Becoming Trauma-Informed:
An Essential Element in Justice Settings
Trauma-Specific Services: Programs that Work

Part 3 of 3

April 14, 2021

Welcome and Introductions

Welcome

- Kathleen West, Dr.P.H., COSSAP Subject Matter Expert
- Stephanie S. Covington, Ph.D., LCSW, Institute for Relational Development, Center for Gender & Justice, La Jolla, California

Stephanie S. Covington, Ph.D., LCSW

Dr. Covington is an internationally recognized clinician, author, lecturer, and organizational consultant. With more than 35 years of experience, she is noted for her pioneering work in the design and implementation of gender-responsive and trauma-informed treatment services in public, private, and institutional settings. She is the author of numerous books, as well as 10 research-based, manualized treatment curricula, including *Beyond Trauma: A Healing Journey for Women*, *Helping Women Recover: A Program for Treating Addiction*, and *Voices: A Program for Girls.* She is the co-author of *Helping Men Recover.* For the past 25 years, Dr. Covington has worked to help institutions and programs in the criminal justice system develop effective gender-responsive and trauma-informed services.

Becoming Trauma Informed: A Core Element in Effective Services for Justice Settings

Three-part webinar series:

Webinar 1. *Becoming Trauma Informed: Understanding the ACE Study*

- **Wednesday, March 17 (2:00 to 3:15 PM ET)** *archived recording available now at* https://cossapresources.org/Media/Webinar/afbecb49-4e13-4d8f-8513-3c610d7f6e3e

Webinar 2. *Becoming Trauma Informed and Moving to Trauma Responsive*

- **Wednesday, March 31 (2:00 to 3:15 PM ET)** *archived recording available now at* https://cossapresources.org/Media/Webinar/07a75be7-9501-438e-80d7-2edcbc3d3ce0

Webinar 3. *Trauma-Specific Services: Programs that Work*

- **Wednesday April 14 (2:00 to 3:15 PM ET)**

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Learning Objectives

Training Objectives for the Webinar Series

- To provide up-to-date information regarding the *Adverse Childhood Experiences* study (ACEs), findings among justice-involved populations, and the impacts of trauma on the brain and body.

- To provide an outline for the process of becoming a trauma-informed organization.

- To provide information on gender differences and implications for services, such as trauma-informed and trauma-responsive care within the justice system.

- To provide information on the implementation of trauma-focused treatment interventions and resources for the three specific levels of work.

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Trauma Definitions
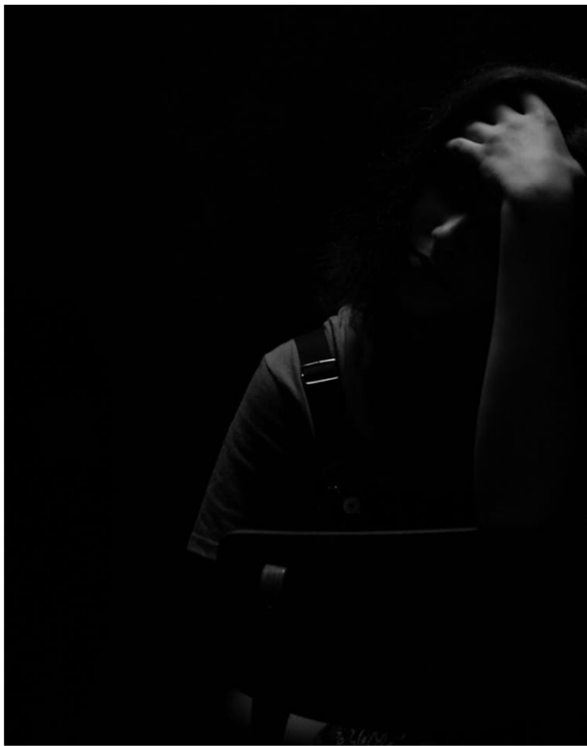
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- **Trauma-informed** services include things we all *need to know.*

- **Trauma-responsive** services include what we *need to do (policies, practices, environment = culture)* when we work with trauma survivors.

- **Trauma-specific** include what services we *need to provide*.

Definition of Trauma

Trauma occurs when an external event overwhelms a person's physical and psychological coping mechanisms or strategies.

(van der Kolk, 1989)

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Impact of Trauma

- Trauma affects how people think, feel, and behave.

- The more you understand these effects, the easier it is to interact with people in ways that encourage their cooperation as well as their participation in their own recovery/rehabilitation.

