

# Trauma-Informed Approaches: Returning Adult Citizens Part 1

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**May 3, 2022, 11:00 a.m.-12:30 p.m.**



Central East (HHS Region 3)

**MHTTC**

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

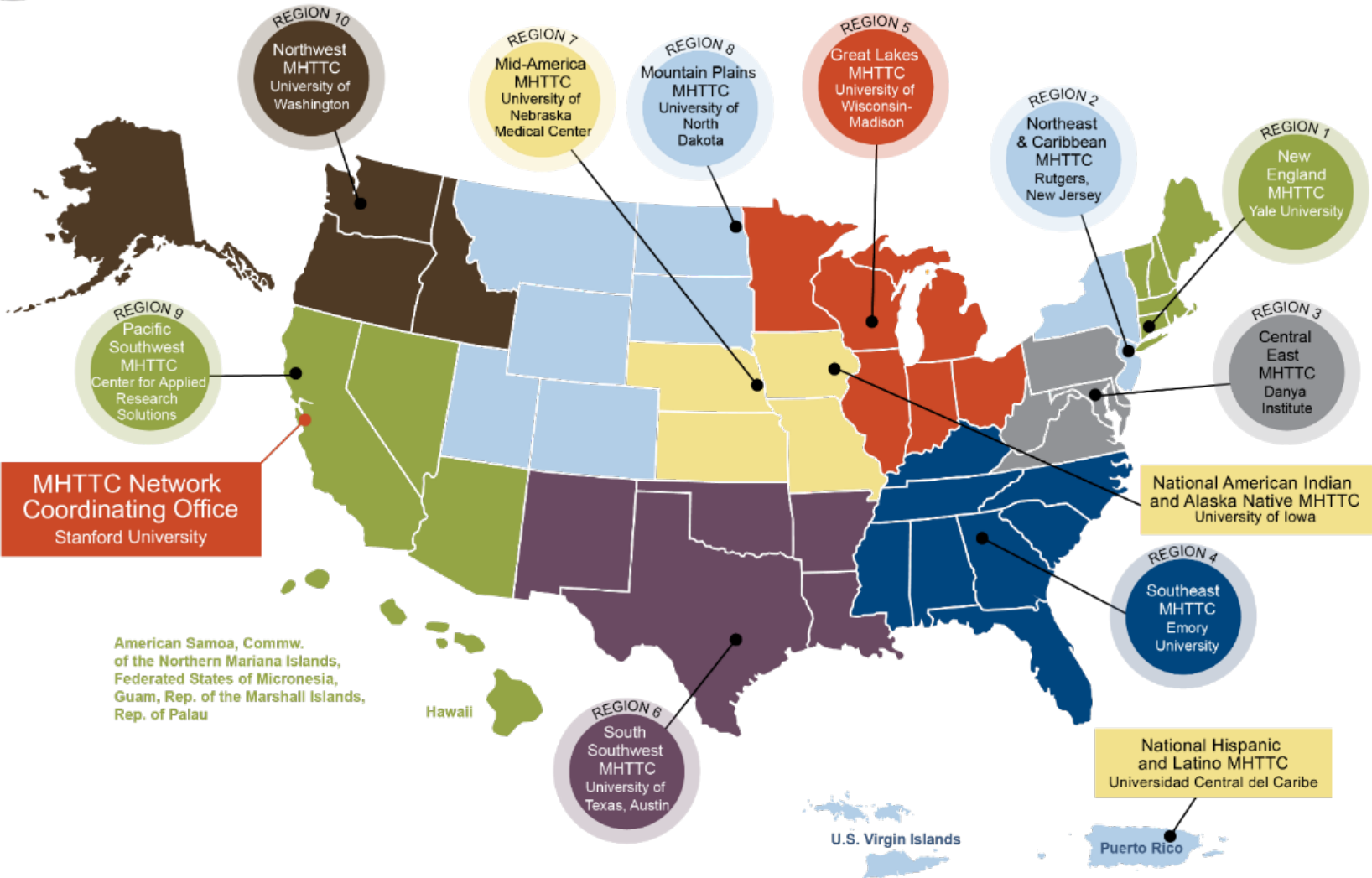
# MHTTC Network



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MHTTC Network



# MHTTC Purpose

The MHTTC Network vision is to unify science, education and service to transform lives through evidence-based and promising treatment and recovery practices in a recovery-oriented system of care.



# Central East MHTTC Goals

## Funded by SAMHSA to:

- **Accelerate** the adoption and implementation of mental health related evidence-based practices
- **Heighten** the awareness, knowledge, and skills of the behavioral health workforce
- **Foster** alliances among culturally diverse practitioners, researchers, policy makers, family members, and consumers
- **Ensure** the availability and delivery of publicly available, free of charge, training and technical assistance

# Central East Region 3



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At the time of this presentation, Miriam Delphin-Rittmon served as Assistant Secretary for Mental Health and Substance Use and Administrator of SAMHSA. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by SAMHSA/HHS, or the U.S. Government.

# Trauma Informed Approaches: Returning Adult Citizens

## Learning Objectives

- To better make an assessment, translate, and understand our science, research, and policy related to SAMSHA's Concept of Trauma and Guidance for Trauma Informed Approach.
- Analyze and assess SAMHSA's guiding principles of trauma-informed approaches.
- Create a conversation and dialog regarding the interpretation of SAMHSA's trauma-informed approaches, framework, and guiding principles as applicable to returning adult citizens.

# Prevention: A GUIDE TO SAMHSA'S STRATEGIC PREVENTION FRAMEWORK

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- **Magnitude:** Describes the prevalence of a problem or harmful behavior (e.g., Which problem/behavior is most widespread in your community?)
- **Severity:** Describes how large an impact a specific problem or harmful behavior has on the people or the community (e.g., Which problem/harmful behavior is most serious?)
- **Trend:** Describes how patterns are changing over time within a community (e.g., Which problem/harmful behavior is getting worse or better?)
- **Changeability:** Describes how likely it is that a community will be able to modify the problem or behavior.



# **SAMHSA's Trauma and Justice Strategic Initiative**

- Integrating a trauma-informed approach throughout health, behavioral health, and related systems to reduce the harmful effects of trauma and violence on individuals, families, and communities. The initiative also focuses on using innovative strategies to reduce the involvement of individuals with trauma and behavioral health issues in the criminal and juvenile justice systems.

# What is Trauma?

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- Individual trauma results from an event, series of events, or set of circumstances 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 (The Three 'e's').

# Returning Adult Citizens (RAC)

- Trauma survivors have powerfully and systematically documented their paths to recovery
- Successful returning citizens demonstrate Resilience and Empowerment.

# A Brief History of Trauma

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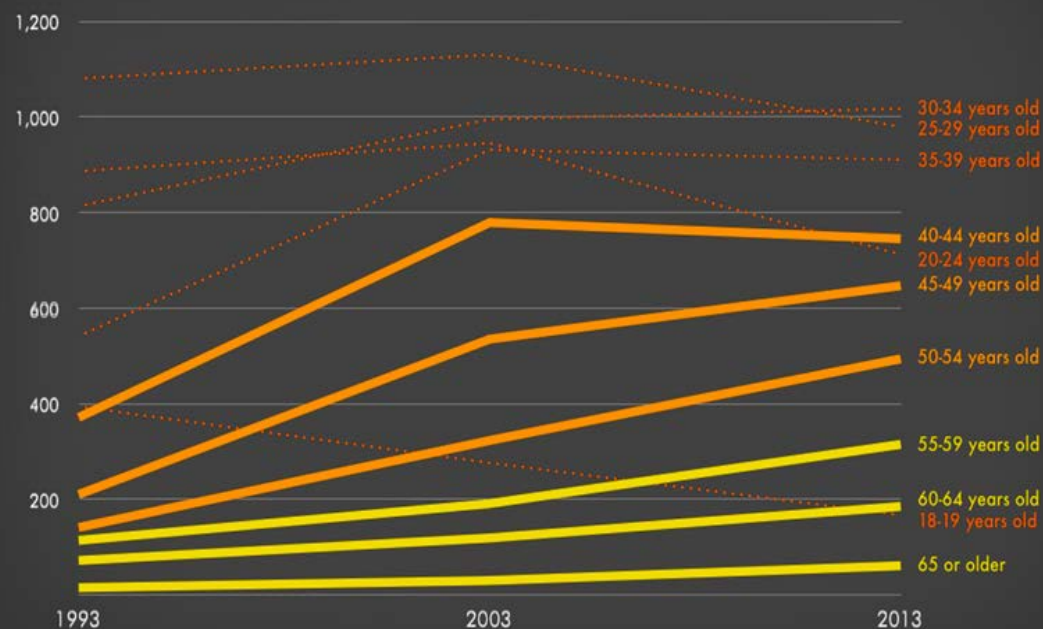
- In 1980, the American Psychiatric Association (APA) added PTSD to the third edition of its Diagnostic and Statistical Manual of Mental Disorders (*DSM-III*) nosologic classification scheme (2). Although controversial when first introduced, the PTSD diagnosis has filled an important gap in psychiatric theory and practice. From an historical perspective, the significant change ushered in by the PTSD concept was the stipulation that the etiological agent was outside the individual (i.e., a traumatic event) rather than an inherent individual weakness (i.e., a traumatic neurosis). The key to understanding the scientific basis and clinical expression of PTSD is the concept of "trauma."

# Why Is This Topic Important?

- 113 Million adults (that's 1 in 2 adults) in the United States have an immediate family member incarcerated--this includes romantic partners, spouses, and co-parents. ([Tapia, April 2021](#))
- Yearly, more than 600,000 people are released from prison, and millions from jails. This can result in unstable communities, with imbalanced families in distress. "When reentry fails, costs are high--more crime, more victims, and more pressure on already-strained state and municipal budgets." ([U.S. Department of Health and Human Services, ASPE, Incarceration & Reentry](#))
- The link between science, the development of interventions, and organization of public authorities to employ interventions is increased public understanding of and social commitment to enhancing health.
- A history of bringing knowledge and values together in the public arena to shape an approach to health problems.

## Imprisonment rate per 100,000 people by age

While the total imprisonment rate overall has been declining, the rates of imprisonment for those over 45 has been increasing.

