



Reentry, Trauma, & The Subcultures of Addiction, Incarceration & Homelessness

How trauma & subcultures play a role in behavior & thinking that contributes to recidivism and overdose



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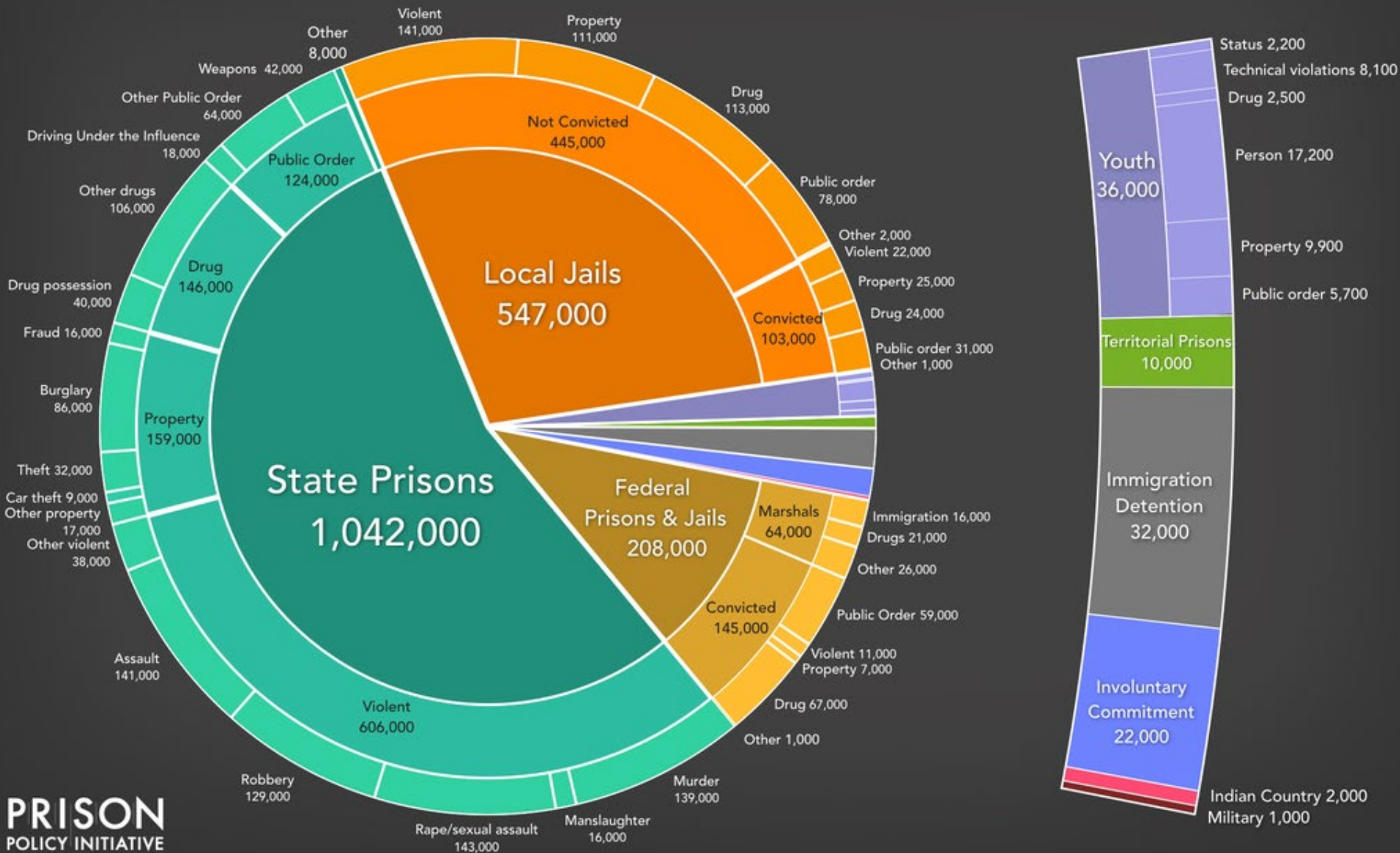


Today's Learning Objectives (needs revision after discussion)

- Discuss at least three consequences of a failed probation/parole effort
- Discuss the impact of stigma and bias on treatment and recovery
- Restate at least six barriers to successful re-integration for the justice involved citizen
- Cite at least five examples of peer support interventions to overcome the barriers to reentry
- Interpret the subcultures of addiction and incarceration's impact on the individual
- Discuss the rationale for Harm Reduction approaches
- Describe at least two reasons drug courts are effective alternatives to traditional courts

How many people are locked up in the United States?

The U.S. locks up more people per capita than any other nation, at the staggering rate of 573 per 100,000 residents. But to end mass incarceration, we must first consider *where* and *why* 1.9 million people are confined nationwide.