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Typical Feelings

- Anger
- Sadness
- Numbness
- Fear
- Rage
- Hostility
- Desire for vengeance

- Loneliness
- Being scared
- Depression
- Anxiety
- Distrust
- Powerlessness
- Vulnerability

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Typical Behaviors

- Aggressive
- Loud
- Quiet
- Isolated
- Childlike
- Rude

- Unpredictable
- Inconsistent
- Controlling
- Exploitive
- Phobic
- Sleepless

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Developing
Trauma-Focused Interventions

Theoretical Foundation

- Judith Herman, M.D. (historical framework/stages of recovery)

- Sandra Bloom, M.D. (environment/culture)

- Daniel Seigel, M.D. (brain)

- Peter Levine, Ph.D. (body)

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Important Considerations

- Culture/Environment (Webinar #2, March 31 archived recording is available now!)
- Gender
- Treatment
  - Themes
  - Strategies
  - Structure/Core Elements
  - Myths
- Training
- Research

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Core Values of Trauma-Responsive Environments

Safety:

Ensuring physical and emotional safety.

Choice:

Emphasizing individual choice and control.

Trustworthiness:

- Maximizing trustworthiness.
- Modeling openness.
- Maintaining appropriate boundaries.
- Making tasks clear.

(Fallot & Harris, 2008)

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Core Values of Trauma-Responsive Environments

Collaboration:

- Providing equality in participation.

- Sharing power.

- Creating a sense of belonging.

Empowerment:

Striving for empowerment and skill building.

(Fallot & Harris, 2008)

Gender Differences

Defining Gender

Gender:

- Experience of growing up with the social messages about how one should be as a female or a male.

Sex:

- Biological differences, based on genitalia.

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Gender Definitions (1 of 3)

- **Cisgender**: Describes a person whose gender identity matches the biological sex assigned at birth (sometimes abbreviated as "cis").

- **Transgender**: Describes a person whose gender identity is incongruent with (does not "match") the biological sex assigned at birth (sometimes abbreviated as "trans").

- **Gender expression**: A person's outward gender presentation, usually comprising personal style, clothing, hairstyle, makeup, jewelry, vocal inflection, and body language.

(Green & Maurer, 2015)

Gender Definitions (2 of 3)

- **Gender nonconforming**: Describes a person whose gender expression is perceived as inconsistent with cultural norms expected for that gender.

- **Nonbinary**: Describes a spectrum of gender identities and expressions, often based on the rejection of the gender binary's assumption that gender is strictly an either-or option of male/man/masculine or female/woman/feminine based on sex assigned at birth.
  - Words people may use to express their nonbinary gender identities include: "agender," "bigender," "genderqueer," "genderfluid," and "pangender."

(Green & Maurer, 2015)

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Gender Definitions

- **Sexual orientation**: A person's feelings of attraction toward other people. A person may be attracted to people of the same sex, of the opposite sex, of both sexes, or without reference to sex or gender.

- **LGBTQI**: An acronym for lesbian, gay, bisexual, transgender, queer, questioning and/or intersex individuals and communities.

- **SOGIE**: An acronym for sexual orientation, gender identity, and gender expression.

(Green & Maurer, 2015)

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Gender and Abuse

- **Childhood**
  - Girls and boys at equal risk from family members and people they know.

- **Adolescence**
  - Young men at risk from people who dislike or hate them. Boys at greater risk if they are gay, young men of color, transitioning, or gang members.
  - Young women at risk from lovers or partners – people to whom they are saying, "I love you."

- **Adulthood**
  - Men at risk from combat or being victims of crime.
  - Women at risk from those they are in love with.
  - LGBTQ+ and gender-nonconforming people at highest risk.

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Gender-Responsive Treatment

Environment

- Creating an environment through
  - Site selection
  - Staff selection
  - Program development
  - Content
  - Material

Understanding

Reflects an understanding of the lives of women and girls (men and boys, transgender, and nonbinary people).

Strength & Challenges

Addresses their strengths and challenges.

(Covington and Bloom, 2006)

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Gender Differences and Trauma

Female-Identifying	Male-Identifying
Typical trauma: childhood sexual abuse	Typical trauma: witnessing violence, physical abuse
More likely to develop PTSD when exposed to violence	More likely to be exposed to violence, but less likely to develop PTSD
Repeated exposure to sexual and violent victimization from intimates, beginning in childhood	Exposure to violence from strangers and adversaries; sexual abuse and coercion from outside family; feeling shame and "unmanly;" feeling the need to trying to control and dominate

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Gender Differences and Trauma

Female-Identifying	Male-Identifying
Internalizing: self-harm, eating disorders, addiction, avoidance	Externalizing: violence, substance misuse, crime, and hyper-arousal
More likely to get treatment for mental illness than substance use disorder	More likely to get treatment for substance use disorder than mental illness
Treatment needs to emphasize empowerment, emotional regulation, and safety	Treatment needs to emphasize feelings, relationships, and empathy

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Developing
Trauma–Focused Interventions
Themes, Strategies, Structure

Themes

- Safety

- Empowerment

- Connection (Aloneness)

- Normal reactions (Shame)

- Mind-body connection

- Substance misuse

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Treatment Strategies

- Cognitive-behavioral

- Relational therapy

- Guided imagery

- Mindfulness

- Emotional Freedom Technique (EFT)