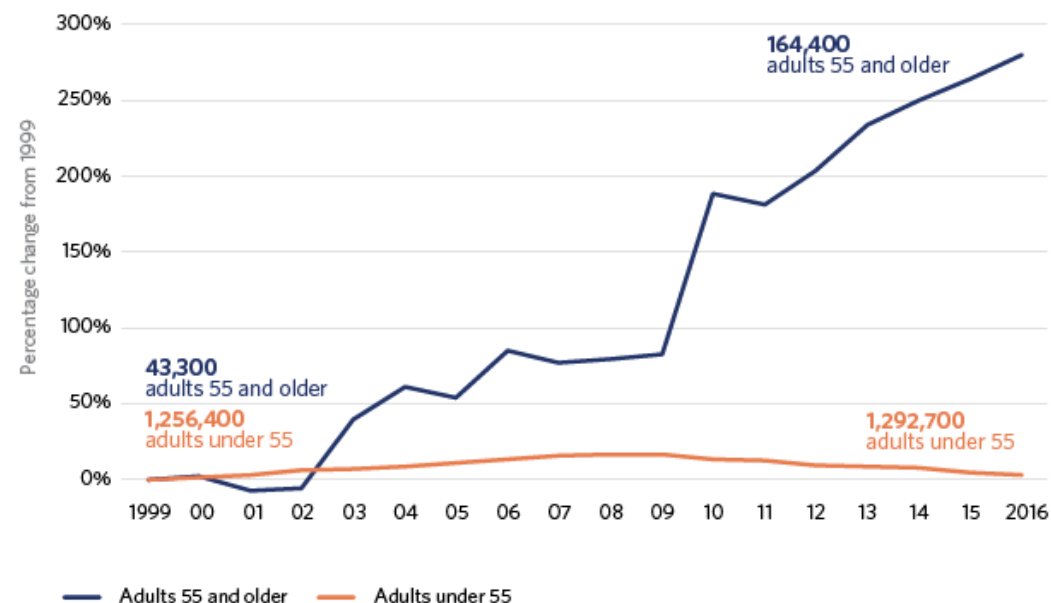


Source: Bureau of Justice Statistics *Aging of the State Prison Population, 1993-2013*

**PRISON**  
POLICY INITIATIVE

## The Number of Older Prisoners Grew by 280%, 1999-2016

### Percentage change in sentenced adults by age group



Note: The Bureau of Justice Statistics estimates the age distribution of prisoners using data from the Federal Justice Statistics Program and statistics that states voluntarily submit to the National Corrections Reporting Program. State participation in this program has varied, which may have caused year-to-year fluctuations in the Bureau's national estimates, but this does not affect long-term trend comparisons. From 2009 to 2010, the number of states submitting data increased substantially, which might have contributed to the year-over-year increase in the national estimate between those years.

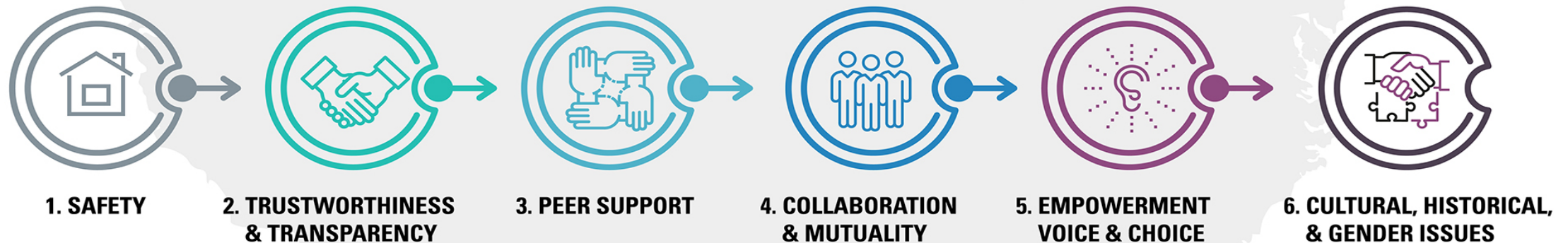
Source: Bureau of Justice Statistics

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# Six Guiding Principles To A Trauma-Informed Approach

## 6 GUIDING PRINCIPLES TO A TRAUMA-INFORMED APPROACH

The CDC's [Office of Public Health Preparedness and Response \(OPHPR\)](#), in collaboration with SAMHSA's [National Center for Trauma-Informed Care \(NCTIC\)](#), developed and led a new training for OPHPR employees about the role of trauma-informed care during public health emergencies. The training aimed to increase responder awareness of the impact that trauma can have in the communities where they work. Participants learned SAMHSA'S six principles that guide a trauma-informed approach, including:



Adopting a trauma-informed approach is not accomplished through any single particular technique or checklist. It requires constant attention, caring awareness, sensitivity, and possibly a cultural change at an organizational level. On-going internal organizational assessment and quality improvement, as well as engagement with community stakeholders, will help to imbed this approach which can be augmented with organizational development and practice improvement. The training provided by [OPHPR](#) and [NCTIC](#) was the first step for CDC to view emergency preparedness and response through a trauma-informed lens.

# Safety

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- Control exposure to the harm on both micro and macro levels.
- In planning to control risks, the measures selected should be as near as possible to the top of the hierarchy of control.
- Those measures at the top of the hierarchy reduce risk more effectively than those at the bottom and so the assessors should consider control measures in these terms.



# Trustworthiness and Transparency

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Organizational operations and decisions are conducted with transparency and the goal of building and maintaining trust among clients, family members, staff, and others involved with the organization.

## **Examples:**

- Making sure people really understand their options
- Being authentic
- Directly addressing limits of confidentiality

## **Questions for Providers:**

- Have I established Trust within my theoretical perspective?
- Have I established trust within my conceptual framework?
- Have I established trust within my environmental context?

# Peer Support

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Peer support and mutual self-help are key vehicles for establishing safety and hope, building trust, enhancing collaboration, serving as models of recovery and healing, and maximizing a sense of empowerment.

- Peer support = a flexible approach to building mutual, healing relationships among equals, based on core values and principles.
- Peer support is:
  - Voluntary
  - Nonjudgmental
  - Respectful
  - Reciprocal
  - Empathetic



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# Collaboration and Mutuality

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- Partnering and leveling of power differences between staff and clients and among organizational staff from direct care to administrators
- Demonstrates that healing happens in relationships, and in the meaningful sharing of power and decision-making
- *Everyone has a role to play; one does not have to be a therapist to be therapeutic*

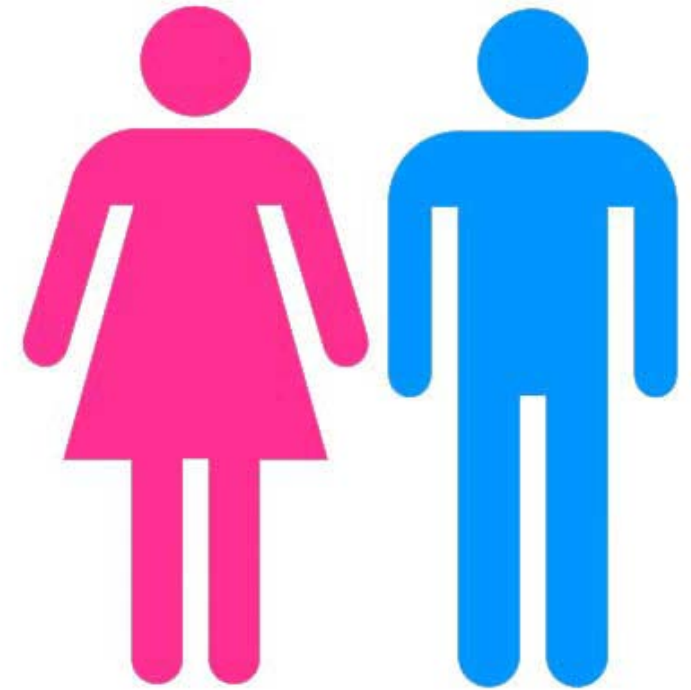
## **Collaboration incorporates:**

- Participation – We participate in collaboration, and we expect others to participate
- Mediation – We negotiate, and we collaborate together and find a middle point
- Reciprocity – We share, and we expect sharing in return through reciprocity
- Reflection – We think, and we consider alternatives
- Engagement – We proactively engage rather than wait and see

# Cultural, Historical, and Gender Issues

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The organization actively moves past cultural stereotypes and biases, offers gender-responsive services, leverages the healing value of traditional cultural connections, and recognizes and addresses historical trauma.



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# Culture

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- **Culture** influences how an individual interprets and assigns meaning to the trauma
- **Culture** significantly influences how people convey traumatic stress through behavior, emotions, and thinking
- **Culture** affects what qualifies as a legitimate health concern and which symptoms warrant help
- **Culture** can provide a source of strength, unique coping strategies, and specific resources

# Culture and Trauma

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Cultural factors influence:

- Risk and type of trauma exposure
- How a person describes their experience
- How distress is expressed
- Which topics are acceptable to discuss
- How a person makes meaning of experiences and heals from trauma

# Gender: A Brief History

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- In the early 1990s, SAMHSA) began a series of initiatives to raise awareness regarding the increasing numbers of women who had experienced violence and trauma, frequently beginning in childhood, who were seeking services from public mental health and substance abuse programs.
- Initially, attention focused on the pervasiveness of the problem, with more than 80-90 percent of women seeking services reporting histories of violence. Troubling manifestations of traumatic stress included physical health consequences and precipitous spiritual questioning as well as psychiatric and substance use disorders.
- For women survivors, addressing trauma issues often involved the entire spectrum of public health services, including supported 'safe' housing, education and employment assistance, family welfare supports, criminal justice involvement and/or victim assistance programs, and programs for female combat veterans.
- Source: [US Department of Commerce NTRL](#)

# Empowerment, Voice, and Choice

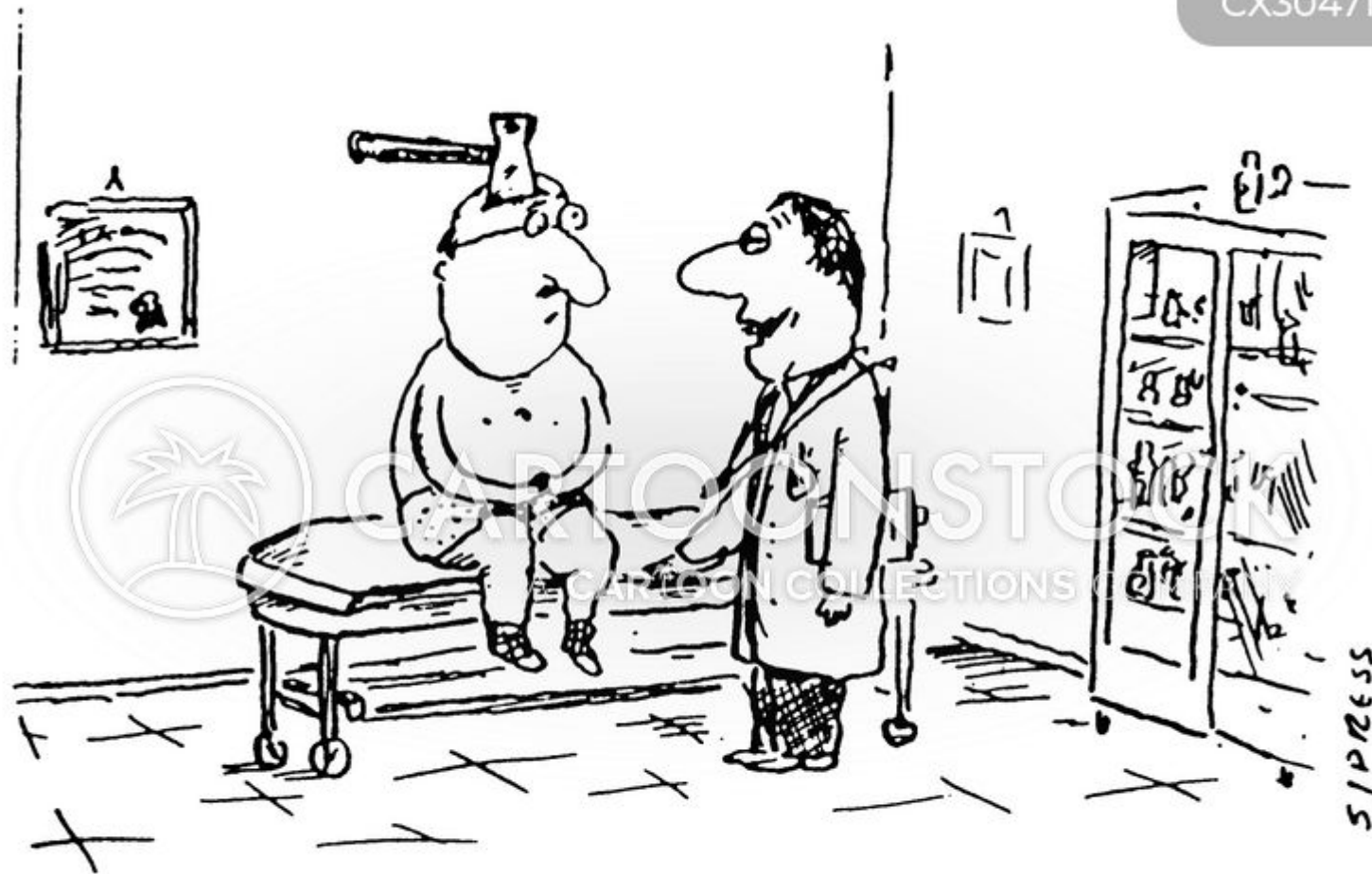
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- Individuals' strengths and experiences are recognized and built upon; the experience of having a voice and choice is validated and new skills are developed.
- The organization fosters a belief in resilience.
- Clients are supported in developing self-advocacy skills and self-empowerment.