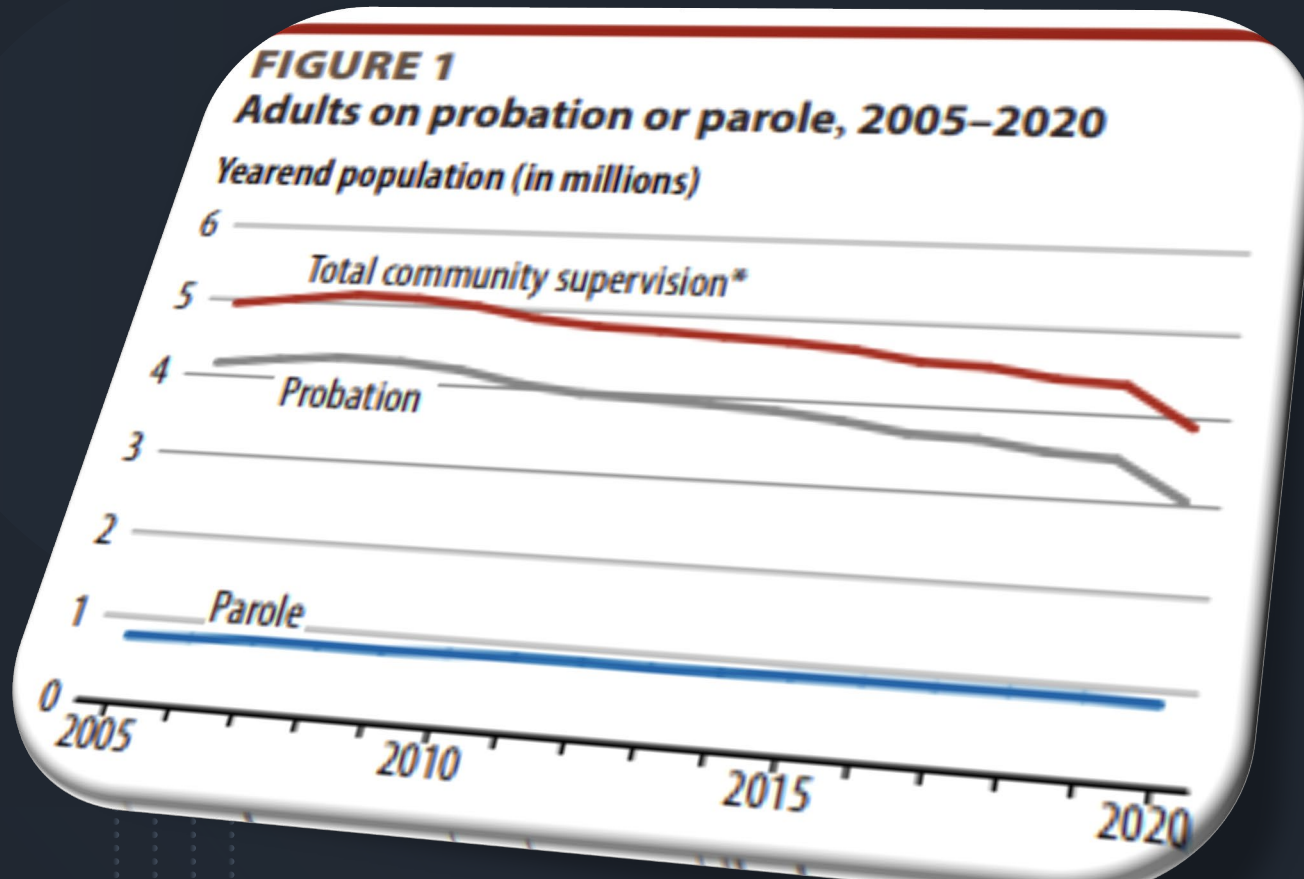


The Justice System Is Massive

- **600,000** released yearly from State & Federal Prison
- **10 million** cycling through local jails
- **2/3rds+** re-arrested within 3 years
- **Half** of those are re-incarcerated

What About Community Corrections?

Yearend 2020: estimated **3,890,400** adults were under community supervision (probation or parole), **down 276,500** from January 1, 2020.



Adults under community supervision, 2005–2020

Year	Total*	Probation	Parole
2005	4,946,600	4,162,300	784,400
2006	5,035,000	4,236,800	798,200
2007	5,115,500	4,293,000	826,100
2008	5,093,400	4,271,200	826,100
2009	5,019,900	4,199,800	824,600
2010	4,888,500	4,055,900	840,800
2011	4,818,300	3,973,800	855,500
2012	4,790,700	3,944,900	858,400
2013	4,749,800	3,912,900	849,500
2014	4,713,200	3,868,400	857,700
2015	4,650,900	3,789,800	870,500
2016	4,537,100	3,673,100	874,800
2017	4,508,900	3,647,200	875,000
2018	4,399,000	3,540,000	878,000
2019	4,357,700	3,492,900	878,900
2020			
January 1	4,167,100	3,330,200	851,000
December 31	3,890,400	3,053,700	862,100
Percent change			
2005–2020	-21.4%	-26.6%	9.9%
January 1, 2020– December 31, 2020	-6.6	-8.3	1.3

Note: Counts are rounded to the nearest 100. Detail may not sum to total due to rounding. Estimates are based on most recent data and may differ from previously published statistics. Reporting methods for some probation agencies changed over time. See *Methodology*.

*Details may not sum to totals because community supervision counts were adjusted to exclude adults on parole who were also on probation. See *Methodology*.

Source: Bureau of Justice Statistics, Annual Probation Survey and Annual Parole Survey, 2005–2020.

African-Americans and Men Are Overrepresented in Probation and Parole

Community supervision rates, total and by race and sex, 2016

Total:

1 in 55



Male:

1 in 35



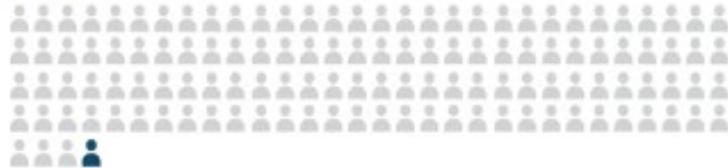
White:

1 in 81



Female:

1 in 124



Black:

1 in 23



Note: The Bureau of Justice Statistics provides only demographic data related to race/Hispanic origin and sex. The data do not allow for exploration of the relationship among those variables.

Sources: Bureau of Justice Statistics, Annual Probation Survey, and Annual Parole Survey, 2016; U.S. Census Bureau, Population Division, Estimates of the Total Resident Population and Resident Population Age 18 Years and Older for the United States, States, and Puerto Rico: July 1, 2016

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Disparities in Community Corrections

- People of color, men
- Black people 13% of population, 30% on parole/probation
- Men 3.5x higher than women
- 8 in 10 on probation, 2/3rds parolees' nonviolent crime – drugs, property.

If individuals under supervision for drug/property crimes made up a city, they would rank among the 10 largest cities in the U.S.⁵

Trauma Informed Corrections Care

*Power differentials and trauma survivor interactions: lighting the fuse
on the dynamite keg...*

Trauma and the Brain

- Can affect brain's emotion networks
- Creates fixed neural networks
- Avoidance behaviors don't work
- Keeps brain stuck in past
- Makes coping tools harder to access
- Avoidance reinforces trauma-patterns
- Alterations in memory functions
- Changes in cognition and brain structure
- Challenges with short term memory

Prefrontal Cortex

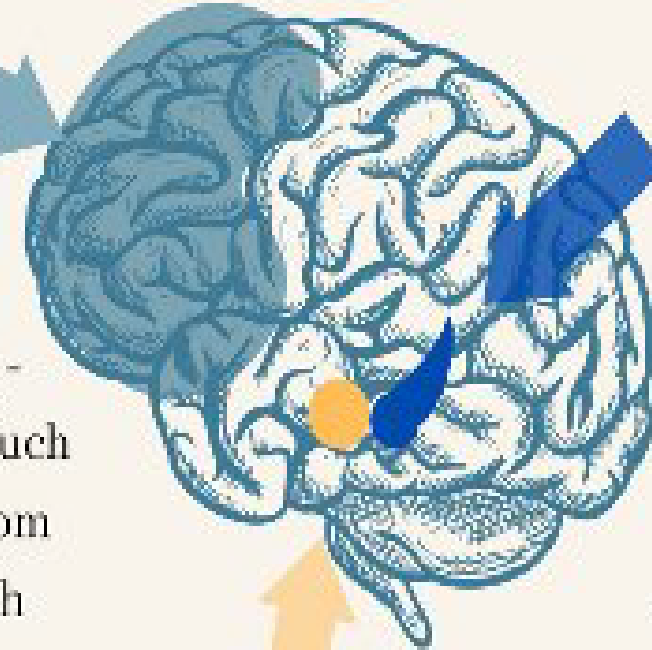
Rational thinking - regulates emotions such as fear responses from the amygdala - with PTSD this has a reduced volume

Hippocampus

Responsible for memory and differentiating between past and present - works to remember and make sense of the trauma. With consistent exposure to trauma, it shrinks.