- Expressive arts

- Mind-body (yoga)

- Experiential learning (interactive exercises)

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Core Elements

- Structure
- Predictability
- Consistency
- Trust
- Safety
- Security
- Cognitive coping
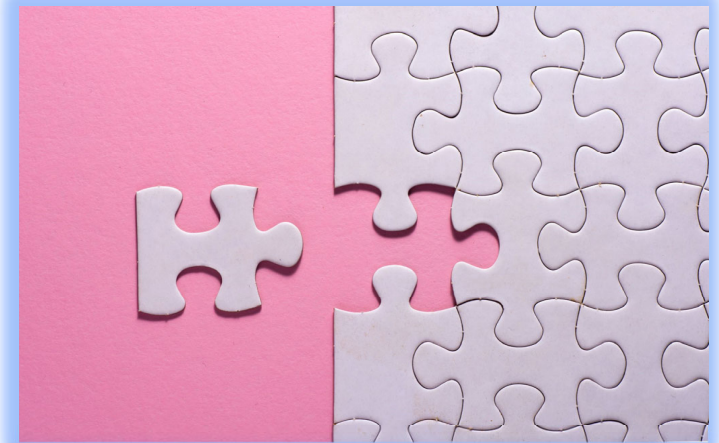
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Structure for a Session

- Quiet time—"settling"

- Check-in

- Review of between-sessions activity

- Discussions

- "Lecturettes"

- Interactive exercises

- Closing, grounding exercise

Examples of Interactive Exercises
(Experiential Learning)

- Gender
  - Act like a woman?
  - Act like a man?
  - Transgender, nonbinary (pronouns, examples)
- Power and Control Wheel
- Anger Funnel
- Healing Masks
- Family Sculpture
- Coping Skills (grounding exercises)

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Male Socialization

- Messages received growing up.

- Shame, guilt, humiliation.

Challenge of Men

- Male socialization is about "toughness."

- Fear of humiliation.
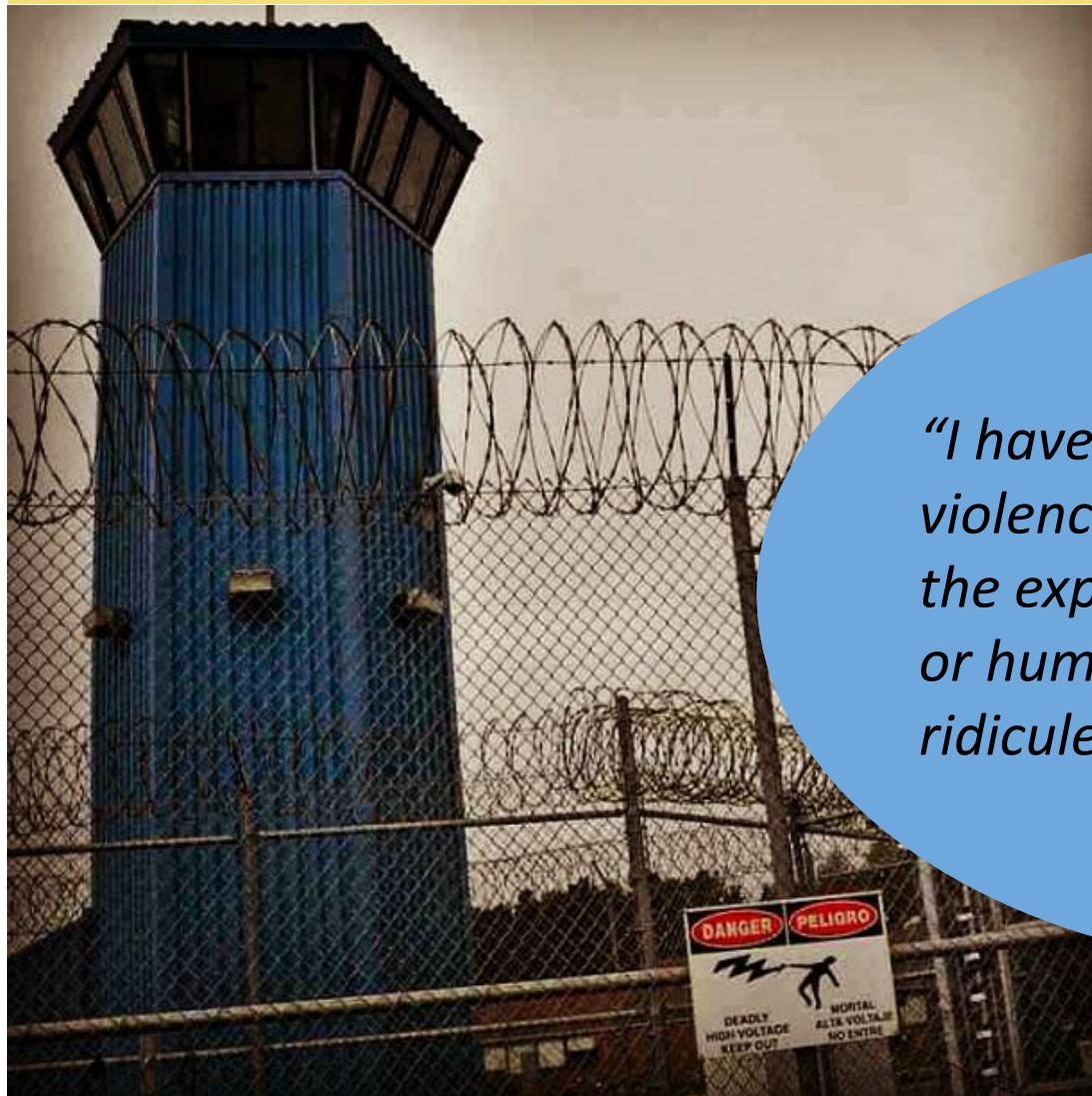
"I have yet to see a serious act of violence that was not provoked by the experience of feeling shamed or humiliated, disrespected and ridiculed."