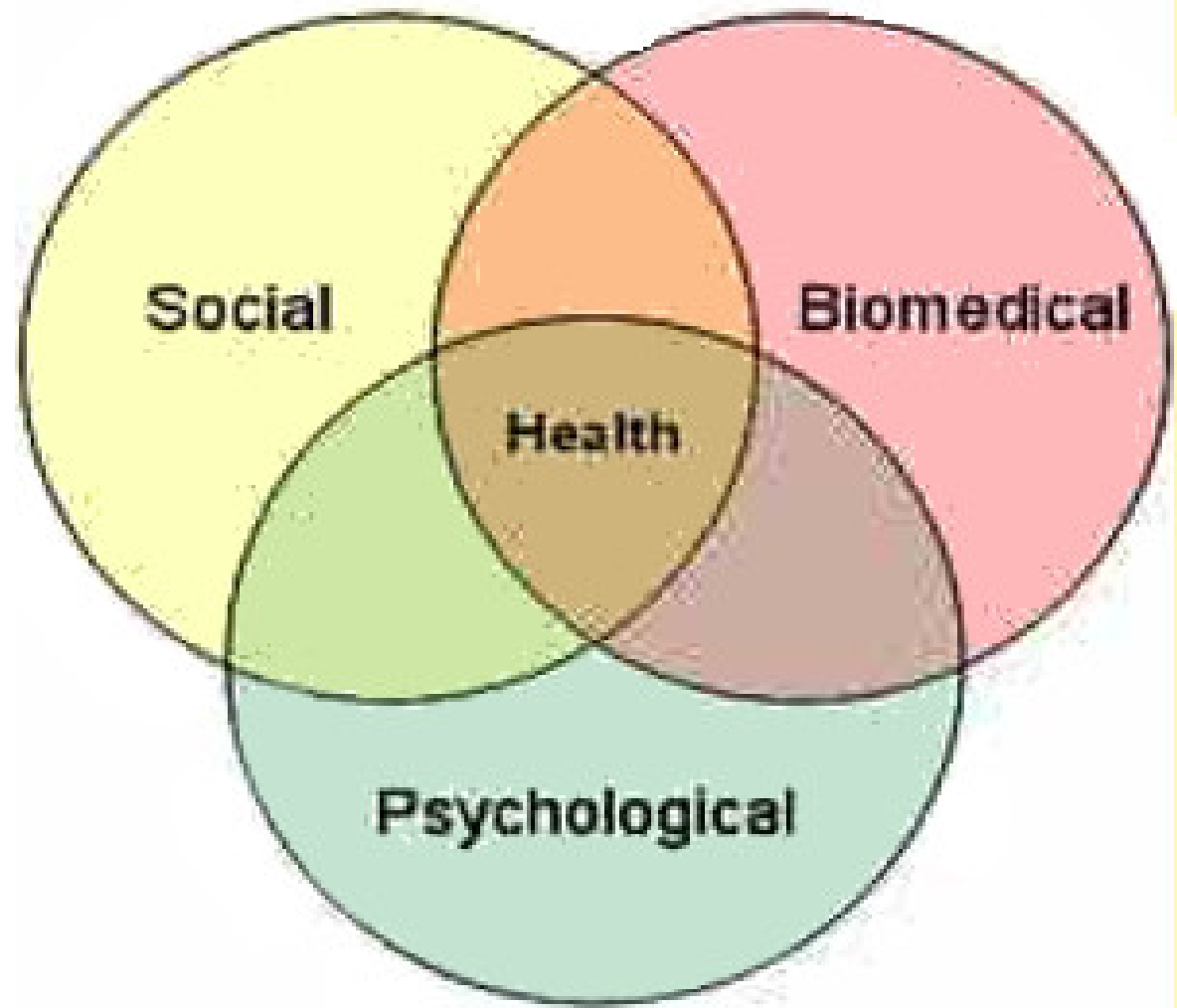
Principle	Research	Policy	Application
Safety	Vicarious Trauma Staff Exposure Memory dysregulation	Media Compassion fatigue Self Care	Psychoeducational Social supports Simply the Process Avoid conveniences, seek evidence
Trustworthiness and Transparency	Ambivalence, incongruencies and cognitive dissonance  Strong Foundations in Prevention Science and Public Health	Functionality Creating a bridge to unite the retuning citizen to their environment	Housing, Career Development and Employment  Rebuilding Family Relations
Peer Support	Humor Management of acute grief Emancipation New Relationships	Self Care Experience Running Groups and Co-Facilitation of Grops	Active Listing Tone of Voice Eye Contact Posture

Principle	Research	Policy	Application
Collaboration	Memorials and Tributes Learn from Thanalogy and Hospice Traumatic Grief	To assist and facilitate change	Strengthen your resolve
Empowerment	Social Media Respect of Self Process Goals	History as Teacher 1980's DSM: PTSD Clinical Markers Criminogenic	Foster Resilience Creativity Dream Inventions Imagination How are you doing today?
Cultural, Historical and Gender Issues	Hysteria Shell Shock Drapetomania Bereavement	Ritual and Ceremonies Cultural Competency Resilience	Expectations and Supports Reduce Stigma Explore the role of Blame



**"Now, how can I be of assistance?"**

# Biopsychosocial Model



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# Better Science is Better Precision

Approaches to working with offenders have inevitably changed as our understanding of how biopsychosocial model has developed, moving from psychodynamic psychotherapy, through group therapy, to behavior modification to social determines of health

Since the mid 1990's there has been a renewed interest in the treatment approach, stimulated by trauma informed approaches and a consideration of meta-analysis methodologies.

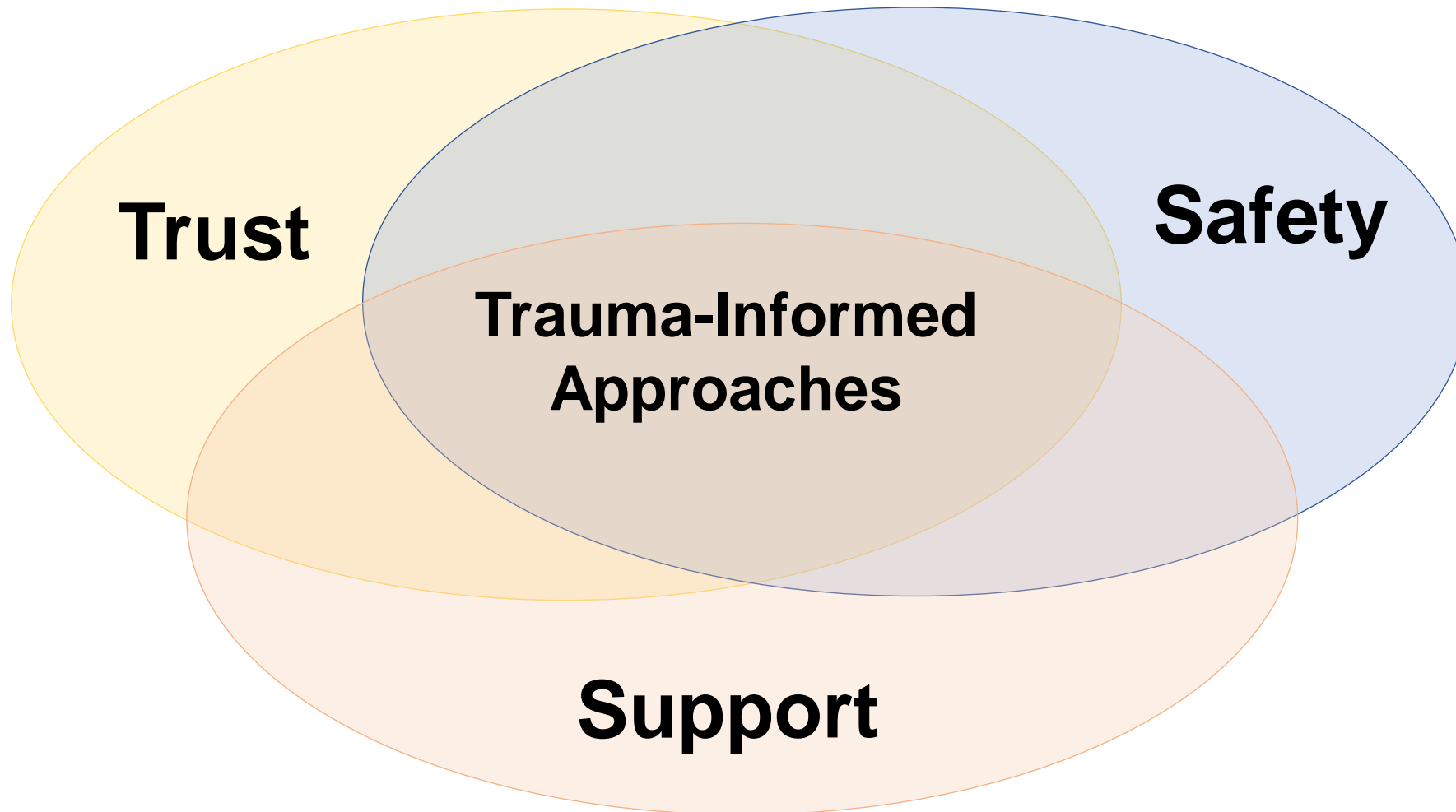
# The Biopsychosocial Approach

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- Affirms the role of the recipient in the helping encounter, and acknowledged their key role in understanding and interpreting their experience
- Underscores the importance of the professional relationship beyond technical expertise and acumen
- Underscores the role of social context and conditions as determinants of disease and as sources of support and healing
- Acknowledges that the boundary between health and disease is not well defined and is socially defined particularly in behavioral health
- Informed by General Systems Theory which views the person as a part of a self-regulating, integrated system

SAMHSA

# Trauma-Informed Approaches



# Types of Trauma

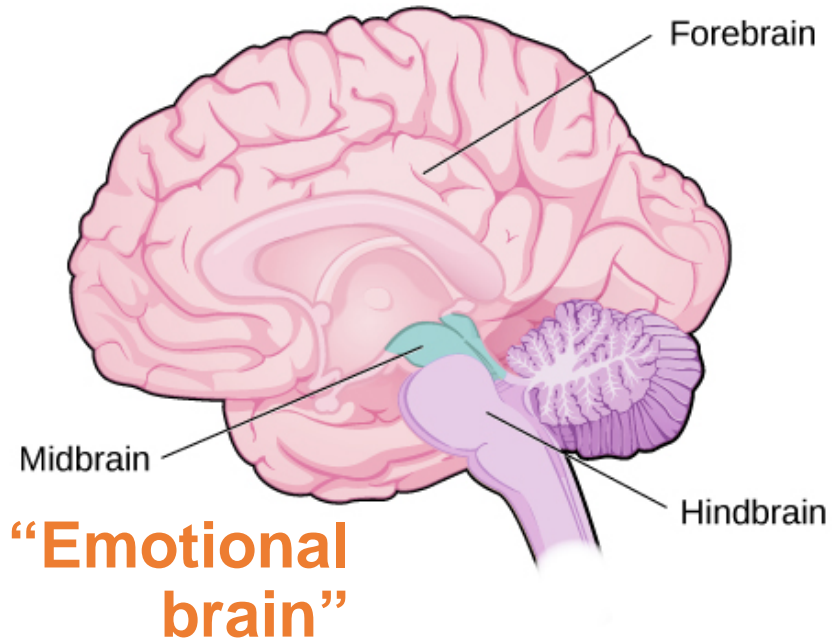
- **Natural disasters:** hurricanes, fires, floods
- **Human-caused disasters:** accidents, wars, environmental disasters, acts of terrorism
- **Community violence:** robberies, shootings, assault, gang-related violence, hate crimes, group trauma affecting a particular community
- **School violence:** threats, fights, school shootings, bullying, loss of a student or staff member
- **Family trauma:** abuse, neglect, experiencing or witnessing domestic violence, incarceration of family members, family substance abuse, sudden or expected loss of a loved one
- **Refugee and Immigrant trauma:** exposure to war, political violence, torture, forced displacement, migration and acculturation stressors, fears of deportation
- **Medical trauma:** pain, injury and serious illness; invasive medical procedures or treatments
- **Poverty:** lack of resources, support networks, or mobility; financial stressors; homelessness



# The Stress Response System

1. The amygdala senses threat and sets off the alarm.
2. Thinking brain assesses the situation.
3. Thinking brain goes off-line. Emotional brain activates fight or flight response.
4. Thinking brain helps shut off the alarm and helps us to calm down.

**“Thinking brain”**



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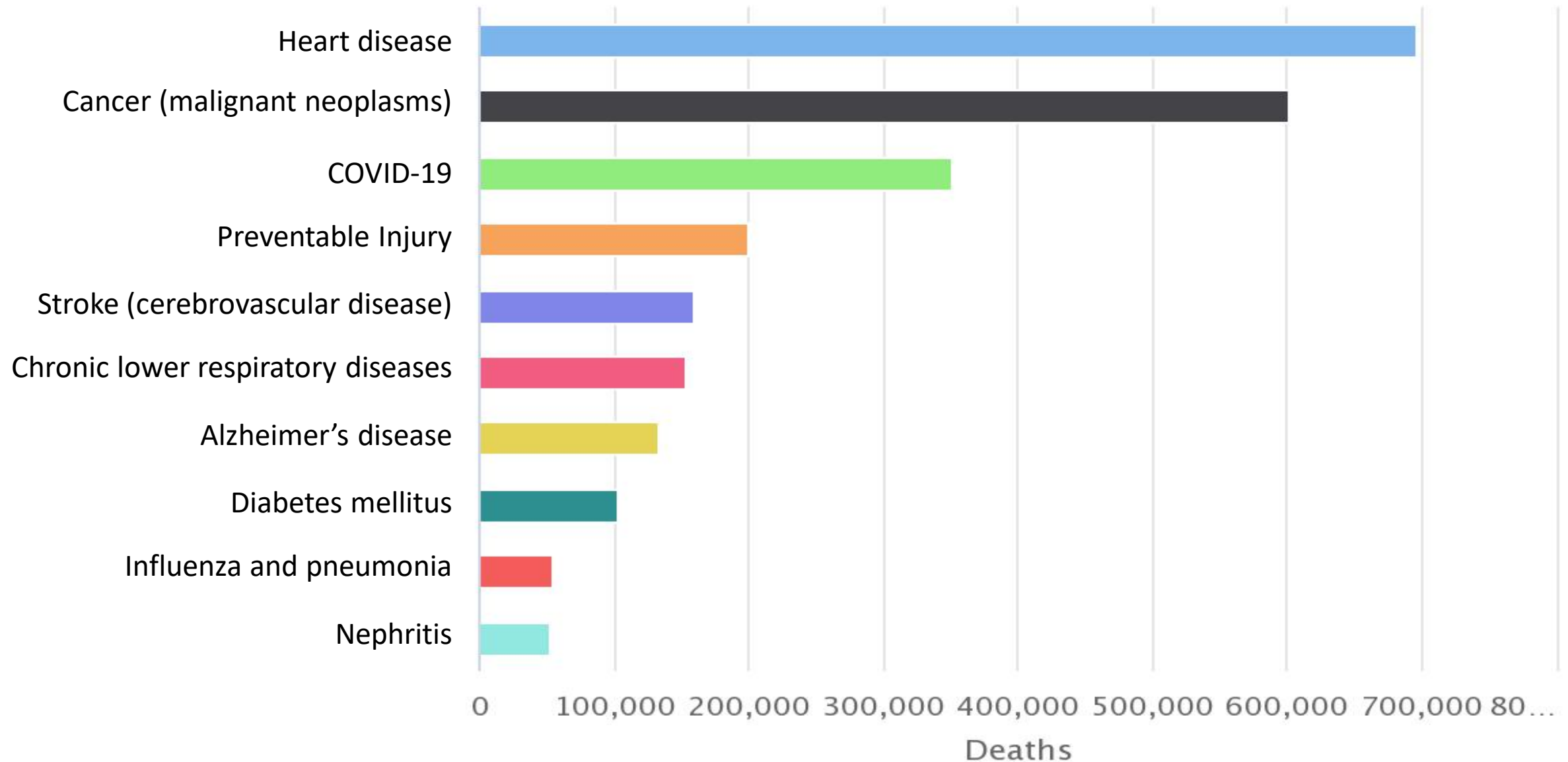
# Biology of Trauma

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- Trauma biology is an area of scientific research. Seeking explanatory findings. As a review, what is currently known is that exposure to trauma leads to a cascade of biological changes and stress response and some may be associated with PTSD, other mental illnesses, and substance use disorders. These include:
- Changes in limbic system functioning.
- Hypothalamic–pituitary–adrenal axis activity changes with variable cortisol levels.
- Neurotransmitter-related dysregulation of arousal and endogenous opioid systems.
- Source: [Trauma Informed Care in Behavioral Health Services](#)

# All leading causes of death, United States, 2020

All causes deaths: 3,383,729



**Psychological:  
Resilience-- Role of  
Professional in Trauma  
Informed Approaches--  
To Challenge our  
Assumptions**

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Control over the process of care rests with the professional?

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The professional possesses the most relevant knowledge and expertise?

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The use of specialized technical language and nomenclature is omnipresent?

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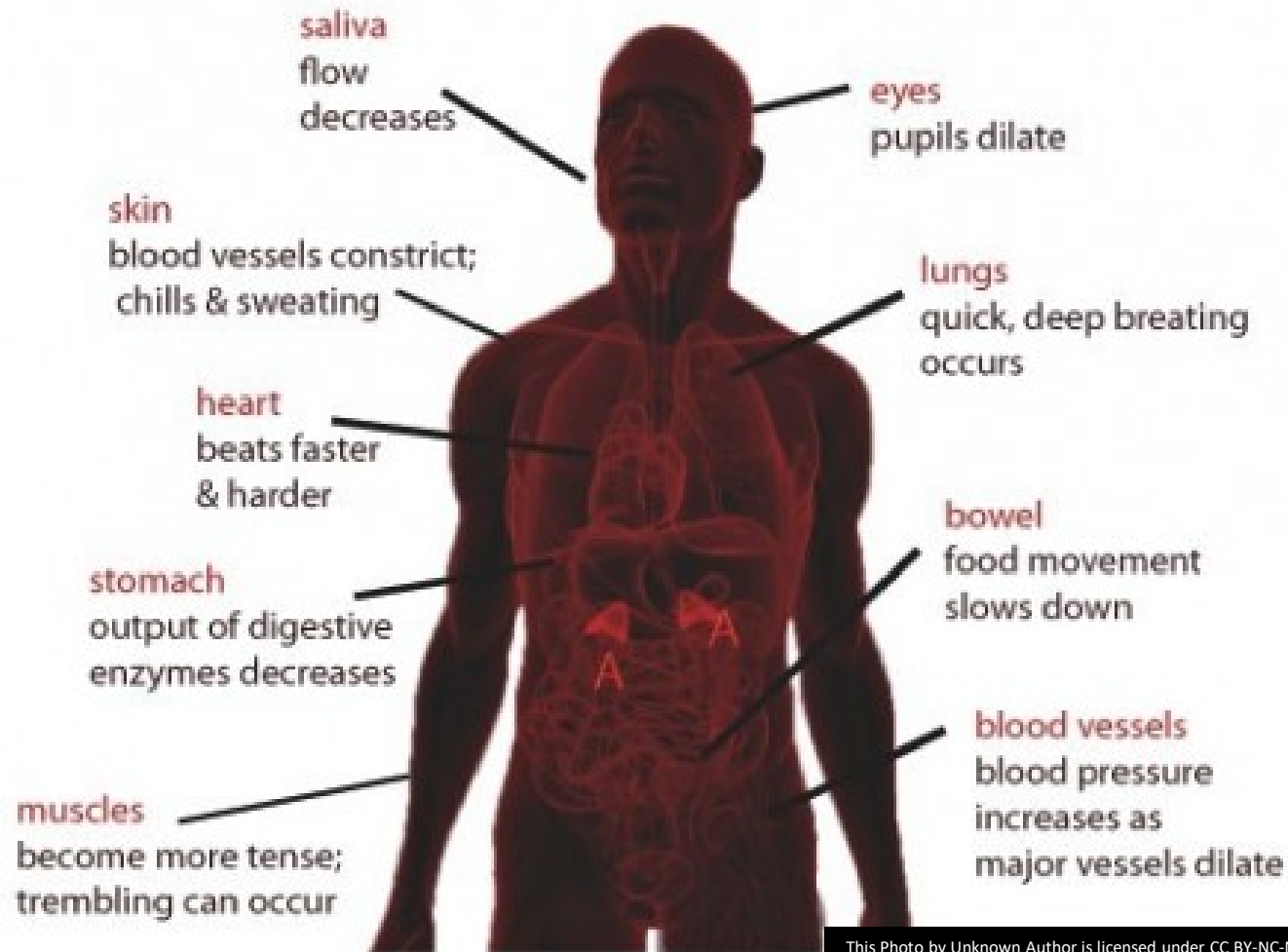
As a result, “the patient” role is largely passive?

# Psychological: Cannon's 'Fight or Flight' model

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- One of the earliest models of stress was developed by Cannon (1932); the 'fight or flight' model suggested that external threats elicit the 'fight or flight' response, increasing activity rate and arousal.
- These physiological changes enable the individual either to escape from the source of stress or fight.
- Cannon defined 'stress' as a response to external stressors that is predominantly seen as physiological.

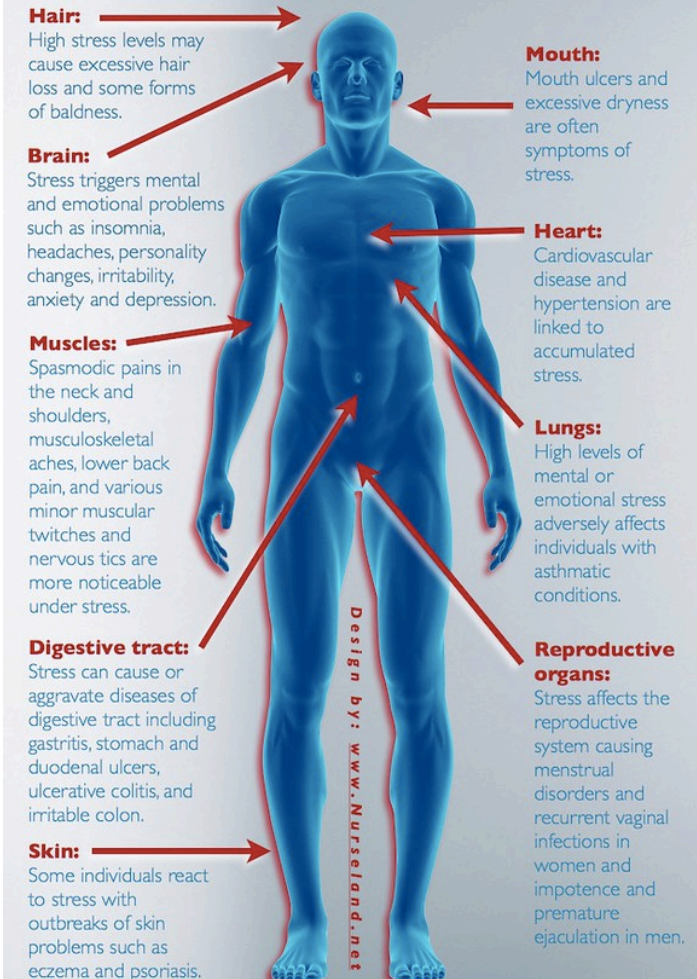
## Fight or Flight Response



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## The Effects of Stress

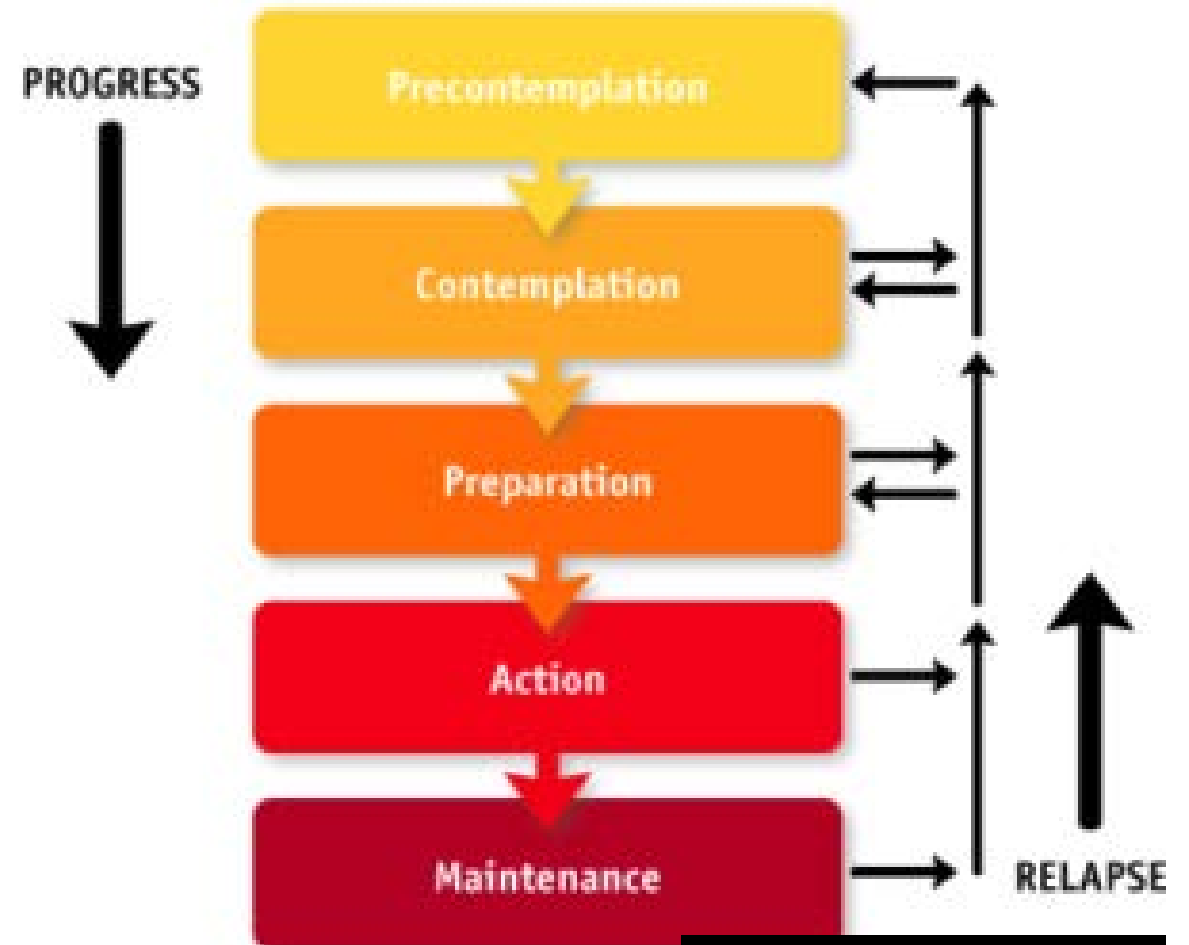
*Physical or mental stresses may cause physical illness as well as mental or emotional problems. Here are parts of the body most affected by stress.*



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# Psychological: The stages of change model

- The stages of change model (also known as the transtheoretical model of behavior) was originally developed by Prochaska and DiClemente (1982) as a synthesis of 18 therapies describing the processes involved in behavioral change.
- These researchers suggested a new model of change which has been applied to several health-related behaviors, such as smoking, alcohol use, exercise and personal screening behavior such as going for a cervical smear or attending for a mammograph.



# Psychological: DSM

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- The diagnostic criteria for DSM-5 draw a clearer line when detailing what constitutes a traumatic event. Sexual assault is specifically included, for example, as is a recurring exposure that could apply to police officers or first responders. Language stipulating an individual's response to the event—intense fear, helplessness or horror, according to DSM-IV—has been deleted because that criterion proved to have no utility in predicting the onset of PTSD.
- DSM-5 pays more attention to the behavioral symptoms that accompany PTSD and proposes four distinct diagnostic clusters instead of three. They are described as re-experiencing, avoidance, negative cognitions and mood, and arousal.



# Social: Lived Experience

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The Returning Adult Citizen has most likely

- Directly experienced the traumatic event
- Witnessed the traumatic event in person
- Learned that the traumatic event occurred to a close family member or close friend (with the actual or threatened death being either violent or accidental)
- Experienced first-hand repeated or extreme exposure to aversive details of traumatic events (not through media, pictures, television or movies unless work-related).

# Social

- As health behaviors seem to be important in predicting mortality and longevity, health psychologists have attempted to increase our understanding of health-related behaviors.
- In particular, based on the premise that people behave in line with the way they think, health psychologists have turned to the study of **health beliefs** as potential predictors of behavior.
- McKeown also examined health and illness throughout the twentieth century.
- He argued that contemporary illness is caused by an individual's own behaviors, such as whether they smoke, what they eat and how much exercise they take – and he suggested that good health was dependent on tackling these habits.
- McKeown's emphasis on behavior is supported by evidence of the relationship between behavior and mortality.

# The Evidence Speaks for itself.....

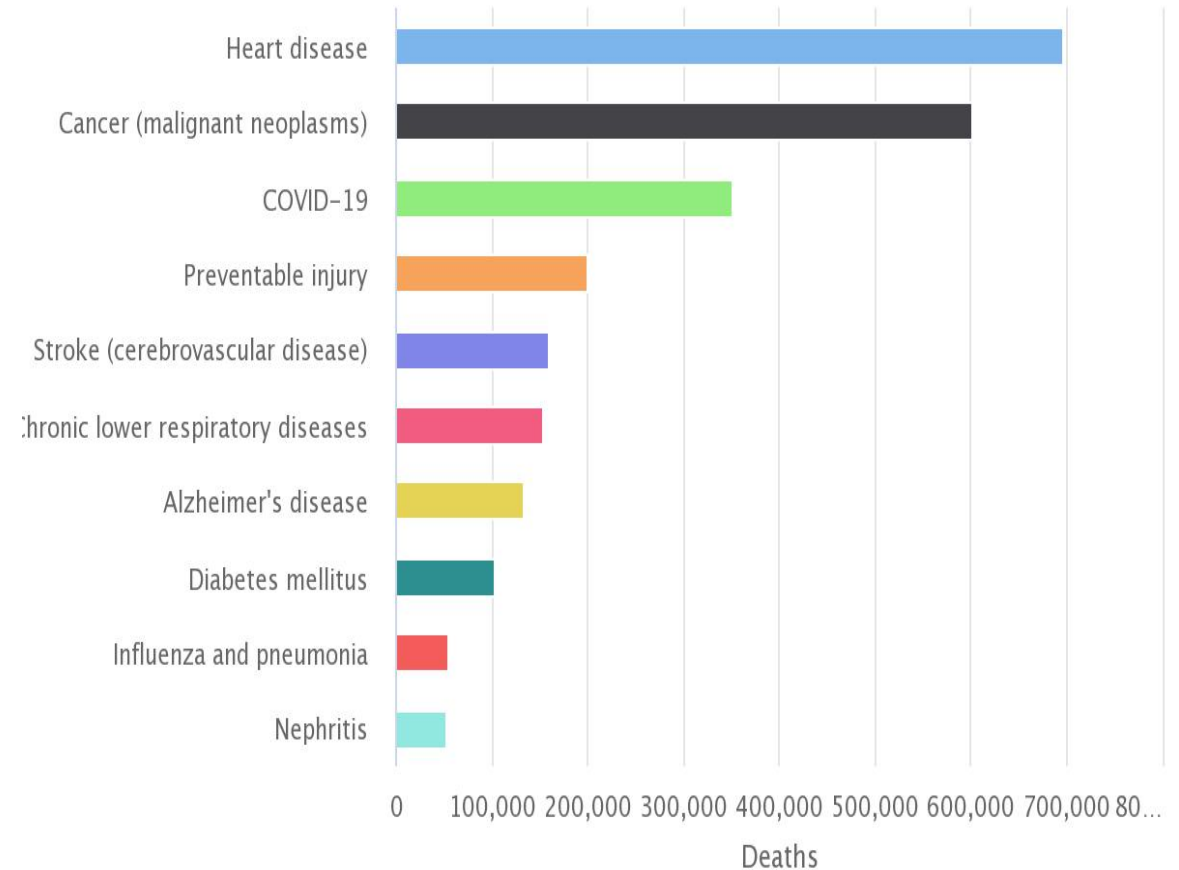
pathogenic role confirmed, questions arose concerning the mechanisms of microbial action. How is bacterial infection produced? How can it be prevented or its consequences

*Table III: Discovery of Pathogenic Organisms*

YEAR	DISEASE ORGANISM	INVESTIGATOR
1880	Typhoid (bacillus found in tissues)	Eberth
	Leprosy	Hansen
	Malaria	Laveran
1882	Tuberculosis	Koch
	Glanders	Loeffler and Schutz
1883	Cholera	Koch
	Streptococcus (erysipelas)	Fehleisen
1884	Diphtheria	Klebs and Loeffler
	Typhoid (bacillus isolated)	Gaffky
	Staphylococcus	Rosenbach
	Streptococcus	
	Tetanus	Nicolaier
1885	Coli	Escherich
1886	Pneumococcus	A. Fraenkel
1887	Malta fever	Bruce
	Soft chancre	Ducrey
1892	Gas gangrene	Welch and Nuttall
1894	Plague	Yersin, Kitasato
	Botulism	van Ermengem
1898	Dysentery bacillus	Shiga

## All leading causes of death, United States, 2020

All causes deaths: 3,383,729



# Behavior and Mortality

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- It has been suggested that 50 percent of mortality from the ten leading causes of death is due to behavior.
- If this is correct, then behavior and lifestyle have a potentially major effect on longevity.
- For example, Doll and Peto (1981) estimated that tobacco consumption accounts for 30 percent of all cancer deaths, alcohol 3 percent, diet 35 percent, and reproductive and sexual behavior 7 percent.

# Health Beliefs and Behaviors

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- Over the last century **health behaviors** have played an increasingly important role in health and illness.
- McKeown's book, *The Role of Medicine* (1979), discusses the decline of infectious diseases in the nineteenth century, which forms the focus for medical sociology.
- It also highlights the increasing role of behavior in illness in the twentieth century; this represents the focus for health psychology.

# Cognitive Behavioral Therapy Perspective

- **Cognitive Behavioral Therapy** Cognitive behavioral therapy (CBT) focuses on exploring the relationship between a person's thoughts, feelings and behaviors. During CBT a therapist will actively work with a person to uncover unhealthy patterns of thought and how they may be causing self-destructive behaviors and beliefs. By addressing these patterns, the person and therapist can work together to develop constructive ways of thinking that will produce healthier behaviors and beliefs.
- **CBT Skills:**
  - Introspection skills – Understanding connections between thoughts/ behaviors/emotions – Behavior chains Cognitive Restructuring – Identification of faulty cognitions or distortions – Understanding why problematic – Challenging automatic thoughts with alternative thoughts

# CBT Example:

## Reentry Coalition--Alaska Plan

**Reentry Strategic Plan:** Establish a core planning team tasked to devise a data-informed Reentry Strategic Plan which identifies the needs of returning citizens, inventories the available resources and services and gaps, and includes strategies to implement and sustain the reentry program and initiative

**Reentry Wellness Team:** Form and train a Reentry Wellness Team to increase multidisciplinary collaboration, perform prison in-reach, participate in reentry planning, and provide case management services to reentry program participants. The Team will incorporate some of the ten key components utilized in the Tribal Therapeutic Courts.

**Reentry Program:** Design a culturally relevant reentry program that incorporates evidence-based principles and practices and is capable of providing pre-and post- release services to medium-to-high risk reentry program participants







# Historical Trauma

- The effects of traumas such as genocide, slavery, and internment in concentration camps can be felt across generations—stories, coping behaviors, and stress reactions can be passed across generational lines far removed from the actual event(s) or firsthand accounts. Known as historical trauma, the experience of this type of trauma can affect the functioning of families, communities, and cultures for multiple generations.

Source: Trauma Informed Care in Behavioral Services



- Historic trauma
- Ongoing oppression experiences
- Adverse childhood experiences
- Adverse peer/school experience
- Adverse adult experience

```
graph LR; A[Historic trauma, Ongoing oppression experiences, Adverse childhood experiences, Adverse peer/school experience, Adverse adult experience] --> B((Multiple Mental, Physical, Relational, and/or Productivity Problems)); B --> C[Trauma Transmission Risk];
```

Multiple  
Mental,  
Physical,  
Relational,  
and/or  
Productivity  
Problems

Trauma  
Transmission  
Risk

# Historical Trauma (cont.d)

**Historical Trauma:** “The cumulative emotional and psychological wounding across generations, including the lifespan, which emanates from massive group trauma.” – Maria Yellow Horse Brave Heart

Examples:

- American Indian and Alaska Native communities
- Communities of color
- Holocaust survivors
- Japanese-American survivors of internment camps
- LGBTQ communities

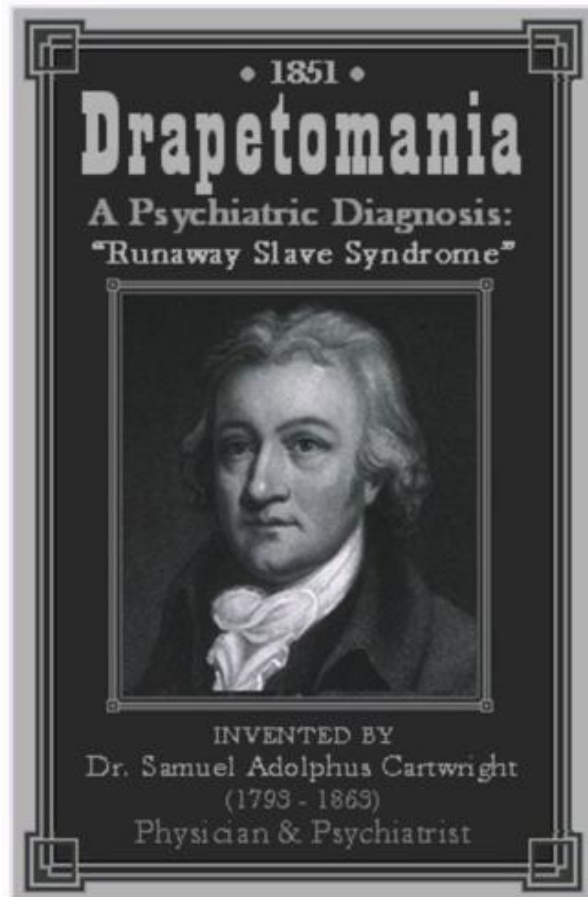
**Racial trauma:** Potentially traumatic experiences resulting from

- Direct experiences of racial harassment;
- Witnessing racial violence toward others; and
- Experiencing discrimination and institutional racism.

**Cultural factors influence:**

- Risk and type of trauma exposure
- How a person describes their experience
- How distress is expressed
- Which topics are acceptable to discuss
- How a person makes meaning of experiences and heals from trauma

# Drapetominia



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# Running From Trauma

**R U N   A W A Y**

**T**HE 18th Instant at Night from the Subscriber, in the City of New-York, four Negro Men, Viz. LESTER, about 40 Years of Age, had on a white Flannel Jacket and Drawers, Duck Trowsers and Home-spun Shirt. CÆSAR, about 18 Years of Age, clothed in the same Manner. ISAAC, aged 17 Years clothed in the same Manner, except that his Breeches were Leather; and MINGO, 15 Years of Age, with the the same Clothing as the 2 first, all of them of a middling Size, Whoever delivers either of the said Negroes to the Subscriber, shall receive **TWENTY SHILLINGS** Reward for each beside all reasonable Charges. If any person can give Intelligence of their being harbour'd, a reward of **TEN POUNDS** will be paid upon conviction of the Offender. All Masters of Vessels and others are forewarn'd not to Transport them from the City, as I am resolved to prosecute as far as the Law will allow.

**WILLIAM BULL.**

N. B. If the Negroes return, they shall be pardon'd. - 88

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## Middle Passage

- Following capture, slaves were force-marched to holding pens before being loaded on ships.
- The trans-Atlantic journey was called the "Middle Passage"
- The ships were filthy, hot, and crowded.



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TO BE SOLD on board the  
Ship *Bance-Island*, on tuesday the 6th  
of May next, at *Afbley-Ferry*; a choice  
cargo of about 250 fine healthy

**NEGROES,**

just arrived from the  
Windward & Rice Coast.  
—The utmost care has  
already been taken, and  
shall be continued, to keep them free from  
the least danger of being infected with the  
SMALL-POX, no boat having been on  
board, and all other communication with  
people from *Charles-Town* prevented.

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- 
- "Every great dream begins **with a dreamer**. Always remember, you have within you the strength, the patience, and the passion to reach for the stars to change the world." --Harriet Tubman



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# Evidence: Pillars of Strength

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- **Family Support:** Provide the greatest tangible and emotional support to offenders as the RAC reenters the community.
- **Health Promotion:** Addressing Health Disparities, reducing the burden of chronic or infectious diseases, depression, or other mental illnesses.
- **Employment:** Reducing recidivism. Employment serves as a prosocial routine activity and allows a RAC to contribute to and develop social ties with their community.
- **Education:** Increased employability of RAC
- **Housing:** Finding stable housing due to individual challenges (e.g., mental health and substance use histories) and systematic barriers (e.g., housing restrictions).

[An Overview of Offender Reentry](#)



# A Cultural Shift in Approach and Perspective

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Shift in Thinking and  
Perspective:

Instead of... “What’s wrong with  
you?” how about...



“What happened to you?”

An abstract graphic on the left side of the slide. It features several overlapping human silhouettes in various colors (red, orange, yellow, green, blue, purple, pink). Above the silhouettes are several overlapping circles in the same color palette. The overall effect is a vibrant, multi-colored composition.

# Resilient Responses to Trauma

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Healthy ways to cope with, respond to, and heal from trauma

- Increased bonding with family and community.
- Redefined or increased sense of purpose and meaning.
- Increased commitment to a personal mission.
- Revised priorities.
- Increased charitable giving and volunteerism

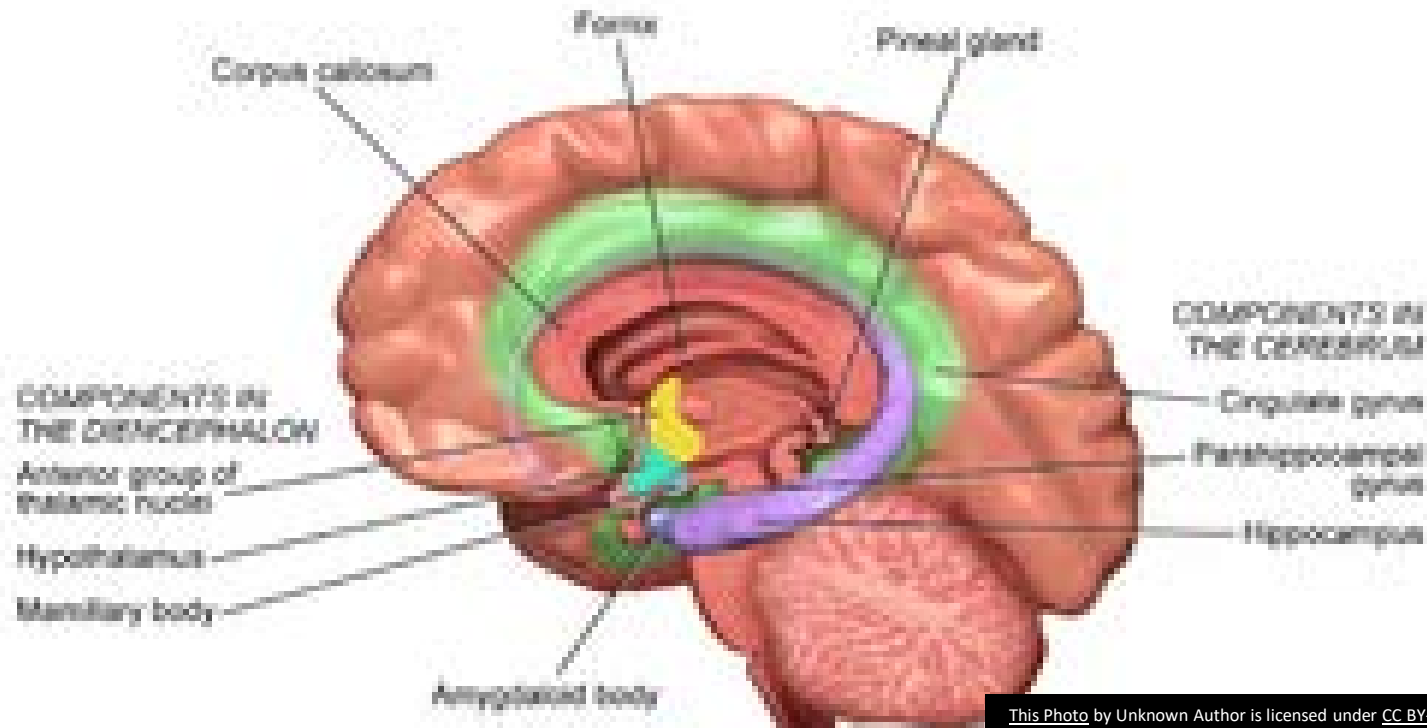
[Source: Trauma-Informed Care in Behavioral Services](#)

# Case Illustration: Sadhanna

- Sadhanna is a 22-year-old woman mandated to outpatient mental health and substance abuse treatment as the alternative to incarceration. She was arrested and charged with assault after arguing and fighting with another woman on the street. At intake, Sadhanna reported a 7-year history of alcohol abuse and one depressive episode at age 18. She was surprised that she got into a fight but admitted that she was drinking at the time of the incident. She also reported severe physical abuse at the hands of her mother's boyfriend between ages 4 and 15. Of particular note to the intake worker was Sadhanna's matter-of-fact way of presenting the abuse history. During the interview, she clearly indicated that she did not want to attend group therapy and hear other people talk about their feelings, saying, "I learned long ago not to wear emotions on my sleeve."
- Sadhanna reported dropping out of 10th grade, saying she never liked school. She didn't expect much from life. In Sadhanna's first weeks in treatment, she reported feeling disconnected from other group members and questioned the purpose of the group. When asked about her own history, she denied that she had any difficulties and did not understand why she was mandated to treatment. She further denied having feelings about her abuse and did not believe that it affected her life now. Group members often commented that she did not show much empathy and maintained a flat affect, even when group discussions were emotionally charged

# Choice: Critical Thinking

## The Limbic System



This Photo by Unknown Author is licensed under [CC BY-SA](#)

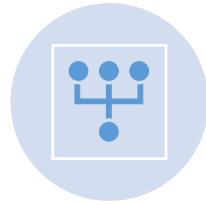
- **Education**
- **Knowledge** of the natural and engineered environments and how people live in the world is critical to all three purposes of education.
- **Critical thinking, creativity, interpersonal skills and a sense of social responsibility** all influence success in life, work and citizenship.
- **Thinking for a Purpose**

# RAC: Putting It Into Practice

- Information dissemination
  - Prevention education
  - Alternative activities
  - Problem identification and referral
  - Community-based processes
  - Environmental approaches
- **Awareness** – We become part of a working entity with a shared purpose
  - **Motivation** – We drive to gain consensus in problem-solving or development
  - **Self-synchronization** – We decide as individuals when things need to happen
  - **Participation** – We participate in collaboration and we expect others to participate

# RAC: Collaboration

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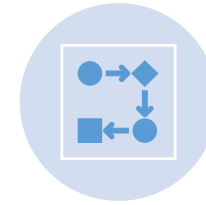
**MEDIATION** – WE  
NEGOTIATE, AND WE  
COLLABORATE  
TOGETHER AND FIND  
A MIDDLE POINT



**RECIPROCITY** – WE  
SHARE, AND WE  
EXPECT SHARING IN  
RETURN THROUGH  
RECIPROCITY



**REFLECTION** – WE  
THINK, AND WE  
CONSIDER  
ALTERNATIVES



**ENGAGEMENT** – WE  
PROACTIVELY  
ENGAGE RATHER  
THAN WAIT AND SEE

By making connections and sharing resources, prevention practitioners can:

- Create a cross-sector data profile of trauma and toxic stress in the community
- Identify community-specific best practices for building trauma-informed approaches
- Align prevention activities with existing trauma-focused services

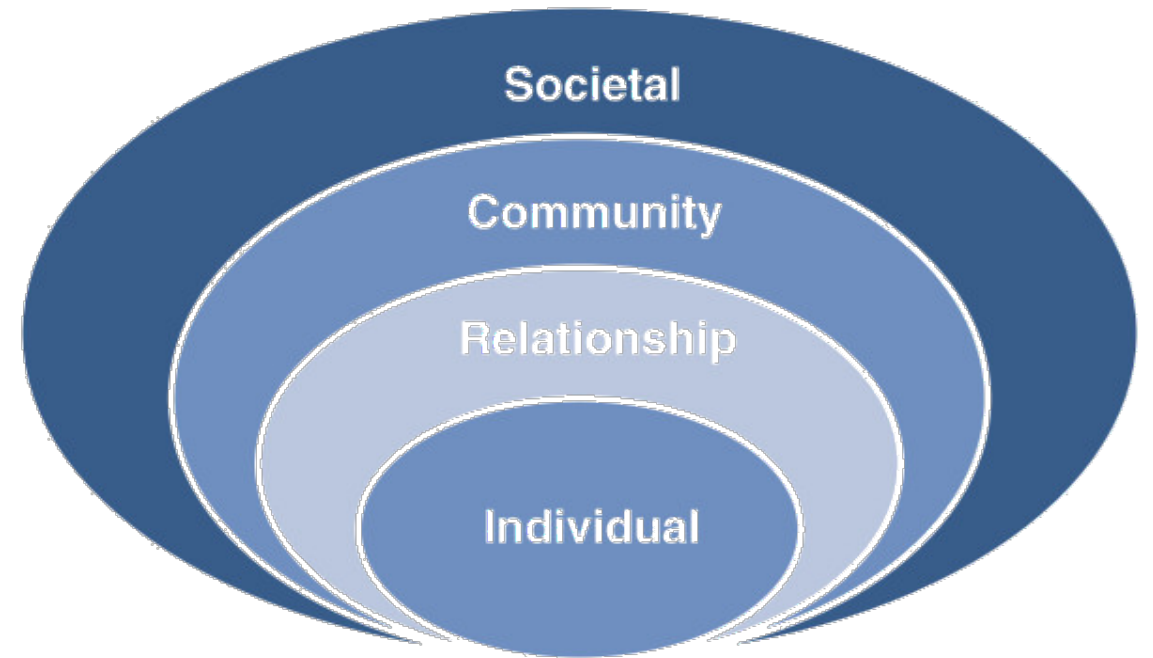
# RAC: Considerations for Collaboration

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- Who has the necessary expertise?
- Who has the authority to speak on this issue?
- Who can influence policy and practice norms?
- Who can shape social and cultural norms?
- Who can teach or model effective approaches?
- Who has or can build the right relationships?
- ***How does partnership look different when addressing trauma?***

# Trauma-Informed Adaptations for Prevention Practice

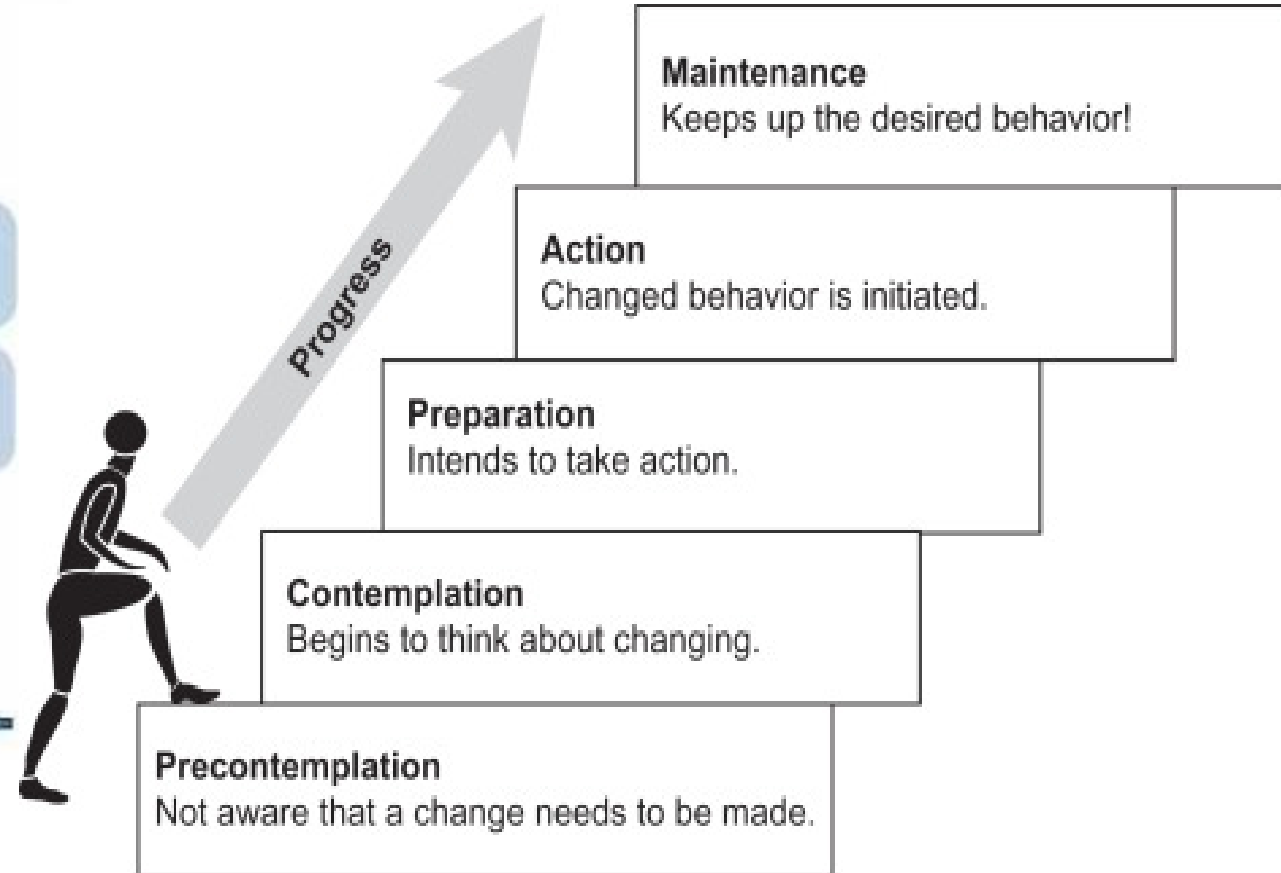
Consider	Consider strategies that:
Target	target the individual level through support for effective coping skills
Target	target the relationship level by building and supporting attachment
Target	target the community level by building capacity to increase protective factors
Target	target the societal level by supporting policies that reduce stigma and increase safety.



[Researchgate Social Ecological Model](#)



## Stages by Processes of Change



Source: **James O. Prochaska (TTM)**

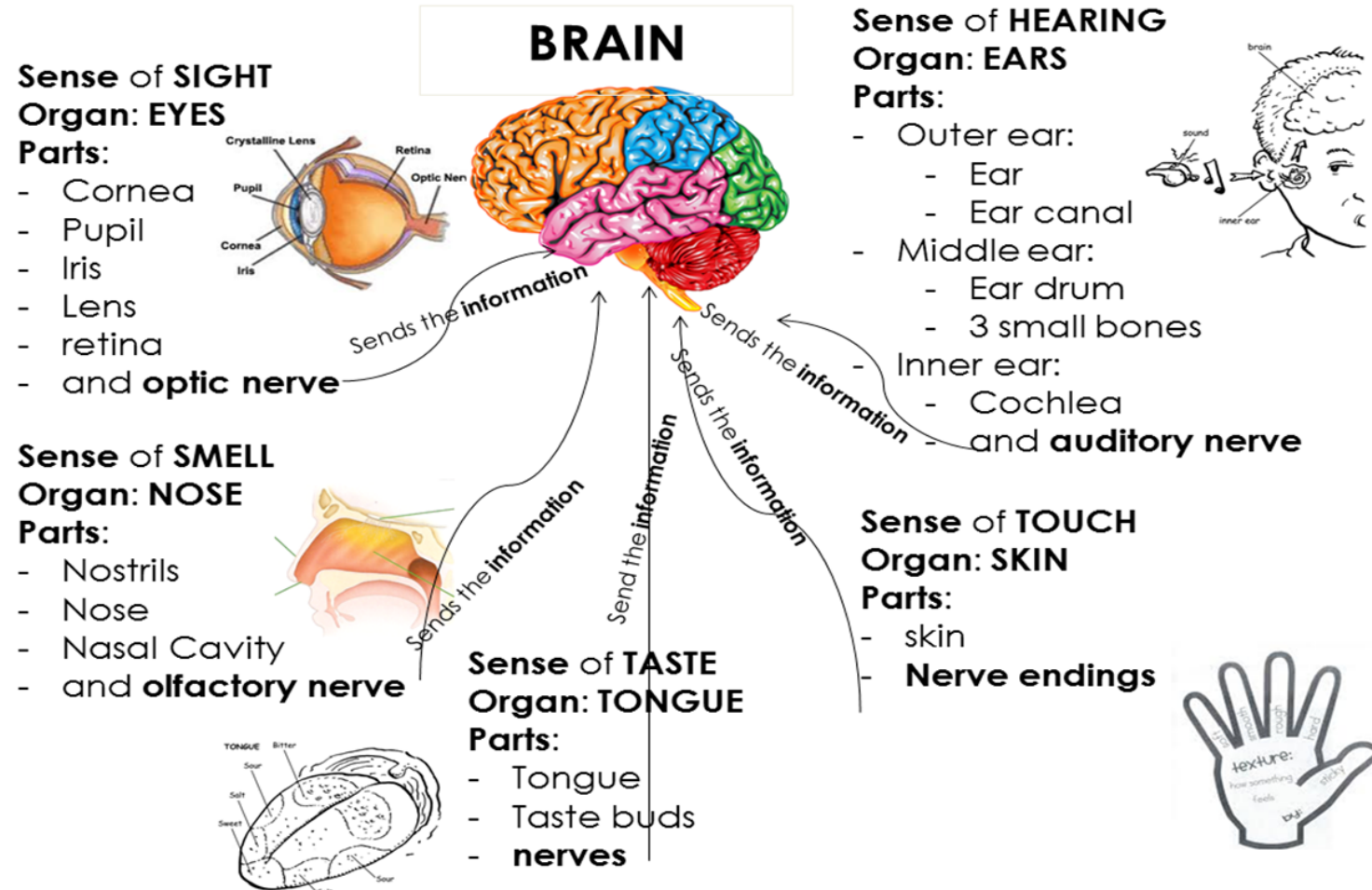
# Another Perspective Regarding Safety: An Expectation

- The Federal Bureau of Prisons (BOP) stated mission is to protect society by confining offenders in the controlled environments of prisons and community-based facilities that are safe, humane, cost-efficient, appropriately secure, and that provide work and other self-improvement opportunities to assist offenders in becoming law-abiding citizens. It is a strategic objective of the BOP to provide productive work, education, occupational training, and recreational activities which prepare inmates for employment opportunities and a successful reintegration upon release, and which have a clear correctional management purpose which minimizes inmate idleness. During Fiscal Year (FY) 2000 through FY 2002, the BOP reported that 74,401 federal prison inmates were released from its institutions.

Source: [US Department of Commerce NTRL](#)

# How We Explain Our Lived Experiences

## The Five Senses



# RAC: Cultural Competence

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- A set of values, behaviors, attitudes, and practices within a system, organization, program, or among individuals that enables people to work effectively across cultures
- Ability to honor and respect the beliefs, language, interpersonal styles, and behaviors of individuals and families receiving services, as well as staff who are providing such services
- Dynamic, ongoing, developmental process that requires a long-term commitment and is achieved over time

# IMPLICATIONS FOR PREVENTION SCIENCE

Prevention practitioners are in a position to:

- Interrupt the intergenerational transmission of toxic stress
- Mitigate the effects of untreated childhood trauma
- Provide trauma-informed prevention services
- Articulate a research agenda



# Summary

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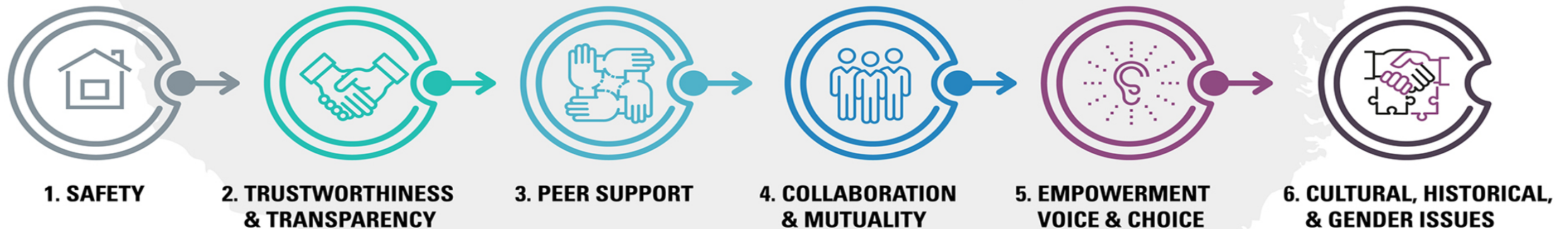
- Retuning Adult Citizens present a population of lived experiences related to trauma exposures, which ignored, have cyclical intergenerational impact, however; evidence-based models of change, health belief model and other CBT informed education, interventions and resources are effective in directing health promotion approaches.
- Trauma-informed approaches, rooted in safety, trust and support can further health promotion and harm-reduction strategies in the community.
- Prevention practitioners and policy makers have an important role to play in mitigating the impact and intergenerational transmission of ACEs, and trauma more generally, by promoting use of a Trauma-Informed Approaches for health promotion and prevention efforts.



# Retuning Adult Citizens

## 6 GUIDING PRINCIPLES TO A TRAUMA-INFORMED APPROACH

The CDC's [Office of Public Health Preparedness and Response \(OPHPR\)](#), in collaboration with SAMHSA's [National Center for Trauma-Informed Care \(NCTIC\)](#), developed and led a new training for OPHPR employees about the role of trauma-informed care during public health emergencies. The training aimed to increase responder awareness of the impact that trauma can have in the communities where they work. Participants learned SAMHSA'S six principles that guide a trauma-informed approach, including:



Adopting a trauma-informed approach is not accomplished through any single particular technique or checklist. It requires constant attention, caring awareness, sensitivity, and possibly a cultural change at an organizational level. On-going internal organizational assessment and quality improvement, as well as engagement with community stakeholders, will help to imbed this approach which can be augmented with organizational development and practice improvement. The training provided by [OPHPR](#) and [NCTIC](#) was the first step for CDC to view emergency preparedness and response through a trauma-informed lens.

# Thank you: Self-Care Quotes!

- *"We have a beautiful history, and we shall create another in the future that will astonish the world."* **Marcus Garvey**
- *"Much of what we see today is the result of history, unaddressed, repeating itself. That is why people need to know the history, to truly confront it and heal from what has gone before us."* **Isabel Wilkerson**
- *"Take a day to heal from the lies you've been told and the ones you've told yourself."* **Maya Angelou**
- *"When you stand in the blessings of your mother and God, it matters not who stands against you."* **Yoruba Proverb**



# The End of Part One / An Introduction for Part Two of this Webinar



A Summary of Research regarding Trauma Informed Approaches



Next Steps in Treatment



Program Development



Policy Implications

# References

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[Trauma: An Annotated Bibliography: US Department of Justice, National Institute of Corrections](#)

[What Works: Reentry](#)

[AN OVERVIEW OF EVIDENCE-BASED PRACTICES AND PROGRAMS IN PRISON REENTRY](#)

[The Health of America's Aging Prison Population](#)

[Offender Reentry: Correctional Statistics, Reintegration into the Community, and Recidivism](#)

[Harm Reduction At The Center Of Incarceration, The Square One Project](#)

[Incarceration and Reentry: US Department of Health and Human Services ASPE](#)

# Questions



# Save the Date: May 17

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## Trauma-Informed Approaches: Returning Adult Citizens Part 2

11:00am – 12:30pm ET

[Register](#)

# Appreciation



# Contact Us



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Let's connect:

