tips & tools

ASU Center for Applied Behavioral Health Policy
ARIZONA STATE UNIVERSITY

Trauma-Informed Care: Principles & Practices

for justice-involved women with serious mental illness and co-occurring substance use

The Four "Rs" in a Trauma-Informed Approach

A program, organization, or system that is trauma-informed **realizes** the widespread impact of trauma, and understands potential paths for recovery; **recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system and **responds** by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively **resist** re-traumatization.

-SAMHSA's Concept of Trauma & Guidance for a Trauma-Informed Approach

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"Universal Precautions" should be used, as the vast majority of justice-involved women have a history of trauma. Trauma-informed approaches should be applied to everyone (without any prior screening), as these approaches involve minimal risk and can be beneficial to all.

Asking "what happened to you?" instead of "what's wrong with you?"

Women who have experienced trauma are likely to continue to cycle through criminal justice and behavioral health crisis systems until we offer a full continuum of trauma-informed services. These include screening, assessment and effective engagement in evidence supported practice, with continuing support for women and their families. Change how you approach the conversation from one that may be interpreted as victim blaming ("what's wrong with you") to inquiring earnestly about women's experiences ("what happened to you?"). This shifts the view of trauma survivors from "sick" or "bad" to people who have been injured. Research shows that trauma survivors can and do overcome traumatic experiences with appropriate support and intervention.

Prevalence of trauma is extremely high for justice-involved women.
According to the U.S. Department of Health and Human Services Office on Women's Health, 55-99% of women in substance use treatment, and 85-95% of women in the public mental health system, report a history of trauma.

Trauma is linked to the onset of mental health conditions, substance abuse and women's involvement in criminal behavior.
Effects of traumatic experiences often remain well beyond the traumatic event, especially for people who have endured repeated traumatic events such as exposure to violence, chronic neglect and armed conflict. Depression, anxiety, strained relationships and suicidal tendencies are common symptoms of trauma survivors.

Trauma overwhelms coping resources, ignites the "fight, flight or freeze" reaction and frequently produces a sense of fear, vulnerability and helplessness.
Triggers (e.g. smells, a person who is reminiscent of a prior abuser) are stimuli that set off a memory of a traumatic experience. Research on trauma, including brain imaging, has shown that trauma survivors who are triggered may experience extreme stress, feelings of constantly being threatened, unconsciously scanning the environment for danger, misinterpreting interactions as threats, and difficulty regaining or maintaining a sense safety or relaxation.

Trauma-related symptoms and behaviors are often ways women cope and survive.
Misinterpreted acts of defiance and non-compliance are actually coping mechanisms used by survivors to alleviate distress. Examples include self-harm, alcohol and drug use, passivity, sexual promiscuity and other sexualized behavior, bullying, withdrawing or isolating, difficulty being present, and nurturing oneself with food. While these trauma-related behaviors are often seen as destructive, "rule violations," "treatment failure," "manipulations," or as self-deprecating behavior, they actually provide relief and a sense of control to the survivor.

Research has shown many benefits to using trauma-informed approaches.
Reductions in the use of mental health units, restraints, critical incidents and staff turnover. Trauma-informed approaches also allow for more effective behavior management, enhanced engagement, and increases in client and staff satisfaction.

Educating women on the effects of trauma and helping them cope with these effects is key to many innovative programs .
Traumatic experiences can complicate women's capacities to make sense of their lives and to create meaningful, consistent relationships with their families, friends and others in their community. There is a growing number of empirically-supported clinical interventions for trauma responses with more than 15 interventions for the screening and treatment of trauma, available in SAMHSA's National Registry of Evidence-based Programs and Practice (http://www.nrepp.samhsa.gov/)

"Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being"

-SAMSHA's Trauma and Justice Strategic Initiative

The Six Key Principles of a Trauma-Informed Approach[1]

1. **Safety.** Provide a physical setting where interpersonal interactions promote a sense of safety for both staff and the people they serve.
2. **Trustworthiness and Transparency.** Build and maintain trust with your clients and their families. Conduct operations and decisions with transparency.
3. **Peer Support and Mutual Self-Help.** Establish hope, build trust and enhance collaboration. Encourage trauma survivors to use their stories and shared lived experience to promote healing and recovery.
4. **Collaboration and Mutuality.** Allow for the leveling of power differences between "staff" and "clients" so that decision-making is shared and healing is supported through genuine and meaningful relationships.
5. **Empowerment, Voice and Choice.** Recognize and build on clients' strengths and experiences to foster resiliency, support shared decision-making, and cultivate self-advocacy. Empower and support staff to facilitate recovery rather than control or direct a person's goals.
6. **Cultural, Historical and Gender Competence.** Recognize individuals' unique needs and offer and ensure access to gender responsive services.

To create an environment that reduces the risk of re-traumatization, modify your correctional practices to eliminate those that can be trauma-inducing and trigger painful memories. Many practices that interfere with healing can be successfully transformed by giving options, helping to rebuild a sense of control and empowering the survivor. Examples are:

- Eliminate or reduce the use of restraints, seclusions and segregation through the use of trauma-informed de-escalation techniques such as lowering your tone, using the woman's name, providing information (empowerment), and using motivational interviewing techniques (encouragement for cooperation).
- Communicate with women before "hands on" activity like cuffing , especially during and after pat-downs or strip searches. Ask permission to proceed, explain why the procedure is needed, describe the procedure, and acknowledge/thank her for cooperating upon completion.
- Update supervision protocols used during sensitive times (e.g. showering, dressing and the collection of urine samples) to incorporate choice by the women as to who will be observing them during these procedures.
- Modify facilities and probation offices so they are inviting and promote a sense of calmness, safety, collaboration and openness. Display recovery supporting materials in the lobby that include self-regulation/relaxation skills. Identify spaces clearly, eliminating unmarked doors and creating ease of access to exits.

As a correctional professional, you have an increased risk of experiencing secondary traumatic stress, vicarious trauma and compassion fatigue. Recognize that staff may also have a history of trauma and provide education on the warning signs and symptoms such hypervigilance, hyperarousal, emotional numbing, being easily moved to tears, feelings of despair and hopelessness, reduced productivity and irritability. Instill and support strategies to manage personal and professional stress.

Additional resources available at https://cabhp.asu.edu/content/trauma-informed-care.

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1 Harris and Fallot, 2001; Elliot, D.E., Bjelajac, P., Fallot, R.D., Markoff, L.S., and Reed, B.G. 2005.

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