~Gilligan, 1996

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Examples of Interactive Exercises
(Experiential Learning)

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Power and Control Wheel
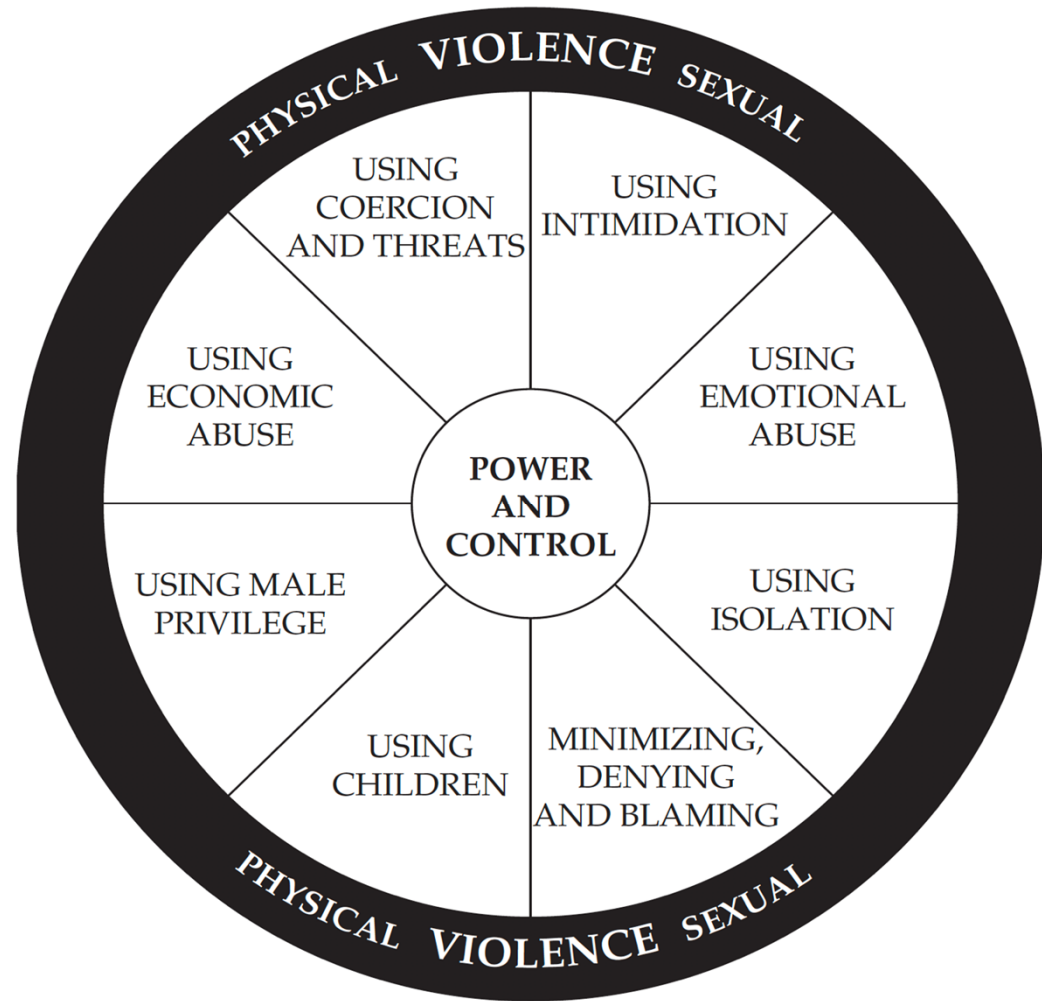
(Domestic Abuse Intervention Programs, n.d.)

