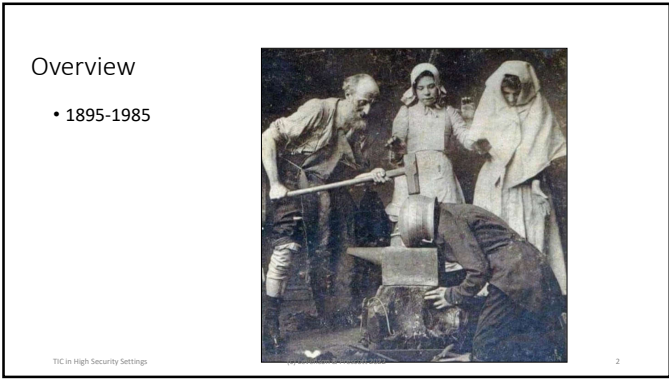




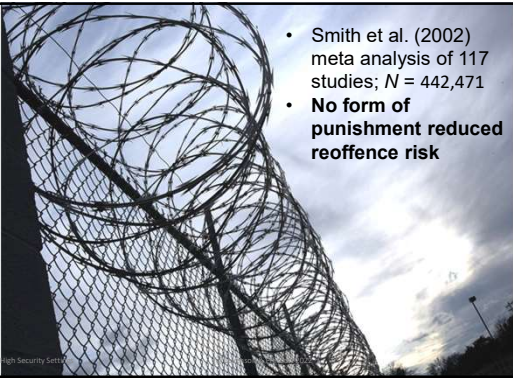
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- Smith et al. (2002) meta analysis of 117 studies; *N* = 442,471
- **No form of punishment reduced reoffence risk**

TIC in High Security Settings

4

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Ultimately

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

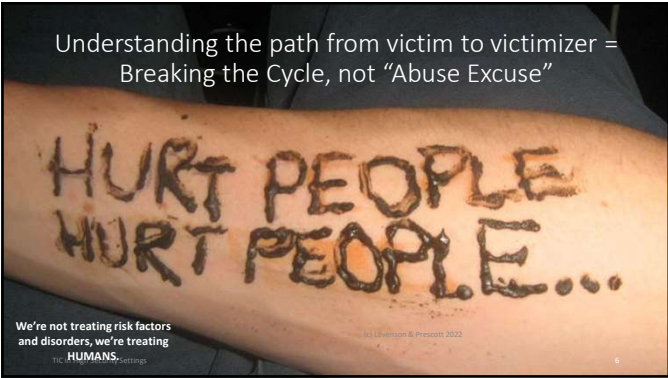
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Understanding the path from victim to victimizer =
Breaking the Cycle, not "Abuse Excuse"



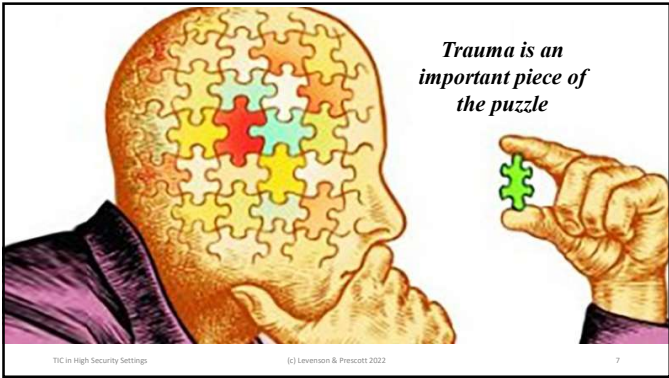
We're not treating risk factors and disorders, we're treating HUMANS.

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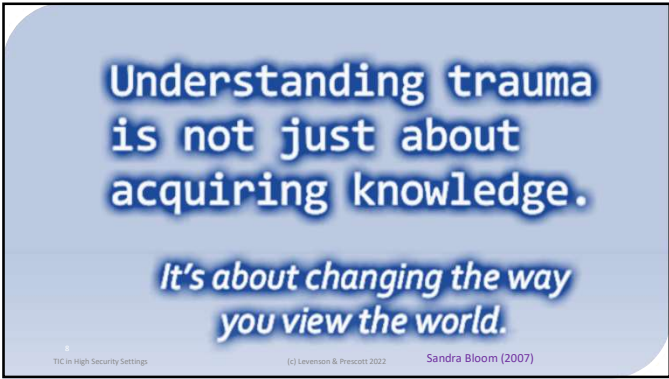
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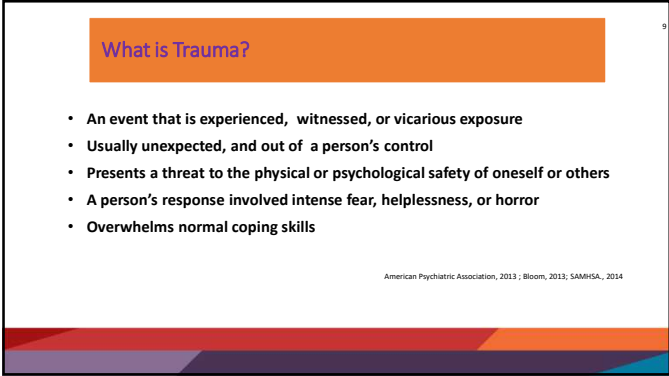
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Trauma:

Loss

Threat

Fear

Uncertainty

Big T & Little t

Beyond ACEs:

Variety of Traumatic Experiences throughout Life

Adverse Childhood Experiences (ACEs)

Adult Trauma

The Trauma of Poverty

Historical and Cultural Trauma

Intersection of Stigma & Marginalization

Privilege & Power

Post-Conviction Traumatic Stress

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<https://www.youtube.com/watch?v=PVxJuTKWQIE>
Step inside the Circle: Fritz/Horstman

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11

ACE Questions:

All items showed significant differences between groups (p < .000)

Levenson, Willis & Prescott (2014)

	Sex	Males in	Odds
	Offenders	CDC Sample	Ratio
	(n = 679)	(n = 7,970)	
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...

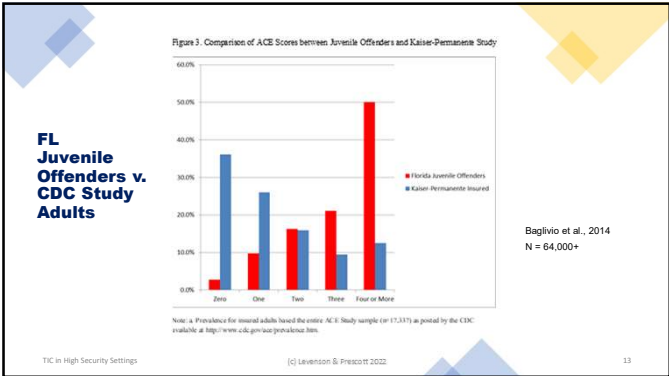
But hardest for people to identify in themselves.

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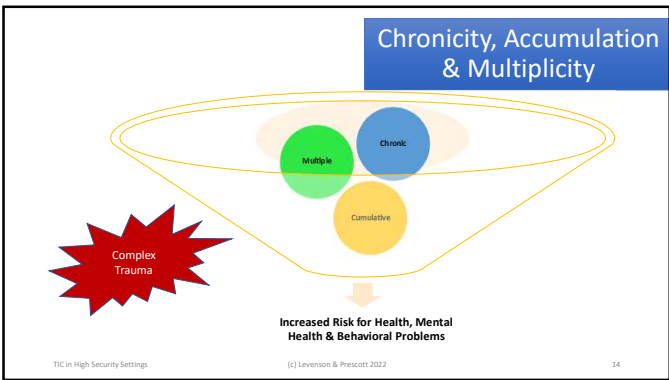
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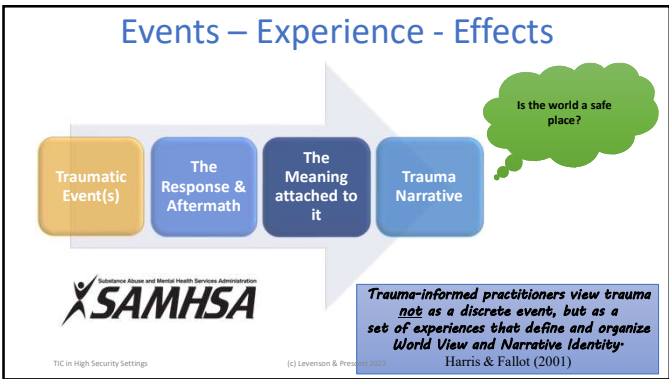
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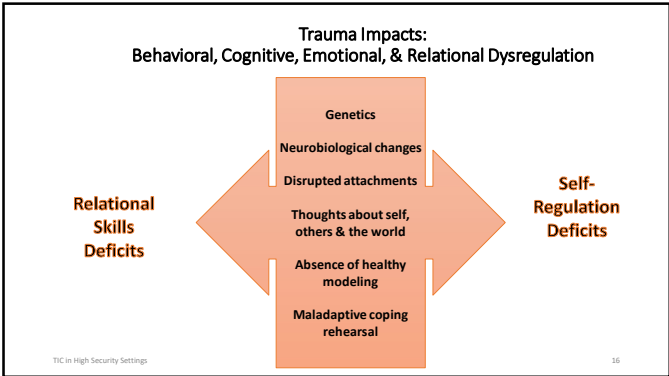
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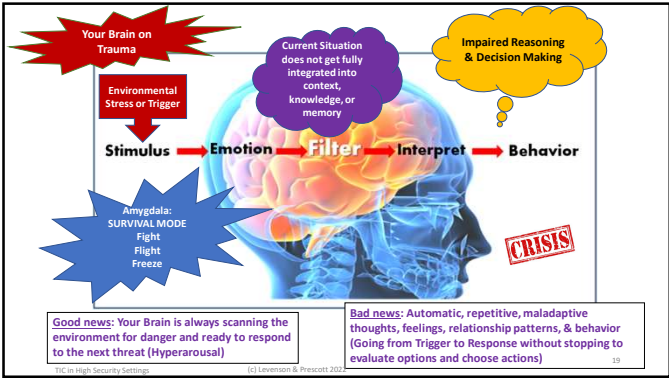
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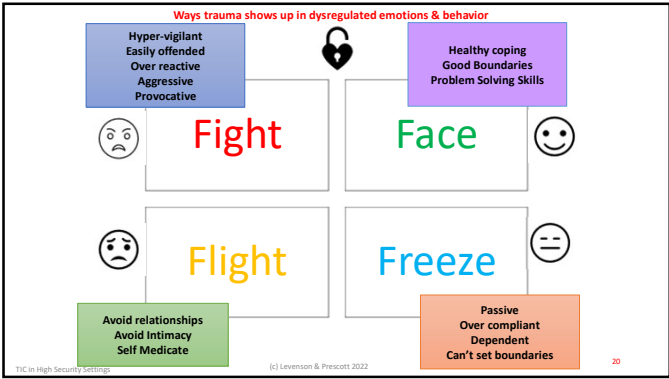
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Trauma-Informed Care
101

