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Trauma-Specific Interventions for Justice-Involved Individuals

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Trauma is a widespread experience among persons with mental and substance use disorders, inside and outside of the criminal justice system. In 2014, SAMHSA established a framework for trauma and introduced its concept of trauma and a trauma-informed approach: "Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being" (SAMHSA, 2014, p.7). The body of research documenting the significant relationship between trauma history and criminal justice involvement continues to grow. Fortunately for those affected, there has also been additional focus on the implementation and empirical study of both trauma-informed and trauma-specific interventions for justice-involved persons (SAMHSA, 2014).

Lived Experience

Rates of traumatic experiences among justice-involved populations, particularly those with mental illness are "so high as to be considered an almost universal experience" (SAMHSA's GAINS Center, 2015; SAMHSA et al., 2013). A study of over 7,500 inmates in New Jersey found 56 percent of males reported physical abuse as children (Wolff, Shi, & Siegal, 2009), while another study of female offenders found that 88 percent reported some exposure to a traumatic event and 74 percent had childhood sexual or physical trauma (Wolff, Frueh, Shi, Gerardi, Fabrikant, & Schumann, 2013). Rates of both current and lifetime traumatic experiences among justice-involved individuals with mental illness is even higher. In one study of jail diversion programs for persons with mental illness, 96 percent of women and 89 percent of men reported traumatic experiences in their lifetime, with 74 percent and 86 percent reporting experiencing trauma in the past 12 months (Policy Research Associates, 2011). In a three-site study of 311 mental health court participants, 67 percent of women and 73 percent of men reported experiencing childhood physical abuse and one-third of all participants reported physical and/or sexual abuse in the past 12 months (L. Callahan, personal communication, May 26, 2015).

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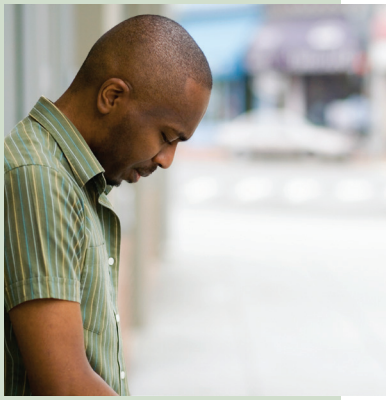

Trauma Contributes to Criminogenic Factors

The commonly used adage "hurt people hurt people" is resonant for more than anecdotal reasons. Research has shown in a variety of ways that many adults who exhibit violent or aggressive behaviors have likely experienced trauma during childhood (Whitefield, Anda, Dube, & Felitti, 2003; Anda et al. 2006; Fitzpatrick & Boldizar, 1993). As literature grows about the effect of adverse childhood experiences (all of which would be considered traumatic), there also appears to be a clear link between criminal behavior and high scores on the Adverse Childhood Experiences (ACE) Questionnaire (Reavis, Looman, Franco, & Rojas, 2013). Some speculation on the nature of this relationship has centered on the potential existence of poorer social problem-solving skills of those with a traumatic history (Beller, 2011) and the higher rates of aggressive behavior seen in those with traumatic histories.

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Trauma-Informed Services

A trauma-informed system is one in which all of its components have been reconsidered and evaluated in the light of a basic understanding of the role that violence plays in the lives of adults, children and adolescents, and families or caregivers seeking mental health and addictions services (Harris & Fallot, 2001). A trauma-informed system uses this understanding to design service systems that accommodate the vulnerabilities of trauma survivors, allow services to be delivered in a way that will avoid inadvertent retraumatization, and facilitate consumer participation in treatment. It also requires, to the extent possible, closely knit collaborative relationships among mental health and other public sector service systems serving these clients (Harris & Fallot, 2001). Although Harris and Fallot first introduced the concept of trauma-informed care, which described the core principles of Safety, Trust, Choice, Collaboration, and Empowerment, the idea was further developed by SAMHSA's Trauma and Justice Strategic Initiative, which established six key principles of a trauma-informed approach:

- Safety
- Trustworthiness and Transparency
- Peer Support
- Collaboration and Mutuality
- Empowerment, Voice, and Choice
- Cultural, Historical, and Gender Issues

Several prominent strategies in the criminal justice system share the values of trauma-informed care. Crisis Intervention Team (CIT) training, for example, highlights the importance of collaboration between police and community stakeholders and focuses on skills that officers can employ to de-escalate crisis situations (Teller, Munetz, Gil, & Ritter, 2006; Watson, Morabito, Draine, & Ottati, 2008). Community policing emphasizes trustworthiness, collaboration, and empowerment (Community Oriented Policing Services, 2014). Problem-solving court models emphasize the importance of trust, choice, collaboration, and empowerment (Keary, 2015). Strategies that embody procedural justice resonate with trauma-informed principles of care, including trustworthiness, collaboration, and respect (Gold & Bradley, 2013). Trauma-informed principles and practices are

being disseminated to corrections agencies as an approach to de-escalation, using increased recognition of the impact of trauma to create a more secure and stable environment (Miller & Najavits, 2012).

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Trauma-Specific Services

Trauma-specific services are designed to "treat the actual sequelae of sexual or physical abuse trauma" (Jennings, 2004). Examples of trauma-specific service models include Seeking Safety, TREM/MTREM, and TARGET. Each model emphasizes trauma-informed systems of care and focuses on: (1) grounding techniques, which help trauma survivors to manage dissociative symptoms; (2) desensitization therapies, which help to render painful images tolerable; and (3) behavioral therapies, which teach skills for the modulation of powerful emotions (Harris & Fallot, 2001). Treatment programs designed specifically for survivors of trauma are consistent on several points: the need for respect, information, connection, and hope for clients; the importance of recognizing the adaptive function of symptoms; and the need to work in a collaborative empowering way with survivors of abuse (SAMHSA's GAINS Center, 2015; National Center for Trauma-Informed Care, 2012).

Evidence-Based, Trauma-Specific Interventions for Justice-Involved Persons

As awareness of the prevalence of trauma among justice-involved individuals has grown, there has been an increasing effort to implement trauma-specific interventions into the criminal justice system. Several models have gathered evidence of their effectiveness with this highly vulnerable population.

Seeking Safety

Seeking Safety is a present-focused intervention that can be used for different genders in group or individual settings. It targets those with a history of trauma and substance abuse and focuses on five key principles: (1) safety as the overarching goal (helping clients attain safety in their relationships, thinking, behavior, and emotions); (2) integrated treatment (working on both posttraumatic stress disorder (PTSD) and substance abuse simultaneously); (3) a focus on ideals to counteract the loss of hope in both PTSD and substance abuse; (4) four content areas: cognitive, behavioral, interpersonal, and case management; and (5) attention to clinician processes (Najavits, 2002). Seeking Safety has been the subject of several studies with incarcerated women, with one finding that participants "demonstrated greater symptom improvement in PTSD and depression as well as improved interpersonal functioning and coping," (Lynch, Heath, Mathews, and Galatia, 2012). Wolff, Frueh, Shi, and Schumman (2012) found that "participants reported that Seeking Safety was helpful in each of the following areas: overall, for traumatic stress symptoms, for substance use, to focus on safety and to learn safe coping skills" (Wolff, Frueh, Shi, & Schumann, 2012).

Trauma Recovery and Empowerment Model (TREM/M-TREM)

Integrating cognitive restructuring with psychoeducational and skill-training techniques, the Trauma Recovery and Empowerment Model (TREM) is a gender-specific group approach designed to directly address aspects of an individual's experienced trauma. Incorporating coping skills, social support, mental health, and substance abuse, it is a highly manualized 24-29 session program that is gender specific, with M-TREM being specifically designed for males (Harris & Community Connections Trauma Workgroup, 1998). A recent study of the outcome of the implementation of both an M-TREM and a Seeking Safety group at a men's correctional facility found that overall, both programs had fostered "significant improvements across all outcomes: general mental health, self-

esteem, and self-efficacy" (Wolff, Huening, Shi, & Frueh, 2013). Additionally, both TREM and Seeking Safety have been called "promising" in the field of correctional programming both for direct implementation and providing content for trauma-informed modules due to their successful, present-focused approach (Epperson, Wolff, Morgan, Fisher, Frueh, & Huening, 2014).

Trauma Affect Regulation: Guide for Education and Therapy (TARGET)

Trauma Affect Regulation: Guide for Education and Therapy (TARGET) is a strengths-based and trauma-specific program. TARGET uses a cognitive-behavioral focus to encourage participants to evaluate their intrusive thoughts, especially those related to trauma, and learn how to regulate these in order to achieve recovery. One study has shown statistically significant reductions in PTSD symptoms and an increase in feelings of forgiveness towards those that have caused the victim harm in the past (Ford, Chang, Levine, & Zhang, 2013). TARGET is applicable to youth and has been widely implemented with juvenile justice populations (Ford, Steinberg, Hawke, Levine, & Zhang, 2012; Ford, Chapman, Hawke, & Albert, 2007).

Additional Trauma-Specific Interventions

Helping Women Recover and Beyond Trauma (Messina, Grella, Cartier, & Torres, 2010), Dialectical Behavior Therapy (Bohus et al., 2004), and Eye Movement Desensitization and Reprocessing (Wilson, Becker, & Tinker, 1995) have all shown to be effective with helping survivors of trauma (SAMHSA, 2015.) Research is needed to establish the evidence base for these practices with justice-involved persons.

Implications For Future Research

Recent years have seen an increased awareness of the presence of trauma and its lasting effects in the lives of those involved in the criminal justice system. Research on the effectiveness of these interventions is a relatively new endeavor that has produced promising results. Continued research is important to build the evidence base for these interventions with adults who are in the justice system. In addition, future research endeavors should focus on the effectiveness of these interventions with a variety of criminal justice populations, including pretrial, jail, prison, and community corrections populations.

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