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Anger Funnel

Hurt

Sadness

Fear

Insecurity
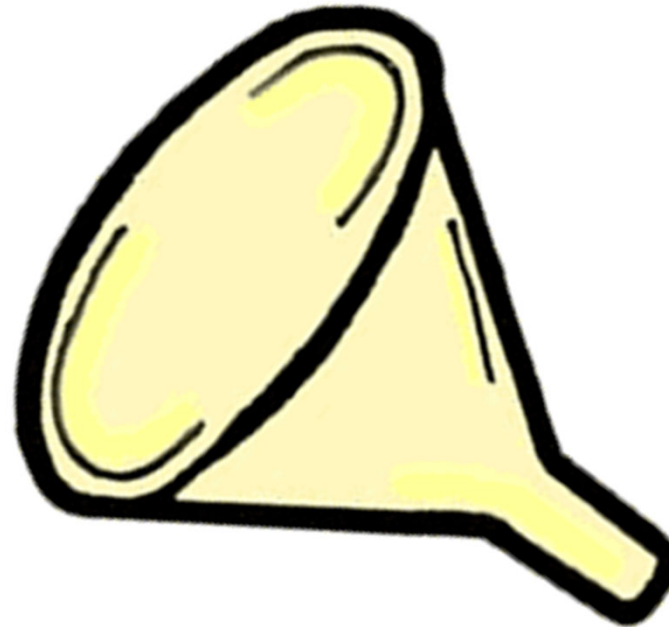
Anger

Rage

Violence

(Covington, Griffin, & Dauer, 2011)

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Healing Masks

Front
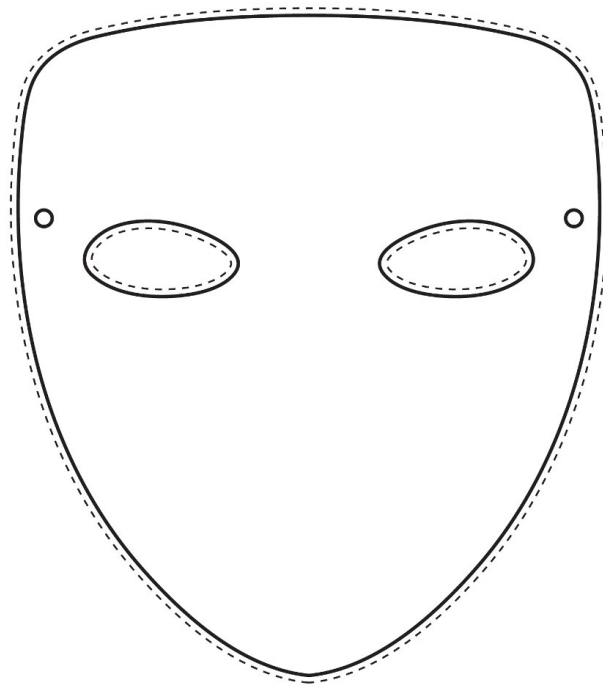
Back
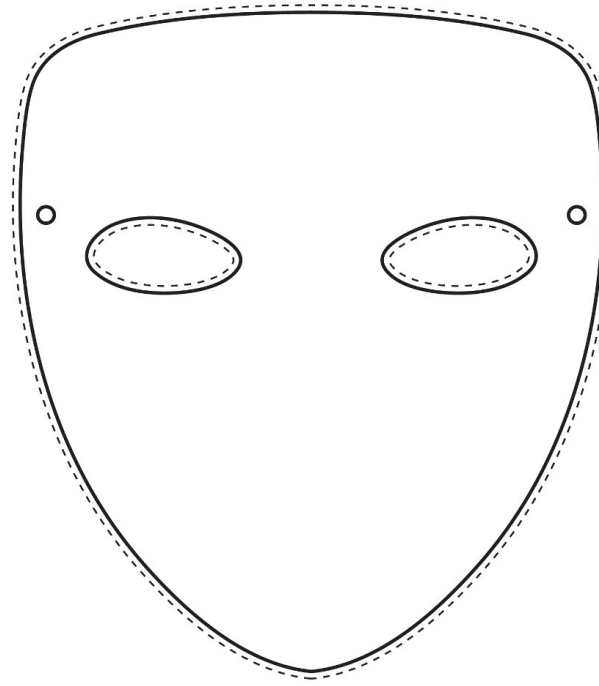
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Participant Healing Masks
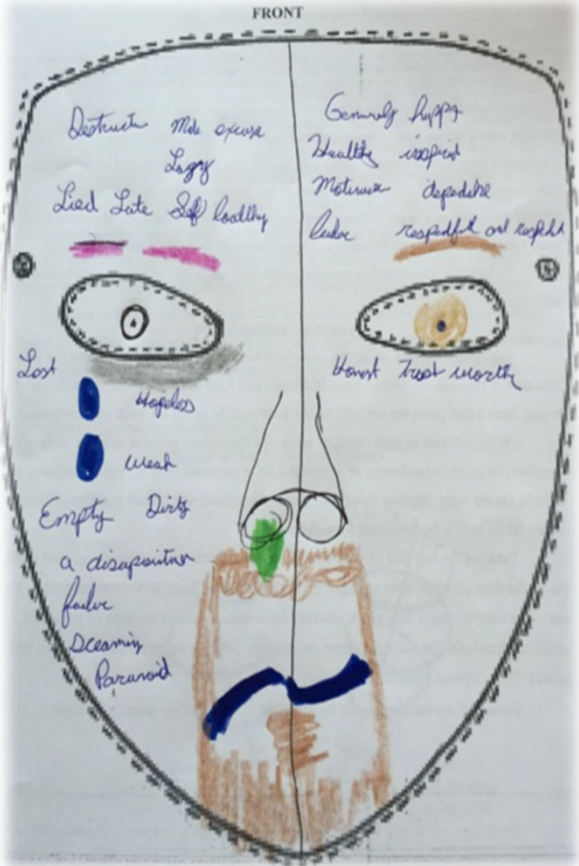
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Family Sculpture

Video with Peer Facilitators
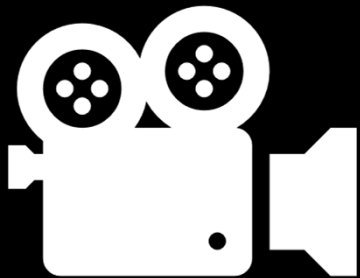
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Self-Soothing Chart

	Alone	With Others
Day		
Night		

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Five Senses Activity
(Grounding exercise = coping skills)

5 things 👁
4 things ✋
3 things 👂
2 things 👃
1 thing 👄

Developing
Trauma–Focused Interventions
Myths, Training

Mythology

- A person needs to be in recovery for a year before they can do any trauma work.

- A focus on trauma always follows recovery.

- Trauma work requires many years of treatment.

- Only those with graduate degrees and years of training can provide trauma services.

Key Elements
(Staff and Program Participants)

- Learn what trauma/abuse is

- Recognize gender differences

- Understand typical responses

- Develop coping skills

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What Makes a Good Facilitator? (1 of 3)

The following qualities in a facilitator will help ensure a positive group experience:

- Trustworthy

- Credible

- Available

- Reliable, consistent

- Energetic

- Hopeful

- Warm, compassionate

- Emotionally mature

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- Maintains healthy boundaries, respects confidentiality.

- Committed to and interested in gender-focused issues.

- Multicultural sensitive and responsive.

- Appropriate gender—A female should facilitate all-female groups; a male facilitator for all-male groups.

- Likes themselves as a person.

- Prepares for each session.

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What Makes a Good Facilitator? (3 of 3)

- If a trauma survivor, confidence in being in a place in their own recovery that allows healthy and positive outcomes for themselves and the participants in the group.

- Content expertise, if possible.

- Facilitation skills.

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Get staff involved, too!

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Training Group	Therapy Group
The focus is on	
• Learning as a group	• Individual growth
• Using the group for experimental learning by means of activities	• Using the group to recreate family-of-origin dynamics
• Having support from outside the group (for individual issues)	• Using the group for support for individual issues
• Sequential learning	• Process

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Developing Trauma–Focused Interventions Research

"Evidence-Based" History

- Institute of Medicine (IOM)

  - Research trials

  - Physician's clinical wisdom

- Behavioral Health

  - National Registry of Evidence-Based Programs and Practices (no longer exists)

    - Randomized control trials

- American Psychological Association

  - Research

  - Clinical expertise

  - Client culture, preferences

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Definition of Evidence-Based

"...the integration of the best available research and clinical expertise within the context of patient characteristics, culture, values, and preferences."

(American Psychiatric Association, 2013)

What Does "Evidence-Based" Mean?

- Evidence supports the efficacy of a treatment—the treatment works.

- The treatment has been validated with populations similar to those being treated—the treatment works for clients like mine.

- There are different levels of efficacy.

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National Child Traumatic Stress Network
Empirically Supported Treatments and Promising Practices

Treatment Classification System
1. Well-supported, effective treatment
2. Supported and probably effective treatment
3. Supported and acceptable treatment
4. Promising and acceptable treatment
5. Novel and experimental treatment
6. Concerning treatment

(National Child Traumatic Stress Network, 2015)

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Trauma–Focused Treatment Programs

Trauma-Focused & Gender-Responsive Treatment Programs

1. *Healing Trauma: A 6-Session Brief Intervention for Women* (Covington & Russo, 2011, rev 2016)

2. *Exploring Trauma: A 6-Session Brief Intervention for Men* (Covington & Rodriguez, 2017)

3. *Beyond Violence: Prevention Program for Criminal Justice-Involved Women*, *20 Sessions* (Covington, 2015)

4. *Beyond Trauma: A Healing Journey for Women*, *12-Sessions* (Covington, 2003; rev 2016)

5. *Helping Women Recover: A Program for Treating Addiction*, *20 Sessions* (Covington, 1999; rev 2008; 2019)

6. *Helping Men Recover: A Program for Treating Addiction*, *18 Sessions* (Covington, Griffin, & Dauer, 2011)

Trauma-Focused & Gender-Responsive Treatment Programs (cont'd.)

