

Do No Harm: Trauma-Informed Care (TIC) within Correctional Settings

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Introduction:

Offenders with exposure to trauma are overrepresented in all components of the criminal justice system. Trauma rates are high among the general population but even higher among the justice-involved population (SAMHSA, 2014). Risk factors such as structural racism, poverty, exposure to community violence, and incarcerations impact a person's ability to cope. Moreover, the United States incarcerates its citizens higher than any industrialized nation. Although the United States prison population has declined, offenders under community supervision have steadily increased. The juvenile justice system has incorporated a trauma-informed approach when dealing with at-risk youth in recent years. For instance, Connecticut was the first juvenile detention system in the country to implement TARGET. Trauma Affect Regulation: Guide for Education & Therapy (TARGET) was first introduced in 2005 as a pilot intervention in the New Haven and Hartford Juvenile Detention Centers. Along similar lines, female correctional facilities have found that trauma-informed correctional care (TICC) promotes healing and ensures safety. Stephanie Covington is best known for her trauma-focused interventions for women inmates and has written curricula to assist criminal justice professionals in becoming trauma-informed. To date, most of her training has been implemented in Canada and the United Kingdom but is beginning to be applied in the United States. Viewing criminal behavior through the lens of trauma creates possibilities for more effective interventions that support public safety (Levenson & Willis, 2018).

Description of the problem:

Since its origins, the United States prison system has been a place of isolation, fear, violence, and retribution. The United States prison population has declined due to changes in mandatory sentences, community supervision sentences, and budgetary constraints. On the contrary, the United States still has the largest prison population in the entire world. The impact of incarceration has been shown to have far lasting adverse effects on a person's social, cognitive, executive functioning and well-being. Westcott (2015) found that inmates must adapt to a violent environment, no privacy, and a constant, hypervigilant state due to the threat of physical and sexual abuse. The persistent threats of violence and feelings of hopelessness and vulnerability produce traumatic experiences and post-traumatic stress disorder (PTSD) among the prison population (Maschi & Bradely, 2008). Miller and Najavits (2012) also found that correctional facilities can be traumatizing due to pat-down, strip searches, and solitary confinement. Many correctional administrators have turned to trauma-informed care and interventions within the correctional settings. Trauma-Informed Correction Care (TICC) aims to train staff about trauma awareness while minimizing inmates from being retraumatized (Miller & Najavits, 2012). TICC directly correlates to fewer assaults on staff, fewer behavioral issues, and increased engagement in

programming (Kubiak et al., 2017). Staff trained in trauma can play a significant role in implementing the trauma-informed practices. Training correctional officers and professionals about the effects of trauma will help mitigate the long-lasting impact of incarceration.

Concept/Plan of Action:

The plan of action will be the following bullet points:

- 1) The Substance Abuse and Mental Health Service Administration (SAMHSA) Gains Center offers a free half-day training “*How Being Trauma-Informed Improves Criminal Justice Response*” for criminal justice professionals. The trauma training was created to raise awareness among police officers, court personnel, correctional and community corrections officers on how to interact with individuals with trauma histories. John Watts is currently one of three trainers in Connecticut certified to deliver the training. (Please see the attached training description)
- 2) Our proposal aims to offer “*How Being Trauma-Informed Improves Criminal Justice Responses*” in partnership with the Department of Corrections Training Academy to offer in-service training for correctional officers and professional staff. The training can be delivered in person or on a virtual platform.
- 3) Per the recommendation from District Manager Nick Rodriguez, the training will be piloted initially with professional/clinical staff at the Manson Youth Institute. Staff at the Niantic Correctional(female) Facility have been identified as the second cohort of staffed to be trained.
- 4) Once correctional and professional staff are trained, the Department of Corrections (DOC) would track the number of incidents reports, disciplinary infractions, and use of force incidents compared to staff who did not attend the training for quality assurance.
- 5) On a managerial level, supervisors will debrief with their subordinates on the trauma-informed care can be put into practice. The training will also provoke dialogue on how the organization can established trauma-information policies and procedures on the administration level.
- 6) The key to a successful implementation plan is making sure the training addresses larger strategic and organizational goals related to the Department of Corrections Behavioral Management System. This includes measurable goals such as reducing overall restraints, use of chemical agents and re-traumatization, but also the less tangible, yet extremely important goal of instilling rehabilitation as a cultural value within the Department of Corrections.

Resources needed:

The training space/classroom at the Maloney Training Center.

Timeline:

The capstone proposal can be implemented in consultation with DOC Training Academy Staff. It would be feasible to pilot the training to a cohort of correctional officers and programming staff in phases. Logistically, 30-35 participants can be trained per session in-person/virtually. Participants will be asked to complete a survey to assess their understanding and motivations to incorporate trauma-informed care within their day-to-day interactions with inmates.

References

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