Amygdala

Wired for survival, when active it is hard to think rationally. The more hyperactive the amygdala is, the more signs of PTSD are present.



Secondary Trauma

(Secondary Traumatic Stress/STS)

Secondary trauma can have physical, mental, and emotional consequences as a result of:

- Listening to or learning about distressing experiences
- Caring for or treating those with intense physical injuries
- Bearing witness to survivors' physical or emotional distress

SECONDARY TRAUMA STRESS

Cognitive Impact Secondary Trauma Stress



Source: D.white 2010

Individuals with strong compassionate or empathetic tendencies are at higher risk for absorbing secondary trauma...

Post-Traumatic Stress Disorder (PTSD)

Post-Traumatic Stress Disorder (PTSD):

- Can develop after exposure to terrifying event
- Through an ordeal in which intense physical harm occurred or was threatened
- Persistent and frightening thoughts and memories of their ordeal





— Complex Post Traumatic Stress Disorder (CPTSD)

The brain and nervous system adapt to expecting ongoing danger, often compromising the development of a healthy sense of self and the world.

- Incorporates all symptoms of PTSD
- “Relationship” trauma
- Happens repetitively & often results in direct harm
- Effects of are cumulative

How Trauma Impacts Client Engagement

- Avoidance due to expectation of not being truly seen
- Fear of placing trust in others
- More comfortable with transactional relationships
- Difficulty following through with appointments, referrals, plans
- Loss of hope, dignity and self respect creates vicious cycle

Ways providers may re-traumatize:

- Lack of privacy
- Unwanted touching
- embarrassing/distressing questions
- Expert vs partnering
- Only one right way
- Personal unresolved trauma
- Institutional inequities
- Staff bias
- Either/or thinking
- Rigid policies and procedures



Why a “Trauma-Informed” Approach?

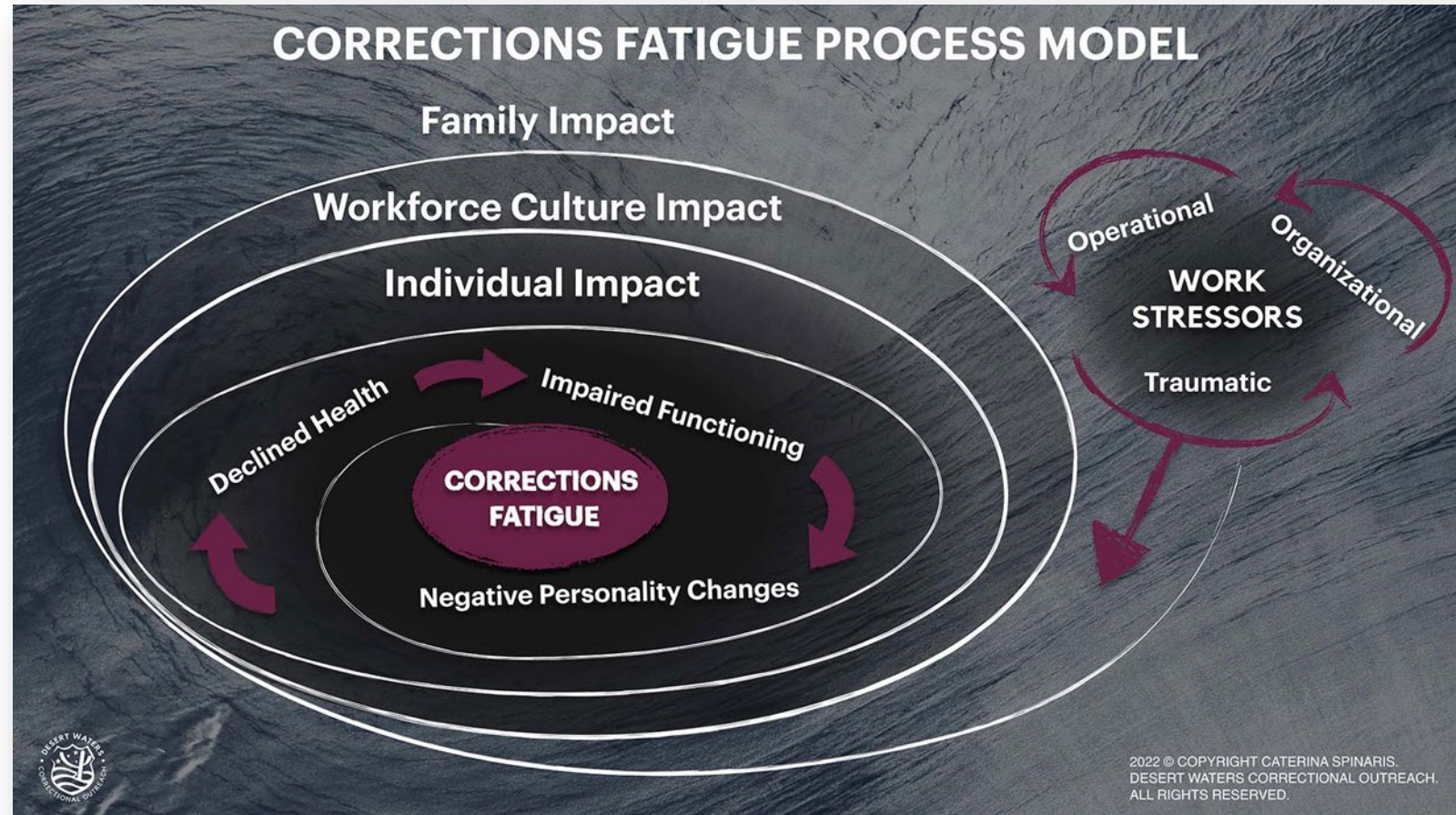
- Traumatic experiences have direct impact on all involved
- Important to know how to respond
- Knowing impact of trauma can improve outcomes
- Understanding trauma helps better manage risk
- Individuals deserve respect, dignity, autonomy and....

How to Support Someone Who Has Experienced Trauma



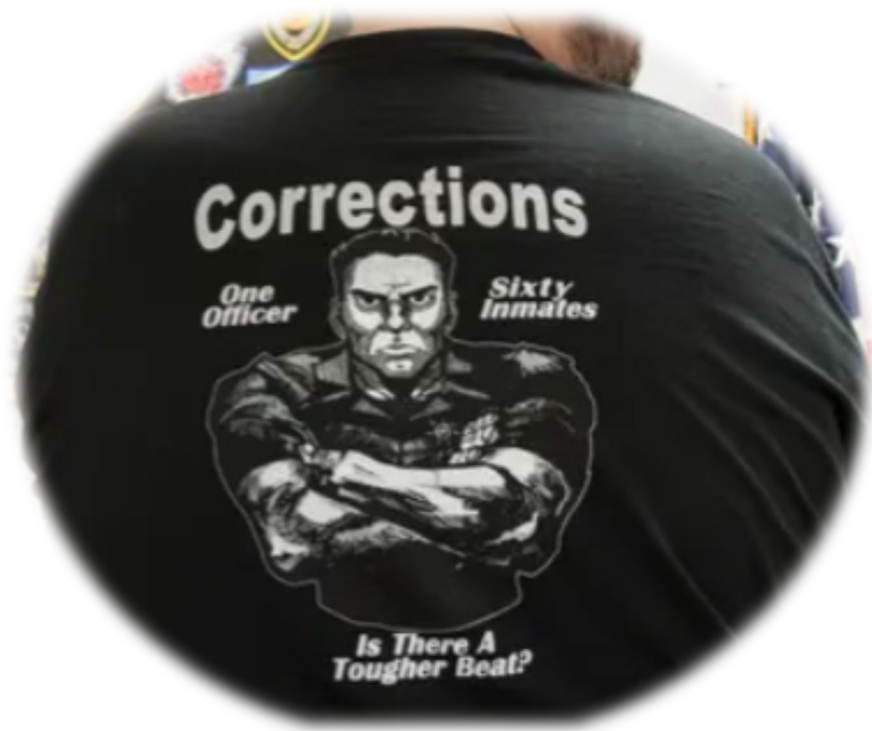
“Eight & the Gate” Corrections Fatigue

- Better captures nature/impact of traumatic exposure on corrections professionals
- Develops gradually over time and usually not brought on by single event
- Positive/negative response determined & moderated by work culture



Corrections Fatigue is an unavoidable occupational hazard & no one who works in corrections is completely immune to it!

Why Does Any Of This Trauma Stuff Matter to Me?



- 2013 study: of nearly 3,600 CO's: 34% of correctional staff in security roles have PTSD and 31% have depression
- 2016 study: estimated that 34% of participants had PTSD, 36% had depression, and 25% had both.

Rates of both — *as well as the risk of suicide* — were higher among people working in high-security units, and *among those who had worked in corrections for 10 years or more*, indicating that these problems do not get easier with time or experience.

The suicide rate among corrections officers is twice as high as police officers and the general public. A major study found that

corrections officers' suicide risk was 39% higher than all other professions combined.

"We're doing time too; we're just getting paid for it." ~Anonymous

Two Forms of Occupational Stress

Systemic Workplace Stress:

Burnout

- Paperwork
- Not enough time
- Retirement benefits
- Expense reimbursements
- Family responsibilities
- Political pressure at work
- Workplace culture
- Sometimes potentially hazardous duty



Traumatic Workplace Stress & Responses:

Compassion Fatigue

- Individual suffering firsthand an extreme or life-threatening event
- Repeated exposure to secondary trauma
- Hypervigilance
- Social/emotional isolation
- Escape/avoidant behaviors
- Intense feelings of anger and/or depression
- Disruptions to sense of trust, worldview and personal relationships.

Why Do They Keep Coming Back? Unresolved Trauma Drives Behaviors/Actions

Overarching and Systemic Challenges:

- Mass incarceration is a public health crisis
- Disproportionately affects Black and Brown people
- Incarceration can exacerbate health conditions
- Both criminal justice and drug use stigma and bias is rampant, severe and often intersects with numerous other stigmas and biases
- Disproportionate rates of suicide, mental, substance use & physical disorders, disabilities
- Justice-involved faces **complex** challenges and barriers made worse by stigma and lack of resources



Direct Barriers:

- **Stigma/bias**
- Addiction, mental illness
- Homelessness, unemployment, and poverty
- Criminal record impedes employment
- Collateral Consequences
- Lack of positive social support
- Low/no education, literacy
- Spotty or no work histories
- Poor health/disabilities
- Returning to high crime neighborhood
- Family violence on return is common
- Unemployment rate five times greater than general population
- Peer pressure
- **Culture of addiction and incarceration**

Justice-based interventions have typically focused on life skills or individual deficits & these programs are unlikely to do much, if anything to address the underlying causes and conditions facing reentering citizens.

Stigma and Bias: Pernicious, Pervasive, & Prevalent

“Beyond just impeding the provision or seeking of care, stigma may actually enhance or reinstate drug use, playing a key part in the vicious cycle that drives addicted people to continue using drugs.”

~ Dr. Nora Volkow

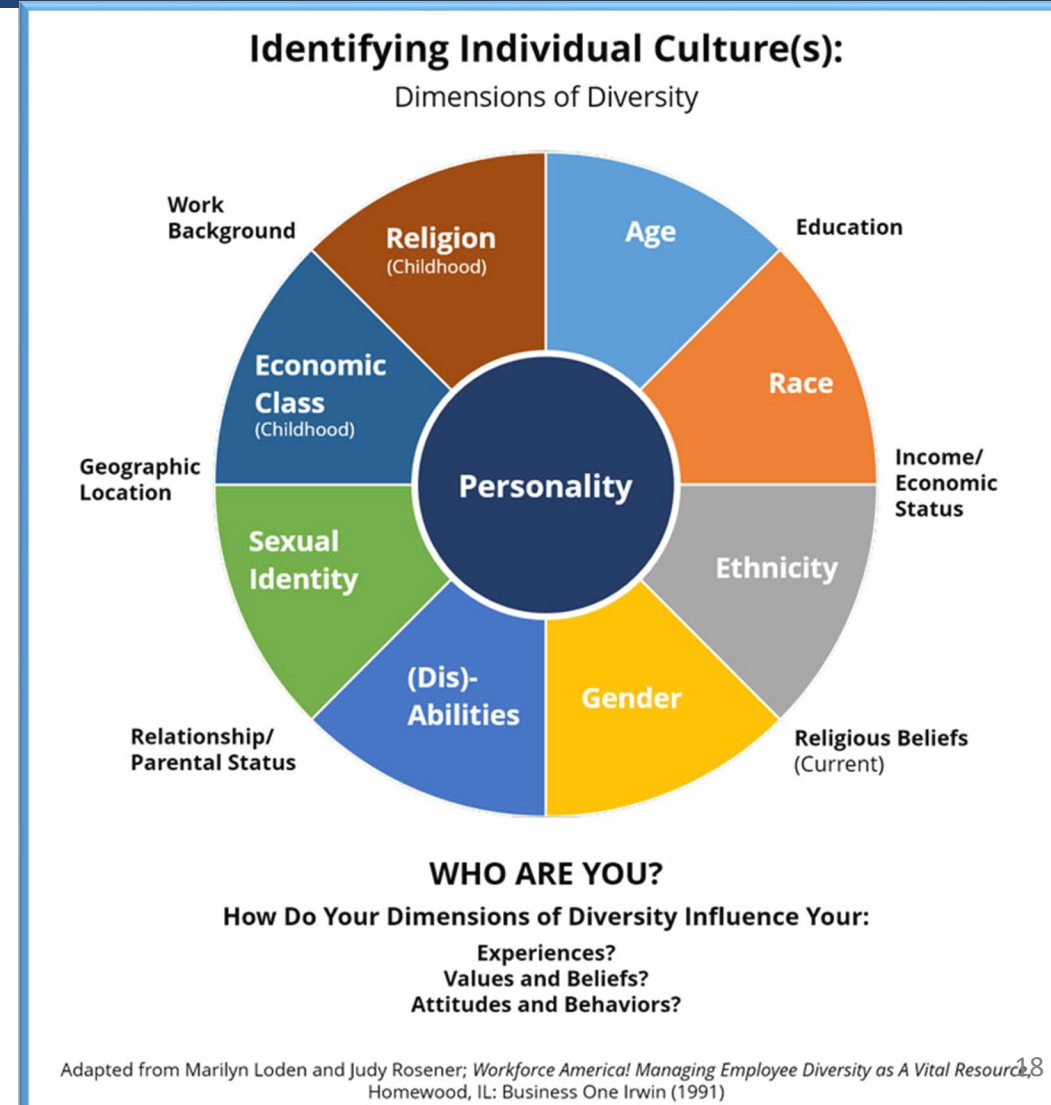


Subcultures of Addiction & Incarceration's Influence on the Precontemplative Individual

People can become as addicted to the subculture of addiction as they are to the central sacraments of that culture



- 3 Types of subcultural involvement:**
- *Acultural*
 - *Bicultural*
 - *Enmeshed**





The Importance of Peer Support For Justice-Involved Individuals

Reentry Planning Should Start At Arrest



Pending agency approval, a reentry peer may reduce or eliminate reentry barriers by:

1. Providing services pre-release
2. Contacting at release
3. Supporting immediate needs
4. Continuing regular contact

It is Vital to obtain employer and corrections staff guidance to determine the best process for peer engagement and support *within* the facility

Facilitating Successful Reentry Through Peer Recovery Support Services

Peer recovery coaching and peer mentoring are processes that help justice-involved individuals:

- Explore the prospect of living a “better life” than before
- Develop practical approaches & strategies to setting and achieving goals
- Build trust with those they are or may be receiving services and supports from now and in the future
- Develop the determination, perseverance, dignity, responsibility and hope needed for successful reentry

CELEBRATE



Value of Integrating Peer Support Into Corrections

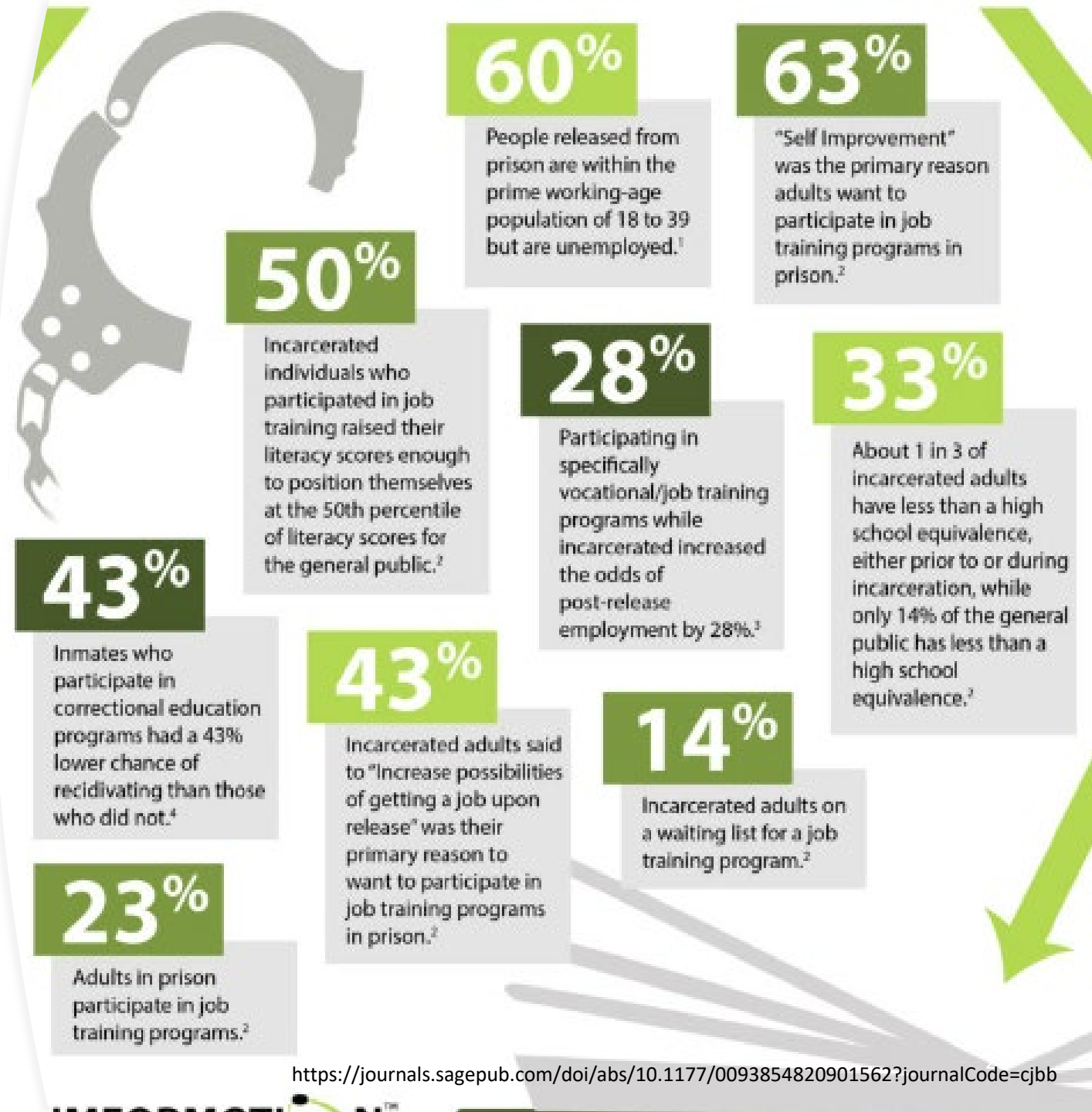
- Empathy
- Perspective
- Engagement
- Inclusivity
- Collaboration
- Personal Testimony
- Authenticity and Rapport
- Education and Awareness
- Role Modeling and Peer Support
- Better outcomes
- Reduced recidivism



Peer Support Reduces Recidivism

To improve community reentry, national initiatives have promoted new and revitalized programming, including peer mentorship.

- Peer focus encompasses
 - early intervention
 - relationship quality
 - criminal desistance
 - Social navigation
 - gainful citizenship
- All may promote the complex task of early community reentry
- Study results: ***“those receiving mentorship had significantly lower recidivism.”***



Flagler County Florida's Peer-led Reentry Success Story




Barriers and Challenges to Successful Probation/Parole Completion

- Lack of general support
- Racism & urban/historical/complex/secondary traumas
- Stigma, bias
- Mental and/or substance use disorders
- Lack of community knowledge
- Lack of dependable transportation
- No, poor, and/or spotty work history
- Timely medication access
- Broken families/not wanted back
- No or substandard education
- Poverty
- Unemployment and lack of job skills
- Unstable housing or homelessness
- Released back into environment crime



occurred in



Where Do We Find Peers Qualified For Reentry Support?

- Local Behavioral Health mental and/or substance disorder treatment providers
- Recovery Community Centers, Peer respites, Drop-In Centers
- Homeless Street Outreach teams
- Crisis Response Teams
- State and local Peer training providers
- State and local government agencies charged with credentialing, regulating, oversight of peer support workers

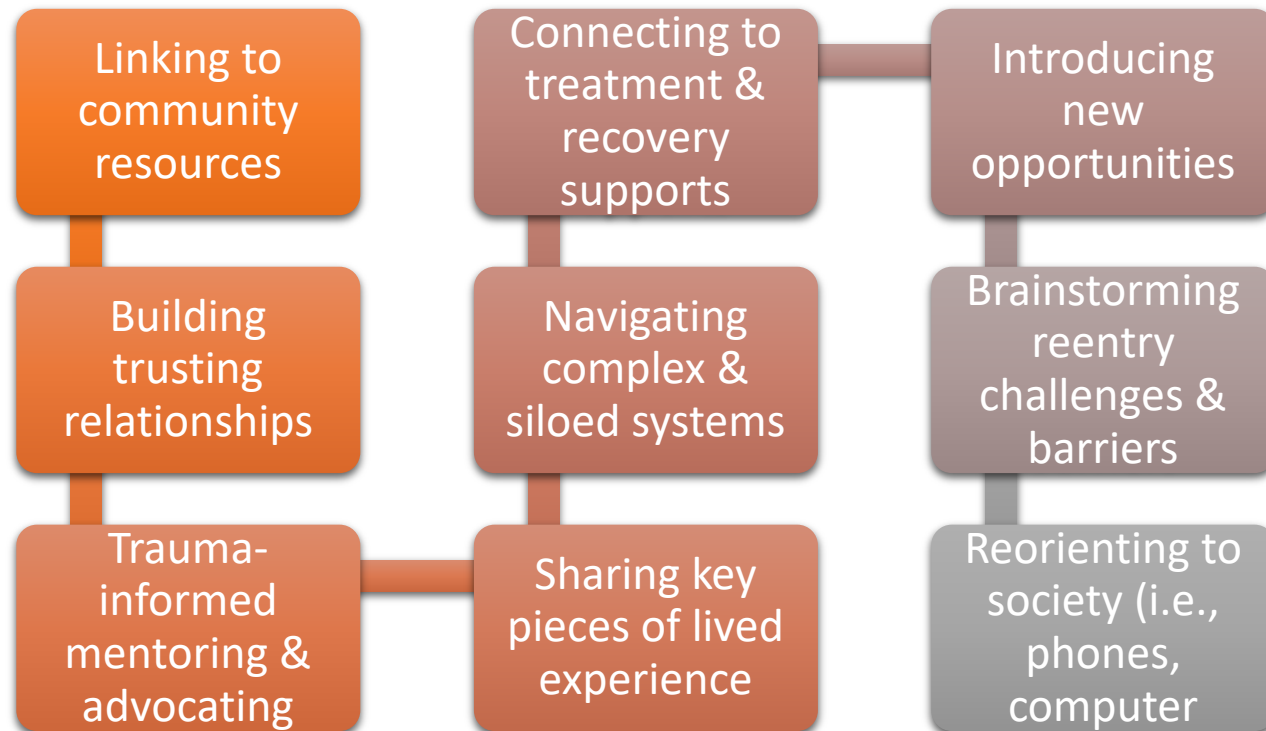
Successful participants straight from your local PEER programs and providers are the easiest to find and the most valuable peers you can hire!

DREAMS
DON'T WORK
UNLESS YOU DO

Settings For Reentry Peers

- Behavioral Health settings
- Jail/prison/state hospital
- Court/Detention/Parole/Probation
- Emergency Rooms/primary care
- Faith-based settings
- Adult Rehabilitation/half way and/or transitional housing
- Division of Aging
- Crisis Teams & homeless outreach
- Specialty courts (drug, veteran, mental health, etc.)
- Community policing/corrections

Potential Peer Support Interventions for Reentry Barriers and/or Challenges





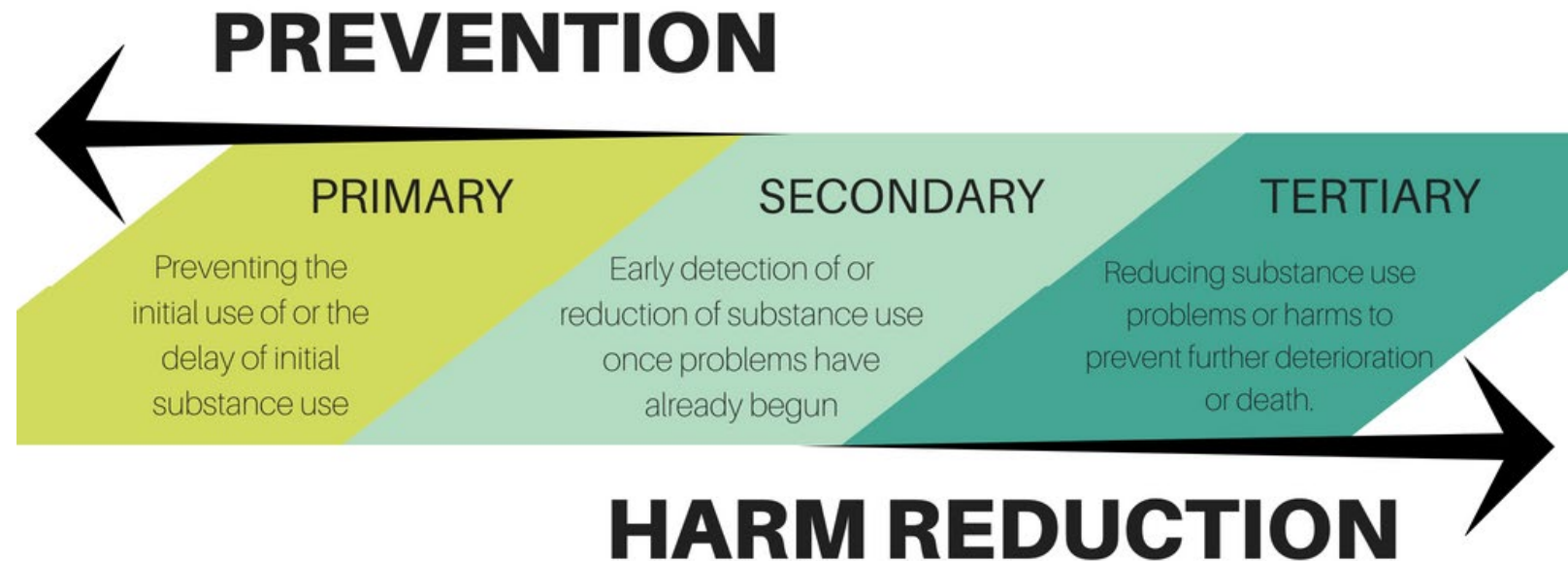
Finding, Recruiting, Hiring, and Retaining Peer Support Staff

- 1) Build relationships with local peer-run organizations and recovery community organizations
- 2) Begin by establishing a supervisory peer position
- 3) Create an informed hiring process
- 4) Avoid charging fees
- 5) Prioritize experience
- 6) Clear and realistic expectations
- 7) Support self-care & work-life balance
- 8) 8. Encourage growth in skills, expertise, conduct, critical thinking
- 9) 9. Adequate compensation

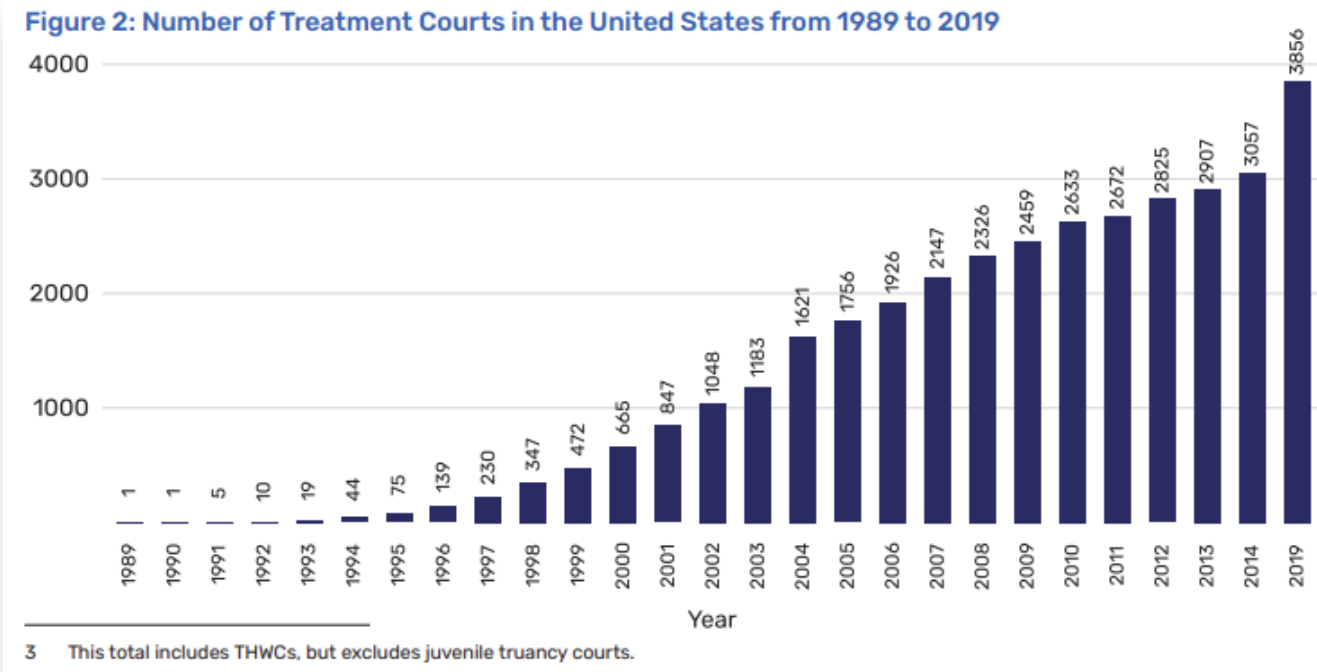
Trends in Harm Reduction and Substance Use In The Criminal Justice System

- Law Enforcement Assisted Diversion (LEAD)
- PAARI
- Medication-Assisted Treatment (MAT)
- Naloxone Distribution
- Syringe Exchange Programs (SEPs)

The Intersection of Prevention & Harm Reduction Efforts



Understanding The Drug Courts' Collaborative Approach In Treatment & Recovery



DRUG COURTS IN THE U.S. CUTTING CRIME, SAVING MONEY

3,316

treatment
courts
currently in
operation¹

75%

drug court
graduates who
remain arrest
free⁵

\$27

saved on
average for
every dollar
invested²

140,000

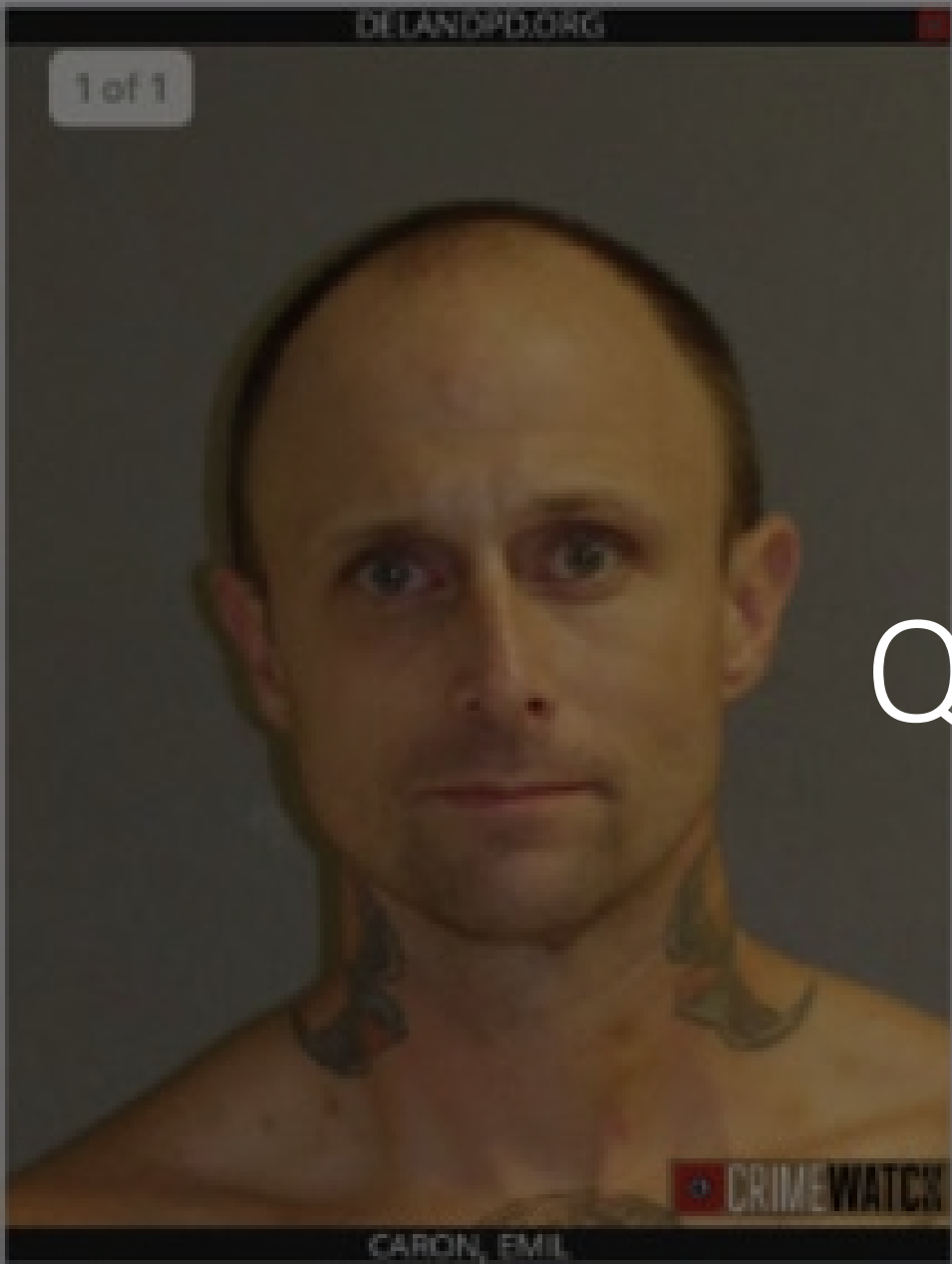
Americans
currently being
served by drug
courts¹



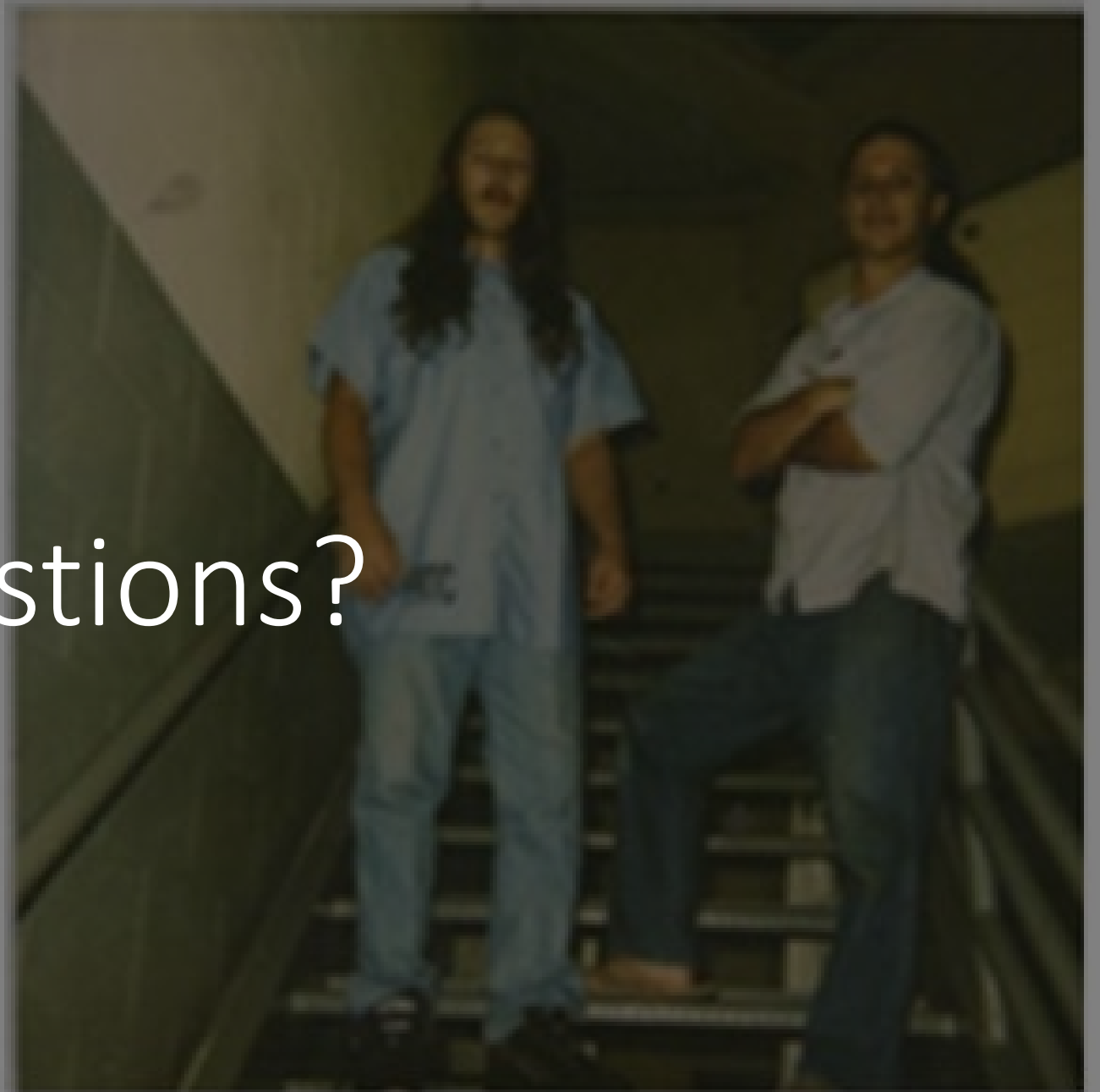
Drug courts are the *most successful* criminal justice intervention for addicted offenders. These courts are proven to *save lives, save money and reduce crime:*

Are Drug Courts Effective?

- Graduates remain arrest free
- Reducing both adult and juvenile recidivism
- Saving taxpayers
- Reducing the likelihood of re-entry
- Every U.S. state and territory utilizes drug courts



Questions?



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