7. *Voices: A Program of Self-Discovery and Empowerment for Girls*, *18 sessions* (Covington et al., 2004; rev 2017)

8. *A Young Man's Guide to Mastery*, *14 sessions* (Covington & Rodriguez, 2021)

9. *Seeking Safety: Treatment for Trauma/PTSD and Substance Abuse*, *25 topics* (Najavits, 2002; rev 2013)

10. *Trauma Recovery and Empowerment Model for Treating PTSD in Women* (TREM; *24-29 modules)* (Harris, 1998)

11. *Men's Trauma Recovery and Empowerment Model* (M-TREM; 24 modules) (Fallot, Harris, et al., 2001)

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Research

Results of Brief Intervention for Women
Significant Positive Post-Intervention Changes

- Anxiety
- Depression
- PTSD
- Serious Mental Illness
- Aggression
- Social Connectedness
- Emotion Regulation

(Messina and Zwart, 2021)

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3,500 participants and 1,000+ in research

Results of Brief Intervention for Men
Significant Positive Post-Intervention Changes

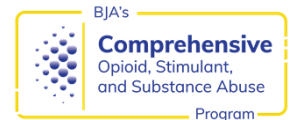| Anxiety |
| Depression |
| PTSD and **Trauma** Symptoms |
| Mental **Health** Scores |
| Aggression |
| Anger |
| Instrumental & Expressive Representation |
| Interpersonal Empathy |
| Social **Connectedness** |
| Emotional **Regulation** – Impulse Control |

5,000 participants and 1,000+ in research

(Messina and Zwart, 2021)

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Beyond Violence
1-Year Post Release
(RCT)

- Less recidivism

- Less relapse

	Arrest within the First Year	Positive Drug Screen
Beyond Violence Program	15%	25%
TAU (Assaultive Offender Program)	47%	47%

(Kubiak, Fedock, Kim, and Bybee, 2016)

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Beyond Violence: Significant Positive Changes for Treatment Group Compared with Control Group on 82% of Outcomes

Decrease

| Depression |
| PTSD |
| Anxiety |
| Emotional Dysregulation |

Improved Mental Health for *BV Group* over Control Group

| Expressive Anger |

Less Anger for *BV Group*

| Aggression/Hostility |
| Physical Aggression |
| Hostility |
| Indirect Aggression |

Less Aggression/Hostility for *BV Group*

(Messina & Calhoun, under review)

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Helping Women Recover and Beyond Trauma
(Staff-led)

Randomized Controlled Trial funded by the National Institute on Drug Abuse.
Post-release follow-up for 12 months.

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Staff-Led Randomized Controlled Trial

115 Women Randomized

Gender-Responsive Treatment (GRT)
60 women

Prison-Based Therapeutic Community (TC)
55 women

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(Messina, Grella, Cartier & Torres, 2010)

Helping Women Recover and *Beyond Trauma*
Significant Positive Differences in Post-release Outcomes for the GRT Group Compared with the TC Group

Findings show:

✓ A 360% increase in the odds of successfully completing residential aftercare treatment for the GRT group, compared with the standard TC group .

✓ A 67% decrease in the odds of the GRT participants being returned to prison, compared with the TC participants.

✓ A greater reduction in drug use for the GRT group across time compared to the standard TC group.

(Messina, Grella, Cartier, and Torres, 2010)

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What Makes a Difference?

- Women-only (WO) treatment compared to mixed-gender (MG)

- WO increased odds of successful outcome by 49%

  - Substance use

  - Mental health

  - Criminal justice

(Evans, et. al., JSAT, 2013)

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Summarizing Information

- Justice-based programs must account for trauma and violence and apply that consideration to the rehabilitative process.

- Trauma-focused programming can be peer- or program staff-led with significant positive outcomes.

- Program fidelity requires manualized facilitator guides, program director support and coordination, and facility support and participation.

- Trauma-focused programming can be successfully implemented with men and women at all levels of security, as well as in the community.

Summarizing Information (cont'd.)

- Brief trauma-focused interventions show significant positive impact consistently for both men and women.

- Randomized controlled trials substantiate the findings from the large pilot studies.

- Understanding the cycle of trauma is relevant to understanding pathways and interventions (for both staff and resident's/client's safety).

