

Trauma-Informed Approaches: Returning Adult Citizens Part 2

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MHTTC Network

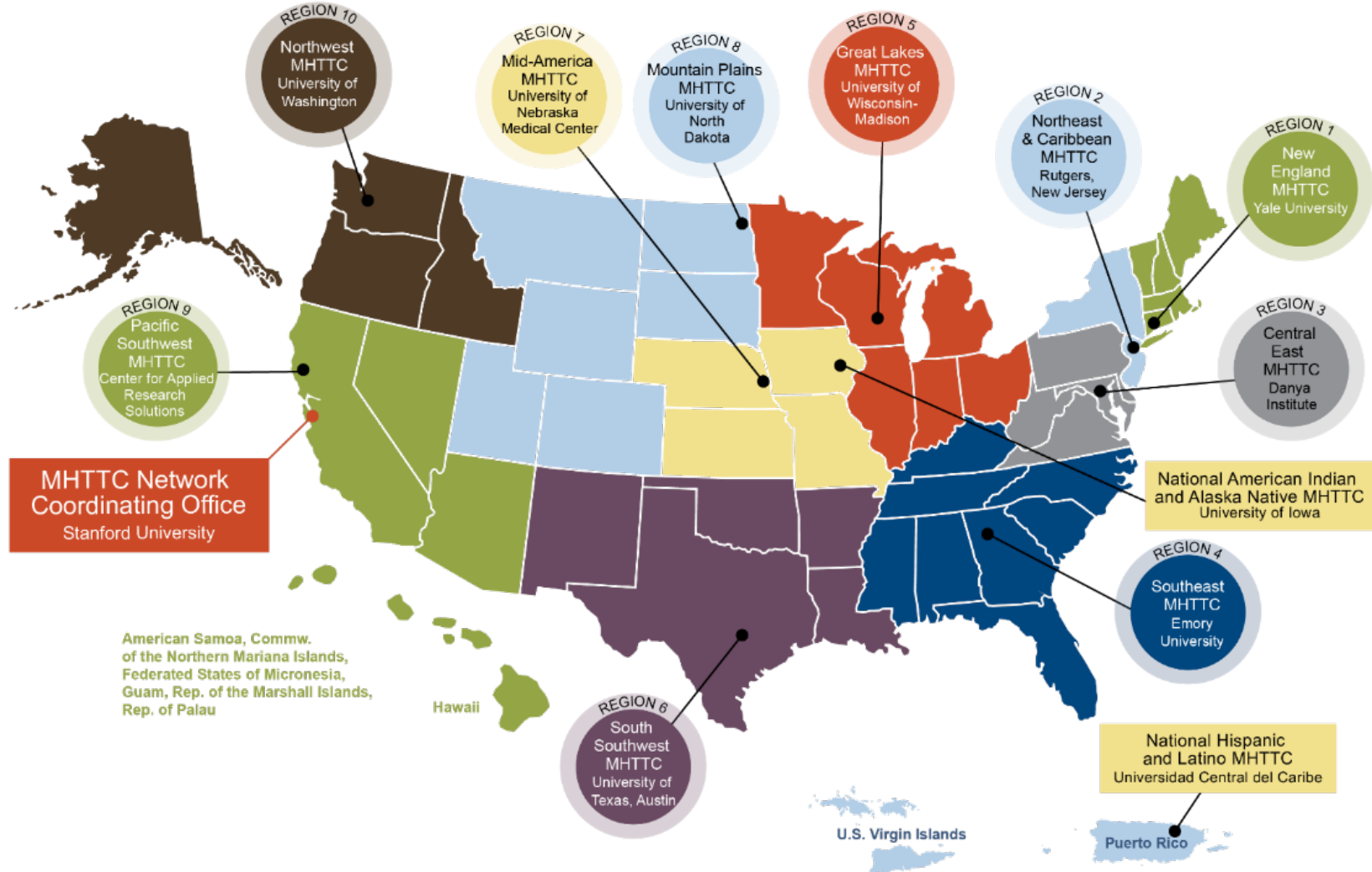


MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

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.

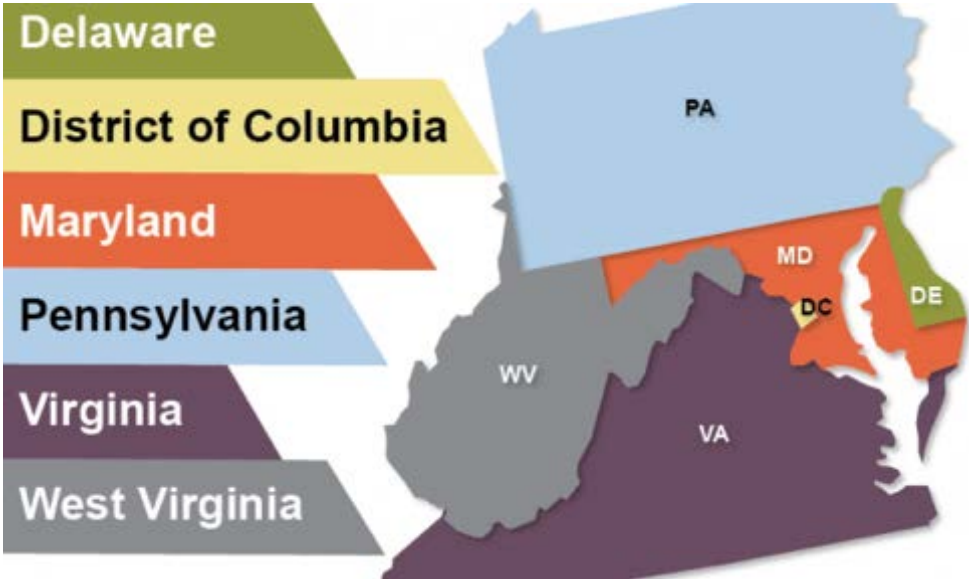


Central East MHTTC Goals

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



Central East (HHS Region 3)

MHTTC

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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 translate science into practice: Research, Policy, and Programs related to SAMSHA's Concept of Trauma and Guidance for Trauma Informed Approach
- To unify SAMHSA's guiding principles of trauma-informed approaches: Research, Policy and Programs
- Create a conversation and dialog regarding research, policy and programs related to SAMHSA's trauma-informed approaches, framework, and guiding principles applicable to Returning Adult Citizens

A GUIDE TO SAMHSA'S STRATEGIC PREVENTION FRAMEWORK: Science

- **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

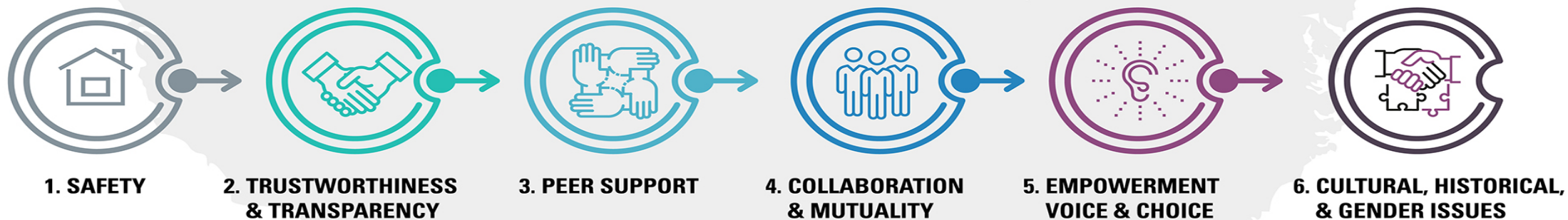
SAMHSA's Trauma and Justice Strategic Initiative

- 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.

Conceptual Framework

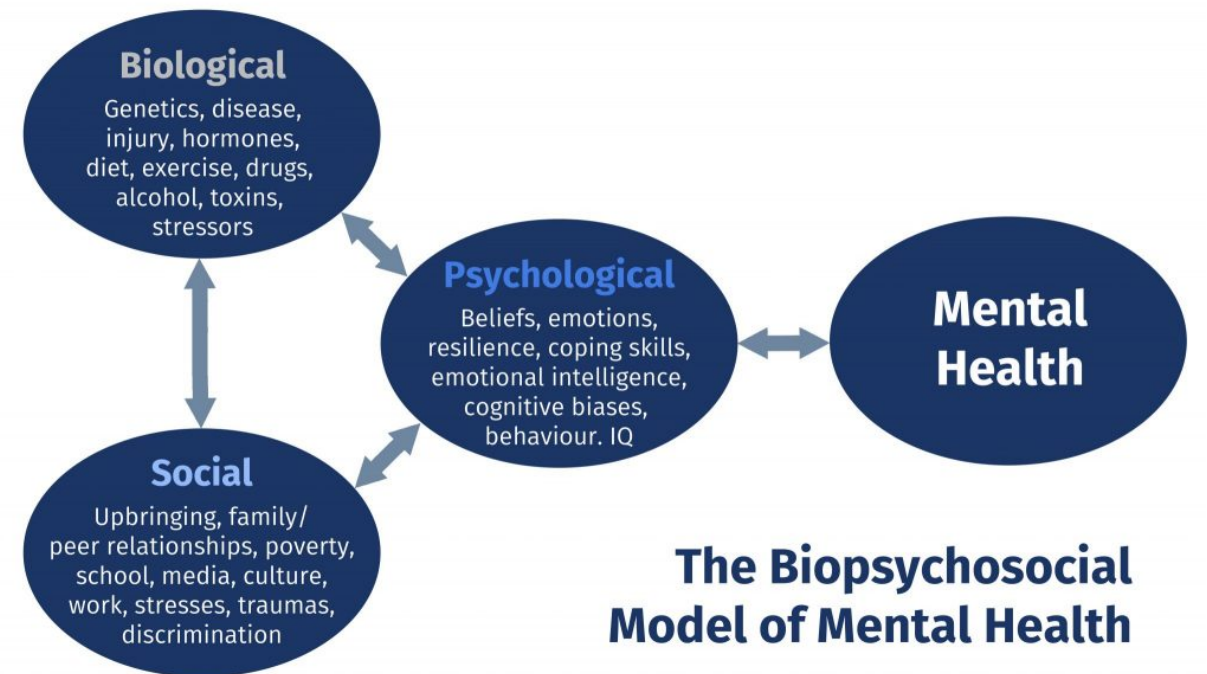
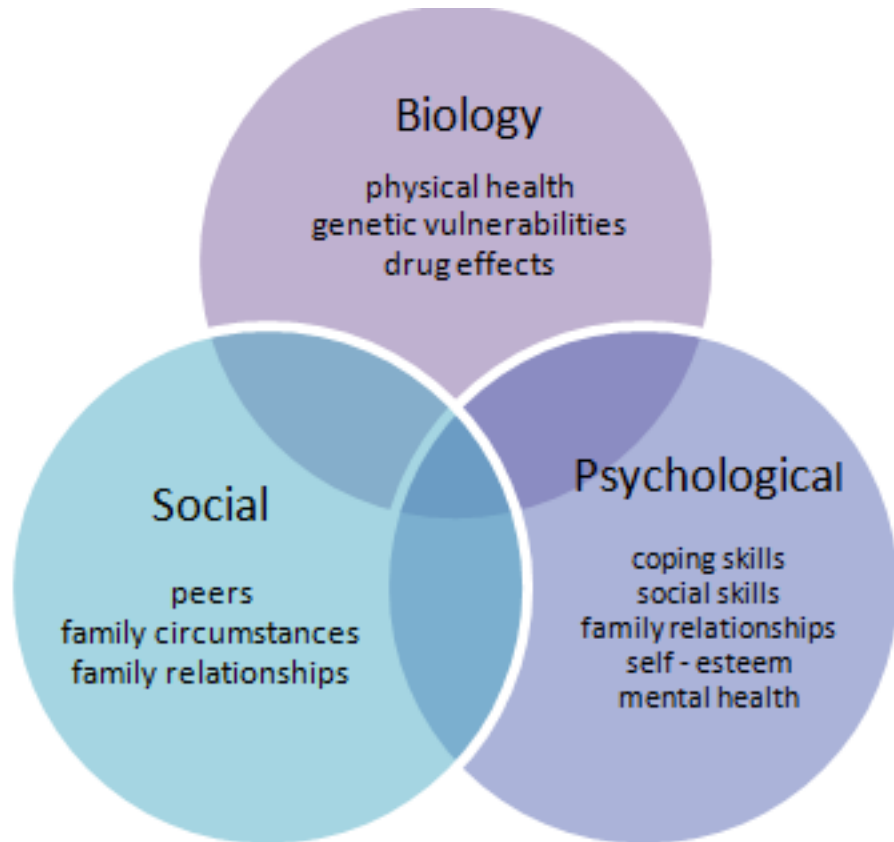
6 GUIDING PRINCIPLES TO A TRAUMA-INFORMED APPROACH

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.

Theoretical Framework



A Method to Translate Science: Epidemiology

- **Determinants of Health**, An array of Biopsychosocial exposures and other factors that influence the trajectory of health and other health-related events. Illness does not occur randomly in a population but happens only when the right accumulation of risk factors (determinants) exists in an individual. To search for these determinants, epidemiologists use analytic epidemiology or epidemiologic studies to provide the “Why” and “How” of such events.
- **Trauma Exposures**: A determinant of health among adult returning citizens

Social Determinants of Health

(SDOH) have a major impact on people's health, well-being, and quality of life

- Safe housing, transportation, and neighborhoods
- Racism, discrimination, and violence
- Education, job opportunities, and income
- Access to nutritious foods and physical activity opportunities
- Polluted air and water
- Language and literacy skills

[Social Determinants of Health](#)

Epidemiology:

The Goal: To Measure the Frequency and Pattern of Health Events in a Population

- **Frequency:** The number of health events such as the number of cases, relationship of that number to the size of the population. Therefore, we are comparing health occurrence across different populations.
- **Pattern** The occurrence of health-related events by time, place, and person. Such as geographic variation, urban/rural differences, and location. Also, personal characteristics include demographic factors which may be related to risk of illness, injury, or disability such as age, sex, marital status, and socioeconomic status, as well as behaviors and environmental exposures.

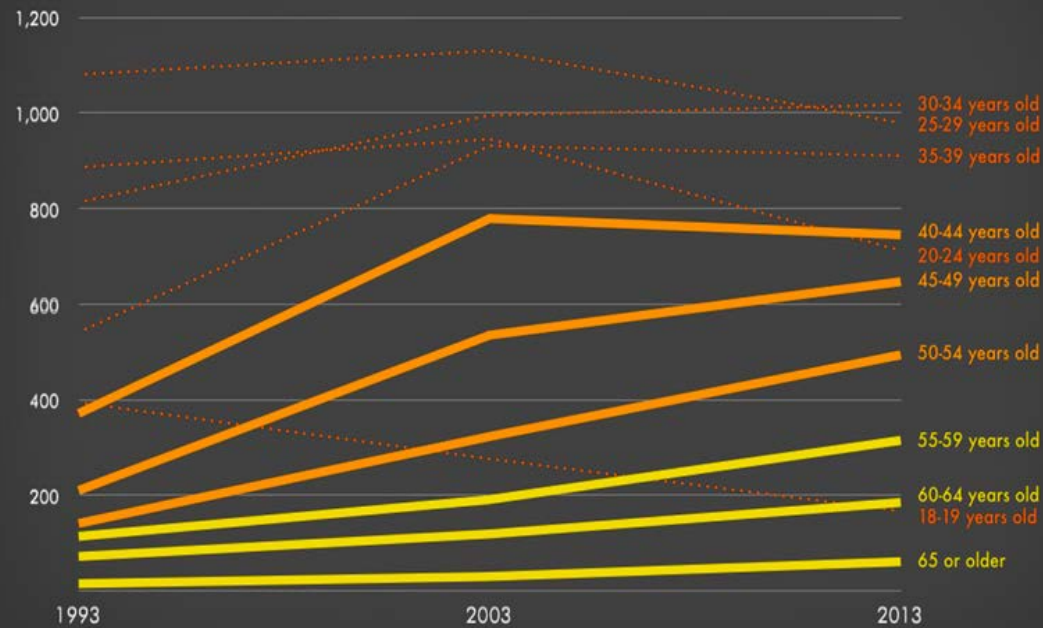
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Why Is This Topic Important: Research

- Because demographically, while it's true that general recidivism rates are high for ex-offenders, data proves that the majority of RACs over 40 are least likely to be rearrested. [Recidivism of Prisoners Released in 34 States in 2012: A 5-Year Follow-Up Period \(2012-2017\)](#)
- 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*](#))
- One in 50 children have a parent who is incarcerated ([Source: National Institute of Corrections](#))

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.

