



Transforming Front-line Interventions with Women: Using a Gender Responsive and Trauma-informed Approach

Part I

UNDERSTANDING TRAUMA

Principles of Trauma-Informed Care (TIC)



- Safety
- Trust
- Choice
- Collaboration
- Empowerment

Harris & FalLOT, 2006

Consider:

Why can it be difficult to talk about TIC in corrections?



Some Reasons

- Focus on criminal status
- TIC seems incompatible with corrections goals (e.g., security)
- Trauma-informed practices seem inaccessible given operational practice requirements (e.g., pat searches, drugs tests)
- Resource limitations
- Concerns about an “abuse excuse” versus accountability



The Reality

- The design of our systems create additional risks for women & staff
- Many traditional correctional practices are creating more instability
- Need to adopt policies & practices that create stability and encourage women to grow



Challenging Behaviors

- What challenging behaviors do you see?
- What behaviors complicate your day-to-day work?



Dilemma: Translating the Principles into Practice



When she:

- Is verbally abusive
- Engaging in self-harm behavior
- Noncompliant
- Oppositional...



We need to build competence so we can manage complex, difficult behaviors in the moment.



Trauma



What is Trauma? The Three E's



*Individual trauma results from an event, series of **events**, or set of circumstances that is **experienced** by an individual as physically and emotionally harmful or threatening and [can have] lasting adverse **effects** on the individual's physical, social, emotional, or spiritual well-being.*

(SAMSHA, 2012; Gillece, 2016)



Traumatic Events/Experiences

- ▶ Serious threat to one's life or physical integrity
- ▶ Serious threat or harm to one's children, spouse, or other close relatives or friends
- ▶ Sudden destruction of one's home or community
- ▶ Seeing a person who is or has been seriously injured or killed as a result of an accident or physical violence
- ▶ Natural Disasters
- ▶ Mass interpersonal violence
- ▶ Large scale transportation Accidents
- ▶ House or other domestic fires
- ▶ Motor vehicle accidents
- ▶ War/torture
- ▶ Partner battery
- ▶ Child abuse
- ▶ Stranger Physical Assault
- ▶ Rape and Sexual Assault
- ▶ Vicarious trauma
- ▶ Racism, sexism

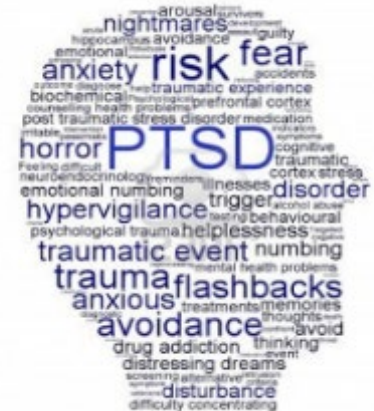


Psychological & Behavioral Effects

- ▶ Intense, unpredictable feelings
- ▶ Anger, depression, anxiety
- ▶ Despair, guilt
- ▶ Irritability
- ▶ Numbing, apathy
- ▶ Detachment
- ▶ Loss of security, trust
- ▶ Impaired memory
- ▶ Trouble concentrating
- ▶ Difficulty making decisions
- ▶ Alienation, dissociation
- ▶ Disrupted eating, sleeping
- ▶ Emotional upsets
- ▶ Strained personal relationships
- ▶ Social withdrawal
- ▶ Restricted affect
- ▶ Nightmares
- ▶ Hyper-arousal, hypo-arousal
- ▶ Flashbacks
- ▶ Diminished interest

Trauma Lives in the Body

- Psychological
- Neuro-Physiological
 - Embedded in the **brain-body**



Understanding Trauma's Impact

Human Stress Response

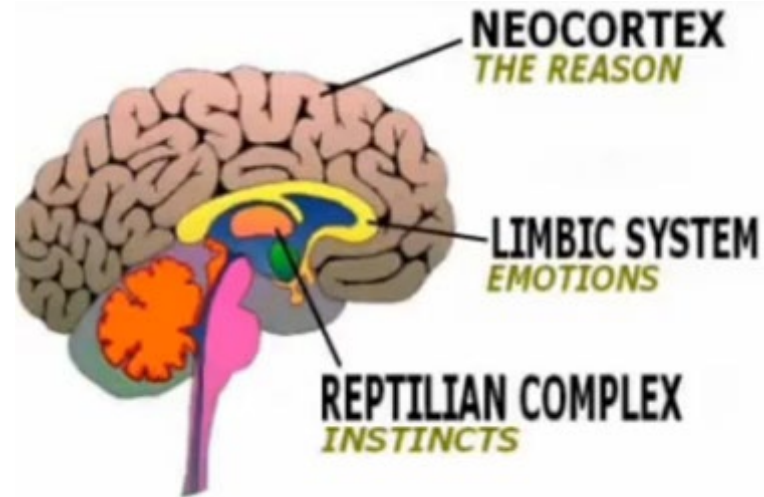


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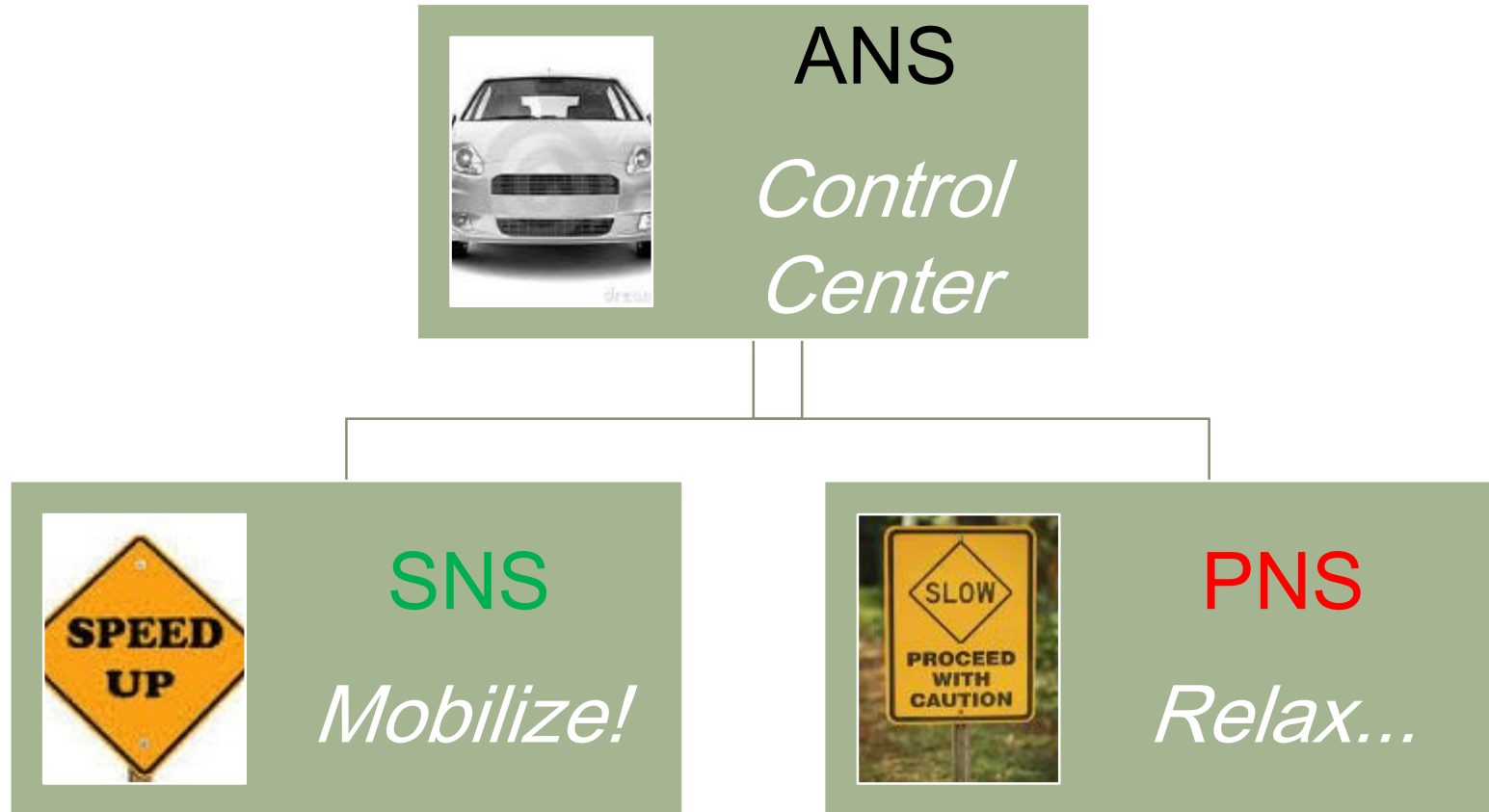
Trauma-influenced Stress Response

The Human Stress Response



- Product of millions of years of evolution
- Survival = our capacity to respond and react
- Innate capacity to regulate

The Nervous System 101





The Human Stress Response

“A healthy nervous system, when confronted with a stimulus, goes into a state of disequilibrium, then reorders at a higher level of integration...”

(Peter Levine)





The Hike

Imagine...

We won the lottery and
decided to have this
training in Hawaii...







Our inner gas pedal is activated...

How we know our inner gas pedal has been activated...

What is happening in our bodies
– “from the neck down”?

How our SNS Supports Mobilization

- Increases heart rate
- Increases respiration
- Shifts blood away from the digestive system and to the muscles to facilitate quicker movement
- Decreases immune system function
- Constricts blood vessels and drains the blood away from the skin to prepare for potential injury (this is why we may become pale and cold)
- Dilates pupils and retracts eyelids so we can focus our eyes





What are our options?





Our inner brake is activated...

How we know our inner brake has been activated...

What is happening in our bodies – “from the neck down”?



How the PNS Supports Relaxation

Releases muscle tension

Lowers heart rate

Lowers blood pressure

Warms skin

Facilitates digestion & immune system function

Slows and deepens breathing

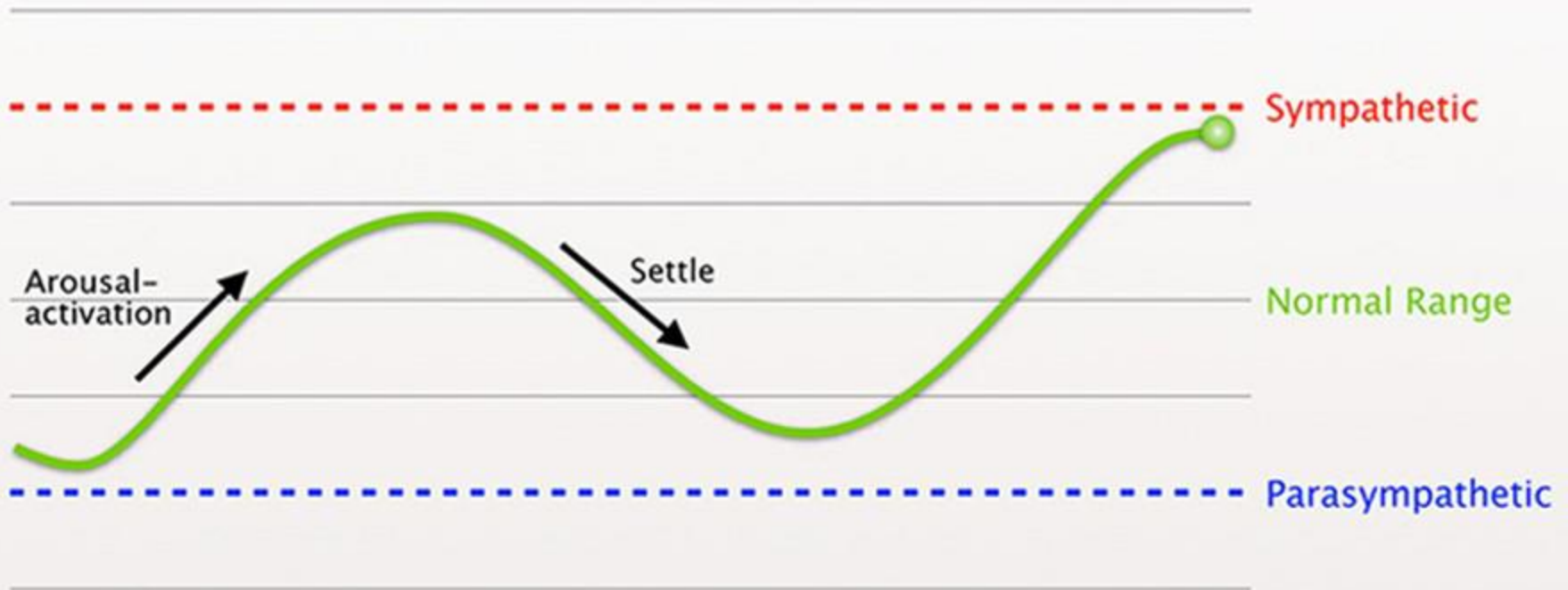
Returns blood to skin



Why the PNS Response is so Important

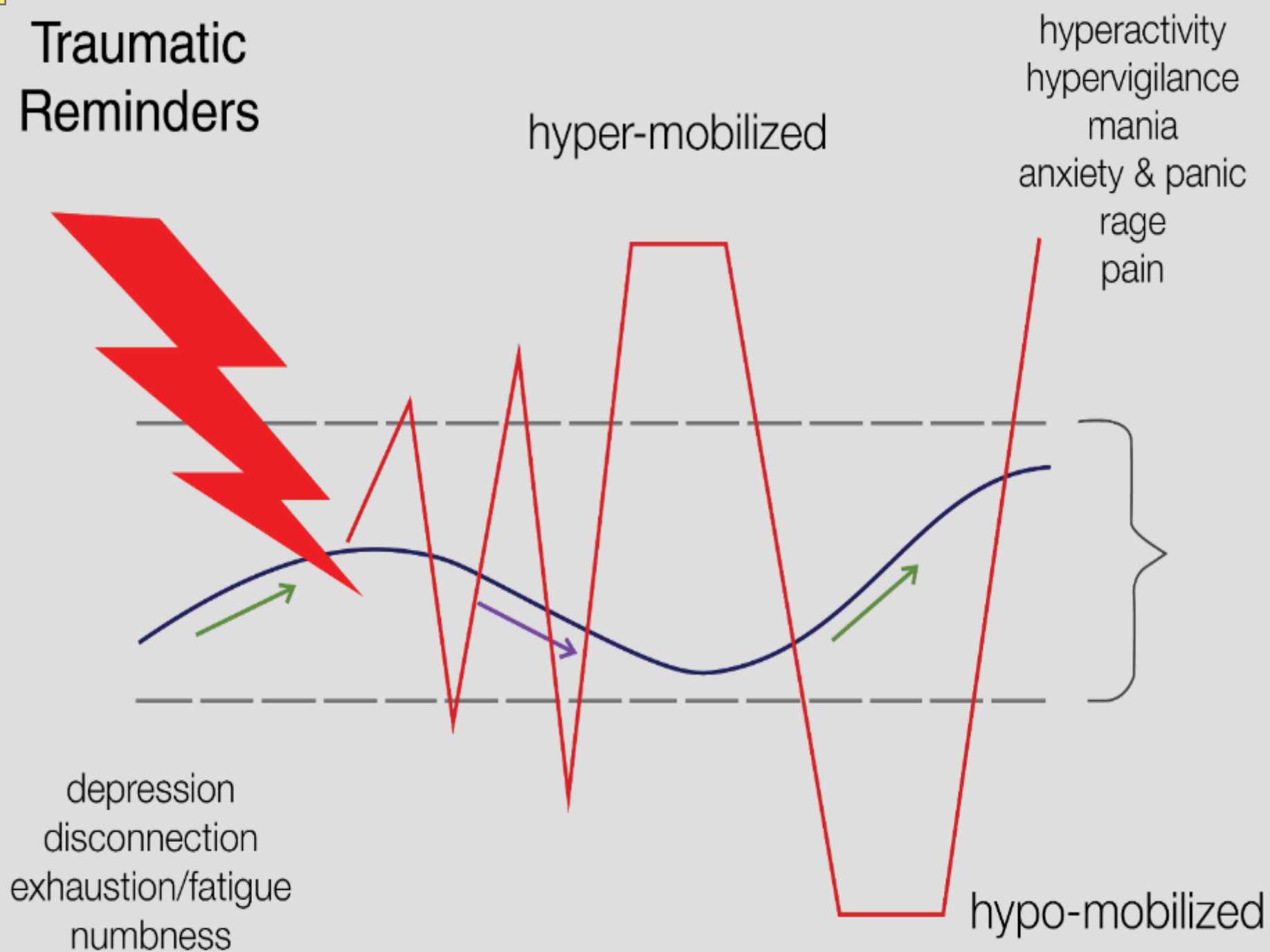


Regulation





Traumatic Reminders



The Trauma Influenced Stress Response



- Exposure to traumatic events overwhelm the NS - Change the NS and impact ability to respond to stress
- Hyper-mobilization, hypo-mobilization, vacillation between the two
- Initially protective; however, individuals may struggle with or are unable to return to rest and relaxation.



Dysregulation

HYPER-MOBILIZATION

- Increased heart rate
- Difficulty breathing (rapid, shallow)
- Cold sweats
- Tingling
- Muscle tension
- Exaggerated startle response
- Chronic pain
- Difficulty falling, staying asleep
- Difficulty feeling or staying relaxed

HYPO-MOBILIZATION

- Low energy
- Exhaustion
- Numbness
- Low muscle tone
- Poor digestion
- Low heart rate
- Low blood pressure
- Poor immune system function



Two Pathways to Fear

WE NEED THE HIGH ROAD

WE NEED THE LOW ROAD





Everything



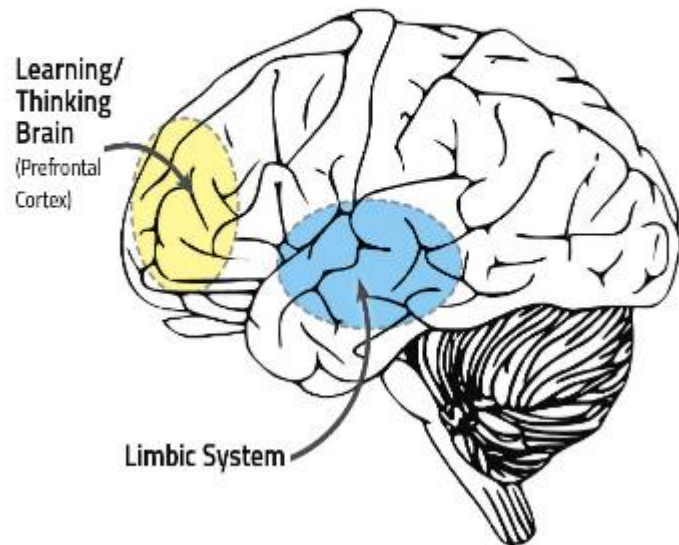
is a
Snake
in the Sand

Triggers

- Reminders of the traumatic event
- Can be experienced at an unconscious level
- Results in a survival response, emotional pain, anger, powerlessness, hopelessness
- Can return to previous behavior that was adaptive at the time of the traumatic event

Survival Mode: Flight/Fight/Freeze

Frontal lobe (Prefrontal cortex) goes offline
Limbic system / mind and lower brain functions take over



What is more triggering for women?

- Intake assessment
- Trauma group
- Court date
- Nighttime hygiene





*Making
Routine
Practices
more
Trauma-
informed*

- Identify at routine practices that may be a trigger or traumatic reminder for women
- How could each be enhanced so that it is less traumatic for women?





Reframing Challenging Behaviors

- Revisit the list of challenging behaviors.
- How might these behaviors be linked to past trauma? How might they be allowing a woman to cope with the distress she feels regarding past trauma?
- Example: Substance abuse offers an escape from the pain of trauma.





What Else is Happening in the Brain?

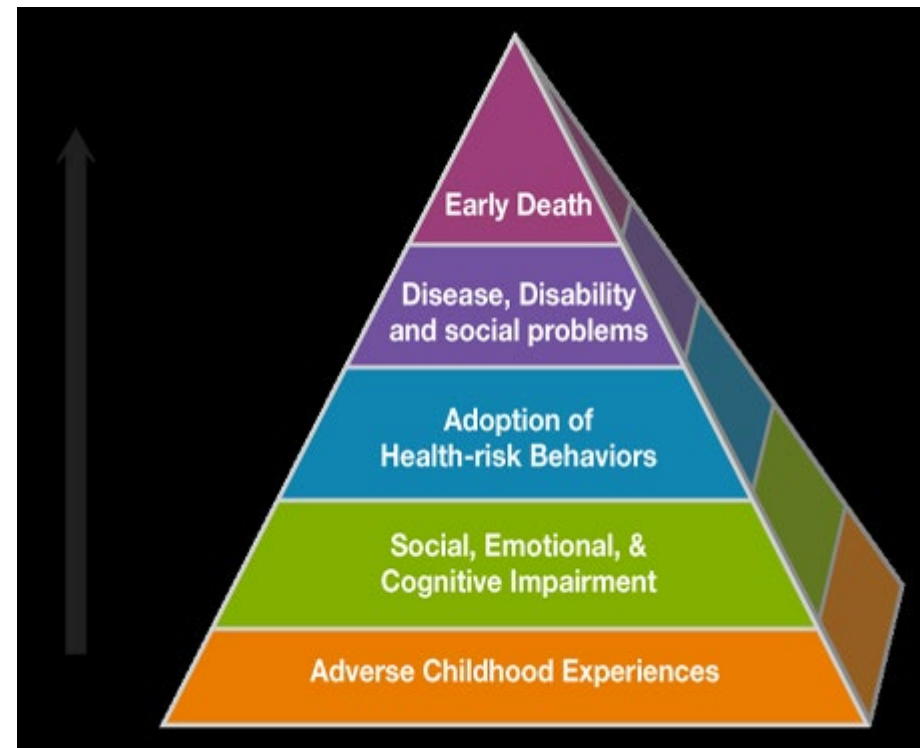
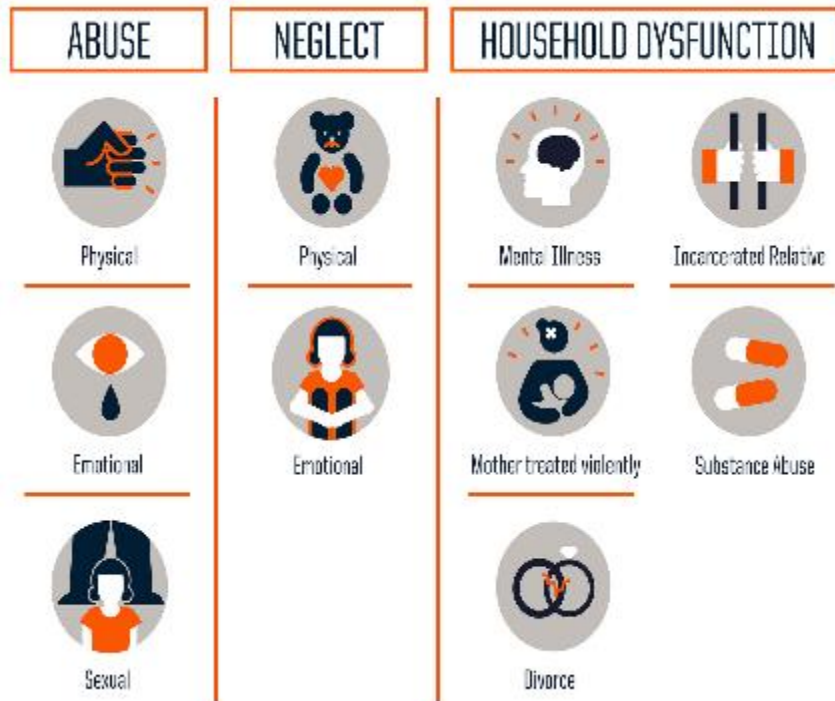
- Trauma releases stress hormones (neuro-hormonal response)
- Trauma affects how we remember things (e.g., not sequentially)
- Survivors
 - *Over the next few days I became completely oblivious to the things that were going on around me.*
 - *I can't fall asleep at night.*



Physiological & Physical Effects of Trauma

- Pain
- Nausea
- Headaches
- Insomnia
- Panic attacks
- Hyper arousal
- Injuries
- Vomiting
- Hyper-vigilance
- Startle responses
- Persistent anxiety
- Chronic conditions

Trauma's Impact: *The ACE Study*





Trauma's Impact: *The ACE Study*

- Brain and body **struggle to return to balance** or homeostasis (where healing and integration occurs)
- **Repeatedly pushed into fight, flight or freeze**
- Brain drives the body hard at full speed
- We are **not designed to sustain that** over the long haul



What Mitigates the Impact of Trauma?

Social Response, Support and Resources

- Non-blaming, accepting, non-stigmatizing, empathic response
- Support and understanding
- Opportunities for healing and integration