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Upward Spiral

Transformation
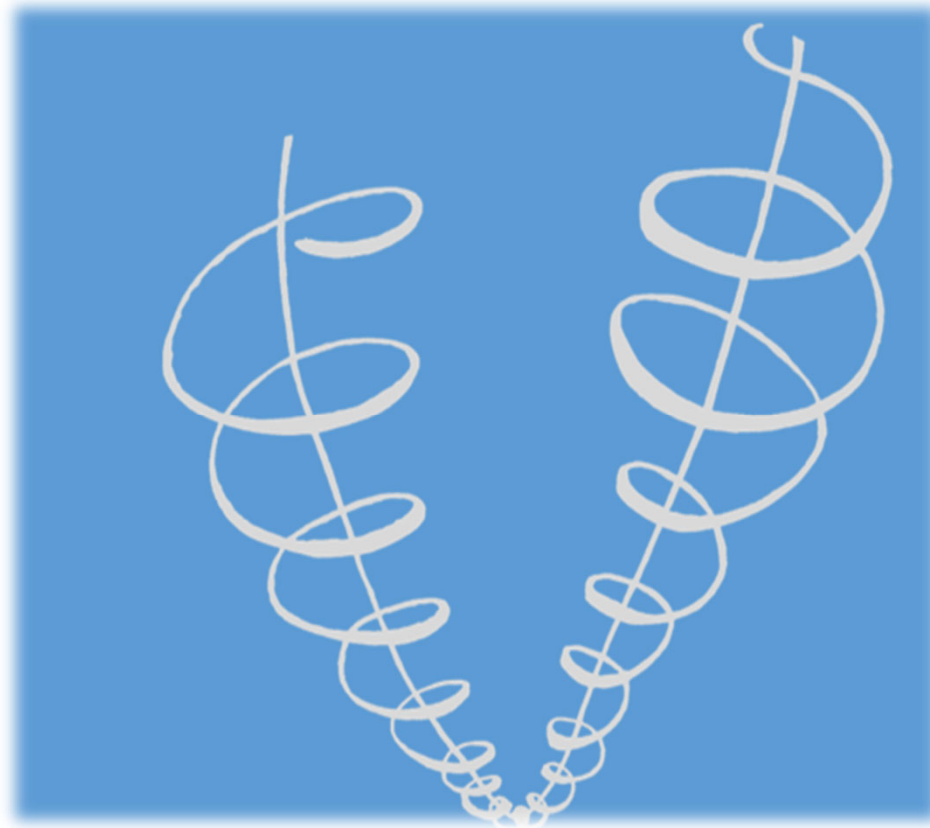
Trauma
(constriction)

Healing
(expansion)

Questions?

For more information

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www.CreatingPresence.net

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Program

Becoming Trauma-Informed: A Core Element in Effective Services for Justice Settings

Three-part webinar series:

Webinar 1. Becoming Trauma-Informed: Understanding the ACE Study

- The recorded webinar is available **here**

Webinar 2. Becoming Trauma-Informed and Moving to Trauma-Responsive

- The recorded webinar is available **here**

- ## Webinar 3. Trauma-Specific Services: Programs that Work
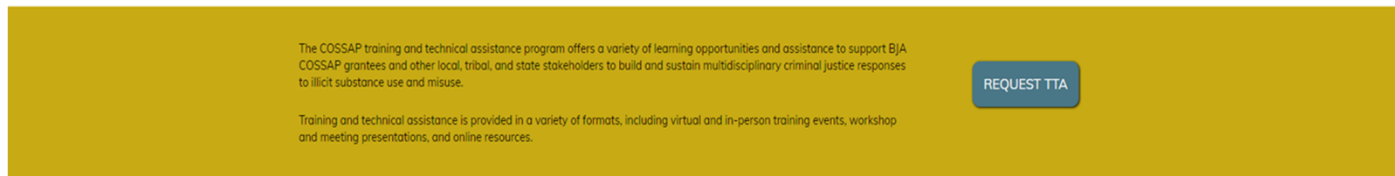
  - A link to the recording and the PowerPoint coming to you soon!

BJA's
Comprehensive
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and Substance Abuse
Program

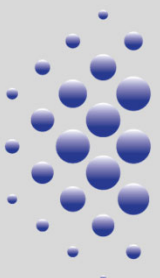# https://cossapresources.org/Program/TTA

COSSAP Resources

Tailored Assistance—The COSSAP training and technical assistance (TTA) program offers a variety of learning opportunities and assistance to support local, tribal, and state organizations, stakeholders, and projects in building and sustaining multidisciplinary responses to the nation's substance abuse crisis. ***You do not need to be a COSSAP grantee to request support***. TTAs are provided in a variety of formats, including virtual and in-person training events, workshop and meeting presentations, and online resources. Request TTA to support your activities at https://cossapresources.org/Program/TTA/Request.

Funding Opportunities—Current COSSAP and complementary funding opportunities are shared at https://www.cossapresources.org/Program/Applying.

Join the COSSAP community! Send a note to COSSAP@iir.com with the subject line "Add Me" and include your contact information. We'll be happy to ensure you receive the latest-and-greatest COSSAP opportunities, resources, and updates.

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