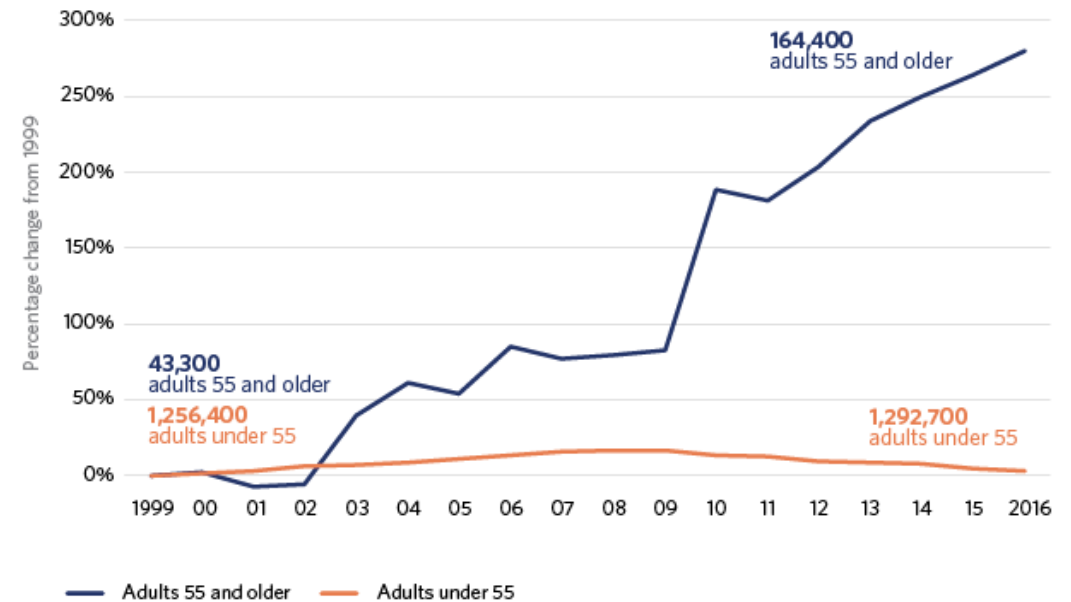


Source: Bureau of Justice Statistics *Aging of the State Prison Population, 1993-2013*

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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Better Science is Better Precision

Research findings regarding offenders have inevitably changed as our understanding of how biopsychosocial model has evolved, and we have supporting data regarding the role of social determinants 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 results.

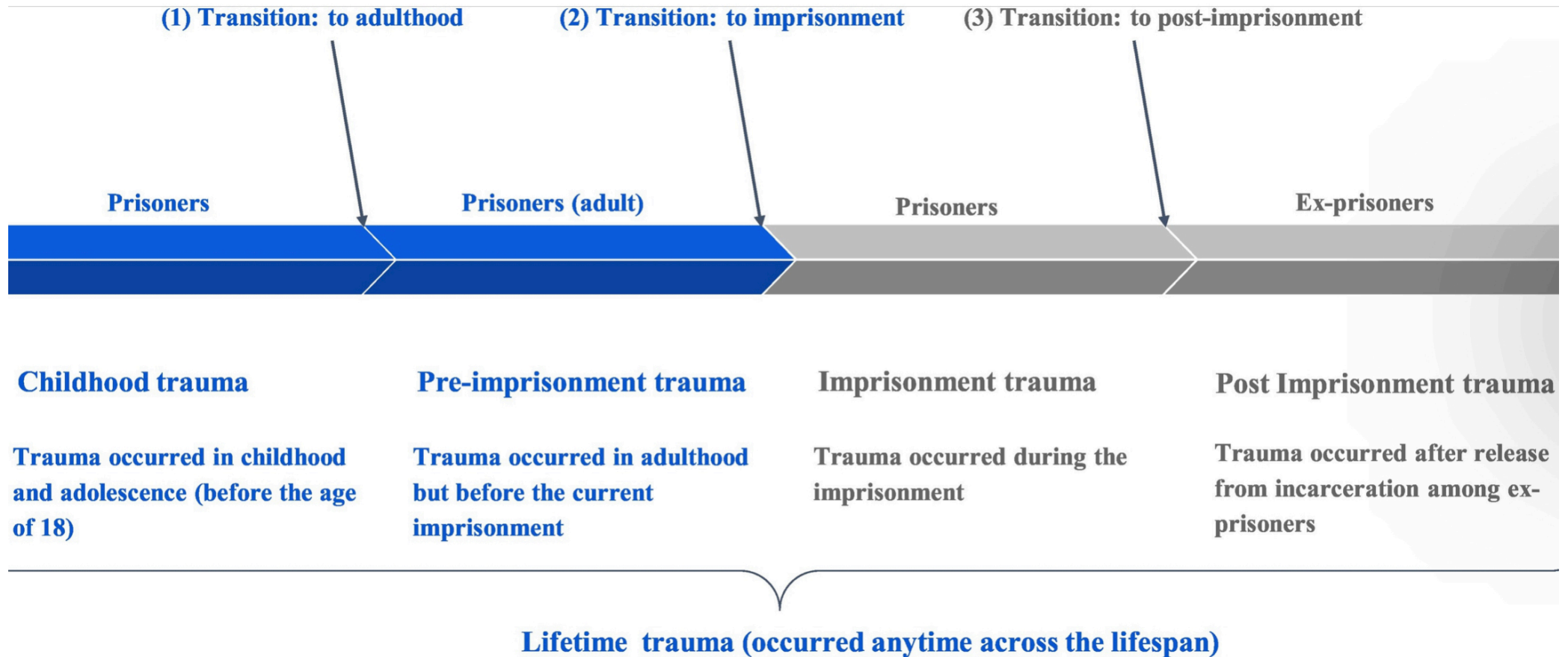


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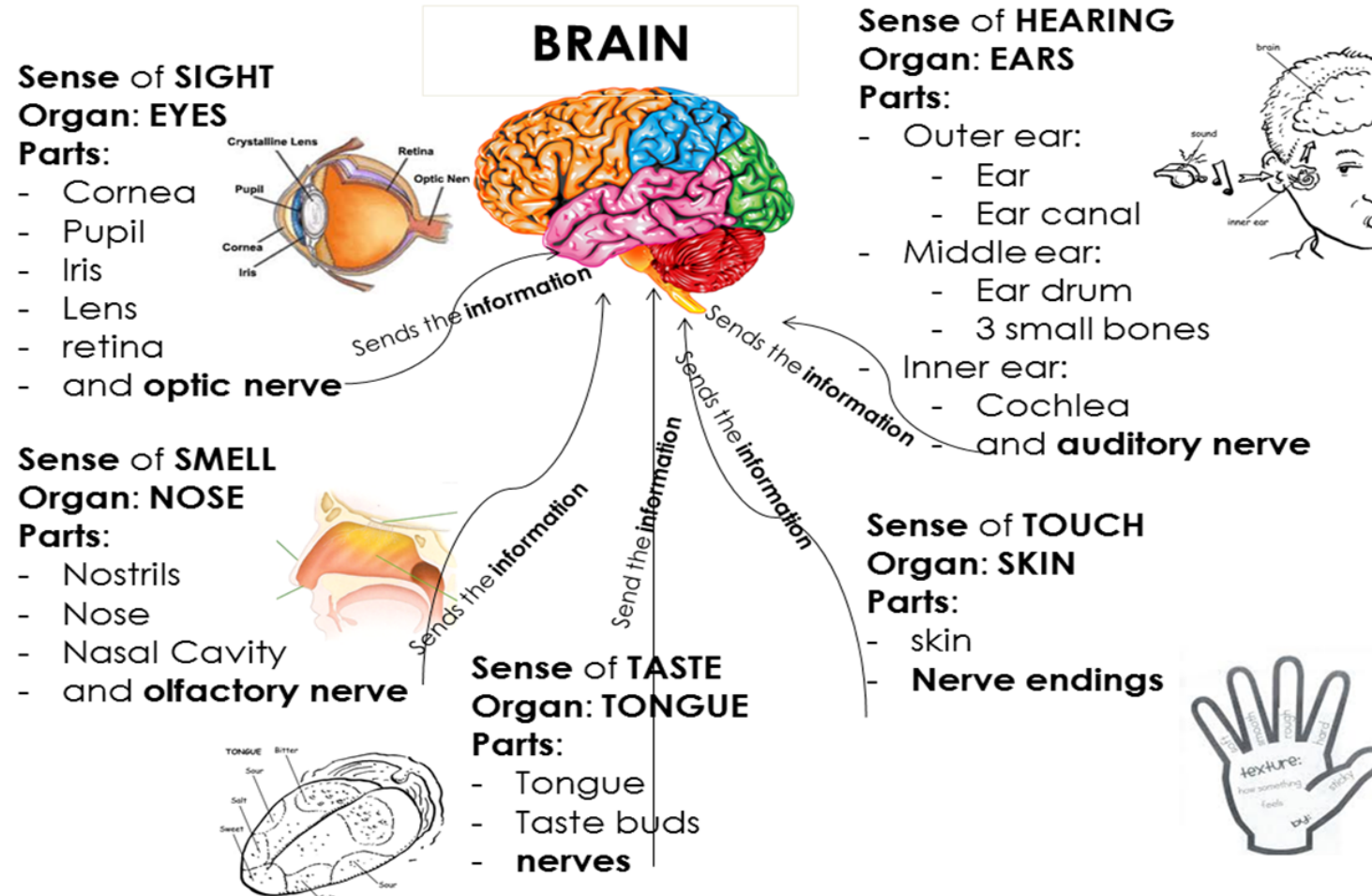
Promising Research Design