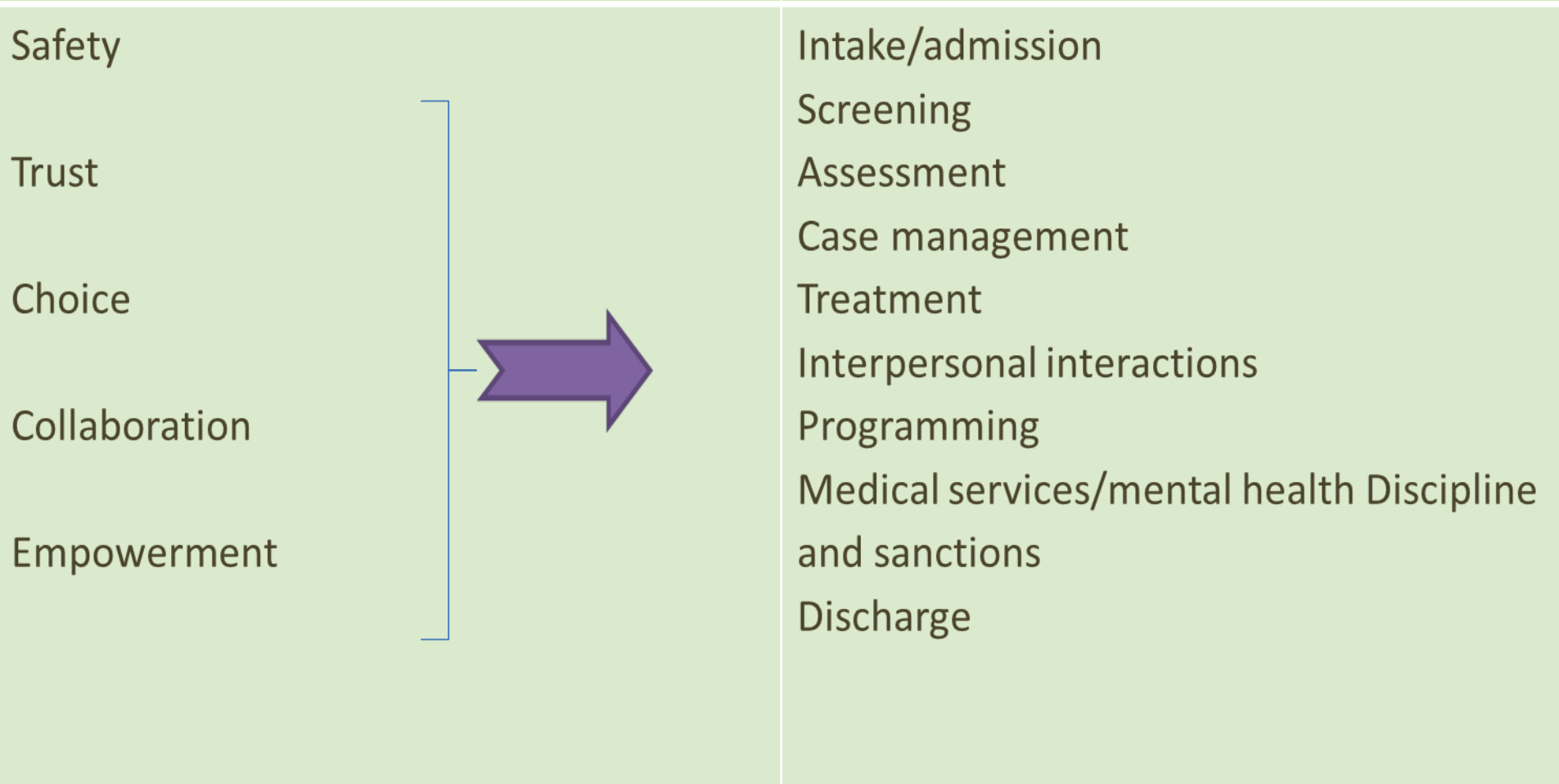
What can we do?

- Exercise “universal precautions”
- Create our own regulation and resilience
- Create regulation (safety and stability) and resiliency with women
- Practice trauma-informed care at all levels





Enhancing Operational Practices



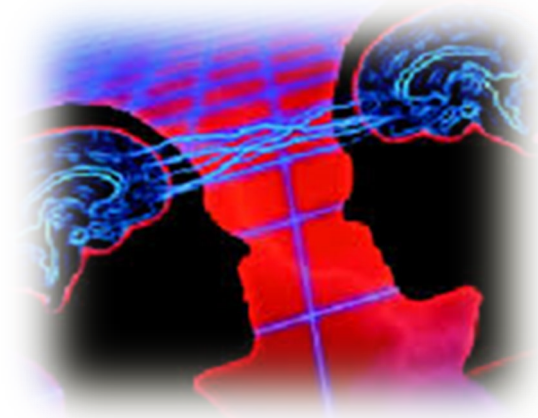
Our Power to Make a Difference

NEURO-PHYSIOLOGY OF TRAUMA



*Trauma changes the
brain and nervous
system*

NEURO-PHYSIOLOGY OF RESILIENCE



*How we structure the
environment, relate to
women & each other
creates stability and
healing*



Resilience



RESILIENCE


- Resilience is the ability of an individual to adjust and thrive after exposure to a highly disruptive event or events.
- It does not mean that life's major hardships are not difficult and upsetting but rather they are surmountable.
- The brain is wired for resilience
- We can build our capacity to cope with stress and the impact of trauma when we have access to safe, empathic and empowering relationships

These kinds of relationships help us to stay regulated or return to a regulated state if we become dysregulated



More GOOD News

Neurogenesis and neuroplasticity

- **We can teach an old dog new tricks**
 - Brain can continue to develop new neural pathways and this occurs when we engage in new behaviors
- 

Part II

STAFF COMMUNICATION MODEL

CR/2

Creating
Regulation & Resiliency

Benedict, King & Van Dieten 2014
CORE Associates & Orbis Partners, Inc.

The CR/2 Model

- Evidence-based communication model for correctional professionals.
- Emerged from research:
 - Childhood development
 - Trauma & resilience
 - Brain science
 - Effective correctional practice

CR/2

Core Beliefs



- ✓ The way we communicate and work with clients directly impacts outcomes.
- ✓ Innovations in the neuroscience research have practical implications.
- ✓ To achieve positive results it is important that we feel safe, are regulated, have sufficient resilience and are supported in our work.



Each client we work with – regardless of criminal history, past victimization, and personal, social or economic problems – has the potential to be successful.

What Makes CR/2 Different?

- Can be used across security, program and community correction staff
- Includes a staff self-care component
- Is grounded in the research on trauma and resilience - includes two distinct phases of communication
- Can be used “on the fly” when time is limited as well as within scheduled interactions with clients (e.g., groups, supervision, court processes)
- Can be used in conjunction with all safety and security practices

When Can We Use CR/2?

- Administering risk/need assessments
- Providing case management or re-entry services
- Motivating compliance with a court order or facility rules
- Helping clients to de-escalate
- Conducting routine operational practices
- Facilitating groups
- Counseling
- Supervising or coaching staff
- Working effectively with volunteers
- Communicating with colleagues



CR/2 Requirements

Empathy

- Taking the time to understand the situation from the client's perspective by listening closely and letting her know that we have heard them.

An Integrated Approach

- Balance **support and accountability**
- Facilitate real problem solving
- Provide a model and build essential skills.

The Two Phases of CR/2

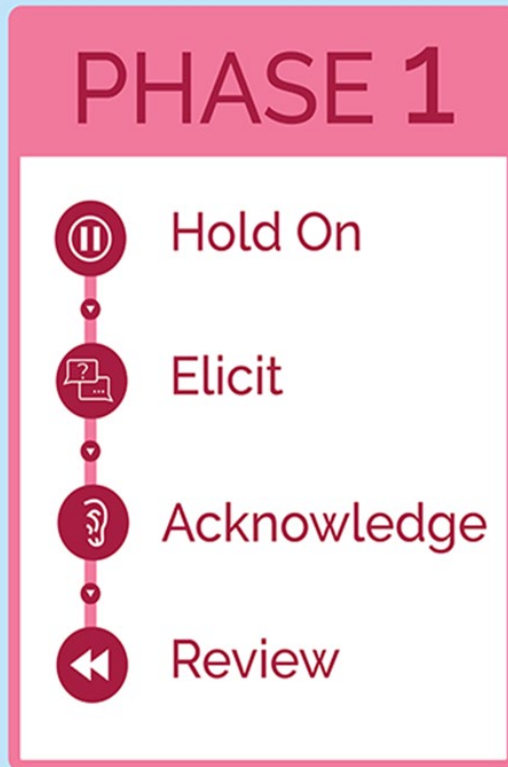
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CR/2 Model: Phase 1

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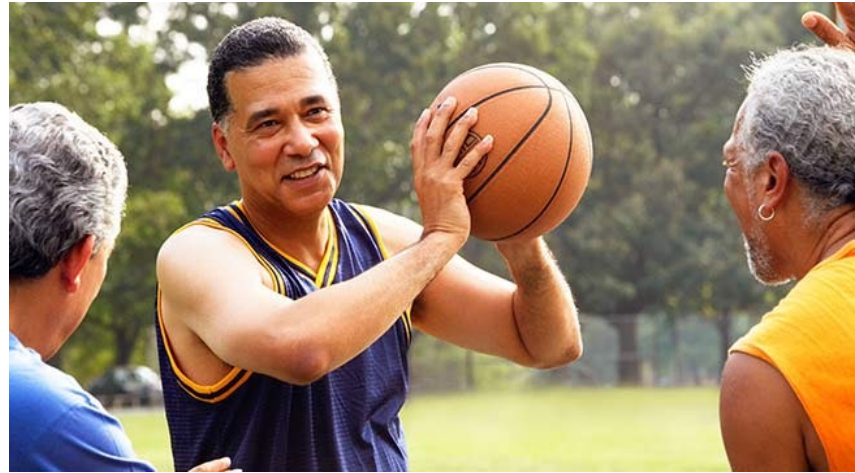
When we are **REGULATED** we are able to:

- Manage difficult thoughts, feelings, and sensations
- Connect with self and others
- Engage in effective action

Staff Self-Care

The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting us to be able to walk through water without getting wet. --Naomi Remen





the 3Rs

Recognize
Regulate
Respond

Recognize

What is happening
with me right now?

- Notice
- Acknowledge

Regulate

What can help me feel
more anchored in
the moment?

- Breathe
- Orient
- Ground
- Create Calm

Respond

What response is
needed right now?

- Practice non-judgement
- Proceed with purpose



Removing the dirt from the glasses we look through...



CR/2 Model: Phase 1

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R



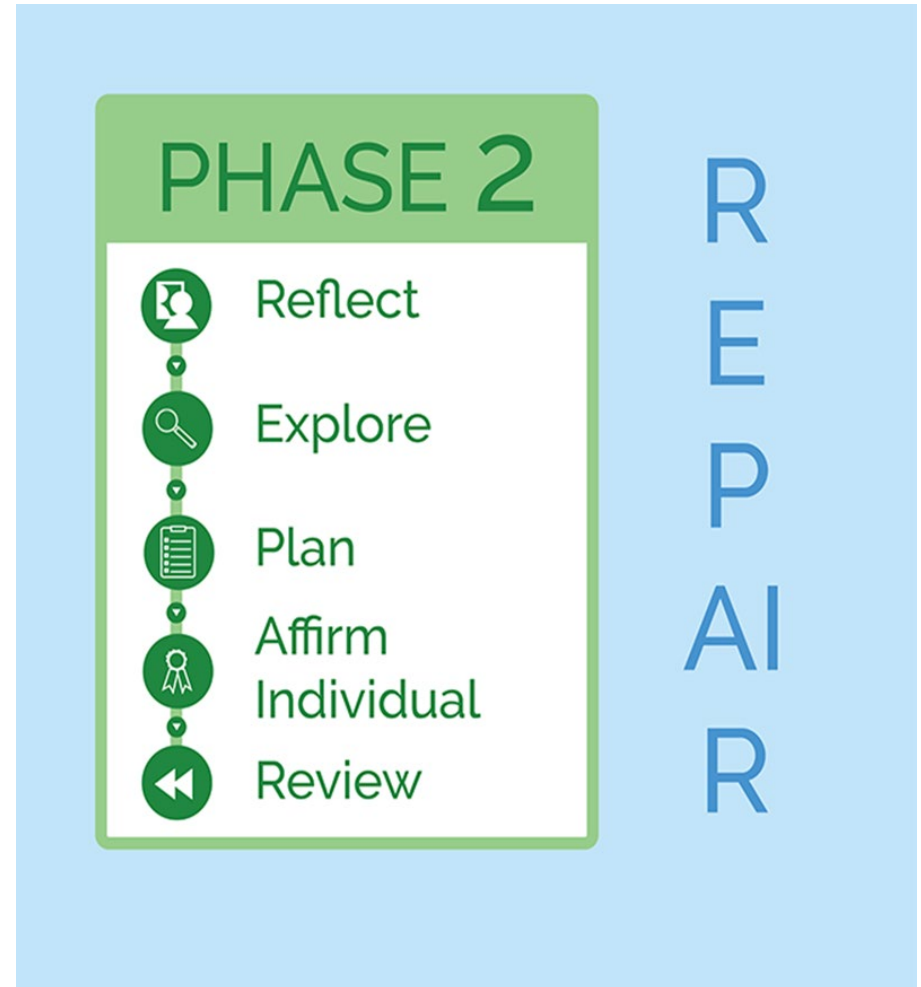
When we are **REGULATED** we are able to:

- Tolerate difficult thoughts, feelings, and sensations
- Connect with self and others
- Engage in skillful and effective action

CR/2 Model: Phase 2

When we are
RESILIENT we are able
to:

- Access and utilize our skills and strengths
- Cope with day-to-day stresses and burdens
- Explore solutions to problems
- Set and achieve goals



The Two Phases of CR/2

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Applications of CR/2

- Within any time frame
 - 2min, 10min, 20min, etc.
- With small and large groups
 - 5ppl, 10ppl, 100ppl
- Proactively (when there is not a problem or crisis)
 - Individuals and groups
- To effectively respond to disclosures of trauma

Part III
OUTCOMES

Outcomes - Facility

Reductions in:

- ✓ Bookings
- ✓ Time spent in confinement
- ✓ Inmate-on-staff assaults
- ✓ Inmate-on-inmate assaults and fights
- ✓ Segregation placements
- ✓ Disciplinary reports
- ✓ Suicide attempts and self-injurious behavior
- ✓ Crisis contacts and days on mental health watch

Outcomes- Community

Reductions in...

- Absconding
- Revocations

Increases in ...

- Engagement and follow through
- Reporting rates
- Compliance with conditions

CR/2: Benefits

Helps us to

- ✓ Create stabilizing interactions
- ✓ De-escalate individuals/groups
- ✓ Motivate compliance with a court order or facility rules
- ✓ Implement routine operational practices more effectively
- ✓ Communicate with colleagues

Enhances how we

- ✓ Conduct risk/need assessments
- ✓ Provide case management or re-entry services
- ✓ Administer discipline
- ✓ Facilitate group processes

Unifies practice across roles/departments
& stabilizes the culture

Gender Responsive & Trauma-informed Practice

- Individual
- Interpersonal
- Organizational

Trauma-informed Organizations

- Establish and **atmosphere that acknowledges** that compassion stress and fatigue are normal
 - Define and discuss (orientation, training, supervision)
 - Assign responsibility for **prevention** activities
 - Reduce practices that contribute to compassion stress/fatigue
 - **Evaluate** degree of staff exposure
 - **Facilitate processing** of exposure (to stress that is endemic to corrections and stress related to specific incidents)
 - Emphasize **early identification and treatment**
 - Know the individual signs-feelings, cognitions, behaviors
 - Attend to group dynamics
 - Know the organizational indicators
- *Use **multi-level interventions**; don't leave it up to the individual
- *Offer **onsite supports** and develop **referral relationships**

Thank You

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