Trauma-informed and Trauma-Responsive

*Practices

*Policies

*Procedures

TIC in High Security Settings

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

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What can we do?

REALIZE

RECOGNIZE

RESPOND

RESIST RE-TRAUMATIZING

TIC

SAMHA's 4 Rs

REALIZE Trauma is pervasive & impactful.

RECOGNIZE Signs & symptoms of Trauma.

RESPOND by incorporating Trauma knowledge.

RESIST RETRAUMATIZATION.

SAMHSA

TIC in High Security Settings

(c) Levenson

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SAMHSA's 6 Key Principles of Trauma-Informed Care

Cultural, Historical, Gender relevance

Peer Support

Safety

Trustworthiness & Transparency

Collaboration & Mutuality

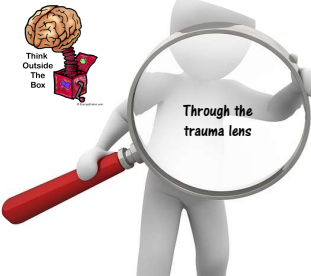
Empowerment, Voice & Choice

SAMHSA

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Through the trauma lens

TIC involves:

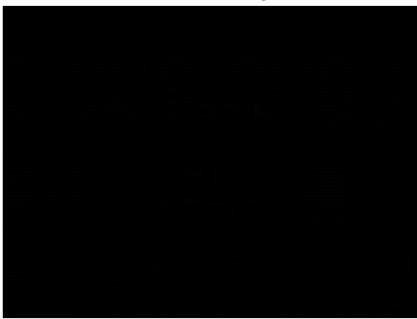
1. Conceptualizing behavior through the lens of trauma
- &
2. Avoiding Re-Traumatization in Helping Relationships.

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Childhood trauma and adult offending




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What are the challenges of implementing TIC in Secure Settings?



PARADIGM SHIFT

A change from one way of thinking to another.



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



TIC in High Security Settings

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

(c) Levenson & Prewitt, 2022

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



(c) Jill S. Levenson, PhD, LCSW, 2022



Incarceration Trauma

(c) Jill S. Levenson, PhD, LCSW, 2022

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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

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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?

2022 Family Group Facilitation
Levenson & Kavanagh

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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

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Avoidance

Hyperarousal

Re-experiencing

Negative thoughts

PTSD = Dysregulation

Post-Conviction Traumatic Stress: Levenson et al. 2022

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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

PTSD Coping Strategies

The infographic features a central illustration of a person lying in bed, looking thoughtful. Surrounding this central figure are six thought bubbles, each containing an icon and a label: 'Spend time with people' (two people), 'Exercise' (a person on a bench), 'Mindfulness' (a person meditating), 'Counseling' (two people in chairs), 'Journaling' (an open book and pen), and 'Lifestyle change' (a person running). The background is a light blue gradient.

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A 3D white figure stands next to a large, thick red question mark. The figure is holding the question mark with its right hand and has its left hand on its chin in a thinking pose. A thought bubble emanates from the figure's head.

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

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A hand is shown drawing the word 'BREAK' in red capital letters on a clock face. The clock face is white with black numbers and hands. The word 'TIME FOR A' is already written in black, and 'BREAK' is being added in red. The hand is holding a red marker.

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RESPOND

Expanding our Ideas about
Conceptualizing Risk

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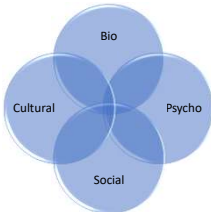
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Trauma-Informed Assessment
(Assessment is ongoing, not a one-time thing)

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



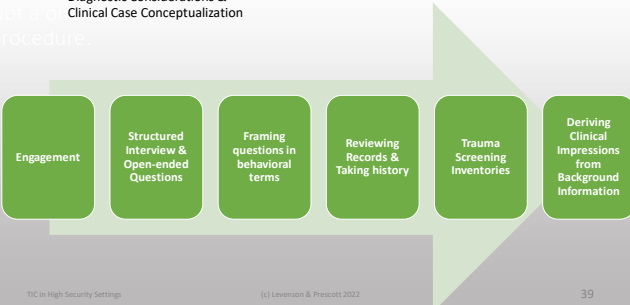
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Risk Assessment &
Diagnostic Considerations &
Clinical Case Conceptualization
is not a
procedure.



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Trauma is Ubiquitous

Trauma Screening Tools

ACE scale

Life Event Checklist

PTSD Checklist for DSM-5 (PCL-5)

TSI – Trauma Symptom Inventory (S)

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

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Criminogenic Needs: Trauma-related?

Relational Deficits

Attachment Disruptions

Self-regulation difficulties

Maladaptive Schema & Coping

Lack of Self-Efficacy

Antisocial attitudes, beliefs and values

Antisocial Behavior patterns

Antisocial Personality or Temperament

Antisocial Associations

Family Stressors

Substance Abuse

Lifestyle Instability

Lack of pro-social activities

Distorted thoughts, resentments, and defiance that are supportive of crime

Early and continuing involvement in a variety of criminal behaviors

Pleasure seeking, low self-control, aggression, entitlement, disregard for others

Criminal peers and environments, relatively few pro-social supports

Lack of nurturing/caring support; lack of accountability

Use of substances that impair judgment and decrease inhibitions

Low levels of performance and stability in work or school; Housing, employment, or relationship instability

Low level of involvement and satisfaction in non-criminal leisure activities

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

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Risk Domains (not excuses) & Assessment of Needs

Pedophilia / MAP

Paraphilia: 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

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Modified from: Sato, 2019

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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

NIGHTMARES

FLASHBACKS

EMOTIONAL OVERWHELM

ADDICTIONS

DECREASED CONCENTRATION

DEPRESSION

SELF-DESTRUCTIVE BEHAVIOR

HYPERVIGILANCE

MISTRUST

ANXIETY

CHRONIC PAIN

WORTHLESSNESS

FEELING HOPELESS

SHAME

NUMBING

HEADACHES

LOSS OF INTEREST

IRRITABILITY

INSOMNIA

FEELING UNREAL

LOSS OF SENSE OF SELF

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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

Diagnostic Considerations

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

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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	

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Personality

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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

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Do we have to pathologize?
(Samerow, 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

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Strengths-Based:
Survival Strategies, not Pathology



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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.

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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.

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Case Example: Orly



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Case conceptualization



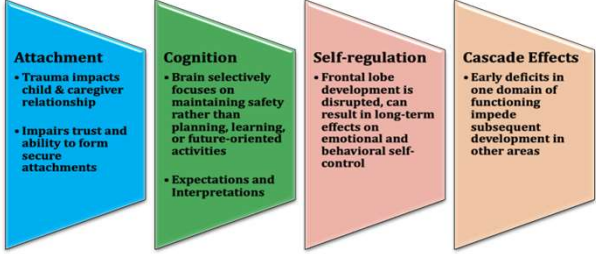
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- Drawn to vulnerable, dependent people
- Identity construction around being a caretaker
- Attracted to boyhood; those who have the teen life he was denied
- South American; gay stigma; need for secrecy / secret relationships
- Can't be publicly gay
- Won't be outed
- Catfished!

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Cascade effects of childhood adversity



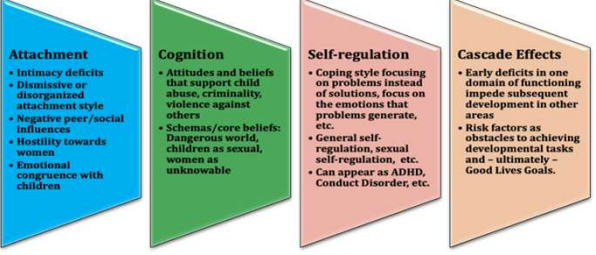
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Developmental effects of childhood adversity and Risk

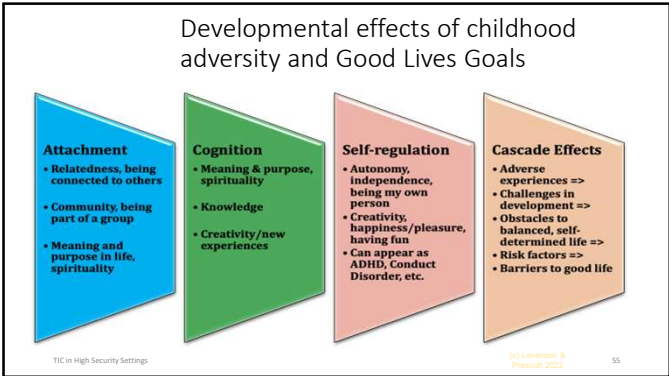


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Dynamic Risk Factors & Psychologically Meaningful Factors through the Trauma-informed Lens

Relational & Self-Efficacy Deficits <ul style="list-style-type: none">☑ Social rejection☑ Relationship instability☑ Intimacy deficits☑ Emotional identification with minors [Vulnerability]☑ Negative social influences☑ Employment instability	Self-regulation Difficulties <ul style="list-style-type: none">☑ Impulsivity☑ Poor problem solving☑ Negative mood states☑ Resistance to Rules
Attachment Disruption & Distorted Schemas <ul style="list-style-type: none">☑ Lack of concern for others☑ Criminal attitudes and beliefs☑ Hostility [toward women] or grievance thinking	Maladaptive Coping <ul style="list-style-type: none">☑ Sexual preoccupation☑ Sexualized coping☑ Substance abuse☑ Deviant sexual interest<ul style="list-style-type: none">☑ Biologically determined or trauma-related?

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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

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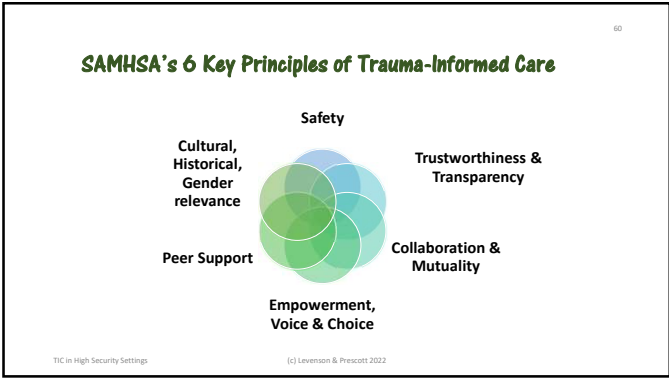
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Summary: Assessment

- 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.

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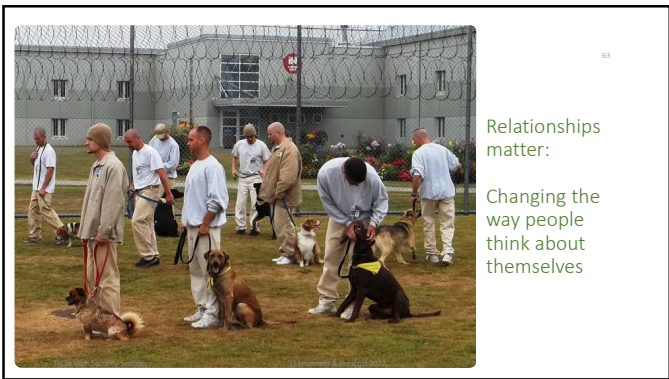
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Prison Writing Projects

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LIFE EXPLAINED

How prison writing programs transform inmates and provide vital accounts of life inside

Read by Jonathan Dutton May 06, 2022

15 MINUTE AUDIO

BOOKS

Podcasts

TV

YouTube

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Don't let anyone say the significance of writing and just for the inmates, but for society as a whole.

For prisoners who have access to writing programs, getting 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 responsibility of ideas, self-reflection, and a better understanding of why they committed acts that landed them behind bars. Prison inmates often write a letter home or a letter to a loved one, the most important thing they've done, and it presents new challenges.

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Coursework

Who We Are

What We Do

Get Involved

Vera

Search

Ending Mass Incarceration

Investing in Communities

Solutions & Research

Press & 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.

Lower recidivism.

Racial equity.

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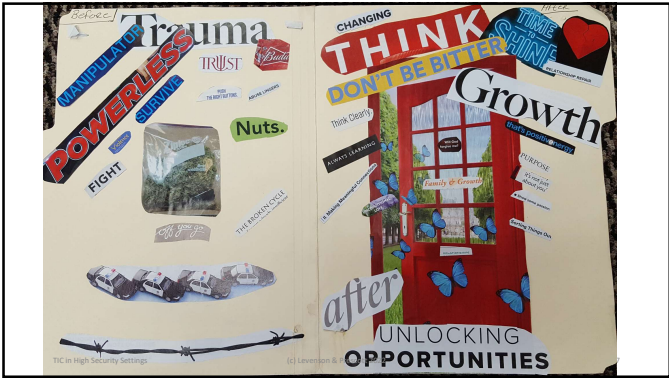
I respond well to positive reinforcement

Catch people doing things right

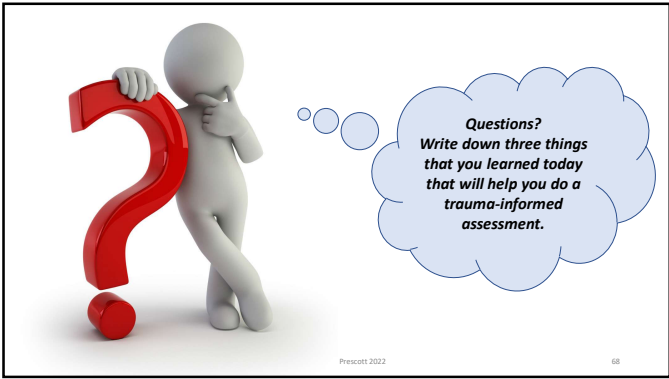
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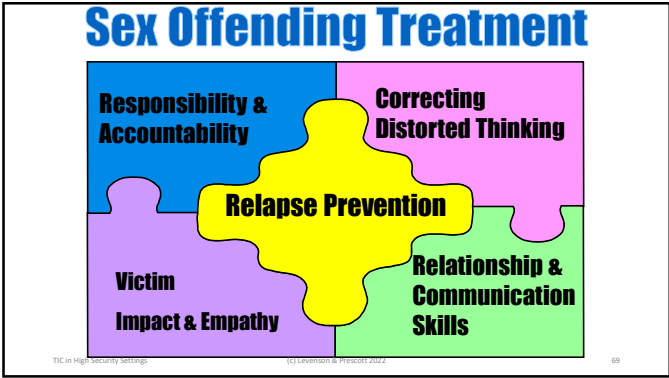
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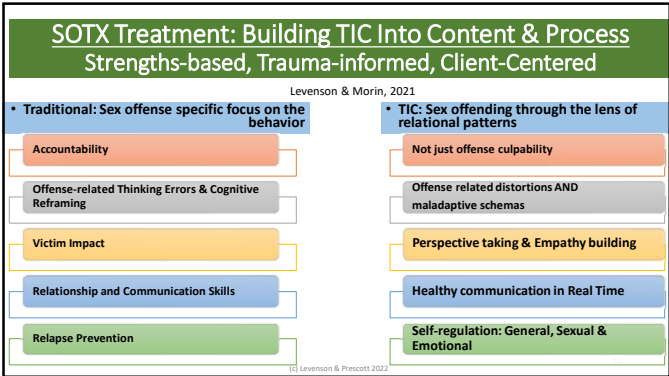
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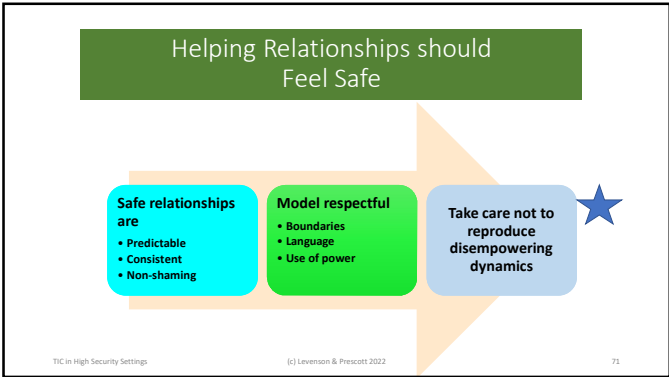
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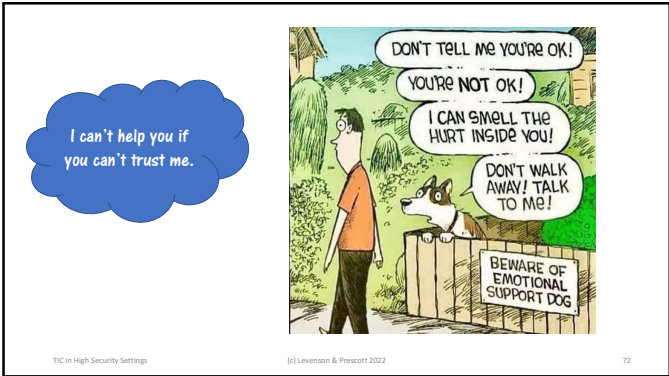
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Trauma triggers exist on a continuum & Professionals need to be aware... Here are just a few.

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

Avoiding Re-traumatization

- Help-Seeking itself can be triggering
- Touch
- Medical procedures
- Authority / Relational
- Sensory
- People, places, things

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Avoiding Re-traumatization

<https://www.youtube.com/watch?v=mFPa78s2ac&t=7s>

Healing Neen (Tonier Cain)


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Avoiding Re-traumatization



Experiences that are re-enacted in social services

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

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JSO

Child/teen with problematic sexual behavior

Sex Offender

Person convicted of a sex crime

Addict / Junkie / Drunk

Person with an Addiction


He's Bipolar

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



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Vera


ISSUES WORK BLOG ABOUT SEARCH DONATE

Think Justice Blog


March 31, 2021

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

Erica Bryant



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Reframe Resistance:

Self-preservation

Help Avoidance

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

Feeling threatened

Ambivalence

Conflict between wanting to share and fear of disclosure

Conflict between their genuine desire to change and the need to maintain what is familiar.

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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).

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?

Reminder:

Defensiveness comes from feeling vulnerable.

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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



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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


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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!**

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(Calm, 2020)

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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

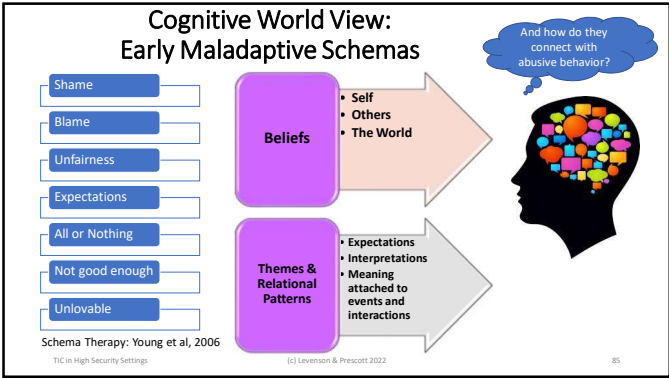
Cognitive
Distortions:
the “Why Lie”

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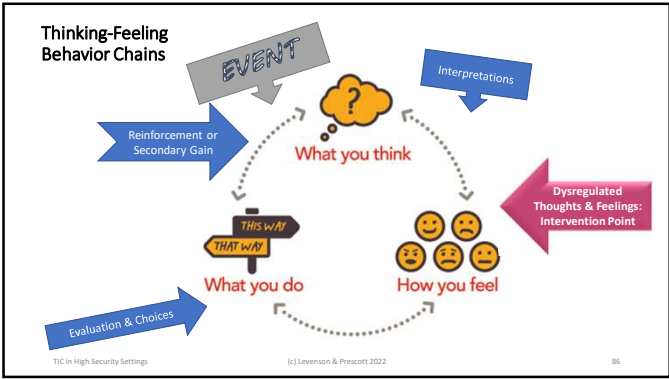
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Exercise & Skills: Cognitive Restructuring			
EXACT THOUGHT	STYLE OF DISTORTED THINKING	WHAT IS TRUE/NOT TRUE	SUBSTITUTE REALISTIC THOUGHT
The “relationships” with minors were consensual I never “hurt” them. They wanted to hang out with me.	Rationalization	True: The minors might have wanted to hang out with me. Not 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.	An adult can’t have a truly equal relationship with a minor because of the power imbalance.
	Justification		Kids need to trust that adults know right from wrong, and I wasn’t a good role model of that.
	Minimization		
	Victim Blaming	True: At the time, I might not have understood or appreciated why my behavior was sexually abusive. Not 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.	My own victimization might have normalized adult-child sexual contact.
	Wishful Thinking		Healthy relationships feel risky because I’m afraid of rejection, but abusing teens is not an option.
	Mind-reading		I have a lot of good qualities that other adults might like about me, if I give them a chance.

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Consent



SOTX (c) Jill S. Levenson, PhD, LCSWDeutsch, 201688

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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

Understand Feelings

Communicate Understanding



4 Elements of Empathy

Judgment

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Practice what you preach



“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.”

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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

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EMPATHETIC LISTENING
(I WANT TO HEAR YOU)

DISMISSIVE LISTENING
(I WANT TO FIX YOU)

EMPATHETIC LISTENING responses: "I'M LISTENING", "THAT SOUNDS HEAVY", "WHAT DID THAT MAKE YOU FEEL?", "HOW CAN I SHOW UP FOR YOU MOVING FORWARD?", "I'M HERE", "IS THERE MORE?", "IT SOUNDS LIKE YOU'RE SAYING... IS THAT ACCURATE?"

DISMISSIVE LISTENING responses: "WHAT IF YOU TRY THIS?", "THE SAME THING HAPPENED TO MY FRIEND...", "IT COULD BE WORSE", "OH! YOU SHOULD READ/ LISTEN/ FOLLOW", "AW! DON'T BE UPSET!", "YOU'LL BE FINE!", "TOTALLY GET IT ONE TIME"

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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


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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



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"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 Perfect!

Use the Group Process to Practice skills!


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RELAPSE PREVENTION, SELF-REGULATION, & HEALTHY SEXUALITY

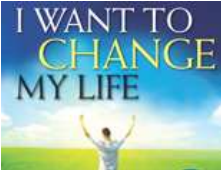
Relapse Prevention redefined...

FROM...



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

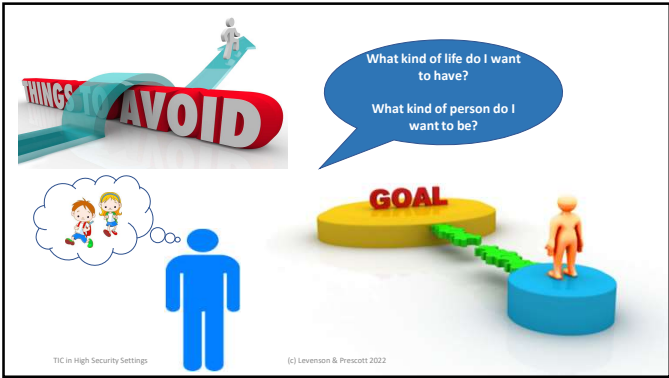
TO...



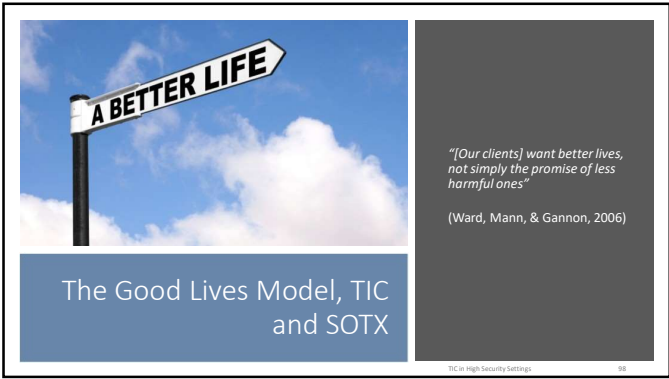
Offense-related
in the context of more general self-regulation patterns

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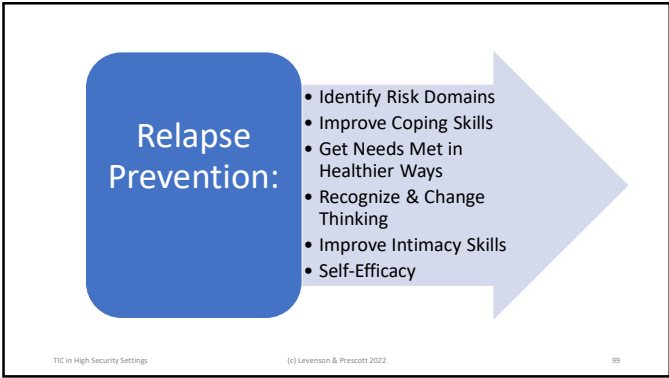
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Relapse Prevention = Self regulation

- 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 prioritise their importance.

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The diagram features a central blue speech bubble containing the text "WHO WHAT WHERE WHEN HOW WHY". To the left of the bubble is a yellow arrow pointing right, labeled "Healthy Technology Use". To the right of the bubble is a yellow arrow pointing left, labeled "Healthy Sexuality". Below the speech bubble is a white box titled "Living a Clean Life: SOAP" which contains a list of five items: "Stable", "Occupied", "Accountability", "Plans", and a small image of a green bar of soap labeled "SOAP". To the right of this box is a red octagonal stop sign with a white hand icon and the word "STOP".

Relapse Prevention Plans

WHO WHAT WHERE WHEN HOW WHY

Healthy Technology Use

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

SOAP

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

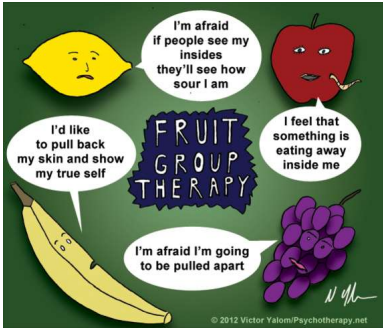
STOP

101

- 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!

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Fruit Group Therapy

I'm afraid if people see my insides they'll see how sour I am


I'd like to pull back my skin and show my true self

I feel that something is eating away inside me

I'm afraid I'm going to be pulled apart

© 2012 Victor Yalom/Psychotherapy.net


Peer Support




- Formal groups
- Informal support networks
- Online Forums

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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

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

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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 – <i>GROUP is prosocial!</i>
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

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The Importance of Narrative

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CONSIDER ...

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

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Application

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



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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

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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.*

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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."



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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.”

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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.*

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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

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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.*

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David’s Cases

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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.

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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.

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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.

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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.

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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

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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

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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

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Shane’s Risk/Good Lives Factors

• Offense-supportive attitudes	• Peace of Mind
• General Self-regulation Problems (impulsivity across all domains)	• Happiness and Pleasure
• Poor cognitive problem-solving	• Learning and knowing
• Resistance to/noncompliance with rules and supervision	• Personal choice and independence
• Lack of emotionally intimate relationships with adults	• Connection
• Childhood behavior problems	• Spirituality?
• Grievance/Hostility	
• ? Sexualized Violence	

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Shane’s Obstacles

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

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Shane’s Treatment

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

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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?

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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.

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"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.

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Jason

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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

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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

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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

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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:

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Jason’s Treatment

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

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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
 - 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?

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139

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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Jason’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.

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“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.

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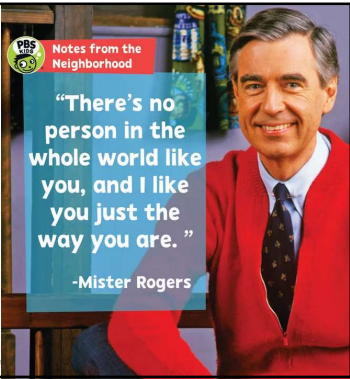
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Everything I know about therapy I learned from Mr. Rogers:

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



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

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

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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/>

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Thank you!



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