Source: Trauma exposure and mental health of prisoners

Empirical Approaches: Lived Experiences

The Five Senses



Health Conditions Among Prisoners Compared With The General Population (National Library of Medicine)

- Prisoners report worse health than their noninstitutionalized counterparts. Incarceration is associated with a higher prevalence of **hypertension, diabetes, heart problems, asthma, kidney problems, stroke, arthritis, and STI**, with differences larger for Whites than Blacks, especially among women
- Race disparities are muted in prisons than the general community
- For women, the hypothesis is supported for hypertension, diabetes, heart problems, kidney problems, and stroke
- Black-White disparities are actually larger in prisons for obesity among both men and women and for STI for men

Source: [NIH, Racial disparities in health conditions among prisoners compared with the general population](#)

Table 1

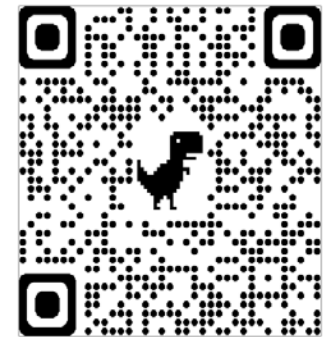
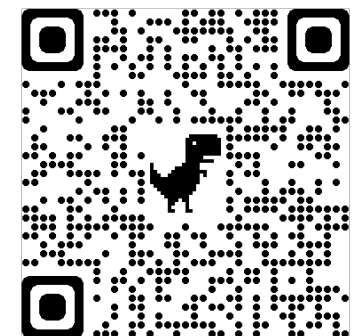
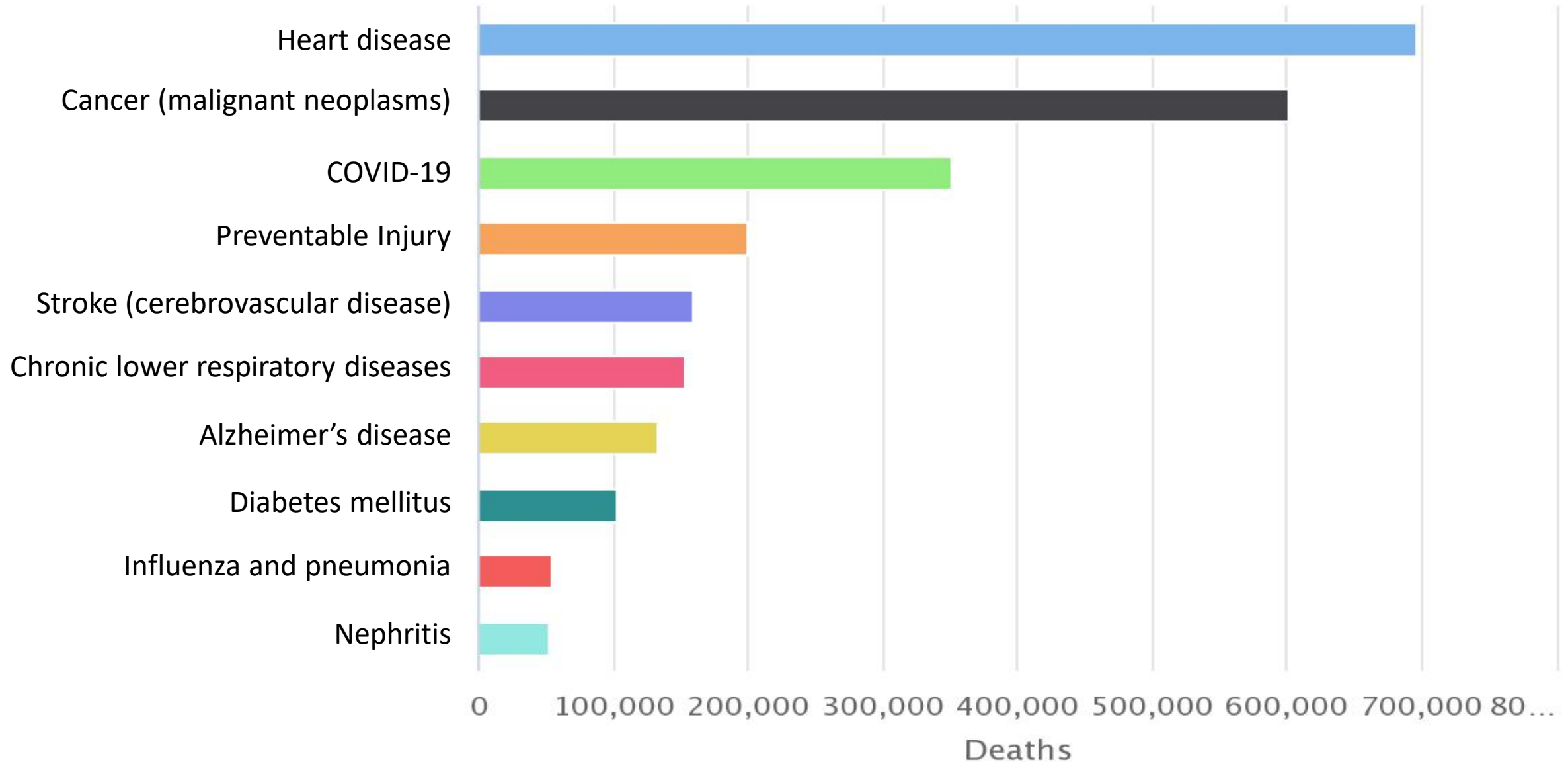


Table 2



All leading causes of death, United States, 2020

All causes deaths: 3,383,729



Biology of Trauma

- 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](#)

Social Determinants of Health: Incarceration is a key issue in the Social and Psychological domain.

- Between 1980 and 2014, the United States incarceration rate increased by 220%, which can be linked to state and federal policy changes that enacted harsher sentencing rules.³
- In 2014, there were approximately 2.2 million people incarcerated in state or federal prisons and local jails,^{1, 3} and an additional 4.7 million individuals under community supervision (i.e., on probation or parole).¹
- Incarceration is a mechanism to punish criminal offenses,⁴ but it can affect the health and well-being of those currently incarcerated, those with a history of incarceration, and their families and communities.^{2, 5}
- When compared to the general population, men and women with a history of incarceration are in worse mental and physical health.
- Data from the Bureau of Justice Statistics found that, in 2005, more than half of all prison and jail inmates had mental health problems.¹²
- Studies have shown that when compared to the general population, jail and prison inmates of both genders are more likely to have high blood pressure, asthma, cancer, arthritis,¹³ and infectious diseases, such as tuberculosis, hepatitis C, and HIV.^{2, 14, 15, 16}

Source: Social Determinants of Health Literature Summaries:--Incarceration

Research Findings

- [What Trauma Looks Like for Incarcerated Men: A Study of Men's Lifetime trauma Exposure in Two State Prisons](#)
- [Death Row Inmate Characteristics, Adjustments, and Confinement: A Critical Review of the Literature](#)
- [Meta-analysis of psychological treatments for posttraumatic stress disorder in adult survivors of childhood abuse](#)
- [The Body of Isolation: The Physical Health Impacts of Incarceration in Solitary Confinement](#)
- [Cardiovascular Disease in Incarcerated Populations](#)
- [The Impact of Reentry Programs on Recidivism: A Meta-analysis](#)

Research Findings (cont.d)

- Meta-analysis
 - Lifetime Trauma Exposures: Cardiovascular Disease
 - Posttraumatic Stress Disorder
 - Reentry Programs on Recidivism
 - Describes trauma exposures at different life stages of prisoners and ex-prisoners
 - PTSD rates are higher among female inmates

Safety

- 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

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](#)

Trustworthiness and Transparency

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?
- Institutional Review Board: [A method to insure trust in conducting research](#)

Peer Support

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
 - Certification



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Collaboration and Mutuality

- 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*

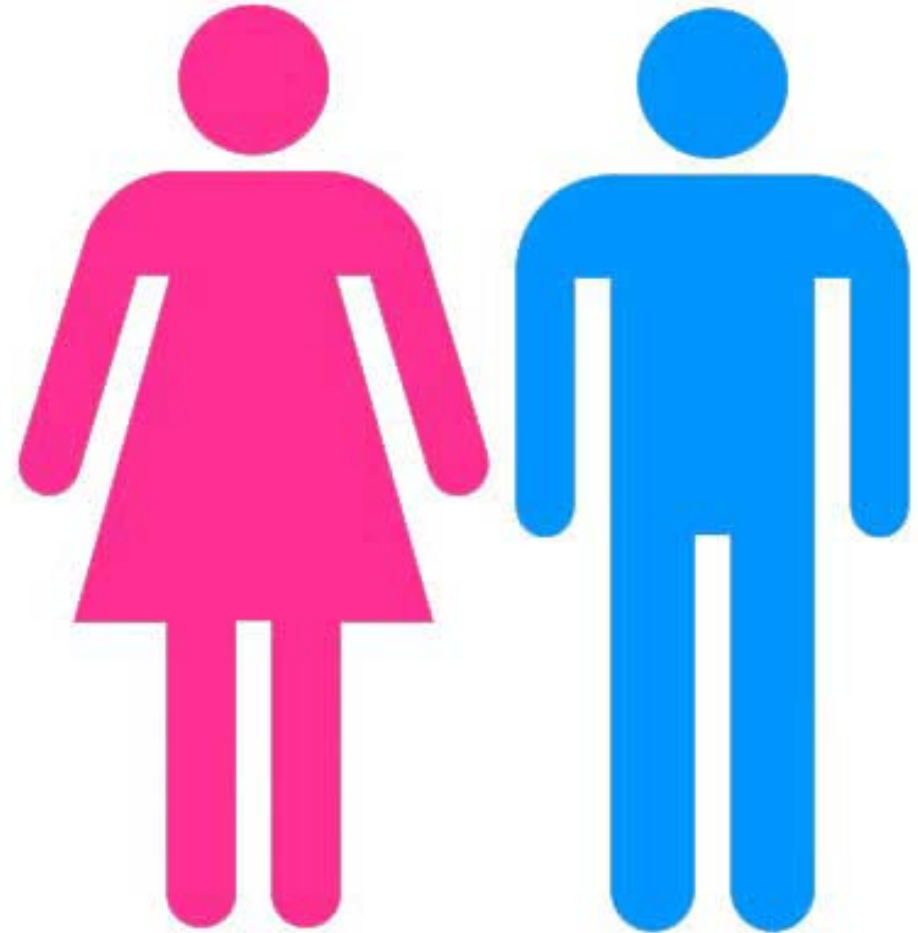
Community-Based Participatory Programs

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

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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Table 1: Female Re-entry Programs

Program	Rating	Description	No. of Studies
“Seeking Safety” for Incarcerated Women	Promising	A manualized cognitive-behavioral intervention for incarcerated women with co-occurring posttraumatic stress disorder (PTSD) and substance use disorders. The program is rated Promising. Evaluation results suggest that the program significantly reduced PTSD and depression scores in program participants. https://crimesolutions.ojp.gov/programdetails?id=424	1 quasi-experiment
Moving On	Promising	This is a curriculum-based, gender-responsive intervention created to address the different cognitive-behavioral needs of incarcerated women. The program is rated Promising. The program was shown to significantly reduce recidivism as measured by rearrests and reconvictions, but did not have a significant impact on reincarcerations for a new offense and technical violation revocations. https://crimesolutions.ojp.gov/ratedprograms/476	1 quasi-experiment
Forever Free	Promising	The first comprehensive, in-prison, residential substance abuse treatment program designed for incarcerated women. The program is rated Promising. The intervention group reported fewer arrests during parole, less drug use and were employed more at follow-up than the comparison group. https://crimesolutions.ojp.gov/programdetails?id=40	1 quasi-experiment
Helping Women Recover: A Program for Treating Addiction	No Effects	Helping Women Recover addresses substance use disorders by integrating the four theories of women’s offending and treatment: pathways, addiction, trauma, and relational theories. RCT found no statistically significant differences between the treatment and control groups in arrests or drug use, at the 18-month follow up. https://crimesolutions.ojp.gov/ratedprograms/416	1 RCT
Beyond Trauma: A Healing Journey for Women	Not Rated by Crime Solutions	Beyond Trauma uses psycho-educational and cognitive skills approaches to help women develop coping skills and emotional wellness to counter the effects of physical, emotional, and sexual abuse. In one RCT, participants had greater reductions in drug use, were more likely to remain in residential aftercare longer, and were less likely to have been re-incarcerated within 12 months after parole. In a second RCT, results showed that there were no significant differences between the participants and standard groups on drug use or PTSD symptoms at follow-up. Participants had better in-treatment performance and more positive perceptions related to their treatment experience. https://www.cebc4cw.org/program/helping-women-recover-beyond-trauma/detailed	2 RCT
Beyond Violence: A Prevention Program for Criminal Justice-Involved Women	Not Rated by Crime Solutions	Beyond Violence (BV) utilizes a multi-level approach and a variety of evidence-based therapeutic strategies (i.e., psychoeducation, role playing, mindfulness activities, cognitive-behavioral restructuring, and grounding skills for trauma triggers) to assist women in understanding trauma, the multiple aspects of anger, and emotional regulation. In one RCT, significant between-group differences favor program participants on only 3 of the 14 measures of anger that were examined. In a second RCT, results indicate women who received Beyond Violence (BV) were less likely to recidivate than those who received TAU. The odds of women in the BV condition recidivating decreased by 79% compared to the rate for women in the TAU condition. Although women in BV were less likely to relapse (26% vs. 50%), the difference was not statistically significant. https://www.cebc4cw.org/program/beyond-violence-a-program-for-criminal-justice-involved-women/detailed	2 RCT
Dialectical Behavioral Therapy (DBT)	Not Rated by Crime Solutions	DBT is a cognitive-behavioral approach involving skills training, motivational enhancement, and coping skills. In one RCT, the effect of DBT on reducing recidivism was greater among those who expressed a desire for help and among those that were younger and participants with Desire for Help score > 35. https://www.cebc4cw.org/program/dialectical-behavior-therapy-dbt/	1 RCT 1 Quasi-experiment

RCT = Randomized Controlled Trial

Empowerment, Voice, and Choice

- 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

The Biopsychosocial Approach

- 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

Why Is This Topic Important: Policy

- 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

Why Is This Topic Important: Policy

- [Aging, Reentry, and Health Coverage: Barriers to Medicare and Medicaid for Older Reentrants](#)
- [Ageing Prisoners: An Introduction to Geriatric Healthcare Challenges in Correctional Facilities](#)
- [Addressing the Ageing Crisis in U.S. Criminal Justice Healthcare](#)
- [The Federal Interagency Reentry Council: A Record of Progress and a Roadmap for the Future](#)
- [After Incarceration: A Guide to Helping Women Reenter the Community \(SAMHSA\)](#)
- [Returning Home: Access to Health Care After Prison](#)

Policy

Safety	Trauma-informed social policy should make provisions for the basic safety of vulnerable populations—housing, public benefits and services, focus on harm reduction.
Trustworthiness and Transparency	Community Peer Specialists, Community Health Workers, Advocates and Interventionists: individual workers who distribute public services shape policy through daily interactions.
Collaboration and Peer Support	It is vital that policy development be led by the community or population of interest and those who work directly with them for successful adoption.
Empowerment	The trauma-informed approach should focus on shared power with decision-making ability and negotiation strategies.
Choice	The Community or population should have the power of choice regarding benefits and services that meet their individual needs, for example, regarding food, housing, treatment options, education, and employment.
Culture, History, and Gender Issues	We need an understanding of discrimination, privilege, and human rights violations that occur as a consequence of combination of the identities of which one may subscribe.

Policy (cont.d)

American Public Health Association recommends moving toward the abolition of carceral systems and building in their stead just and equitable structures that advance the public's health (both during and following the COVID-19 crisis) by:

- (1) urgently reducing the incarcerated population;
- (2) divesting from carceral systems and investing in the societal determinants of health (e.g., housing, employment);
- (3) committing to noncarceral measures for accountability, safety, and well-being;
- (4) restoring voting rights to formerly and currently incarcerated people; and
- (5) funding research to evaluate policy determinants of exposure to the carceral system and proposed alternatives.

[Source: Advancing Public Health Interventions to Address Harms of The Carceral System](#)

Policy (cont.d)

- Funding should have a theoretically driven model of reentry
- Biopsychosocial
- Health Belief Model
- Public Health
- Public Safety

Program

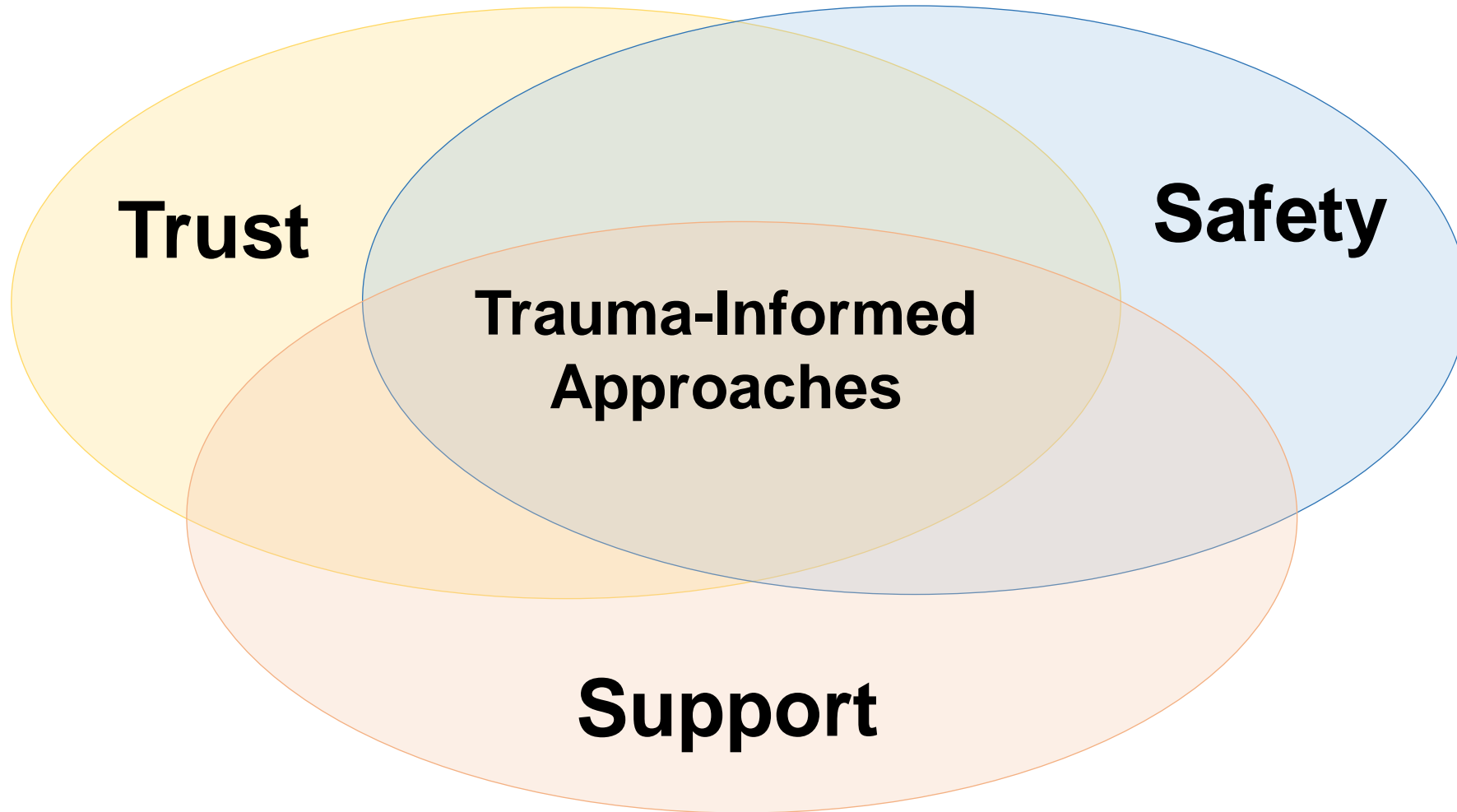
- [Reentry Programs for Adult Male Offender Recidivism and Reintegration: A Systematic Review and Meta-Analysis](#)
- [Targeting for Reentry: Inclusion/Exclusion Criteria Across Eight Model Programs](#)
- [After Incarceration: A Guide to Helping Women Reenter the Community \(SAMHSA\)](#)

Program (cont.d)

An example of a program that incorporates policy, practice, and research is CARE Model out of Boston, a program for African American Males

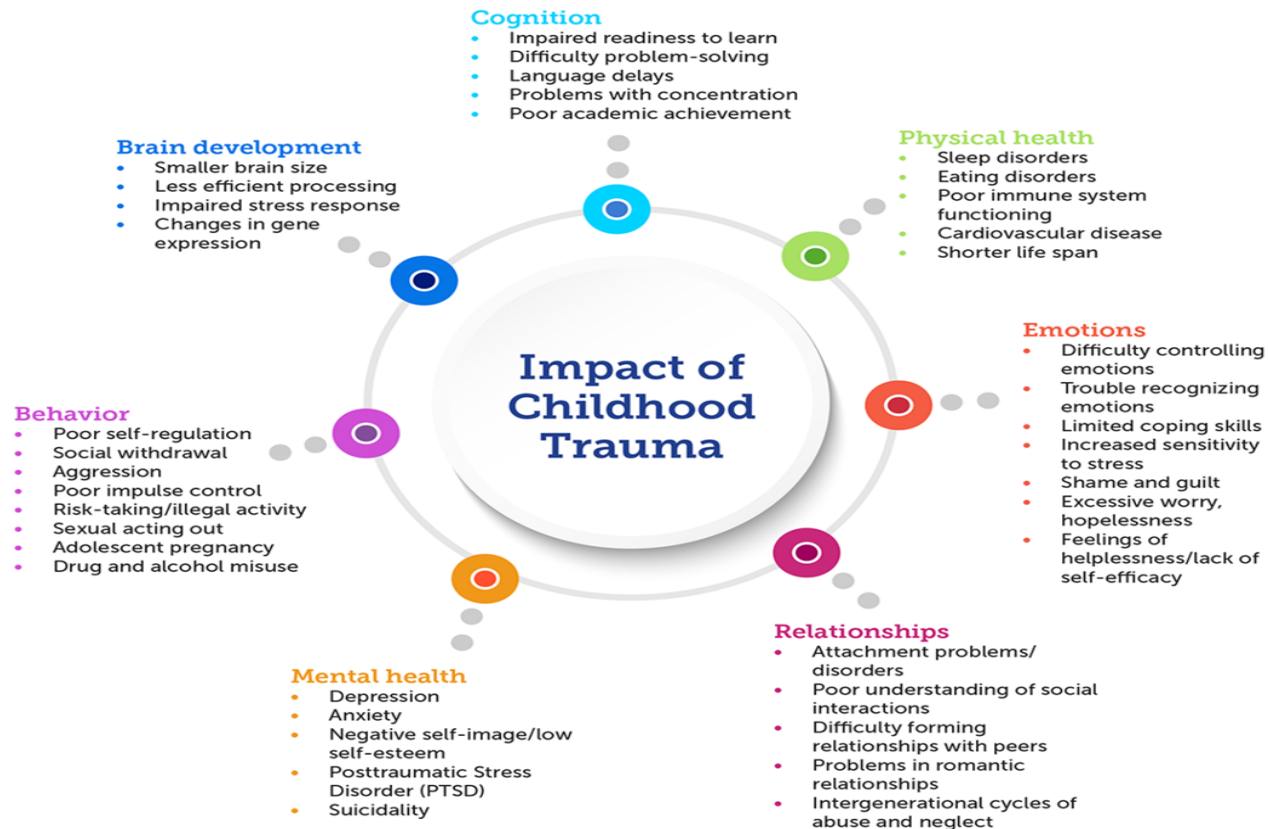
[An Ecological Approach to Improving Reentry Programs for Justice-Involved African American Men](#)

