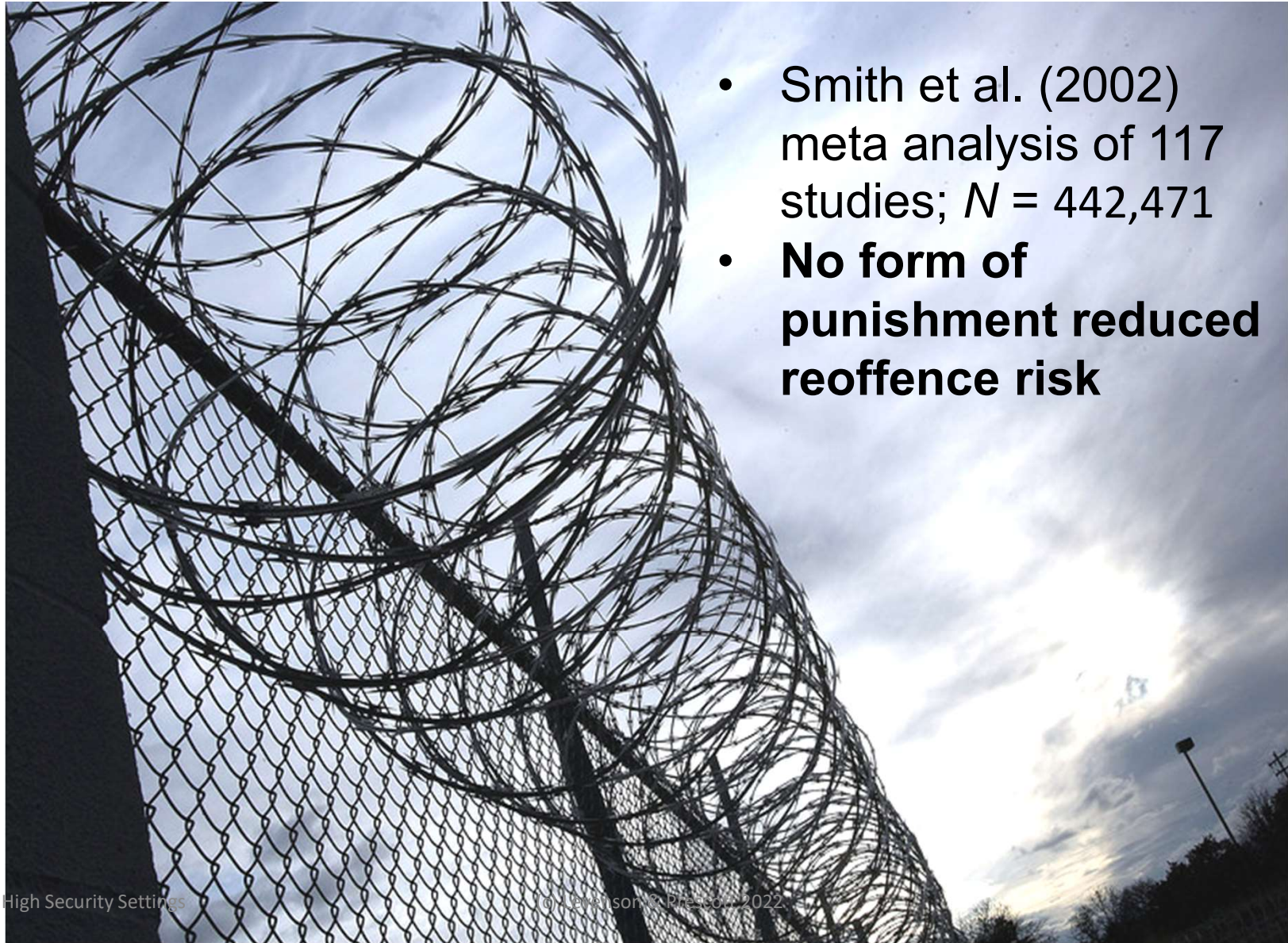**davidprescott@safersociety.org**

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Overview

- 1895-1985

- Smith et al. (2002) meta analysis of 117 studies; $N = 442{,}471$
- **No form of punishment reduced reoffence risk**

Ultimately

- By the most rigorous/conservative standards:
1. Punishment doesn't reduce risk
   - Punishment = punishment
2. Treatment <u>can</u> work
3. Treatment can be better with the right community supervision

Understanding the path from victim to victimizer = Breaking the Cycle, not "Abuse Excuse"

HURT PEOPLE HURT PEOPLE...

We're not treating risk factors and disorders, we're treating HUMANS.

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Trauma is an important piece of the puzzle

Understanding trauma is not just about acquiring knowledge.

It's about changing the way you view the world.

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Sandra Bloom (2007)

What is Trauma?

- **An event that is experienced, witnessed, or vicarious exposure**

- **Usually unexpected, and out of a person's control**

- **Presents a threat to the physical or psychological safety of oneself or others**

- **A person's response involved intense fear, helplessness, or horror**

- **Overwhelms normal coping skills**

American Psychiatric Association, 2013 ; Bloom, 2013; SAMHSA., 2014

Beyond ACEs:
Variety of Traumatic Experiences throughout Life

Trauma:
Loss
Threat
Fear
Uncertainty

Big T
&
Little t

Adverse Childhood Experiences (ACEs)

Adult Trauma

The Trauma of Poverty

Historical and Cultural Trauma

Intersection of Stigma & Marginalization

Privilege & Power

Post-Conviction Traumatic Stress

TIC in High Security Settings

Step inside the Circle. Fritzi Horstman

ACE Questions: All items showed significant differences between groups (p < .000) Levenson, Willis & Prescott (2014)	Sex Offenders (n = 679)	Males in CDC Sample (n = 7,970)	Odds Ratio
Verbal abuse	53.3%	7.6%	13.88
physical abuse	42.2%	29.9%	1.71
child sexual abuse	38%	16%	3.22
emotional neglect	37.6%	12.4%	4.26
physical neglect	15.9%	10.7%	1.58
parents not married	54.3%	21.8%	4.26
DV in home	24%	11.5%	2.43
Substance Abuse in home	46.7%	23.8%	2.81
Mental illness in home	25.9%	14.8%	2.01
Incarceration family member	22.6%	4.1%	6.83

Note:
Neglect is the most common child maltreatment in CPS reports...
Also the most chronic...
But hardest for people to identify in themselves.
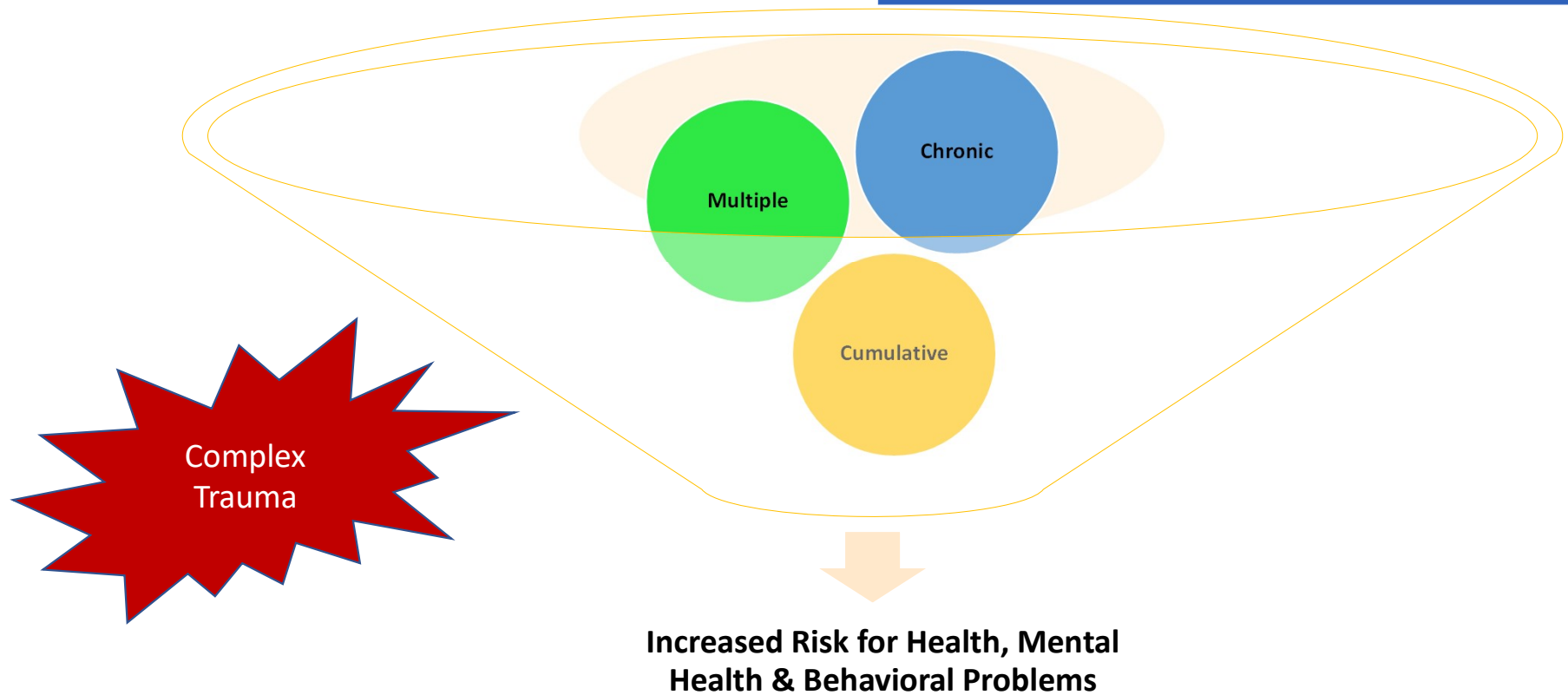
FL Juvenile Offenders v. CDC Study Adults

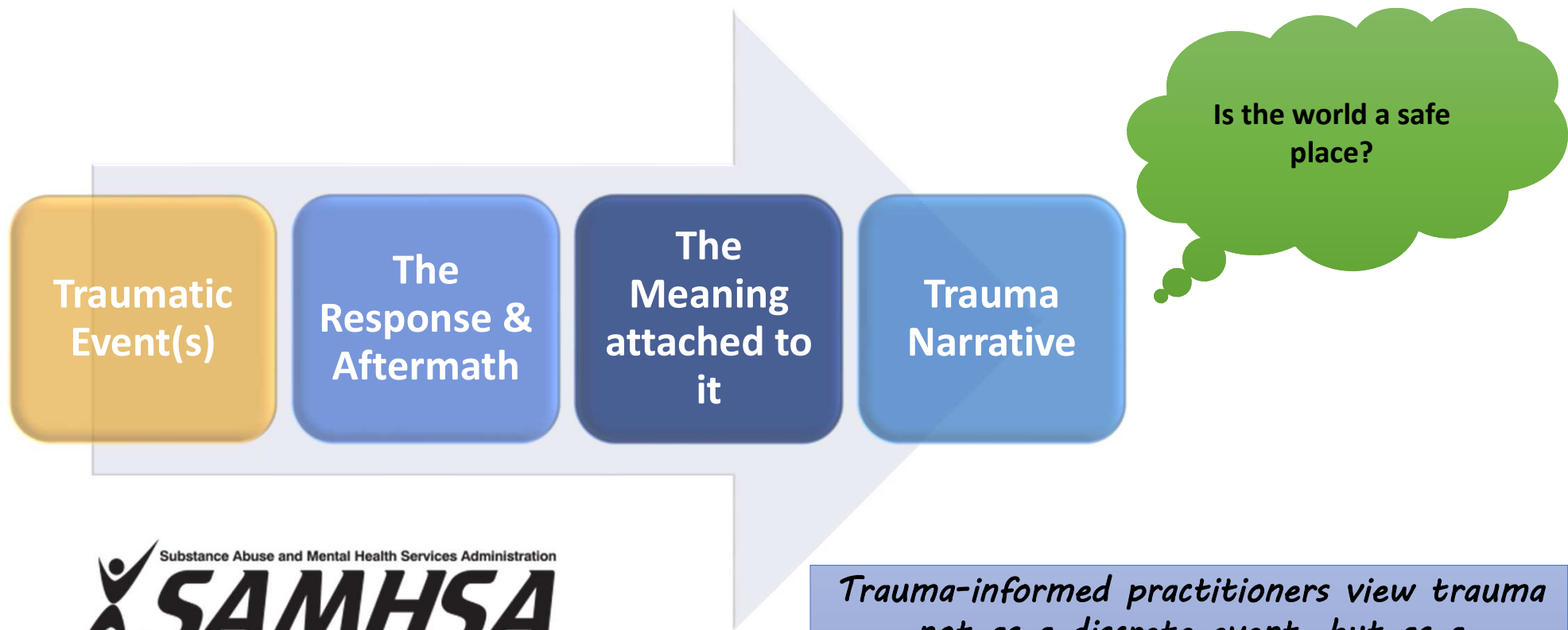Figure 3. Comparison of ACE Scores between Juvenile Offenders and Kaiser-Permanente Study
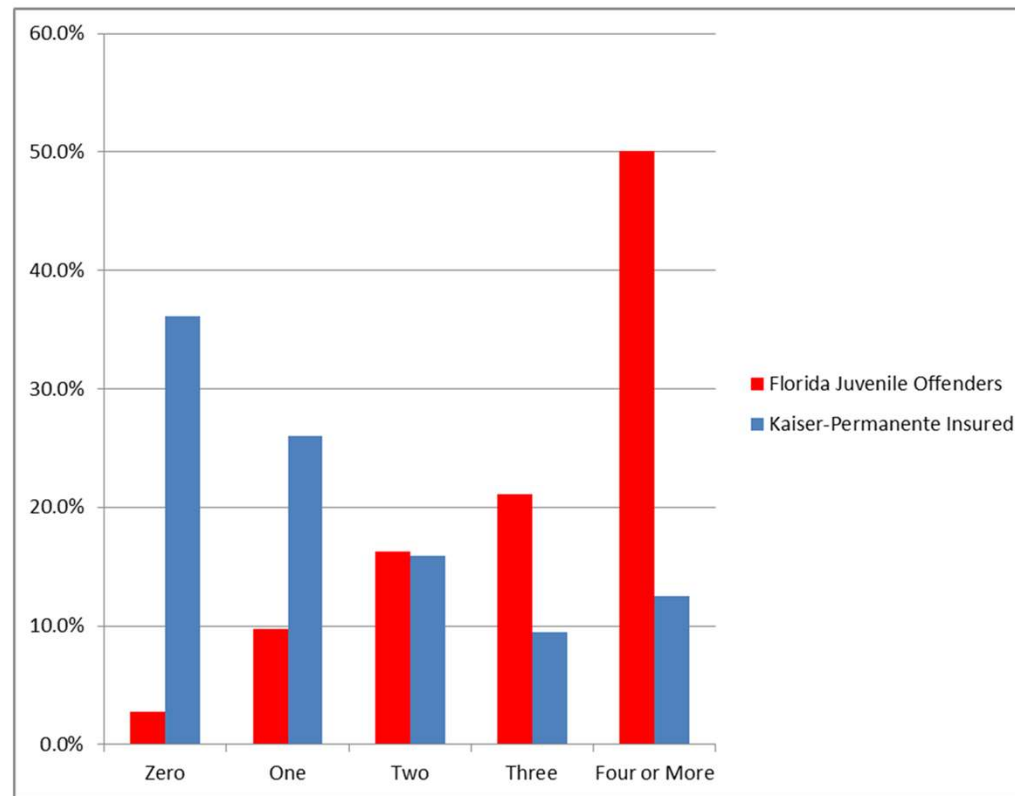
Note: a. Prevalence for insured adults based the entire ACE Study sample (n=17,337) as posted by the CDC available at http://www.cdc.gov/ace/prevalence.htm.

Baglivio et al., 2014

N = 64,000+

Chronicity, Accumulation & Multiplicity

Multiple

Chronic

Cumulative

Complex Trauma

Increased Risk for Health, Mental Health & Behavioral Problems

Events – Experience - Effects

Traumatic Event(s)

The Response & Aftermath

The Meaning attached to it

Trauma Narrative

Is the world a safe place?

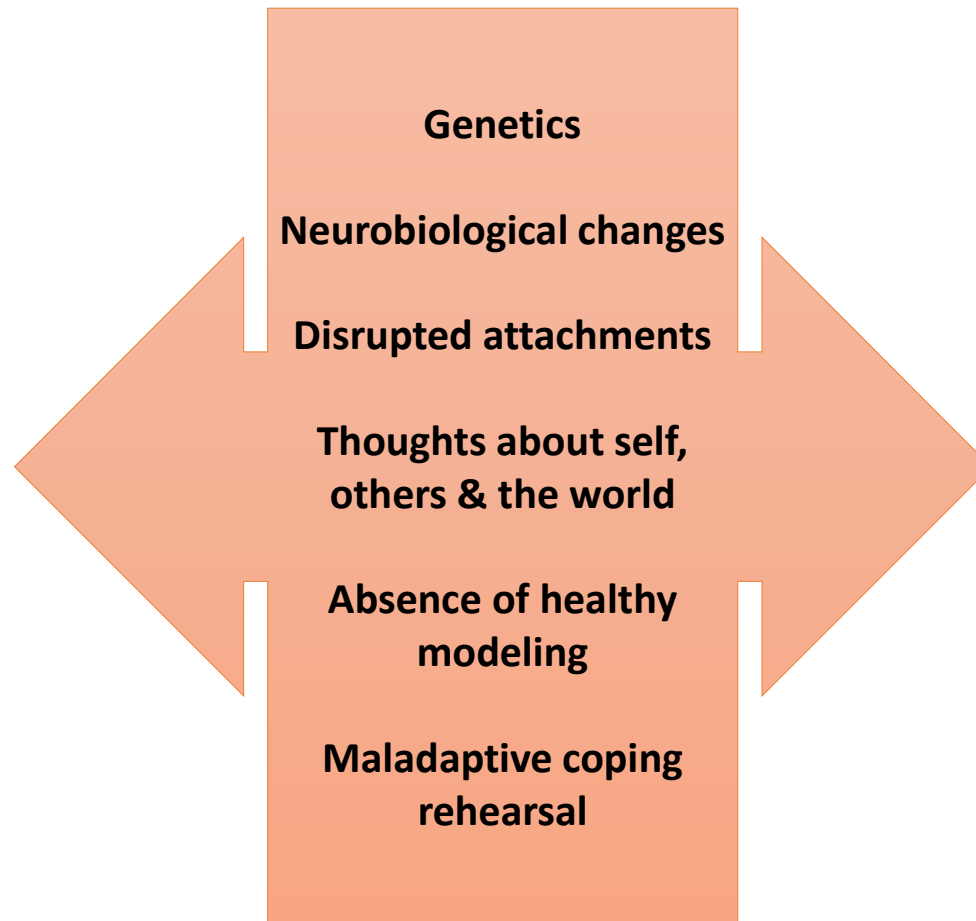Substance Abuse and Mental Health Services Administration
SAMHSA

Trauma-informed practitioners view trauma <u>not</u> as a discrete event, but as a set of experiences that define and organize World View and Narrative Identity.
Harris & Fallot (2001)

Trauma Impacts:
Behavioral, Cognitive, Emotional, & Relational Dysregulation

Relational Skills Deficits

Genetics

Neurobiological changes

Disrupted attachments

Thoughts about self, others & the world

Absence of healthy modeling

Maladaptive coping rehearsal

Self-Regulation Deficits

Neurobiology of Toxic Stress

Three Core Concepts in Early Development

3 Toxic Stress Derails Healthy Development

NATIONAL SCIENTIFIC COUNCIL ON THE DEVELOPING CHILD
Center on the Developing Child 🛡 HARVARD UNIVERSITY

Your Brain on Trauma

Environmental Stress or Trigger

Current Situation does not get fully integrated into context, knowledge, or memory

Impaired Reasoning & Decision Making

Stimulus → Emotion → Filter → Interpret → Behavior

Amygdala: SURVIVAL MODE Fight Flight Freeze
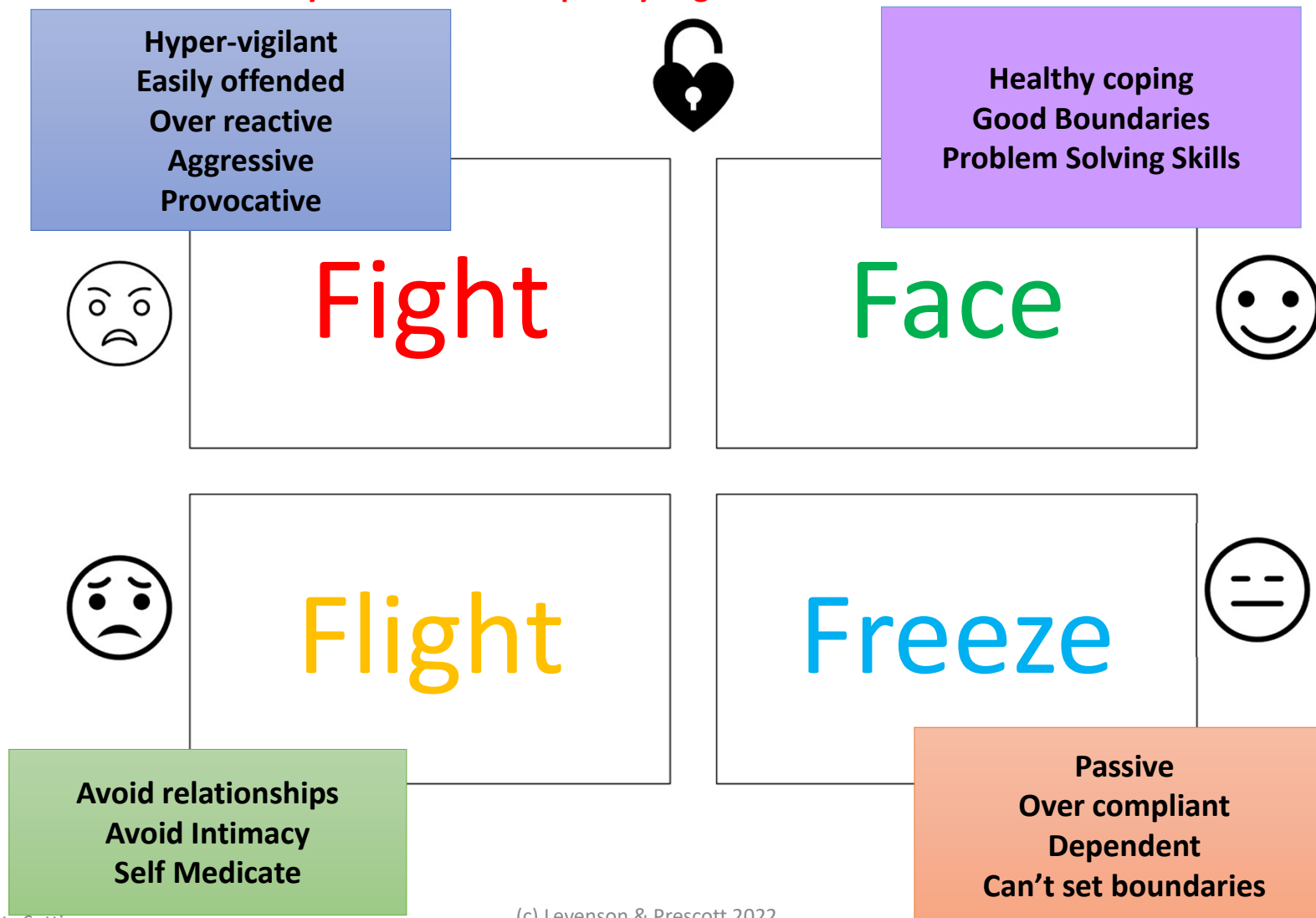
CRISIS

Good news: Your Brain is always scanning the environment for danger and ready to respond to the next threat (Hyperarousal)

Bad news: Automatic, repetitive, maladaptive thoughts, feelings, relationship patterns, & behavior (Going from Trigger to Response without stopping to evaluate options and choose actions)

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Ways trauma shows up in dysregulated emotions & behavior

Hyper-vigilant
Easily offended
Over reactive
Aggressive
Provocative

Healthy coping
Good Boundaries
Problem Solving Skills

Fight

Face

Flight

Freeze

Avoid relationships
Avoid Intimacy
Self Medicate

Passive
Over compliant
Dependent
Can't set boundaries

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What Does it Mean To be Trauma-Informed?

Trauma-Informed Care 101

Trauma-informed and Trauma-Responsive

*Practices
*Policies
*Procedures

Considers Trauma as an explanation for behavior

Incorporates the science of trauma into assessment & services

Treats trauma symptoms and address trauma narrative

Appreciates the reality of intergenerational and historical trauma, oppression, discrimination
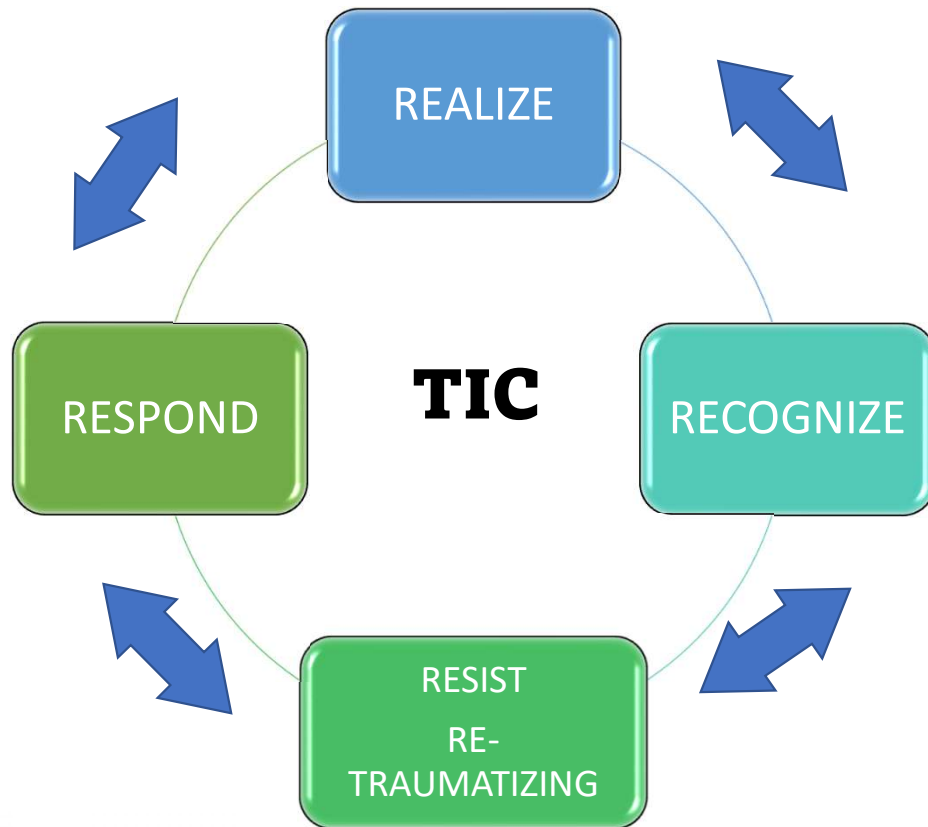
Uses the professional relationship to create connection, trust, and safety.

Trauma-informed Practices are incorporated from the Top-down and Bottom-up

What can we do?

REALIZE

RESPOND

TIC

RECOGNIZE

RESIST RE-TRAUMATIZING

SAMHSA
Substance Abuse and Mental Health Services Administration
www.samhsa.gov

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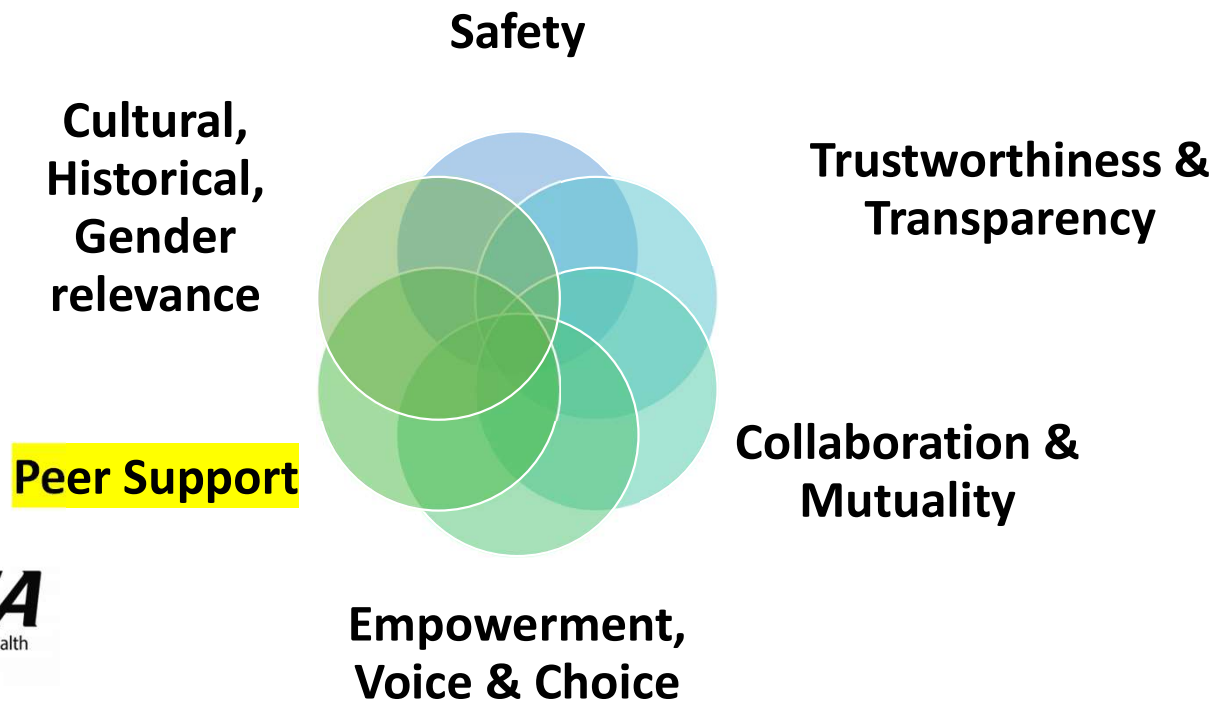
(c) Levenson

SAMHA's 4 Rs
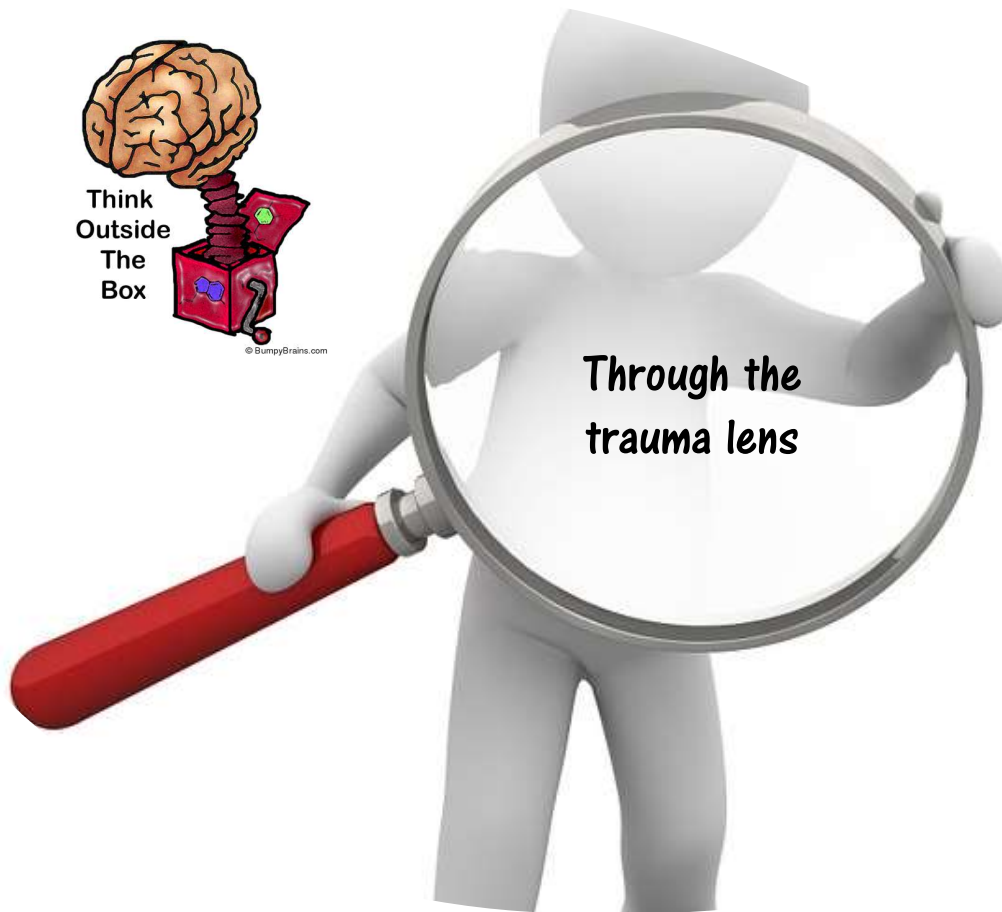
REALIZE   Trauma is pervasive & impactful.

RECOGNIZE   Signs & symptoms of Trauma.

RESPOND   by incorporating Trauma knowledge.

RESIST RETRAUMATIZATION.

SAMHSA's 6 Key Principles of Trauma-Informed Care

Safety

Cultural, Historical, Gender relevance

Trustworthiness & Transparency

Peer Support

Collaboration & Mutuality

Empowerment, Voice & Choice

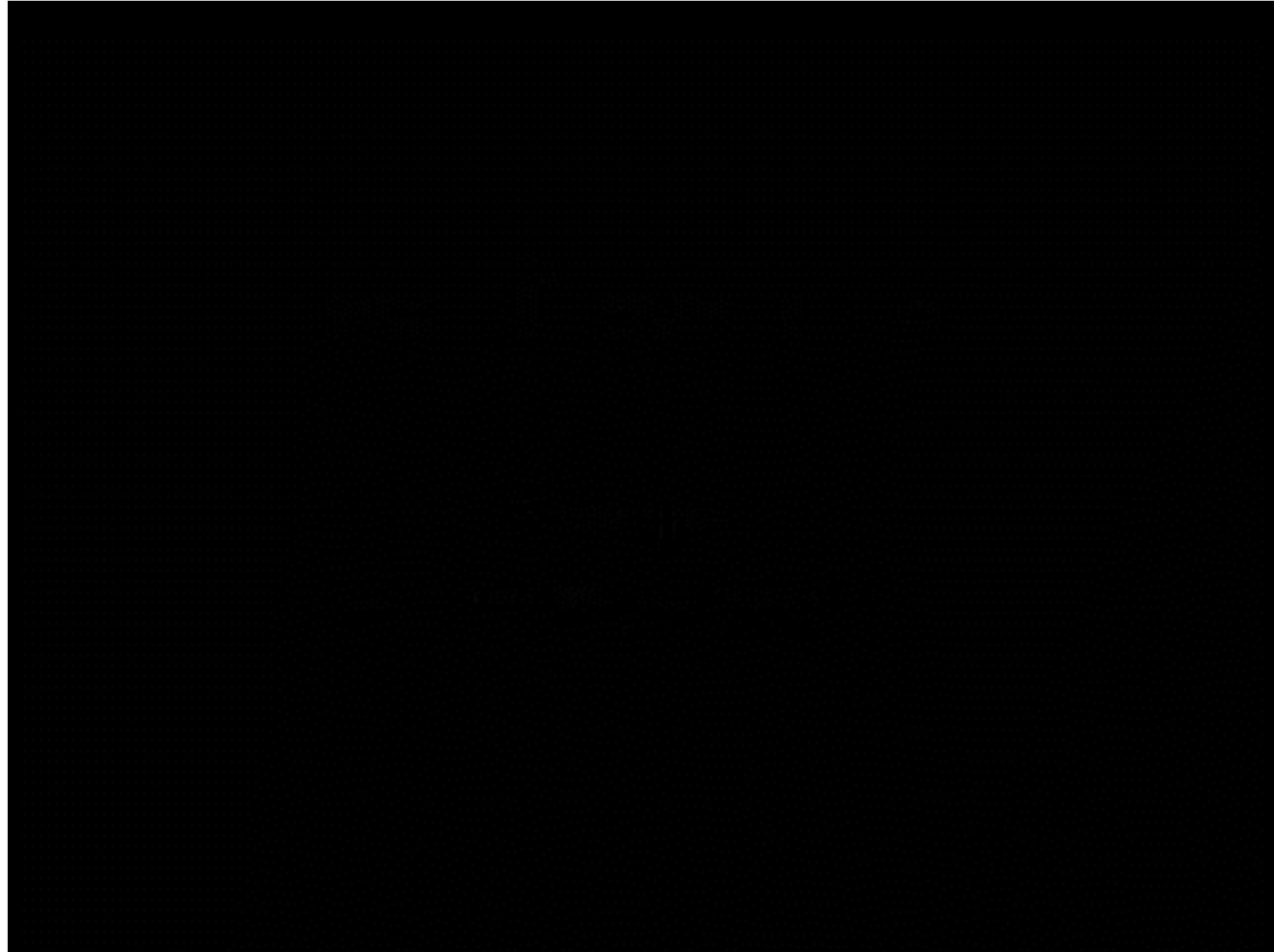Think Outside The Box

© BumpyBrains.com

Through the trauma lens

TIC involves:

1. Conceptualizing behavior through the lens of trauma

&

2. Avoiding Re-Traumatization in Helping Relationships.

(c) Levenson & Prescott 2022

Childhood trauma and adult offending

What are the challenges of implementing TIC in Secure Settings?

Confinement is a Traumagenic Experience... Treatment should NOT BE.

Early trauma boosts the likelihood of confinement later in life.

- Rigid Rules

- Unilaterally (sometimes arbitrarily) applied

- Few choices

- Little empathy or compassion

- Lack of privacy

- Power disparities are ubiquitous

- Noises & other sensory triggers

- Threatening Environment

- Restraint and Seclusion

Dysregulation comes from feeling unsafe -- overwhelming & challenging coping skills.

Incarceration Trauma

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Post-Conviction Traumatic Stress

We recently introduced the concept of "Post-Conviction Traumatic Stress" (PCTS; Harris & Levenson, 2020) within the context of community reintegration following a conviction for a sex crime in the U.S.
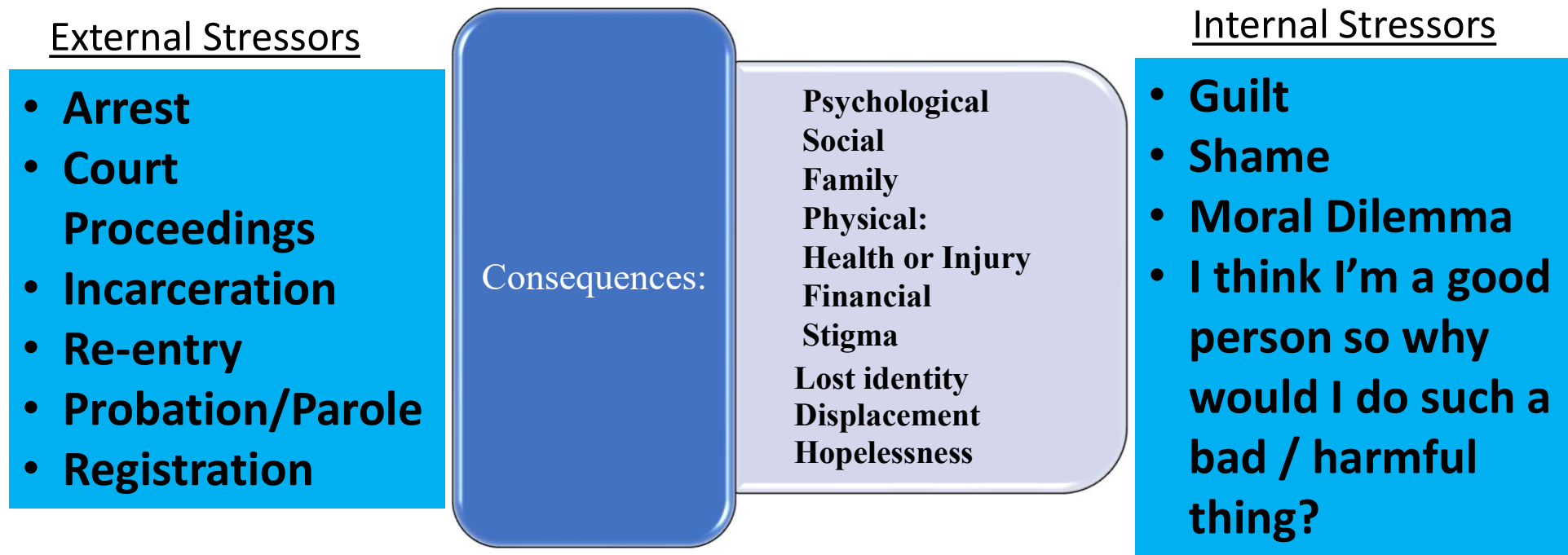
The ignored but undeniable emotional impact of arrest, conviction, incarceration, probation/parole, and being required to register as a sex offender (RSO).

The cumulative traumatic stress toll of stigma, shame, isolation, and fear for individuals convicted for sexual offenses and their family members.

Literature suggests traumatic stress is associated with any interaction with the criminal legal system.

Some scholars believe that incarceration-related trauma should be a "specifier" in the DSM-5 Diagnostic Category of PTSD.

Post-Conviction Traumatic Stress: Levenson et al. 2022

CJ Involvement is Traumatic; The stress of registration is chronic. (Trauma is real even if it results from a person's own harmful actions; Doesn't discount suffering of victims.)

External Stressors

- **Arrest**
- **Court Proceedings**
- **Incarceration**
- **Re-entry**
- **Probation/Parole**
- **Registration**

Consequences:

Psychological
Social
Family
Physical:
Health or Injury
Financial
Stigma
Lost identity
Displacement
Hopelessness

Internal Stressors

- **Guilt**
- **Shame**
- **Moral Dilemma**
- **I think I'm a good person so why would I do such a bad / harmful thing?**
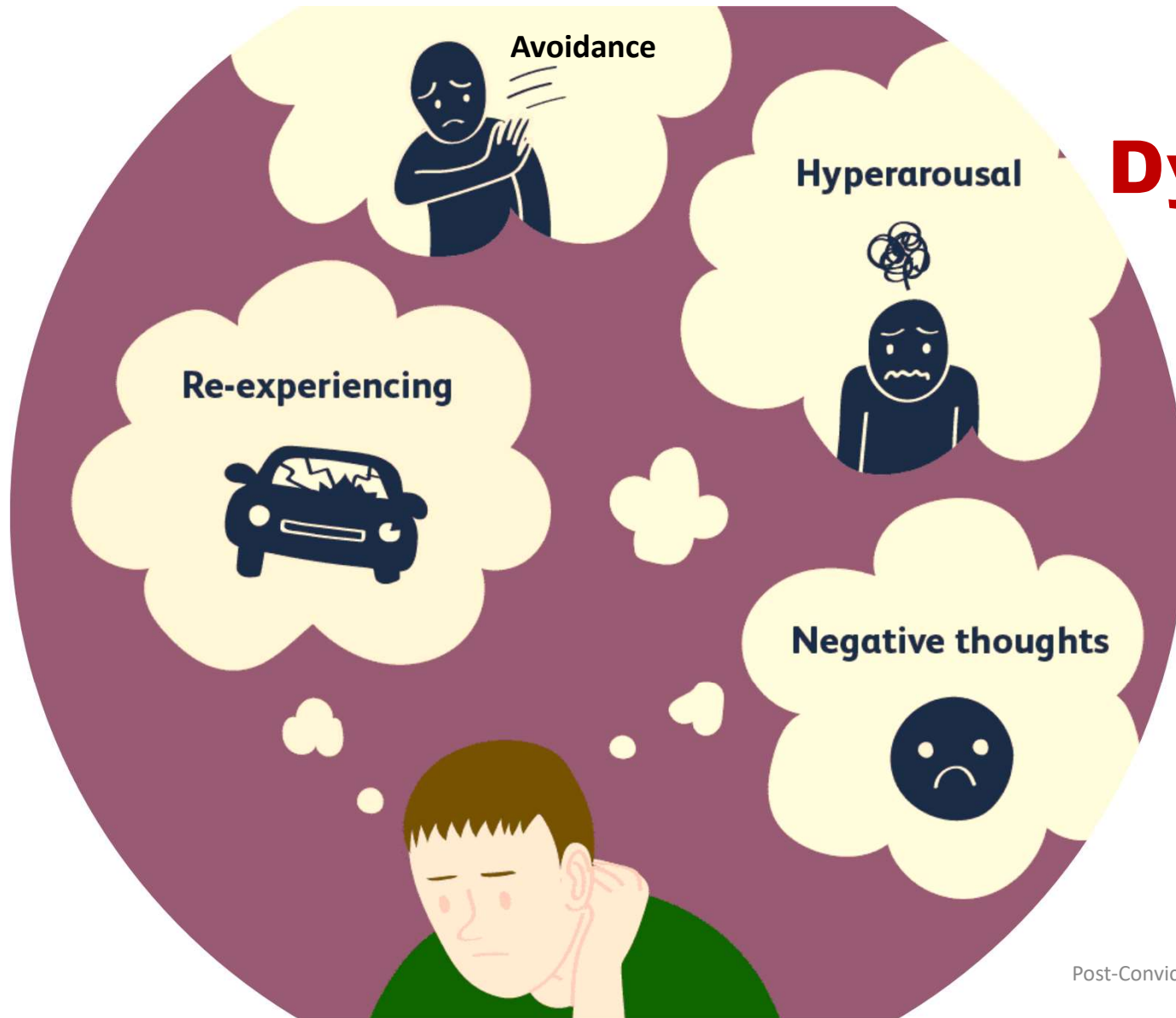
Acute Stress Reaction *Current, Recent, & or Recurring –* Not quite the same as "post" traumatic stress

Symptoms usually settle fairly quickly but can sometimes last for several days or weeks:

- Psychological symptoms such as anxiety, low mood, irritability, emotional ups and downs, poor sleep, poor concentration, wanting to be alone.
- Recurrent dreams or flashbacks, which can be intrusive and unpleasant.
- Avoidance of anything that will trigger memories. This may mean avoiding people, conversations, or other situations, as they cause distress and anxiety.
- Reckless or aggressive behavior that may be self-destructive.
- Feeling emotionally numb and detached from others.
- Physical symptoms such as:
  - A 'thumping heart' (palpitations).
  - A feeling of sickness (nausea).
  - Pains
  - Headaches.
  - Breathing difficulties.
- The physical symptoms are caused by stress hormones, such as adrenaline (epinephrine), which are released into the bloodstream, and by overactivity of nervous impulses to various parts of the body.

Post-Conviction Traumatic Stress: Levenson et al. 2022

PTSD = Dysregulation

Post-Conviction Traumatic Stress: Levenson et al. 2022

Post-Conviction Traumatic Stress is a REAL thing.

How can we build in recognition of this along with related self-regulation strategies?

Challenges for implementation in prison?

Trauma-Focused & Trauma-Informed

Questions?
Write down three things that you learned this morning that help you understand the impact of trauma.

R

N

TRAUMA

R

RESPOND

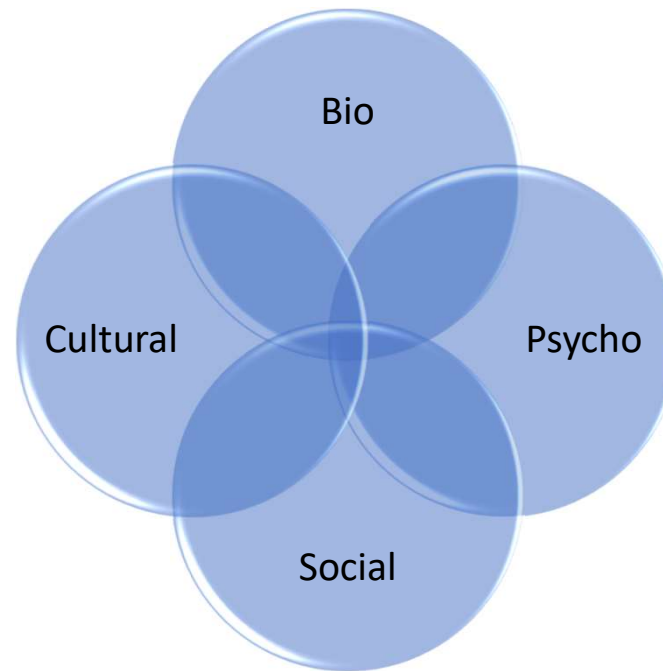## Expanding our Ideas about Conceptualizing Risk

Trauma-Informed Assessment (Assessment is ongoing, not a one-time thing)

- Trauma Screening
- Risk Assessment
- Diagnostic Considerations
- Case Conceptualization

Risk Assessment &
Diagnostic Considerations &
Clinical Case Conceptualization

| Engagement | Structured Interview & Open-ended Questions | Framing questions in behavioral terms | Reviewing Records & Taking history | Trauma Screening Inventories | Deriving Clinical Impressions from Background Information |

Trauma is Ubiquitous
Trauma Screening Tools

ACE scale

Life Event Checklist

PTSD Checklist for DSM-5 (PCL-5)

TSI – Trauma Symptom Inventory ($)

DES (Dissociative Experiences Symptoms Scale)

Young Schema Questionnaire (YSQ)

Remember:

- **Asking about trauma can be traumatic**

- **Sometimes people don't think of experiences as "abuse" or "trauma"**

- **Trust takes time to build, especially with a history of relational trauma**

- **Not just a checklist of experiences or a "score" – Opens a dialogue.**

- **Explore the meaning attached to events & experiences.**

- **Incorporate into your clinical conceptualization**

Criminogenic Needs: Trauma-related?

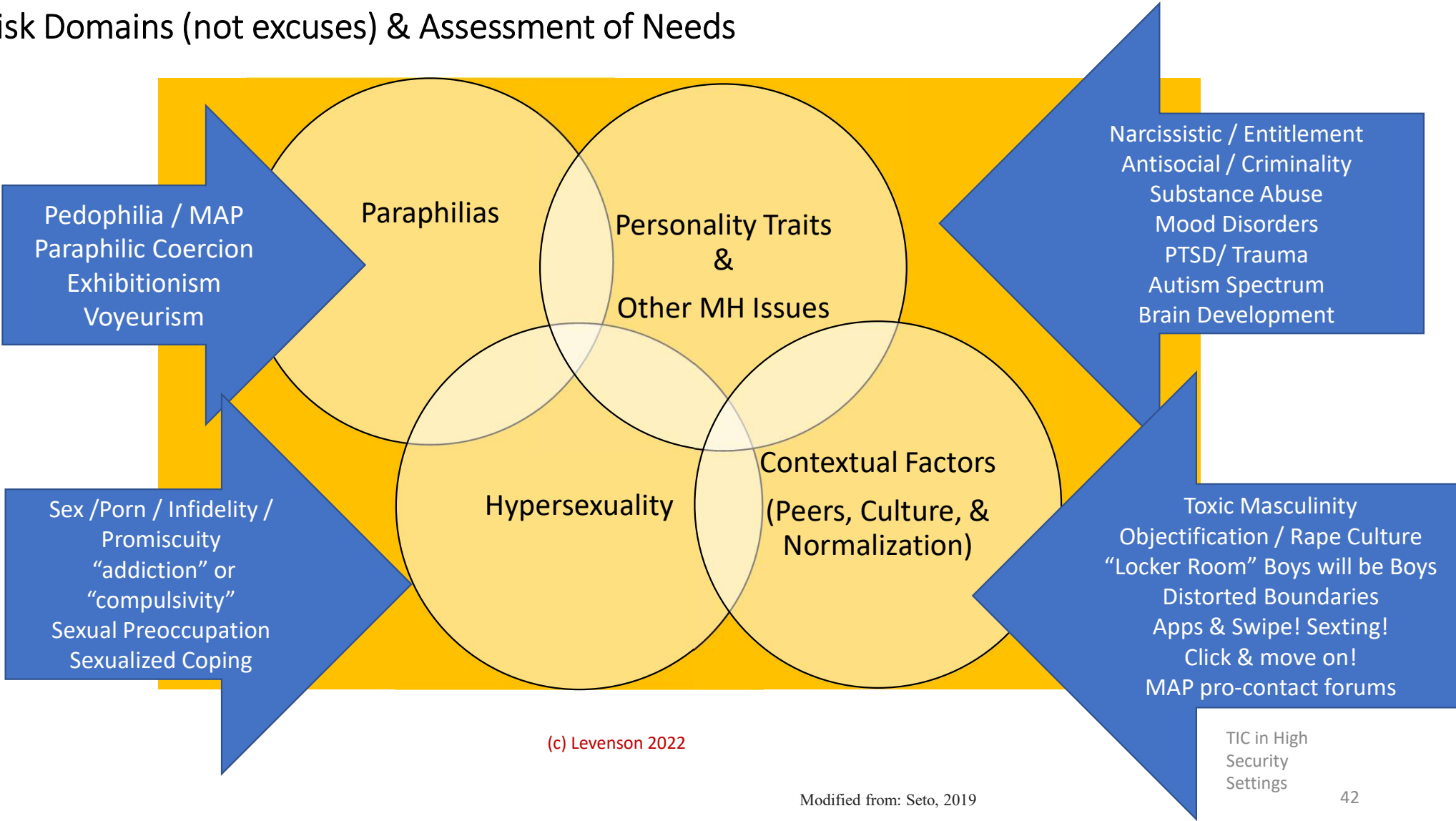|	
Antisocial attitudes, beliefs and values	Distorted thoughts, resentments, and defiance that are supportive of crime
Antisocial Behavior patterns	Early and continuing involvement in a variety of criminal behaviors
Antisocial Personality or Temperament	Pleasure seeking, low self-control, aggression, entitlement, disregard for others
Antisocial Associations	Criminal peers and environments, relatively few pro-social supports
Family Stressors	Lack of nurturing/caring support; lack of accountability
Substance Abuse	Use of substances that impair judgment and decrease inhibitions
Lifestyle Instability	Low levels of performance and stability in work or school; Housing, employment, or relationship instability
Lack of pro-social activities	Low level of involvement and satisfaction in non-criminal leisure activities

Relational Deficits

Attachment Disruptions

Self-regulation difficulties

Maladaptive Schema & Coping

Lack of Self-Efficacy

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"Big 8 Risk Factors" - Andrews & Bonta (2017)

Risk Domains (not excuses) & Assessment of Needs

Pedophilia / MAP
Paraphilic Coercion
Exhibitionism
Voyeurism

Sex /Porn / Infidelity /
Promiscuity
"addiction" or
"compulsivity"
Sexual Preoccupation
Sexualized Coping

Paraphilias

Personality Traits
&
Other MH Issues

Hypersexuality

Contextual Factors
(Peers, Culture, &
Normalization)

Narcissistic / Entitlement
Antisocial / Criminality
Substance Abuse
Mood Disorders
PTSD/ Trauma
Autism Spectrum
Brain Development

Toxic Masculinity
Objectification / Rape Culture
"Locker Room" Boys will be Boys
Distorted Boundaries
Apps & Swipe! Sexting!
Click & move on!
MAP pro-contact forums

(c) Levenson 2022

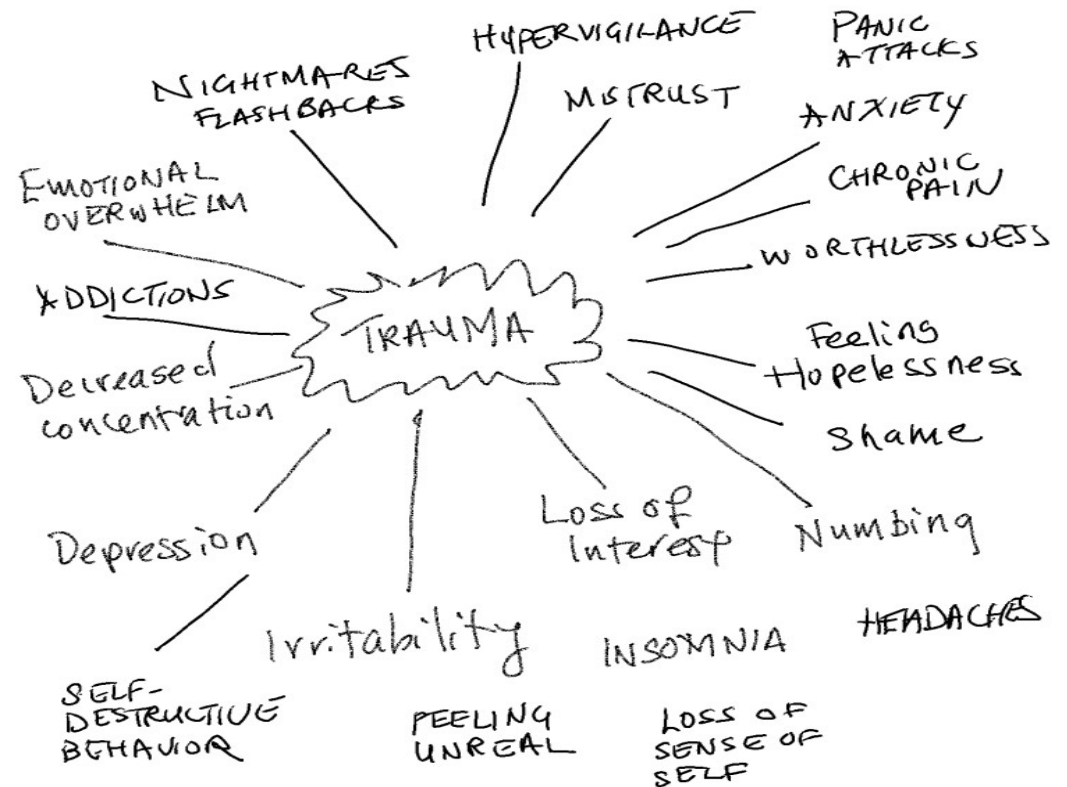Modified from: Seto, 2019

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Settings

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Diagnostic Considerations & Case Conceptualization

The medication isn't working!

(Mis)diagnoses or Labels:
ADHD
Bipolar Disorder
Antisocial / Conduct Disorder
Oppositional - Defiant
Depression / Anxiety
OCD
Addictions
Anger Management
Psychotic

SYMPTOMS OF TRAUMA

TRAUMA

NIGHTMARES FLASHBACKS
HYPERVIGILANCE
MISTRUST
PANIC ATTACKS
ANXIETY
CHRONIC PAIN
WORTHLESSNESS
Feeling Hopelessness
Shame
EMOTIONAL OVERWHELM
ADDICTIONS
Decreased concentration
Depression
Loss of Interest
Numbing
Irritability
SELF-DESTRUCTIVE BEHAVIOR
FEELING UNREAL
INSOMNIA
LOSS OF SENSE OF SELF
HEADACHES

Diagnostic Considerations

Through the lens of trauma...

Treat the trauma not JUST the behavior.

Treat the PROBLEM not just the SYMPTOM.

PTSD Dx is imperfect; was developed for isolated events/episodes

Trauma work is slow and the first and most important part of it is TRUST.

Non-suicidal self-injury
- Emotional / mood dysregulation

Hearing voices
- Dissociation
- Traumagenic Psychosis

Hyperactivity
- Hyper-arousal, inability to self-soothe

Anxiety / Depression
- "Laziness" or "Unmotivated"

Anger / Violence / Criminality
- Distress Intolerance, Impulsivity

Addiction: Self-Medication
- Drugs, Alcohol, Food, Gambling, Spending, Hoarding

Personality

FLIGHT? **FIGHT?** **FREEZE?**

Cluster A (odd/eccentric)	Cluster B (dramatic/erratic)	Cluster C (anxious/fearful)
Paranoid distrusting and suspicious interpretation of the motives of others	**Antisocial** disregard for and violation of the rights of others	**Avoidant** socially inhibited feelings of inadequacy, hypersensitivity to negative evaluation
Schizoid social detachment and restricted emotional expression	**Borderline** unstable relationships, self-image, affects, and impulsivity	**Dependent** submissive behaviour, need to be taken care of
Schizotypal social discomfort, cognitive distortions, behavioural eccentricities	**Histrionic** excessive emotionality and attention seeking	**Obsessive-compulsive** preoccupation with orderliness, perfectionism, and control
	Narcissistic grandiosity, need for admiration, lack of empathy	

Some thoughts about Antisocial Personality Disorder

Trauma of Poverty

Trauma of High Crime Communities (Survival)

Gang Influences

Normalized Behavior

Peer Culture

Socialized into Crime

Systemic Injustice

Economic & Opportunity Disparities

- **Criminal Behavior vs. Character Pathology**
- **Deprivation breeds Entitlement**
- **Gratuitous vs. Instrumental Crime**
- **Sexualization & Objectification**

Social Learning &
Early Modeling

Neuro-biological
underpinnings

Empathy vs.
Self-
Preservation

**Behavioral
and Affective
Coping**

**Conforming
to Social
Norms**

**Awareness
of
Perceptions
of Others**

Self-Regulation Skills

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Do we have to pathologize?

(Samenow, 2021)

"Symptom"	Possible Explanation/Diagnosis
masturbation twice daily	sexually active
extramarital affairs	existential dilemma about aging or marriage
wants partner sex daily	sexually active; possible personality disorder
enjoys s/m	desire for intense stimulation or bonding; possible bipolar disorder
inappropriate come-ons	socially inept; possible narcissism or asperger's
exhibitionism	sexually active; possible OCD
wants non-monogamy	adventurous; possible borderline
straight, married, cruises public bathrooms	conflicted about orientation; committed to marriage
fetish behavior	self-aware; possible OCD
commercial sex	committed to marriage; social anxiety
internet pornography	sexually active; dissatisfied with partner sex; Committed to marriage; possible depression

Strengths-Based:
Survival Strategies, not Pathology
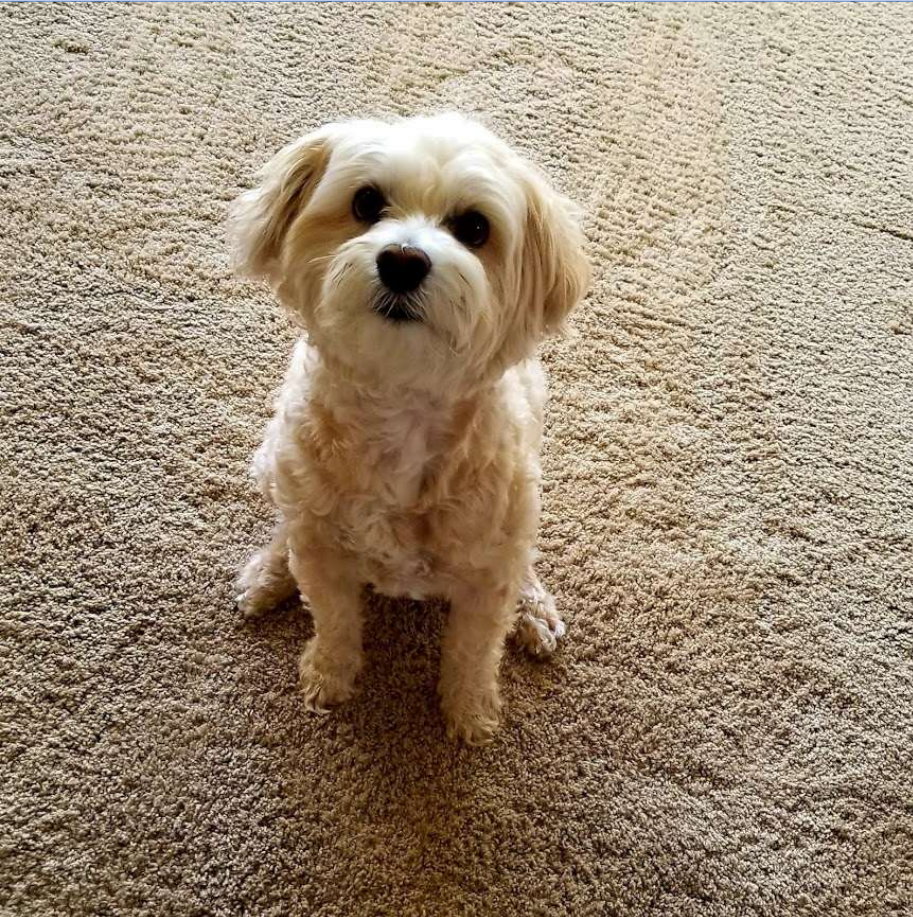
Understanding Trauma Shifts the Focus:

From…

"What is WRONG with you?"   to   "What HAPPENED to you?"

Trauma shows up as Presenting Problems, disguised as dysregulation, maladaptive coping, aggression, addiction, avoidance. These are the ways that people learned to survive pain.

Case Conceptualization: How does trauma translate into criminality or abusive behavior?*

- **Poor role modeling of healthy boundaries**

- **Chaotic Environments – Crisis to Crisis**

- **Learned behavior about power and control**

- **Relational patterns and Intimacy deficits**

- **Survival – Avoiding vulnerability**

- **Rehearsal of maladaptive coping skills**

- **Maladaptive cognitive schemas**

Understanding through the lens of trauma

- **Coping & Self-Regulation**

- **Hyperarousal & Hyper-vigilance**

- **Dysregulation**

- **Attachment**

- **Self-efficacy**

- **Power & Control**

- **Affection, attention, value, worth, acknowledgement**

- **Self-medication**

*Meeting emotional and social needs in unhealthy ways.

Case Example: Orly

Case conceptualization

Through the trauma lens

Drawn to vulnerable, dependent people 52

Identity construction around being a caretaker

Attracted to boyhood; those who have the teen life he was denied

South American; gay stigma; need for secrecy / secret relationships

Can't be publicly gay

Won't be outed

Catfished!

Cascade effects of childhood adversity

Attachment
- Trauma impacts child & caregiver relationship
- Impairs trust and ability to form secure attachments

Cognition
- Brain selectively focuses on maintaining safety rather than planning, learning, or future-oriented activities
- Expectations and Interpretations

Self-regulation
- Frontal lobe development is disrupted, can result in long-term effects on emotional and behavioral self-control

Cascade Effects
- Early deficits in one domain of functioning impede subsequent development in other areas

Developmental effects of childhood adversity and Risk

Attachment
- Intimacy deficits
- Dismissive or disorganized attachment style
- Negative peer/social influences
- Hostility towards women
- Emotional congruence with children

Cognition
- Attitudes and beliefs that support child abuse, criminality, violence against others
- Schemas/core beliefs: Dangerous world, children as sexual, women as unknowable

Self-regulation
- Coping style focusing on problems instead of solutions, focus on the emotions that problems generate, etc.
- General self-regulation, sexual self-regulation, etc.
- Can appear as ADHD, Conduct Disorder, etc.

Cascade Effects
- Early deficits in one domain of functioning impede subsequent development in other areas
- Risk factors as obstacles to achieving developmental tasks and – ultimately – Good Lives Goals.

Developmental effects of childhood adversity and Good Lives Goals

Attachment
- Relatedness, being connected to others
- Community, being part of a group
- Meaning and purpose in life, spirituality

Cognition
- Meaning & purpose, spirituality
- Knowledge
- Creativity/new experiences

Self-regulation
- Autonomy, independence, being my own person
- Creativity, happiness/pleasure, having fun
- Can appear as ADHD, Conduct Disorder, etc.

Cascade Effects
- Adverse experiences =>
- Challenges in development =>
- Obstacles to balanced, self-determined life =>
- Risk factors =>
- Barriers to good life

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Dynamic Risk Factors & Psychologically Meaningful Factors through the Trauma-informed Lens

Relational & Self-Efficacy Deficits

☑ Social rejection

☑ Relationship instability

☑ Intimacy deficits

☑ Emotional identification with minors [Vulnerability]

☑ Negative social influences

☑ Employment Instability

Attachment Disruption & Distorted Schemas

☑ Lack of concern for others

☑ Criminal attitudes and beliefs

☑ Hostility [toward women] or grievance thinking

Self-regulation Difficulties

☑ Impulsivity

☑ Poor problem solving

☑ Negative mood states

☑ Resistance to Rules

Maladaptive Coping

☑ Sexual preoccupation

☑ Sexualized coping

☑ Substance abuse

☑ Deviant sexual interest

   ☑ Biologically determined or trauma-related?

Strengths & Protective Factors

de Vries Robbé et al., 2015

- Healthy Sexual Interests
- Capacity for Emotional Intimacy
- Constructive Social and Professional Support network
- Goal Directed Living (self-control)
- Good problem solving skills
- Engaged in Employment or Constructive Leisure Activities
- Sobriety
- Hopeful, Optimistic and Motivated Attitude for Desistance

Resilience:

Be the relationship that helps change a life

Summary: Assessment

- **Incorporate knowledge of bio-psycho-social consequences of trauma into assessment**

- **In particular, think about adult problems within the context of developmental trauma, or ACEs**

- **Psychosexual development, inner conflict, social/cultural norms**

- **Risk Factors & Risk Domains as possible trauma symptoms**

- **Assess trauma impact on behavioral and emotional self-regulation**

- **Diagnostic Considerations through the lens of trauma**

- **Understanding trauma does not excuse, condone, or accept criminal conduct or victimizing behavior.**

SAMHSA's 6 Key Principles of Trauma-Informed Care

Safety

Cultural, Historical, Gender relevance

Trustworthiness & Transparency

Peer Support

Collaboration & Mutuality

Empowerment, Voice & Choice
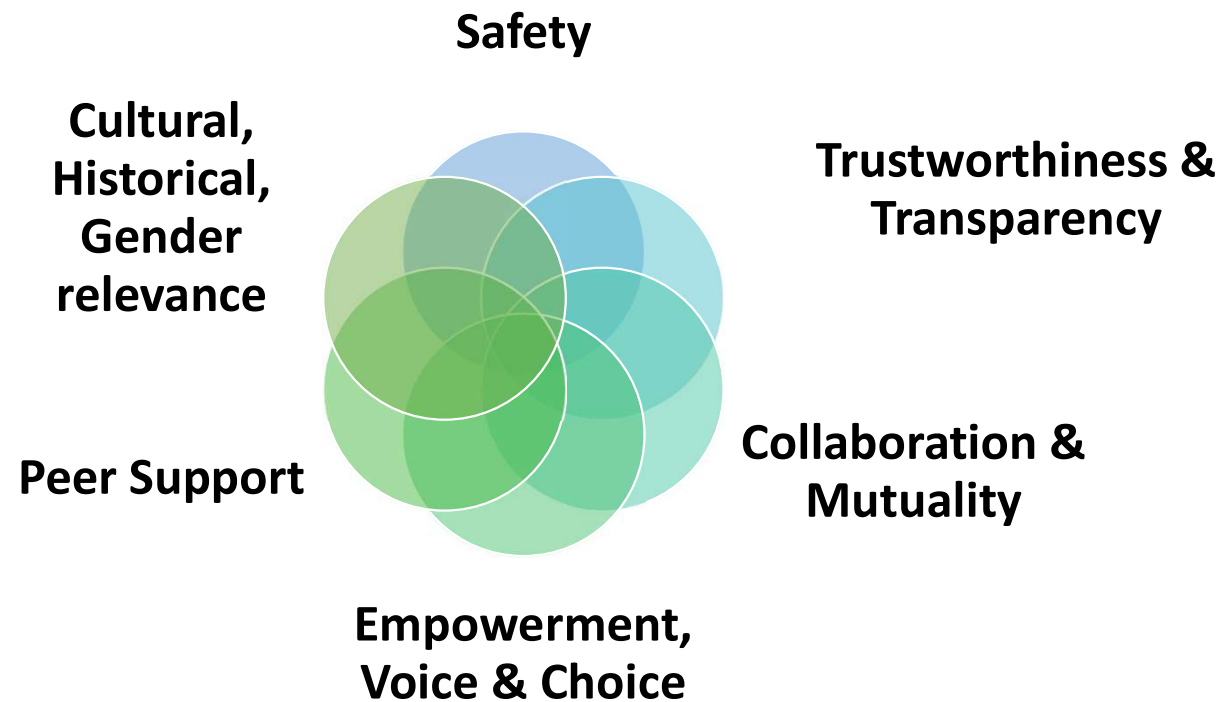
Innovative Approaches to Self-Regulation

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Relationships matter:

Changing the way people think about themselves

Prison Writing Projects

KCRW ▶LISTEN LIVE ⋯ MUSIC NEWS CULTURE SHOWS

LIFE EXAMINED

How prison writing programs transform inmates and provide vital accounts of life inside
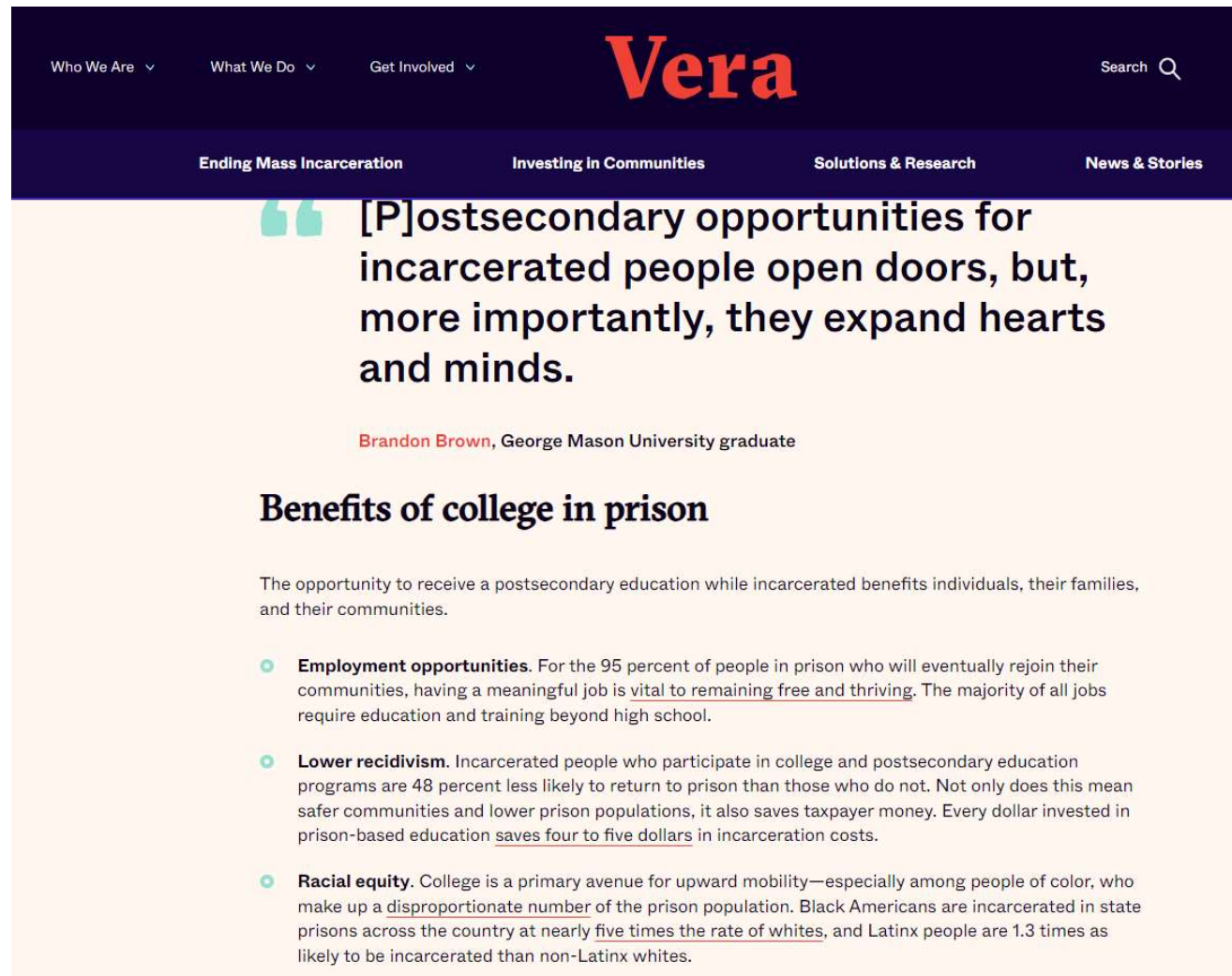
Hosted by Jonathan Bastian • May. 08, 2021   HEALTH & WELLNESS

PODCAST

▶ LISTEN 31 MIN

Doran Larson says the significance of writing is not just for the inmates, but for society as a whole.
Photo by Shutterstock.

For prisoners who have access to writing programs, putting words on a page offers a way to share experience, fear, and pain. Writing provides a new sense of self and identity to those who feel they are only otherwise identified by a number and a crime. The practice also encourages organization of ideas, self reflection, and a better understanding of why they committed acts that landed them behind bars. Prison inmate John J. Lennon immersed himself in his writing. He says it's the most important thing he's done, and it presents new challenges.

Coursework

Vera

Who We Are ∨ What We Do ∨ Get Involved ∨ Search 🔍

Ending Mass Incarceration Investing in Communities Solutions & Research News & Stories

" **[P]ostsecondary opportunities for incarcerated people open doors, but, more importantly, they expand hearts and minds.**

Brandon Brown, George Mason University graduate

Benefits of college in prison

The opportunity to receive a postsecondary education while incarcerated benefits individuals, their families, and their communities.

- **Employment opportunities**. For the 95 percent of people in prison who will eventually rejoin their communities, having a meaningful job is vital to remaining free and thriving. The majority of all jobs require education and training beyond high school.

- **Lower recidivism**. Incarcerated people who participate in college and postsecondary education programs are 48 percent less likely to return to prison than those who do not. Not only does this mean safer communities and lower prison populations, it also saves taxpayer money. Every dollar invested in prison-based education saves four to five dollars in incarceration costs.

- **Racial equity**. College is a primary avenue for upward mobility—especially among people of color, who make up a disproportionate number of the prison population. Black Americans are incarcerated in state prisons across the country at nearly five times the rate of whites, and Latinx people are 1.3 times as likely to be incarcerated than non-Latinx whites.

I respond well to positive reinforcement

Catch people doing things right

(c) Levenson & Prescott 2022

Sex Offending Treatment

Responsibility & Accountability

Correcting Distorted Thinking

Relapse Prevention

Victim Impact & Empathy

Relationship & Communication Skills
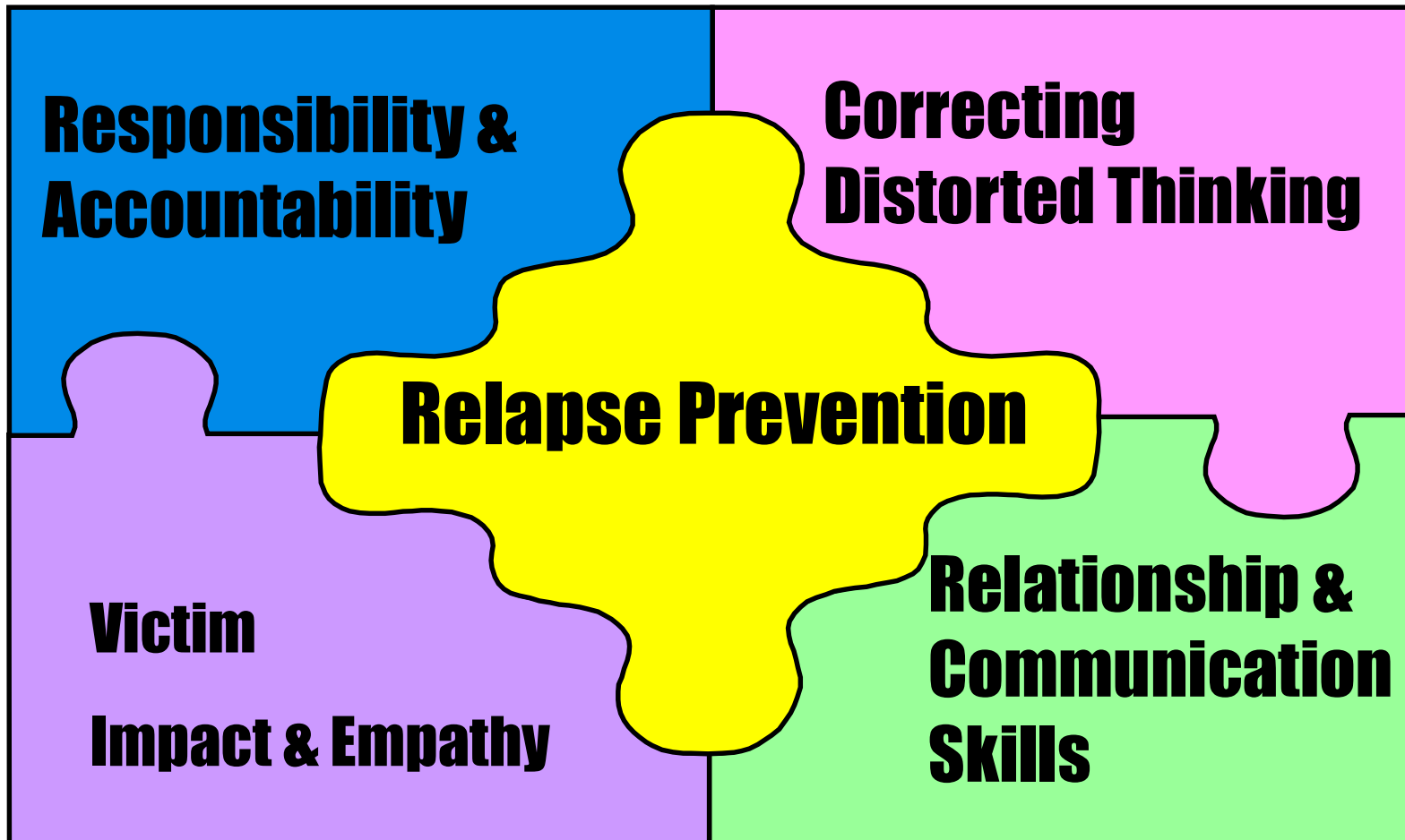
SOTX Treatment: Building TIC Into Content & Process
Strengths-based, Trauma-informed, Client-Centered

Levenson & Morin, 2021

- **Traditional: Sex offense specific focus on the behavior**

  Accountability

  Offense-related Thinking Errors & Cognitive Reframing

  Victim Impact

  Relationship and Communication Skills

  Relapse Prevention

- **TIC: Sex offending through the lens of relational patterns**

  Not just offense culpability

  Offense related distortions AND maladaptive schemas

  Perspective taking & Empathy building

  Healthy communication in Real Time

  Self-regulation: General, Sexual & Emotional

Helping Relationships should Feel Safe

Safe relationships are

- Predictable
- Consistent
- Non-shaming

Model respectful

- Boundaries
- Language
- Use of power

Take care not to reproduce disempowering dynamics

I can't help you if you can't trust me.

Avoiding Re-traumatization

Trauma triggers exist on a continuum &
Professionals need to be aware...
Here are just a few.

Can trigger dysregulation: Anger, resistance, hostility, help-avoidance, anxiety, depression, substance abuse, poor coping, impulsivity, withdrawal.

Help-Seeking itself can be triggering

Touch

Medical procedures

Authority / Relational

Sensory

People, places, things

Avoiding Re-traumatization

https://www.youtube.com/watch?v=mFPAq7Bszac&t=7s

Healing Neen (Tonier Cain)
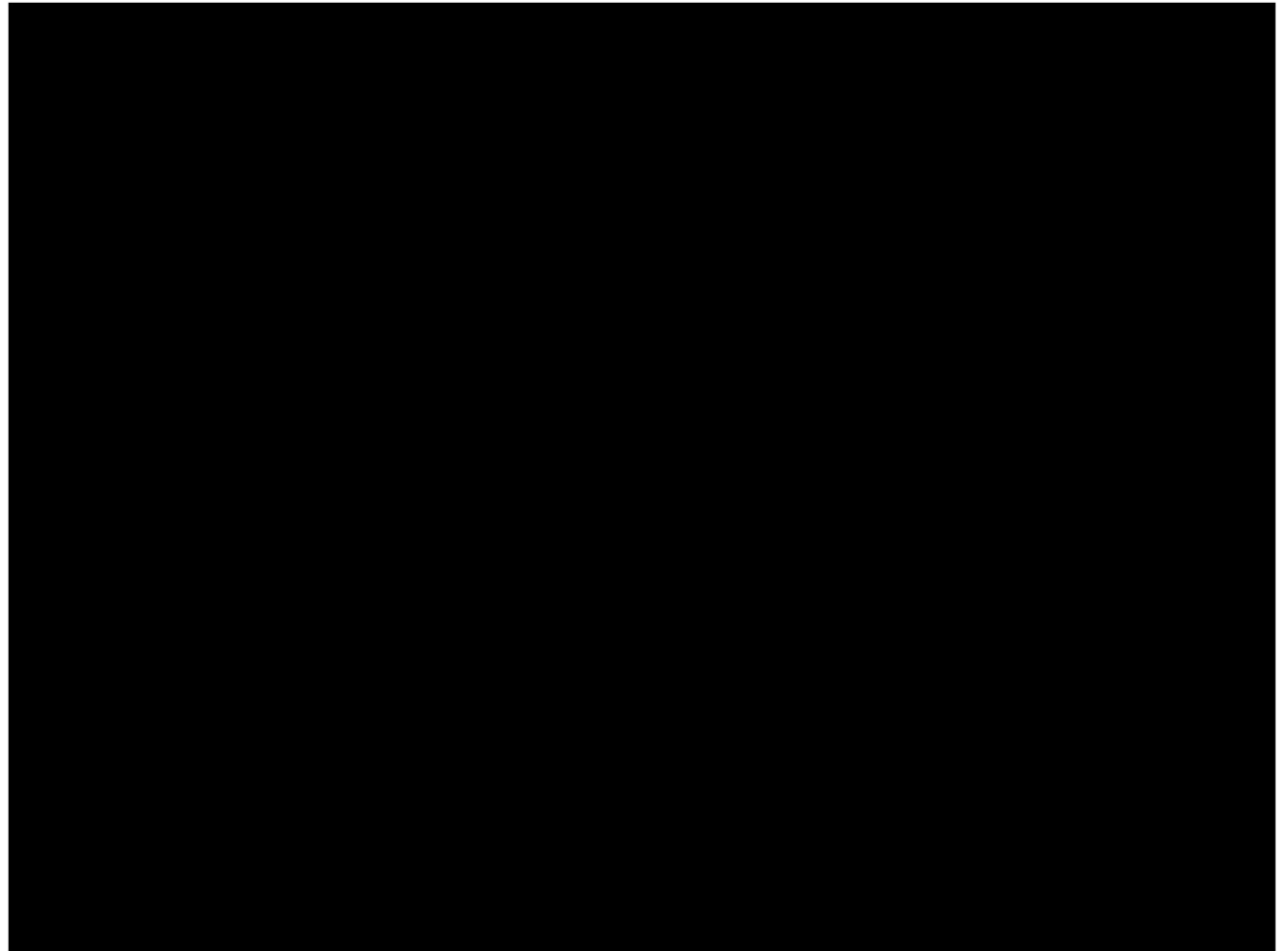
Avoiding Re-traumatization

Experiences that are re-enacted in social services

- *Blaming or shaming*
- *Unseen or Unheard*
- *Judged*
- *Dismissed*
- *Powerlessness*
- *Trapped*
- *Threatened*
- *Betrayed*

JSO	Sex Offender	Addict / Junkie / Drunk	He's Bipolar
Child/teen with problematic sexual behavior	Person convicted of a sex crime	Person with an Addiction	He has bipolar disorder
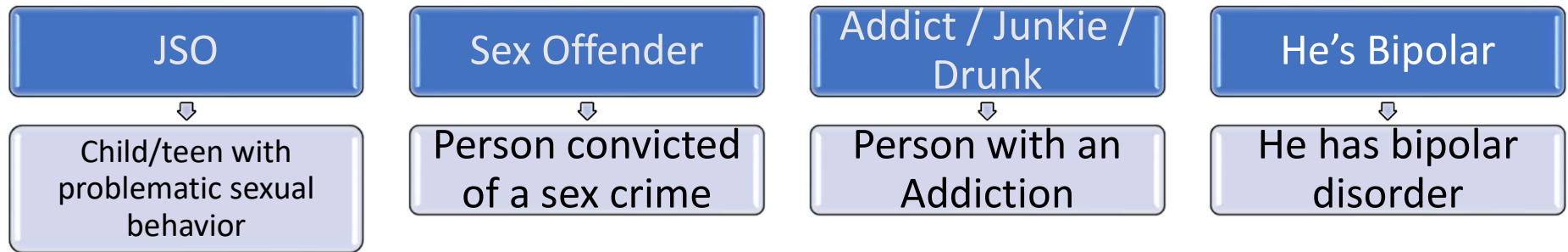
Person-first Language:
Labeling the Behavior,
Not the Person

Dr. Gwen Willis: Why do we label people by the very thing we don't want them to be?

HELLO I AM
what you label me

TIC in High Security Settings

(c) Levenson & Prescott 2022

Think Justice Blog   March 31, 2021

Words Matter: Don't Call People Felons, Convicts, or Inmates

Erica Bryant
Senior Writer

Reframe Resistance:

Feeling threatened

Self-preservation

Many clients will be defensive, combative, or avoidant at times.

Ambivalence

Help Avoidance

Conflict between wanting to share and fear of disclosure

Conflict between their genuine desire to change and the need to maintain what is familiar.
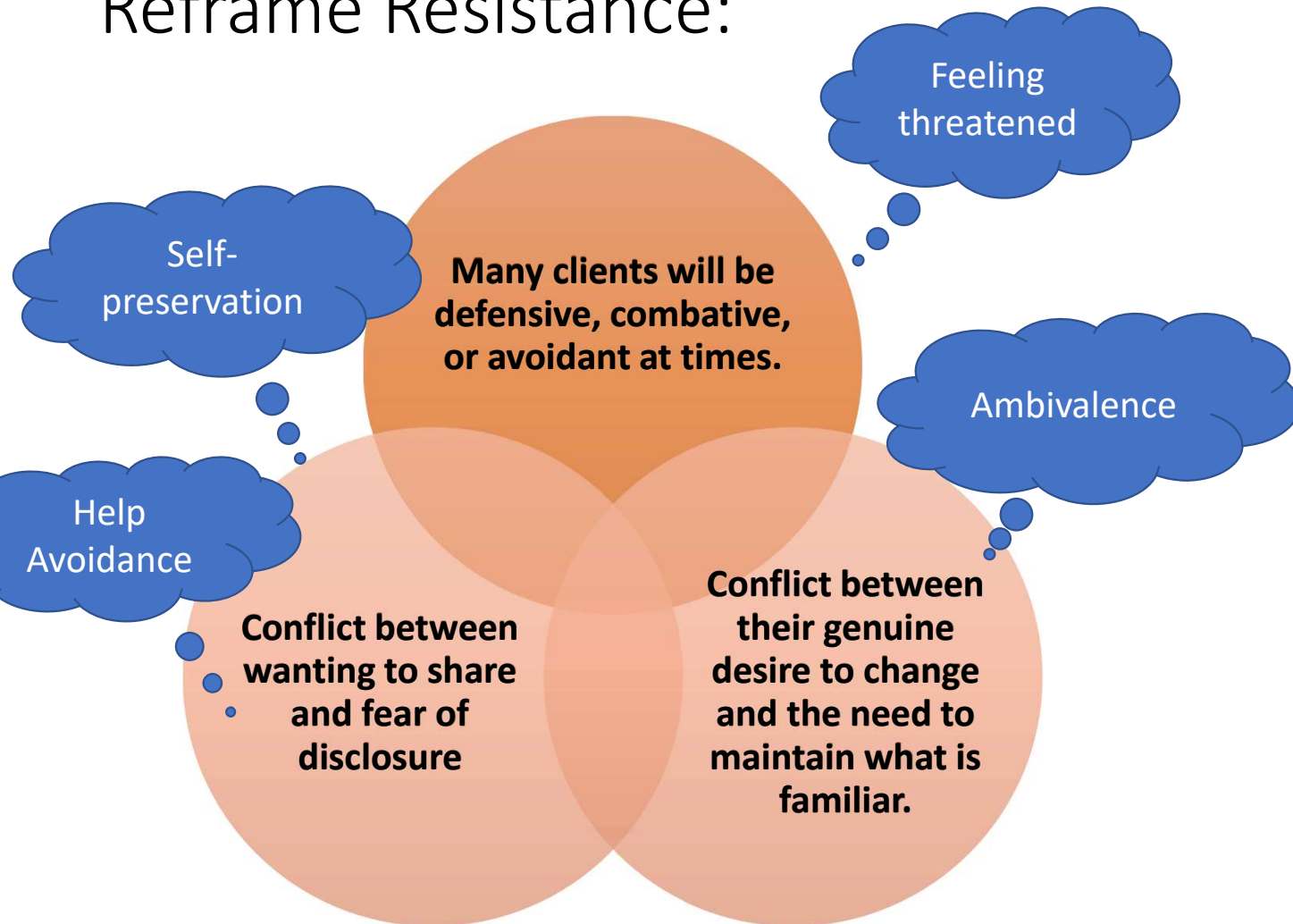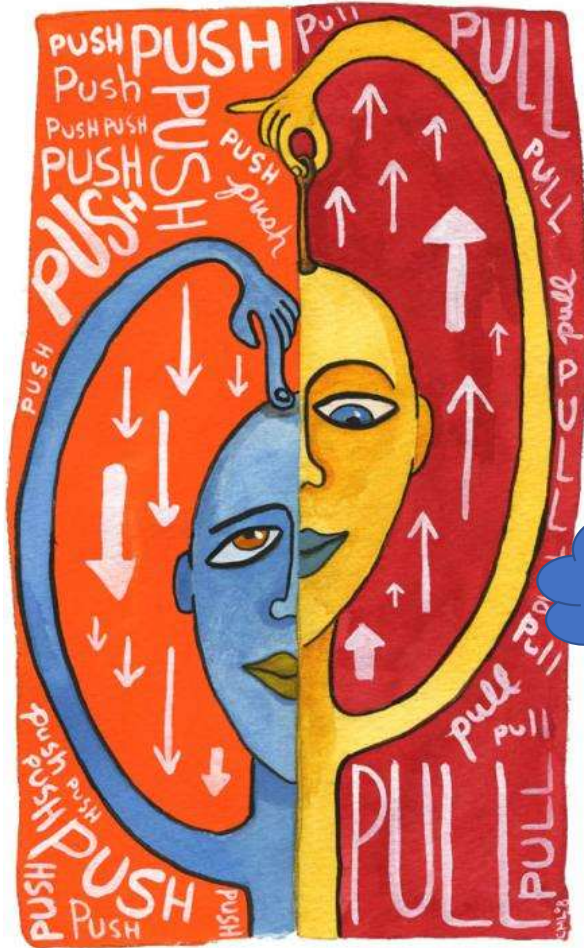
Could be DANGEROUS to "admit" in Prison!

Trust takes time.

Investment in the "narrative" = Shame.

Cognitive Dissonance: I'm a good person, why would I do a bad thing?

Isn't everyone defensive about things they are ashamed of or when afraid of judgment or other consequences?

Is it not my job to catch someone in a lie or prove them wrong.

If it did happen this way, how is maintenance of the "story" narrative helpful?

Reading police reports provides material for discussion & questions (not aggressive confrontation).

Reminder:

Defensiveness comes from feeling vulnerable.

The dilemma:

What might people think if they knew what went on in your head?

Is it easier to focus on the "sting" than on what it might mean (about you) that this happened?

What are the pros and cons of discussing what happened?

Avoid Confrontation

*Exacerbates Shame and Fear
*Takes Power away from Client
*Activates Hyper-arousal

Power Disparities activate trauma responses & can replicate cultural oppression or family dysfunction.

Authority figures are threatening.

Denial is a Defense
Mechanism
That
Protects us from
A Threatening Reality

Reduce Threat & Recognize Need for De-Escalation

Environmental Threat

Person

Place

Thing

Heightened Anxiety

Vulnerability

Fear

Survival

Fight/Flight/Freeze

Automated Responses

Maladaptive Coping

Impaired cognitive processing

Emotional & Behavioral Regulation
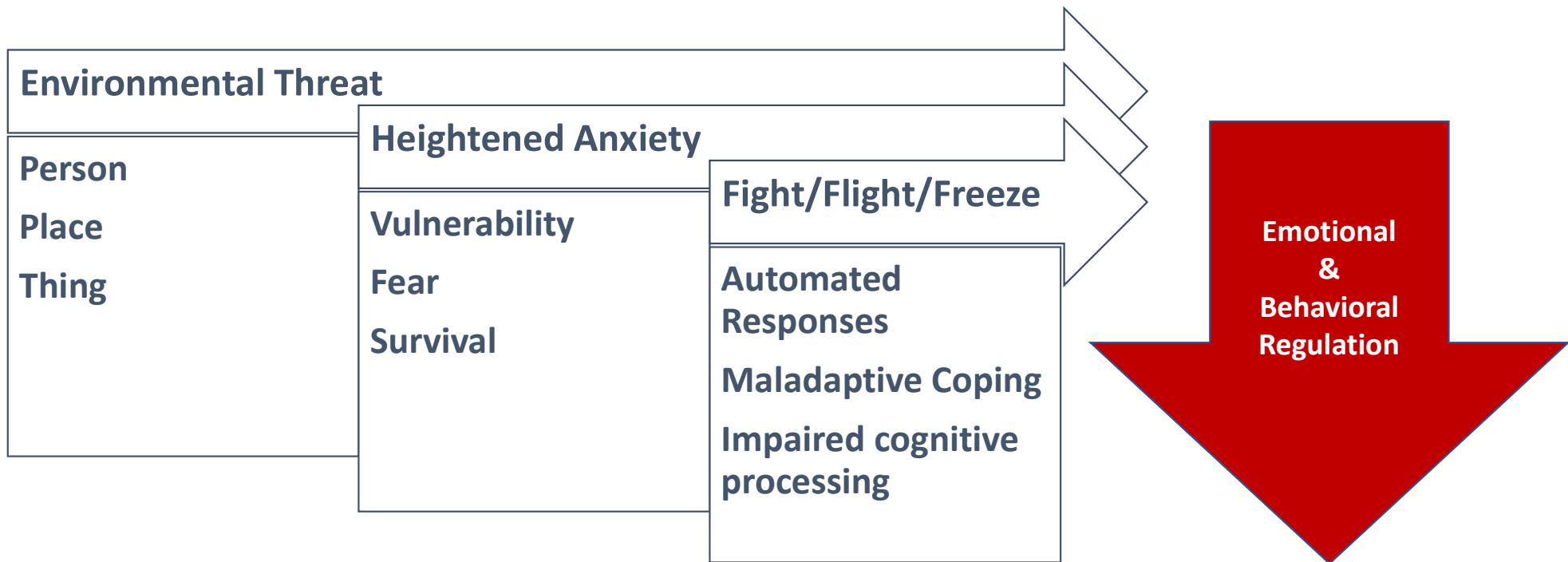
Coaching De-Escalation

Active Listening
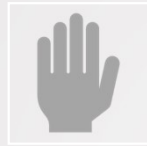
Personal Space

Calming Tone

Give a sense of Control

Promote Choice

No I don't need ANGER MANAGEMENT

You need to stop PISSING ME OFF!

(Calm, 2020)

Cognitive Distortions: the "Why Lie"

Early Maladaptive Schema

Beliefs about
- Self
- Others
- The world

That relate to many different domains of life or relationships

Offense-supportive beliefs

- Minimization
- Rationalization
- Denial
- Justification
- Victim blaming
- Entitlement

Cognitive World View:
Early Maladaptive Schemas

And how do they connect with abusive behavior?

Shame

Blame

Unfairness

Expectations

All or Nothing

Not good enough

Unlovable

Schema Therapy: Young et al, 2006

Beliefs

- **Self**
- **Others**
- **The World**

Themes & Relational Patterns

- **Expectations**
- **Interpretations**
- **Meaning attached to events and interactions**
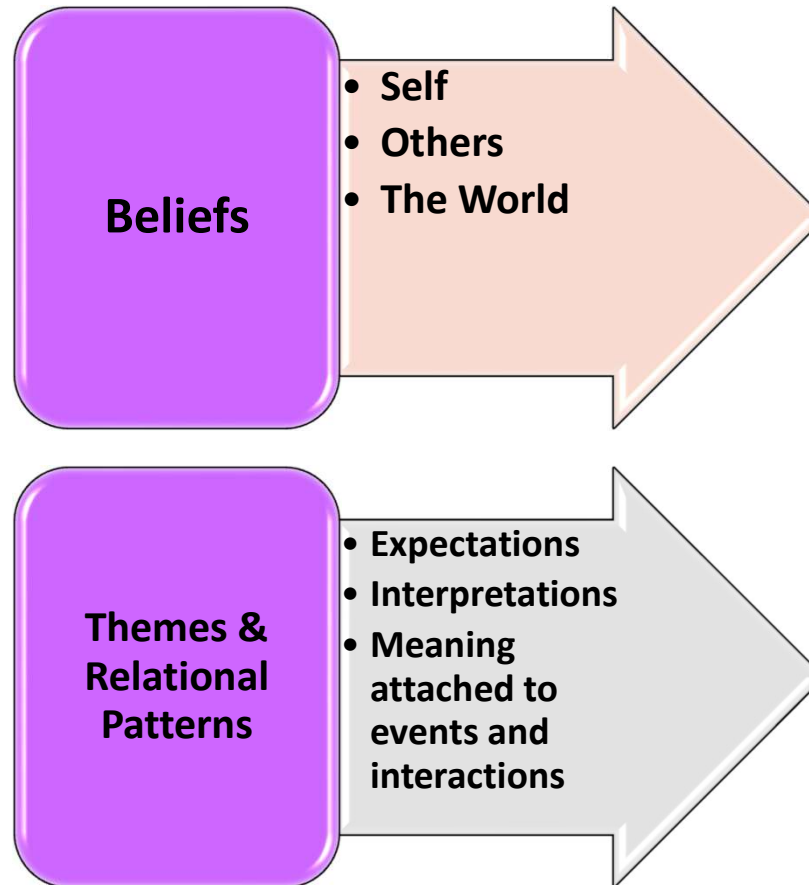
Thinking-Feeling Behavior Chains

EVENT

Interpretations

Reinforcement or Secondary Gain

What you think

Dysregulated Thoughts & Feelings: Intervention Point

THIS WAY
THAT WAY

What you do

How you feel

Evaluation & Choices
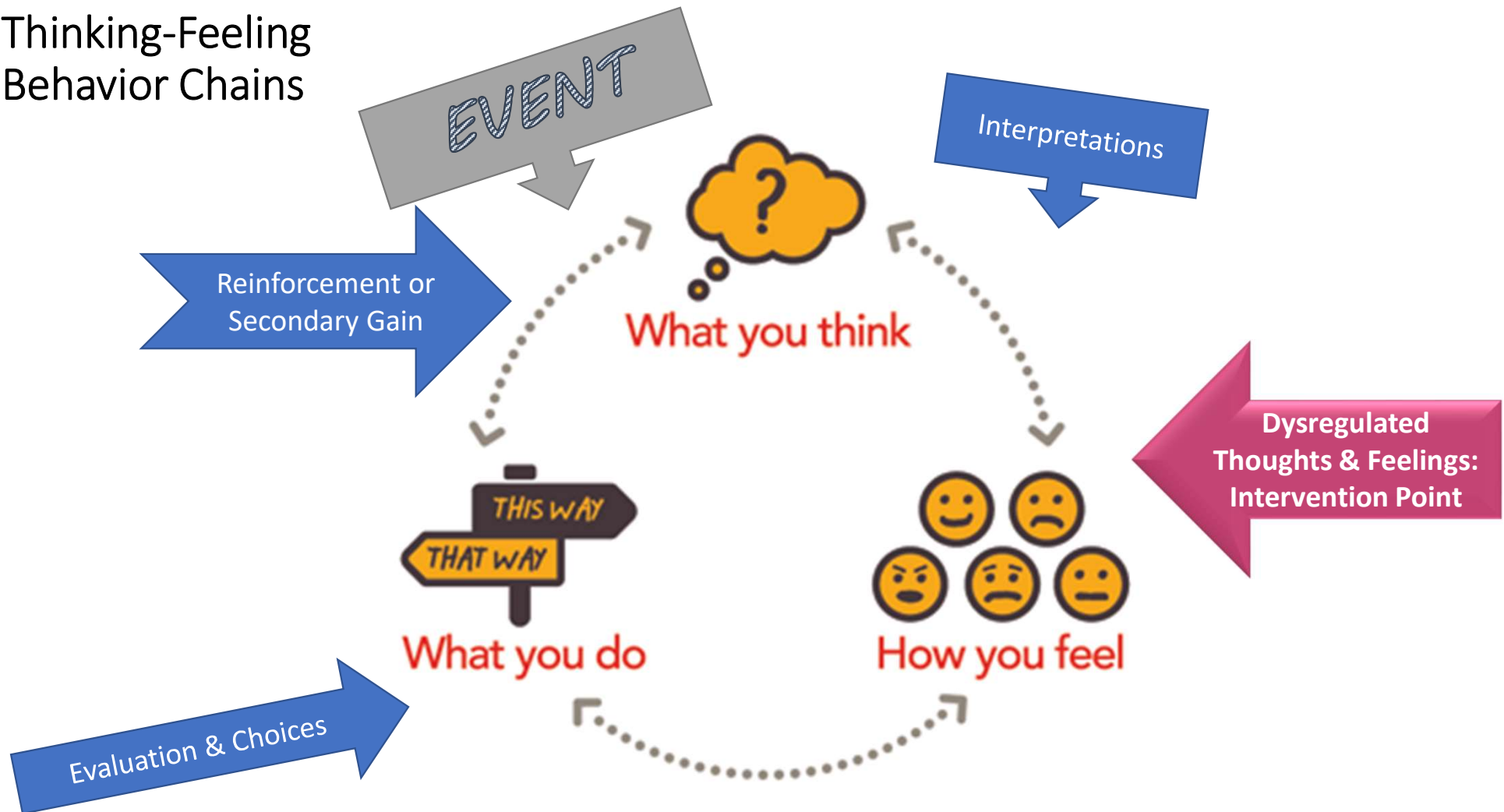
Exercise & Skills: Cognitive Restructuring

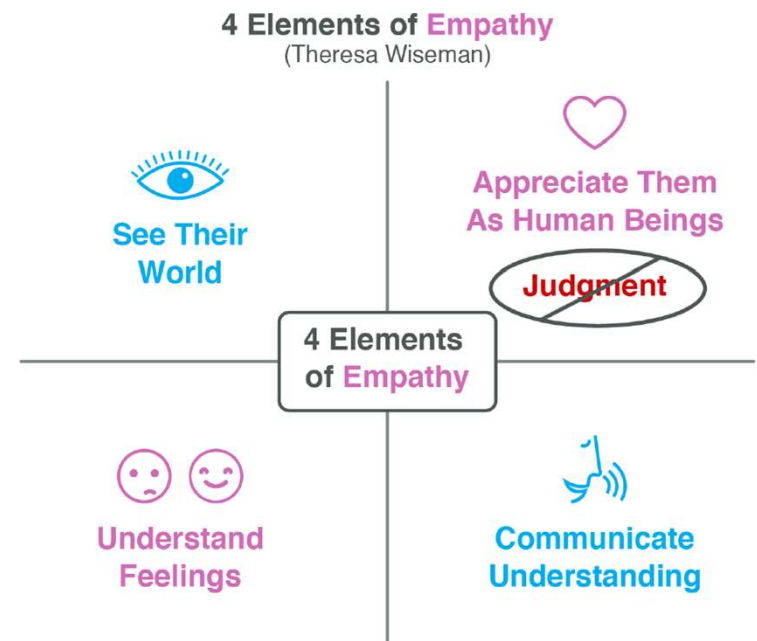| EXACT THOUGHT	STYLE OF DISTORTED THINKING	WHAT IS TRUE/NOT TRUE	SUBSTITUTE REALISTIC THOUGHT
The "relationships" with minors were consensual **I never "hurt" them.** **They wanted to hang out with me.**	Rationalization Justification Minimization Victim Blaming Wishful Thinking Mind-reading	<u>True</u>: The minors might have wanted to hang out with me. <u>Not</u> True: Minors can't consent to sex with an adult because they don't have the maturity to understand all the factors involved in making decisions. True: At the time, I might not have understood or appreciated why my behavior was sexually abusive. <u>Not</u> True: That it was consensual; minors can be easily manipulated into sexual behavior because they look up to adults; they want to please an adult and do adult things.	An adult can't have a truly equal relationship with a minor because of the power imbalance. Kids need to trust that adults know right from wrong, and I wasn't a good role model of that. My own victimization might have normalized adult-child sexual contact. Healthy relationships feel risky because I'm afraid of rejection, but abusing teens is not an option. I have a lot of good qualities that other adults might like about me, if I give them a chance.

Consent

Deutsch, 2016

Empathy is a Skill:
Strategies for Empathy Building

1. **Model empathy to clients**
   - **Convey understanding of experience**
   - **Use feeling words**
   - **Validate emotions and thoughts**

2. **Coach clients to respond to each other with empathy in group sessions**
   "What do you think Guy was feeling when that happened?"

3. **Discuss client's experiences as victims**

4. **Videos, news clips, current events, case scenarios**

4 Elements of Empathy
(Theresa Wiseman)

See Their World

Appreciate Them As Human Beings

Judgment

4 Elements of Empathy

Understand Feelings

Communicate Understanding

Practice what you preach

compassion

RESPECT

"They want us to have empathy, but they treat me like I don't deserve any respect or politeness at all."

"My therapist reminded our group a lot about what bad people we were."

"My therapy made me very anxious. Every time I talked, someone jumped on me to tell me that what I was thinking was wrong."

We need to dispel the myth that **empathy** is 'walking in someone else's shoes.' Rather than walking in your shoes, I need to learn how to listen to the story you tell about what it's like in your shoes *and* **believe you even when it doesn't match my experiences.**

"IN ORDER TO EMPATHIZE WITH SOMEONE'S EXPERIENCE YOU MUST BE WILLING TO BELIEVE THEM AS THEY SEE IT, AND NOT HOW YOU IMAGINE THEIR EXPERIENCE TO BE"
- BRENE BROWN

Relationships & Communication Skills

- **Boundaries**
- **Conflict Resolution**
- **Listening Skills**
- **"I statements"**
- **Negotiation**
- **Compromise**
- **Shared Power Skills**
- **What's a good Apology?**
- **How to talk with people in your life about**
  - **The offense**
  - **Minor-attraction**

Content:

Workbooks and Exercises

Process:

Practice Healthy Skills in Real Time
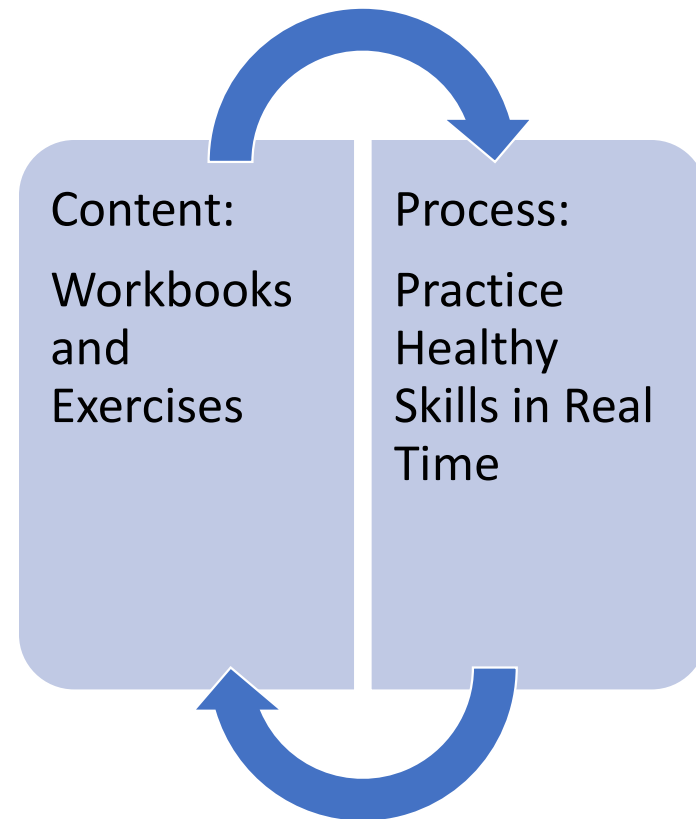
Model Relational Skills

We learn by observing
those around us,
and we lead by example.

What you do
has far greater
impact than
what you say.

– Stephen Covey

(c) Levenson & Prescott 2022

"In real life, you can't just go to another family. This group is like a family. We need to figure it out and work it out."

Practice Makes Purfect!

Use the Group Process to Practice Skills!

RELAPSE PREVENTION, SELF-REGULATION, & HEALTHY SEXUALITY
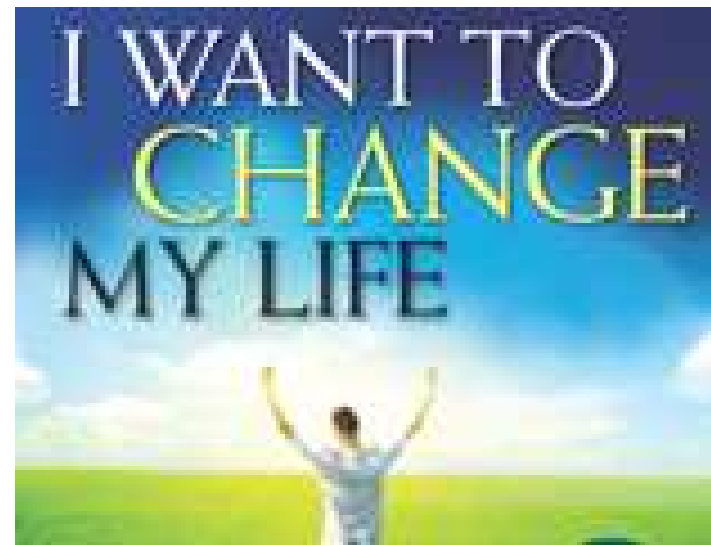## Relapse Prevention redefined...

FROM...

TO....

Offense-Specific
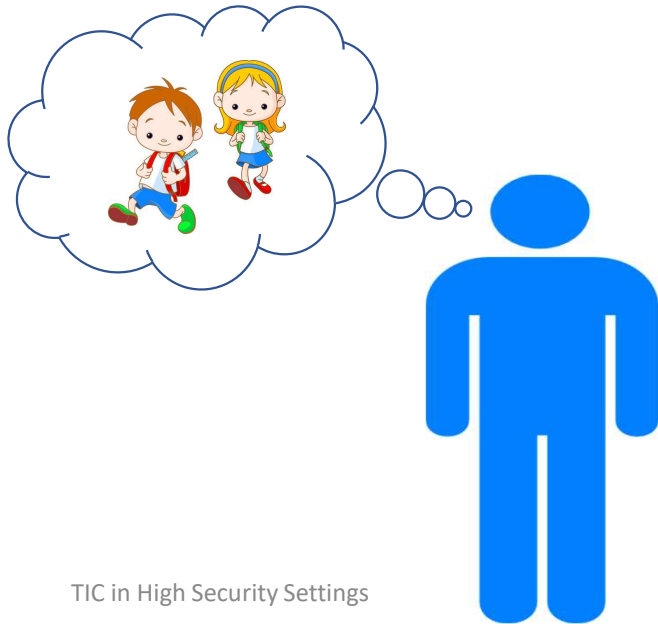in the context of paraphilic interests
and life-long risk to re-offend

Offense-related
in the context of more general
self-regulation patterns

THINGS TO AVOID

What kind of life do I want to have?

What kind of person do I want to be?

GOAL

"*[Our clients] want better lives, not simply the promise of less harmful ones*"
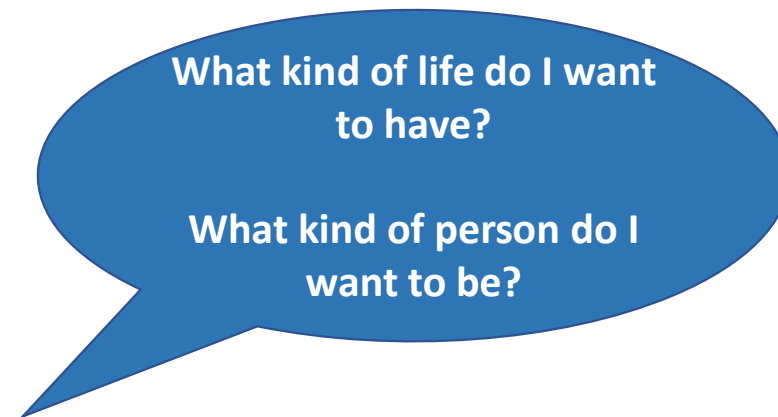
(Ward, Mann, & Gannon, 2006)

The Good Lives Model, TIC and SOTX

Relapse Prevention:

- Identify Risk Domains
- Improve Coping Skills
- Get Needs Met in Healthier Ways
- Recognize & Change Thinking
- Improve Intimacy Skills
- Self-Efficacy

Relapse Prevention = Self regulation

• General Self-Regulation

Impulsivity

Decision Making

Cause & Effect

Judgement

Reasoning

Delayed Gratification

Structure, routine, & planning

Entitlement / lack of empathy

Self-Awareness

• Sexual Self-Regulation

Sexual Preoccupation

Hypersexuality

Compulsivity

Sexualized coping

Promiscuity

Consumer Sex

Deviant/Atypical sexual interests

Paraphilic Preferences

Sexual Boundaries

Objectification / sexualization

Emotion Regulation

Threat response (F/F/F)

Distress Tolerance

De-escalation

Intensity of Emotion

Mindfulness & Relaxation

Mood instability

Self-medication

Coping strategies

Pick out the ones that apply to you & need improvement,
And prioritize their importance.

Relapse Prevention Plans

Healthy Technology Use →

WHO
WHAT
WHERE
WHEN
HOW
WHY

← **Healthy Sexuality**
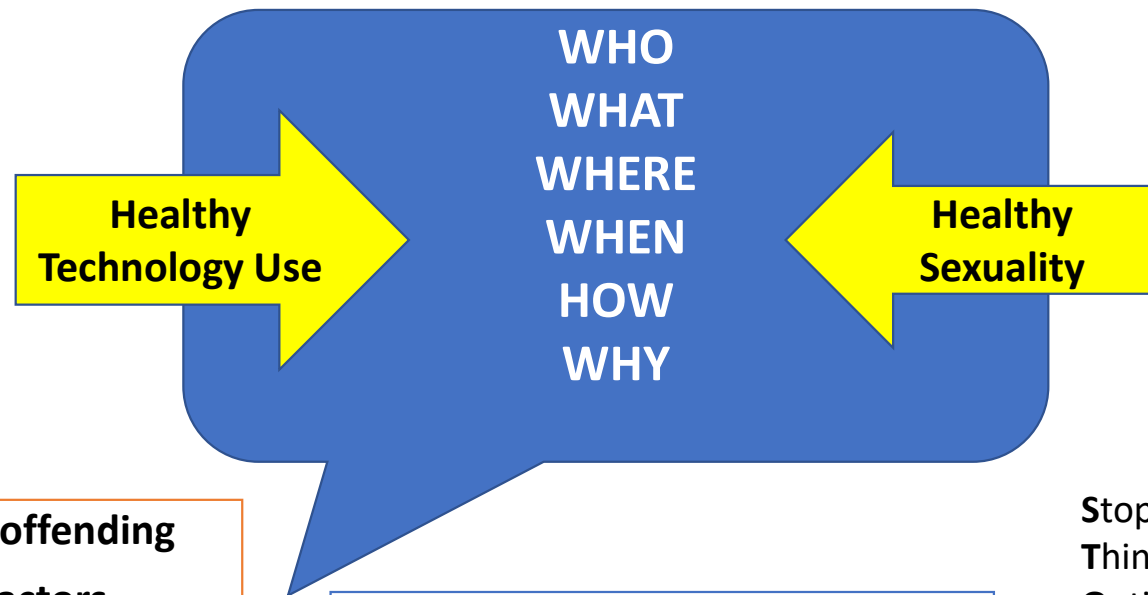
- **Understanding of past offending**
- **Avoid Triggers & Risk Factors**
- **Recognize and Avoid Grooming**
- **Identify & Change Thinking Errors**
- **Improve & Practice Intimacy Skills**
- **Keep Motivations in Mind**
- **Meet Needs in Healthy Ways**
- **Pay it Forward**

Living a Clean Life: SOAP
- Stable
- Occupied
- Accountability
- Plans

Stop
Think
Options
Plan
(Gratitude to our colleague, Mark Carich)

- Decreases isolation
- Validates experience
- Allows mentorship
- Education / information
- Shared humanity
- I'm not alone!
- Somebody gets me!
- I can get help and also help others!
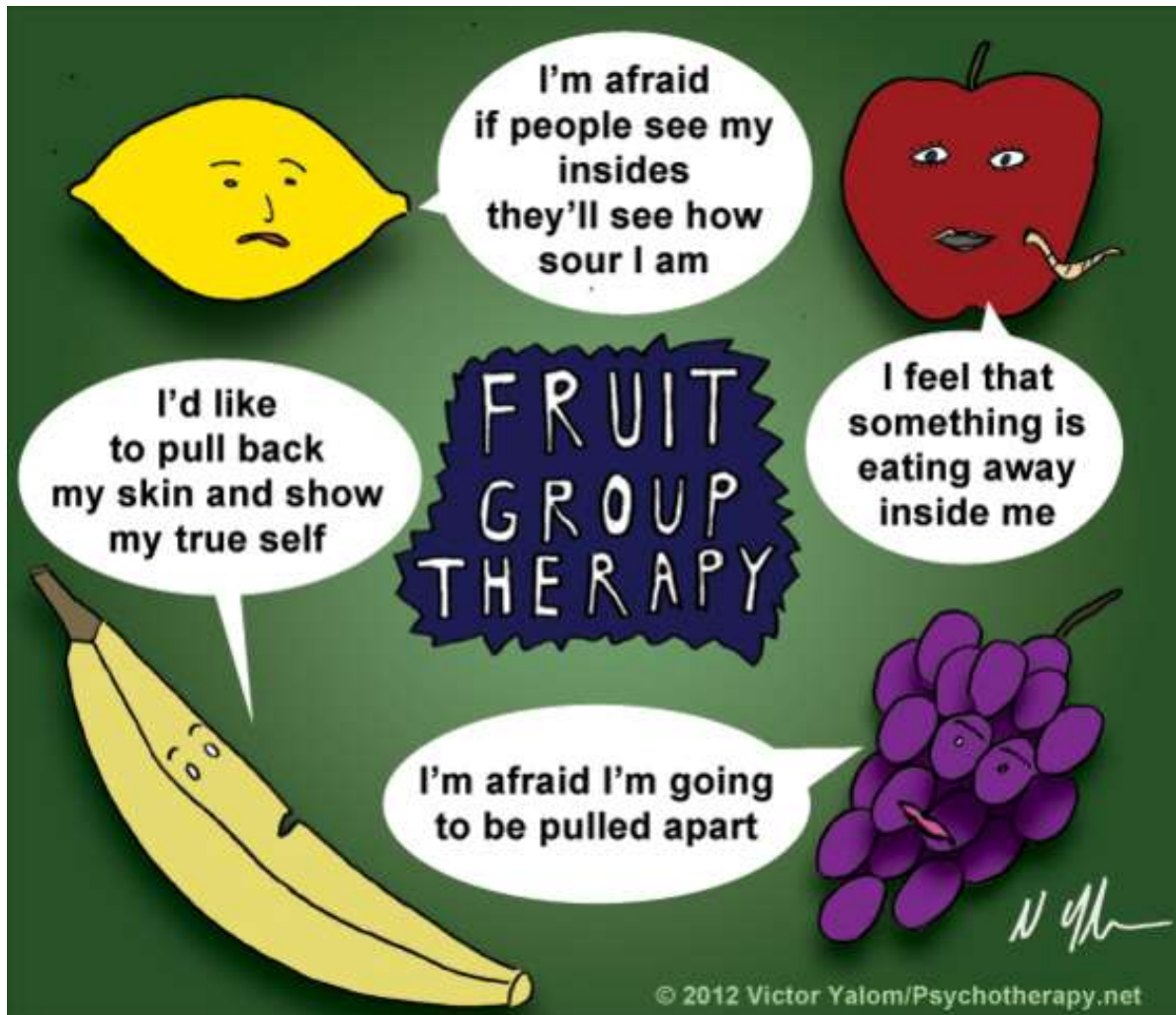
Peer Support

- Formal groups
- Informal support networks
- Online Forums

TIPs: Trauma-Informed Practices (Levenson, 2020)

Conceptualize Cases through the Trauma Lens

Use Person-First Language

Create safe spaces: physical & psychological

Ask, Don't Tell

Reframe Resistance

Avoid Confrontation

Coach De-Escalation, Self-Regulation, and Relational Skills

Collaboration

Model Shared Power

Questions?
Write down three things that you learned that help you translate TIC Principles into Practice.

The "BIG EIGHT"   (Andrews & Bonta, 2017)

Criminogenic Needs	TX Targets	TX Goals
Antisocial Temperament and Behaviors	Impulsivity, aggression, Recklessness	Build Self-Management Skills
Antisocial Attitudes	Criminal thinking, lack of empathy	Reduce anti-social thinking and build up prosocial identity
Antisocial Associations	Friends and social circles	Replace negative peers with prosocial associations – GROUP is prosocial!
Substance Abuse	Alcohol, drug use & self-medication	Enhance coping strategies
Lack of positive support systems	Family dysfunction & social deficits	Teach and model relational skills
Lifestyle Instability	Stressors, Chaotic environment housing, employment	Enhance self-efficacy in work, school and relationships (stakes in conformity)
Lack of Prosocial Leisure Activities	Absence of fun, job, connections	Positive recreational activities, hobbies, sports, relaxation = joy

TIC in High Security Settings

The Importance of Narrative

CONSIDER ...

Among the tasks of the mind is to reduce the difference between the prediction and the sensation

Application

"I went to the grocery store, and for the first time ever I knew what I wanted"

Analysis

- Trauma interferes with decision-making
- Trauma interferes with prediction of sensations
- Trauma interferes with prediction of happiness
- Trauma interferes with the belief that predictions and decisions are possible
- Trauma focuses on surviving threats in the moment
- Move beyond teaching how to make lists
- Move beyond decision-making skills

Reflection

1. *That's fantastic. There you were, able to focus on what you wanted and not on what others wanted from you.*

2. *Hey, that's great! In that moment, you were aware of the things that mattered most to you*

3. *Good for you. Staying focused on what matters to you in a busy place like a grocery store can be a real challenge.*

Application

"I can't tell you what I'm thinking. It's too confusing. I'm not sure you'd get it. Look, never mind."

Translation

- "Other people have always told me what to do.
- I've had to hide to avoid being beaten
- Now you're asking me to express my thoughts freely; that's dangerous
- I've learned not to trust my thoughts and feelings
- Survival has meant focusing outside myself
- My capacities to observe my thoughts and feelings have atrophied.
- It's safer to shut down."

Reflection

1. *Describing your experience is really hard.*

2. *It's really hard to talk about these things when you don't know if I'll really get it.*

3. *There's a bigger piece of all of this that I may not be seeing.*

4. *If you were to really talk about these things, you'd need to know that others will understand and respect you.*

Cultural Trauma

"What's it like to be working with a white guy like me?"

- Activation of cultural trauma can happen at the epigenetic level

- We forget how much power we have over clients

Possible reflections

- *You might be wondering if someone like me – who comes from outside your culture – can understand you and you have every right to be suspicious about all of this.*

- *With everything going on for you, including having to talk with a counselor who's not from your same culture(s), it's probably better if you don't completely trust me.*

- *At some point, if you'd be willing to talk with me about our cultural differences, I would be honored to listen and respond as best I can.*

David's Cases

Shane

- Shane is ready to become violent at the slightest provocation. Shane recently assaulted a female staff member in his residential program. The assault was highly impulsive in nature and took place in the nurse's office of his community-based residential treatment program. She was passing medication at the time. She asked him to return to his room and he became angry and told her that no one can tell him what to do. When she continued to ask him to leave, he beat and choked her. Other staff, becoming concerned by sounds coming from the office (two floors below) intervened after several minutes.

- Shane had been placed in this program due to past violence towards family members and professional caretakers. Found not competent to stand trial, he was provided a legal guardian and committed to the custody of the state.

Shane

- Shane's IQ testing has been inconsistent, reflecting a presentation that can change rapidly.

- Shane presents with ADHD, high levels of anxiety, depression, and PTSD symptomatology. Shane's program staff have all been trained to view him through the lens of early trauma. This trauma interfered with his attachments, resulting in anxiety, depression, impulsivity, a tendency to focus on his physical safety and wellbeing, and a cognitive schema that the world is a dangerous place.

Shane

- Shane has been in treatment for many years, attempting to come to terms with issues from his family of origin. These include witnessing domestic violence and being sexually abused by his mother's boyfriends.

- Shane's parents were both heavily drug-involved. His mother used cocaine while pregnant with him. Shane's father was violent towards her throughout much of their relationship, controlling her access to friends and outside information. He frequently convinced her that she had serious mental health issues.

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Shane

- Shane attended special education classes from Kindergarten onward. He was diagnosed with learning disabilities in the areas of math and language. Shane was happiest in classes that involved hands-on/manipulative activities such as woodworking, and eventually became involved in auto mechanics classes as he entered adolescence.

- Shane was placed in residential treatment at the age of fourteen, and much of his education took place within these settings.

Shane

- Shane is known for his excellent sense of humor. He enjoys watching sports on television and talking about sporting events with others. He also loves action/adventure movies with outer-space themes, like Star Wars.

- Shane currently has a job in the community, where he is supervised by staff. Shane's interactive style is one of always wanting to please and form connections with the staff around him. He views the male staff as people he wants to form friendships with, the administrators as people who might have been his parents, and female staff as potential lovers. He is particularly angry and confused when they reject his friendly advances.

Shane's Risk Factors

- Significant history of violence

- Offense-supportive attitudes

- General Self-regulation Problems (impulsivity across all domains)

- Poor cognitive problem-solving

- Resistance to/noncompliance with rules and supervision

- Lack of emotionally intimate relationships with adults

- Childhood behavior problems

- Grievance/Hostility

- ? Sexualized Violence

Shane's protective factors

- A strong desire to do well!

- A strong desire to connect with others

- A strong desire to live autonomously

- Believes treatment is important

- Compliant with medications

- Periodic contact with mother

- Hates to let others down

Shane's responsivity factors

- IQ and changes in IQ

- Learning disabilities
  - Non-verbal
  - Verbal

- High levels of anxiety and depression; PTSD

- Cognitive Schema: The world is a dangerous place; you have to fight to get even; women are unknowable/deceptive

Shane's Risk/Good Lives Factors

- Offense-supportive attitudes
- General Self-regulation Problems (impulsivity across all domains)
- Poor cognitive problem-solving
- Resistance to/noncompliance with rules and supervision
- Lack of emotionally intimate relationships with adults
- Childhood behavior problems
- Grievance/Hostility
- ? Sexualized Violence

- Peace of Mind
- Happiness and Pleasure
- Learning and knowing
- Personal choice and independence
- Connection
- Spirituality?

Shane's Obstacles

- Lack of internal capacity: trauma-related symptoms
- Conflict between goals (independence vs. peace of mind)

Shane's Treatment

- Group Therapy

- Individual Therapy

- Vocational/Occupational assistance

- Program activities

- Meditation

- Journaling

- Affirmation

Shane's Treatment

- Group Therapy
- 90 seconds meditation
- 3 good things
- Let's examine a good life goal
  - How did you achieve this goal in the past
  - How can you work on this goal in the present?
  - How can you achieve this goal in the future?
  - What obstacles have you encountered in the past
  - What obstacles can you expect in the future?
  - How have "trauma echoes" acted as obstacles?

Thinking on these goals

- What will progress in this look like to me and others?

- What can I do to make positive changes in this?

- What problems might happen as I try to improve?

- How would I know when things aren't working?

- How would others know when things aren't working?

- What can I and others do when things start to go wrong?

- How can I and others acknowledge progress when it happens?

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Shane's Treatment

- Clinician listens with a goal of understanding
- Clinician offers summaries and reflections to make sure s/he is understanding
- Clinician offers advice only with permission
- Individual therapy address more personal issues, such as abuse history and discussing the details of incidents.

"Staff-Led Groups"

- Twice-weekly groups led by paraprofessional staff
- Open discussion of a single Good Life Goal
  - Sometimes involves artwork or story-telling about that goal
- Staff will also teach skills related to that goal
  - For example muscle relaxation or DBT skills for the goal of "Peace of Mind"
  - Communication skills curriculum for the goal of relationships and friendships
  - Discussion of job skills for goal of excellence at work
  - Review of program activities for goal of excellence at play
  - Etc.

Jason

Jason

- Significant history of brain injury resulting from a motorcycle crash
- Lives in a supervised home
- Significant substance abuse history
- Friendly and easily engaged, however,
  - Seriously invested in his smoking schedule
  - Drinks as much coffee as possible
  - Becomes angry at the slightest changes in his schedule
- Motivated by AA and enjoys meetings
- Requires considerable supervision to stay on track

Jason

- "Mr. Motivation"

- After moving to a less-restrictive setting, Terry got angry at a housemate who had brought drugs into the program and wouldn't share them. Terry physically assaulted him. The police had to intervene.

- Terry returned to a higher level of care

Jason's Good Life Plan

- Goals valued
  - Happiness and pleasure
  - Spirituality (meaning and purpose): feeling that he has something to offer the universe
  - Excellence at work
  - Peace of mind
  - Community
  - Independence/autonomy

- Goals implicated in offending
  - Happiness and pleasure
  - Peace of mind
  - Independence/autonomy

Jason's Obstacles

- Lack of capacity – internal for managing addiction-related urges
- Conflict between goals as a result of a lack of capacity
- Narrow scope to his good life plan: He is focused either on not relapsing or on areas of his life that are addictive in nature.
- Lack of opportunities and lack of insight into developing new opportunities:

Jason's Treatment

- Group Therapy
- Individual Therapy
- Vocational/Occupational assistance
- Program activities
- Meditation
- Journaling
- Affirmation

Jason's Treatment

- Group Therapy

- 90 seconds meditation

- 3 good things

- Let's examine a good life goal
  - How did you achieve this goal in the past
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  - How can you achieve this goal in the future?
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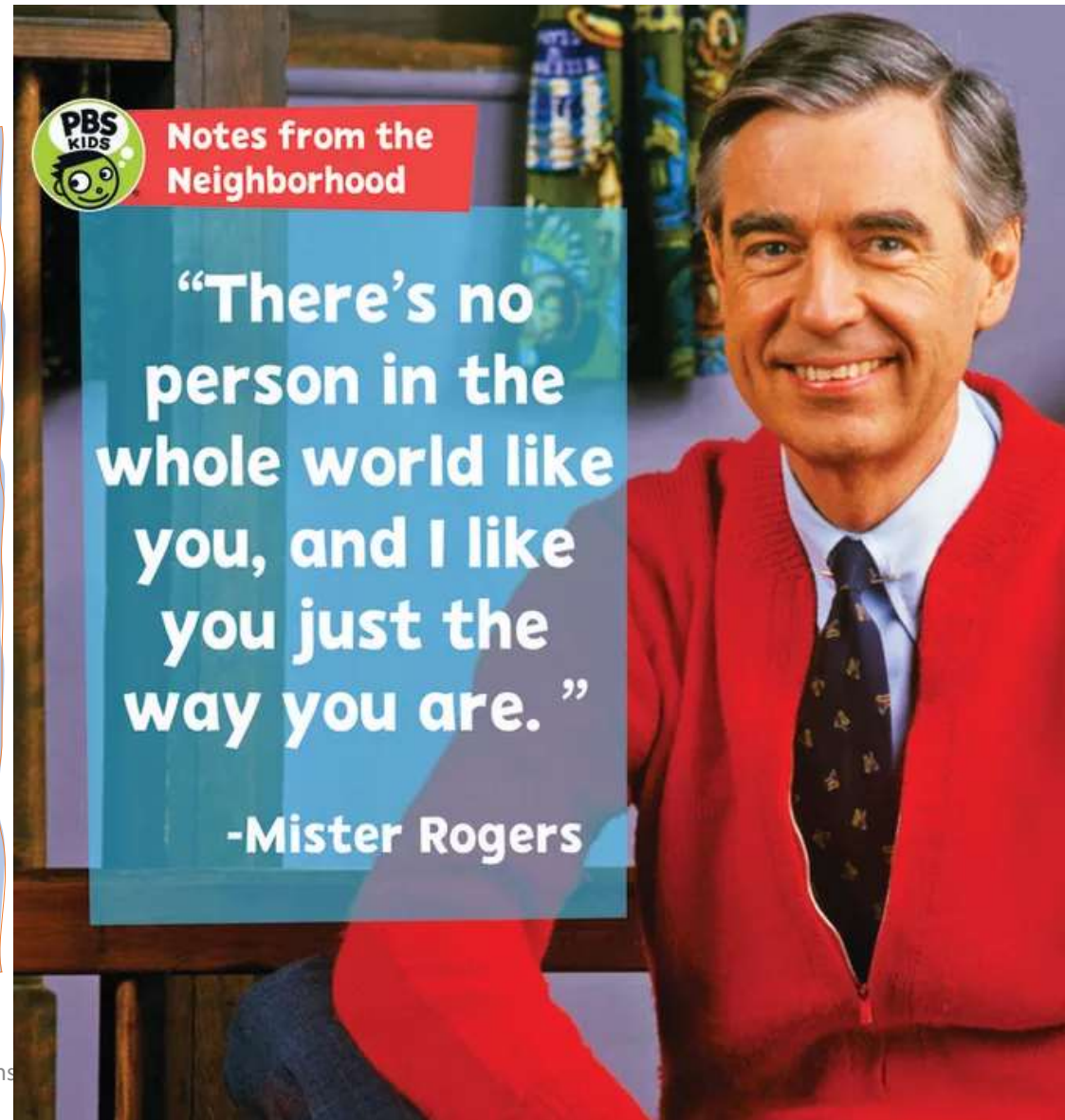
Jason's Treatment

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    - Review of program activities for goal of excellence at play
    - Etc.

Everything I know about therapy I learned from Mr. Rogers:

"The greatest thing that we can do is to help somebody know that they're loved and capable of loving."

PBS KIDS — Notes from the Neighborhood

"There's no person in the whole world like you, and I like you just the way you are."

-Mister Rogers

Write down three things that you learned today that help you put TIC into SO evaluation & treatment practice.

Resources

- https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/index.html
- https://www.integration.samhsa.gov/about-us/innovation-communities-2018/trauma-informed-approaches
- https://www.samhsa.gov/trauma-violence
- https://www.ptsd.va.gov/professional/assessment/adult-sr/index.asp
- https://acestoohigh.com/
- https://safersocietypress.org/trauma-informed-care/

Thank you!

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