Trauma-Informed Approaches



Types of Trauma

Impact of Childhood Trauma



- **Family trauma:** Abuse, neglect, experiencing or witnessing domestic violence, incarceration of family members, family substance abuse, sudden or expected loss of a loved one

Social: Lived Experience

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).

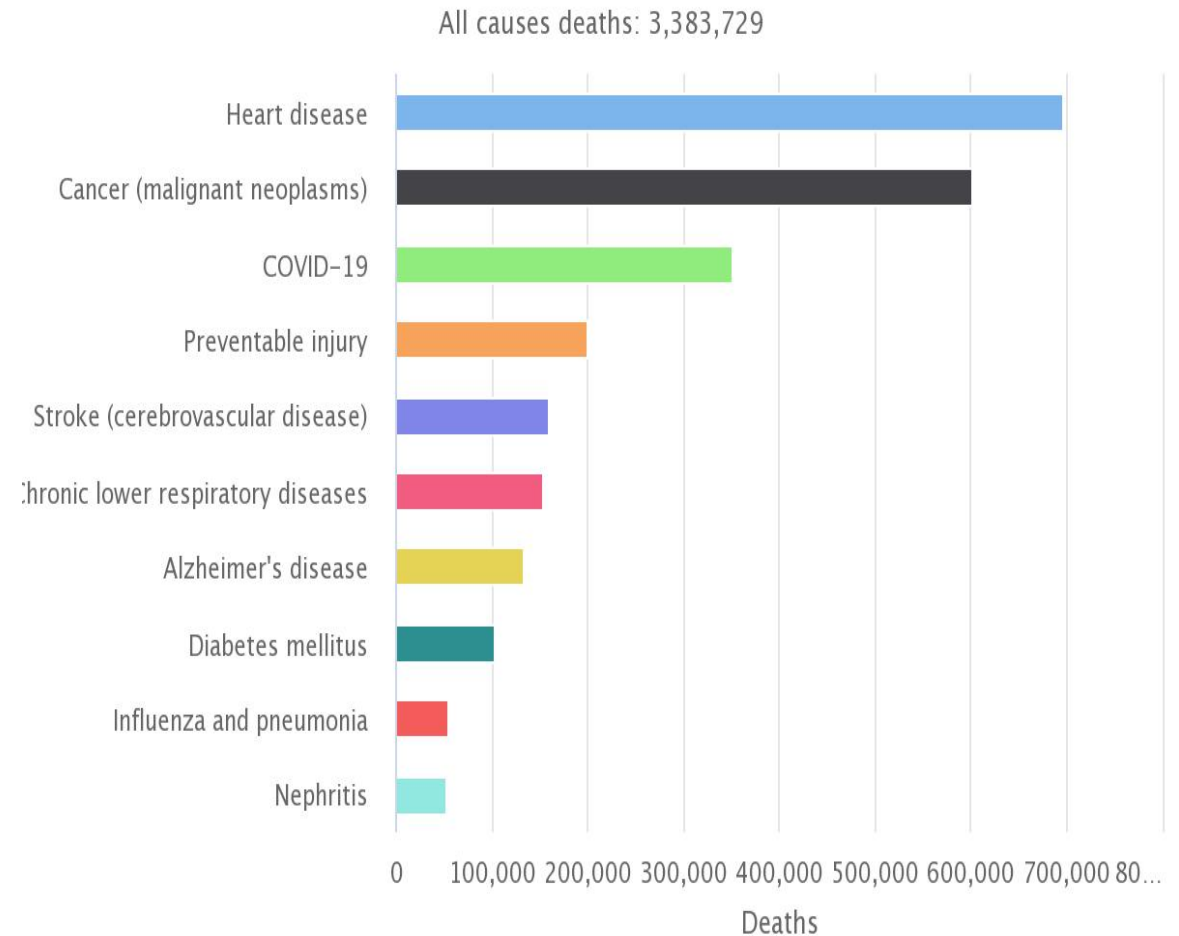
The Evidence Speaks for itself.....

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



Behavior and Mortality

- It has been suggested that 50 percent of mortality from the 10 leading causes of death is due to behavior
- If this is correct, then behavior and lifestyle have a potentially major effect on quality of life and 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

- 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

Evidence: Pillars of Science

- **Family Support:** Provide the greatest tangible and emotional support to offenders as the RAC reenters the community
- **Housing:** Finding stable housing due to individual challenges (e.g., mental health and substance use histories) and systematic barriers (e.g., housing restrictions).
- **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 and Skill Development:** Increased employability of RAC

[An Overview of Offender Reentry](#)

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

Source: [UAA Reducing Recidivism](#)

Translation and Interpretation of Science, Approach and Perspective



What is Right with the Findings



Brings Findings to Scale
“Social Determinants of Health”

Returning Adult Citizens: Putting Research 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: Considerations for Collaboration

- 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?***

"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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RAC: Cultural Competence

- 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

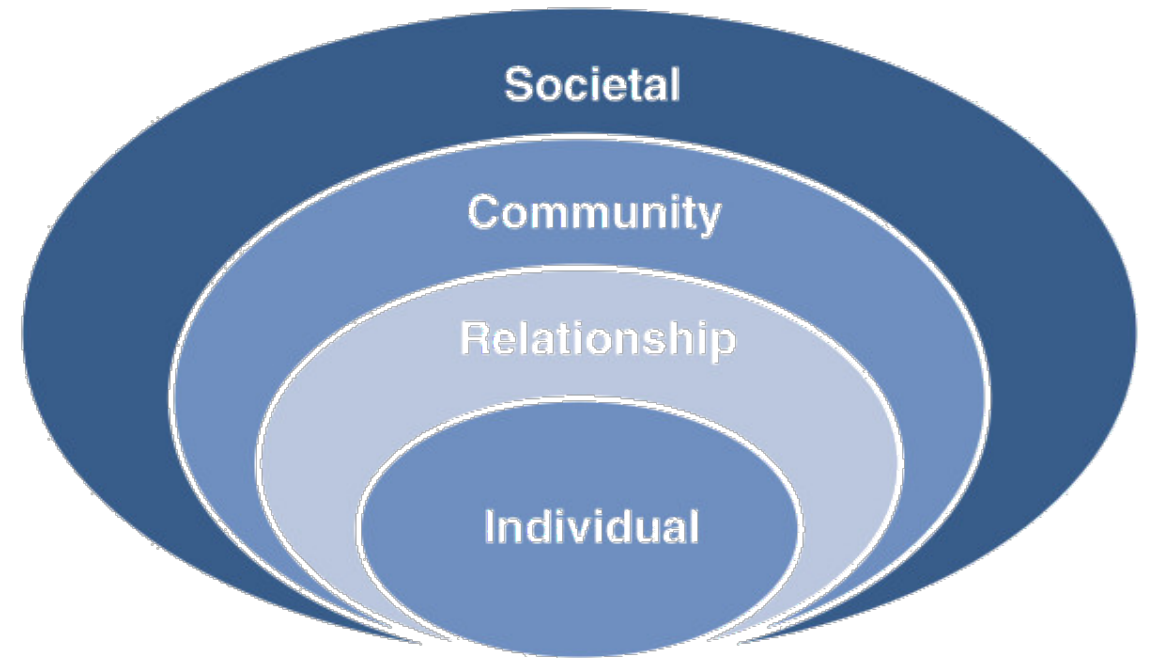
Prevention practitioners are in a position to:

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



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](#)

Overview Comparison of Reentry Center Models

	<u>Oversight Entity</u>	<u>Peer City examples</u>	<u>Physically connected to jail?</u>	<u>Pre-release engagement? Continuity of reentry planning</u>	<u>Accessibility post release (one-time vs. regular services)</u>	<u>Are there partners providing on-sight services?</u>	<u>Are partners contracted for services?</u>	<u>Key Distinction in services offered/connection to services</u>
Model 1: Community Comprehensive Reentry Health Center	Healthcare system/local government	Albuquerque/ Bernalillo County, NM Philadelphia, PA	No	Yes (upon booking)	Only serves populations upon release one time	Yes	Yes	Rooted in values of community health; safe place to wait for a ride or stay overnight at any time post release
Model 2: Extension of the Jail	County Jail	Houston, TX	Yes	Yes (for vulnerable populations)	Only serves populations upon release one time	No (Due to COVID)	Yes	Transitional services such as creating new IDs on the spot are a valued service prior to walking out of the jail
Model 3: Intergovernmental Model: Consolidation of Public Benefits	Department of Corrections	Washington, D.C.	No	Yes (30 days before release but not always clear)	Only serves populations upon release one time	Yes	Yes	Public benefits such as the DMV and the DHS are located on-sight for services

[Source: Peer City Reentry Center Models - Best Practices](#)

Adult Returning Citizens Programs: Guest Speakers

[Craig Jernigan](#)

Maryland and District of Columbia Regional Program Director
Youth Advocate Programs
309 North Cathedral Street
Baltimore, Maryland 21201

[Erin Calloway](#)

Director of Community Initiatives
Community Family Life Services
305 E Street NW
Washington, DC 20001

Violence Prevention

May 2022

**OTHERS TALK SOCIAL CHANGE.
WE MAKE IT HAPPEN.**

Youth Advocate
PROGRAMS, INC.

Youth Advocate
PROGRAMS, INC.

YAP Violence Interruption



Craig Jernigan

Maryland-DC Regional Director

In 2018 added Violence Prevention programs to Youth Justice and Child Welfare services

Believer in YAP's Core Principles

- ✓ Individualized Service Planning
- ✓ Focus on Strengths
- ✓ Partnership with Parents
- ✓ Cultural and Linguistic Competence
- ✓ Teamwork
- ✓ Community-Based Care
- ✓ Unconditional Caring; No Reject, No Eject
- ✓ Giving Back
- ✓ Corporate and Clinical Integrity

Evolved from YAP's Traditional Services





**Erin Calloway –
Director of Community Initiatives**

Since 1969, Community Family Life Services, Inc. (CFLS) has provided children, families, and adults with the tools and resources needed to move beyond poverty and homelessness. CFLS also supports women who are returning home following a period of incarceration by assisting them as they move into permanent self-sufficiency.

- Transitional Housing**
- Financial Literacy**
- Drop-In Center Emergency Services**
- Reentry Services**
- Women’s Wellness**
- Legal Aid**
- Employment**
- Parenting & Family Reunification**
- Speakers Bureau**

How to Think About Research: Metanalysis

Sandbox: Individual Accomplishment



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Pool: Collective Accomplishment



[Source](#)

Next Steps

- [The NIMH Research Domain Criteria \(RDoC\): Compared to Diagnostic Manuals](#)
- [The Physical Health Impacts of Incarceration in Solitary Confinement](#)
- [Prevalence of Chronic Health Conditions among Adults Released from Prison](#)
- [Incarceration as Exposure: The Prison, Infectious Disease, and Other Stress-Related Illnesses](#)

Policy Recommendations

Successful Reentry programs:

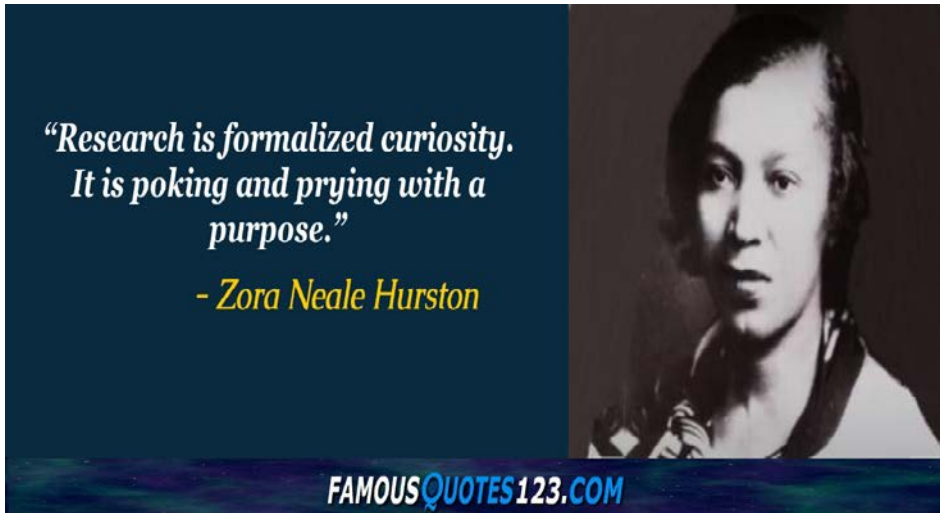
- Start during institutional placement
- Focus services on individuals determined to be at high risk of recidivating through the use of risk-assessments classifications; and
- If returning adult citizens are treatment programs, use cognitive-behavioral treatment related techniques
- Matching intervention and programs to the specific learning characteristics of the offenders.

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

Summary: Science

- The link between science, the development of interventions, and organization of public authorities to employ interventions has increased public understanding of and social commitment to enhancing health
- Baltimore City Health Department Study
- National Conference of State Legislatures
- Washington, DC's READY Center services, Mayor's Office on Returning Citizen Affairs (MORCA)
- Metanalysis Findings
 - Family Supports
 - Trauma Informed Approaches
 - Social-Emotional Supports: Developmental Approaches: Pre-prison, Prison, Post-prison

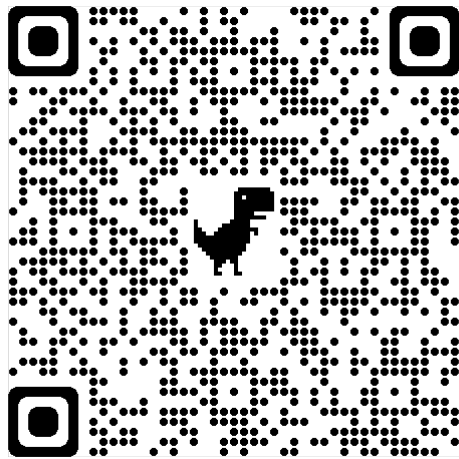
Thank you: Self-Care Quotes!



alamy

Image ID: E6GX9J
www.alamy.com

Resources: Encouragement



[Source: National Cancer Institute](#)



**National Center on Safe Supportive
Learning Environments**

Engagement • Safety • Environment

<https://safesupportivelearning.ed.gov/>

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[Office of Minority Health Reentry Resources](#)

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[Health and Prisoner Reentry](#)

[Impacts of Solitary Confinement](#)

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[THE FEDERAL INTERAGENCY REENTRY COUNCIL A Record of Progress and a Roadmap for the Future](#)
[Healthy People 2030](#)

The End of Part Two



A Summary of Research, Policy and Programs: Trauma Informed Approaches: Retuning Adult Citizens



Next Steps in Treatment



Program Development



Policy Implications

Appreciation



Contact Us



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Let's connect:

