

Working to Prevent Re-Traumatization Through the Pre & Post-Conviction Process

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It is believed that roughly 96% of justice involved women and 89% of justice involved men reported a history of trauma experiences in their lifetime.¹

- Objectives

- Understand how trauma plays a role for attorneys & judges in post-conviction discussions.
- Discuss 6 primary methods to discuss trauma without doing harm.
- Increase awareness of a trauma-informed approach.
- How to educate & empower clients.
- Learn 3 strategies to “close the loop” of discussing trauma.

“The past is not dead. In fact, it’s not even past.”

-William Faulkner

Hypothetical Scenario Post-Conviction Setting

- Juvenile client on adult probation is struggling with complying with the basic drug testing. She admits to illegally smoking marijuana and keeps coming to court for the same thing.
- Her attorney discusses what barriers she has with drug testing and how she can stop using marijuana. Attorney asked client how we can help her. Client responds she has been struggling since she was 12.
- Attorney asks: “Did something happen to you when you were 12”?
- Client says “yes” and starts crying.
 - What question do you ask next?

What is Re-Traumatization?

- In a literal sense, it is the occurrence of traumatic stress *reactions and symptoms* after exposure to multiple [traumatic] events.²
- In an implied sense, it is the “process of reexperiencing traumatic stress as a result of a current situation that mirrors or replicates in some way the prior traumatic experiences (e.g., specific smells or other sensory input; interactions with others; responses to one’s surroundings or interpersonal context, such as feeling emotionally or physically trapped.”³
- Re-Traumatization often occurs accidentally and without intention of harm.
- The use of trauma informed communication can assist in avoiding re-traumatizing clients along with increasing safety, decreasing recidivism rates and supporting/beginning the recovery process.

Trauma-Informed Communication

Acknowledges the effects of traumatic events on the overall wellbeing of the justice-involved individual. It is established on understanding that negative symptomology and mental health concerns related to trauma are simply sophisticated adaptations to traumatic events.⁴

1. Interactions: Creating safety for the client in relation to physical, emotional & spiritual surroundings.
2. Trustworthiness: Proving trustworthiness is essential in providing safety.
 - Follow through on what you say you are going to do; return phone calls; be on time for appointments, etc.
3. Respect: Showing respect increases a self of self-worth for the client.
4. Choice: Providing choices leads to lessening a power differential & encourages decision making skills.
5. Collaboration: Enhances personal accountability/responsibility.
6. Empowerment: Encourages the client to take charge of his/her life moving forward.^{5, 6}

Safety

“Psychological safety and courage are simply two sides of the same (immensely valuable) coin. Both are- and will continue to be- needed in a complex and uncertain world.”

-Dr. Amy Edmondson

Safety is by the far the most important facet of discussing trauma.

Upon the establishment of safety, one must work towards *maintaining* a sense of safety throughout the entire interaction.^{8,9}

Any client who has experienced a traumatic event has sustained a fundamental injury to their personal sense of safety.

The creation of healthy boundaries and communication is paramount in developing safety.

Safety needs to be understood as physical, emotional and spiritual.

The creation of healthy boundaries and communication is paramount in developing safety.

If you have never known safety, or cannot remember a time when you felt safe, how will you know when it is present in your current life?

Every interaction we have with a client will affect them in 1 of 2 ways:

1. *Contribute to a safe & trusting environment that promotes resiliency, safety & healing.*

OR

2. *Detract from a safe & trusting environment, adding additional barriers to resiliency & healing.*

Consider Safety in Your Surroundings:

- Are all areas well-lit?
- Is there security or other personnel maintaining safety?
- Is there a calm décor to your space?
- What is the noise level?
- Is there privacy?
 - Can you create privacy?

*Oftentimes, the answer to these questions is “no”.

So how do we create safety in the circumstances we find ourselves in?

Posttraumatic Growth/Resilience Building of our Clients

Throughout the interview process, or any discussion that continues with the client, it is imperative that you remain present and focused throughout the discussion, fostering honesty and transparency with the client.¹⁰

Understanding what can Hurt vs. What can Help

HURTS

- Interactions that are impersonal, harsh, rushed.
- Asking questions that convey the person was in the wrong.
- Having prejudices/judgments based on cultural ignorance.
- Regarding a person's difficulties only as symptoms of a mental health, substance abuse or medical issue.

HELPS

- Patience, reassurance, kindness, active listening.
- Asking questions for the purpose of understanding.
- Understanding the role of culture in a trauma response.
- Recognizing that symptoms are often a person's method of coping or are adaptations to unresolved trauma.

We want to strive towards being the 1st step in Posttraumatic Growth/Resilience building of our clients.

This is the ability for an individual to create meaning from suffering following a traumatic, life-changing event.

Posttraumatic growth recognizes the personal strengths of an individual to thrive while facing challenging circumstances.¹¹

How to Talk about Trauma Without Re-Traumatization

Words are powerful. Words can be a trigger in and of themselves.

Consider Communication that Includes:

- Reflecting rather than reacting
- Addressing feelings and responses
- Working towards collaboration
- Finding meaning in difficulty
- Promoting resiliency ¹²

What Trauma-Informed Responses Can Look Like:¹³

- No Touching
 - Avoid personal touch- what we interpret as caring can trigger a negative response
- Create a Safe Environment
 - Give the client as much physical space as possible
 - Do not stand over someone while they are sitting
 - Allow space and opportunity for someone to pace or stand if needed
- Body Language
 - Nonverbal language (facial expressions) are just as important as verbal language
 - Provide your full attention, not divided attention
 - Utilize active listening skills
- Voice
 - Attempt to use a quiet voice without being condescending
 - If you need to get the person's attention, match their voice but then reduce the volume immediately

What Trauma-Informed Responses Can Look Like, Continued:

- Time & Attention
 - Practice Patience- do not rush the individual to tell their story
 - When someone is triggered, their sense of time is very different then “real time”
 - Pay attention to your feelings; when we feel uncomfortable to triggered ourselves, human nature drives us to move through the discomfort as quickly as possible
 - Be genuine with your interest and concern
 - Practice being authentic and respectful even with the ugly parts
- Communication
 - Provide clear, concrete, step by step guidance
 - Avoid vague statements or slang
 - Set boundaries for the client if they are feeling out of control
 - Give space and time to venting or verbal vomit
 - Check back with the client to ensure they comprehended the information
 - Stay away from legal or clinical jargon (speaking above the individual)
 - Maintain awareness of cultural differences
 - Ask if the client would like an interpreter instead of using limited English

What Trauma-Informed Responses Can Look Like, Continued:

- Provide a space for Agency
 - Include the individual in decision making processes
 - Let them know they are in control of this information and that your guidance is meant to help, not hurt
 - Have crisis numbers (or pamphlets) at the ready to provide to them
 - Refer to a clinical agency that specializes in trauma remediation
 - Ask for help if you feel out of depth (*Be Humble!*)

Example of Reflecting/Encouraging Statements:

This is a lot to discuss, and I can only imagine how overwhelming it is.

I don't want to make anything worse while we go through this process.

Would you be willing to share with me what makes you feel scared, upset or angry?

Do you know what contributes to the poor decisions that have been made?

I ask because this information could be helpful for me to know how to interact with your best interests in mind.

Agency: one's independent capability or ability to act on one's will. This ability is affected by the cognitive belief structure which one has formed through one's experiences, and the perceptions held by the society and the individual, of the structures and circumstances of the environment one is in and the position one is born into.

“Closing the Loop” or Ways to Counteract Possible Re-Traumatization

Trauma informed communication can assist in avoiding re-traumatizing clients along with increase safety, decrease recidivism rates and support the recovery process. We want to create an awareness of the impact of trauma on behavior.¹⁴

- ❖ Trigger: any external item that causes internal discomfort or distress.
 - Triggers can include seeing, feeling or hearing something that reminds us of past trauma.
 - The stimulus triggers or activates our internal alarm system.
 - Fight or flight kicks in
- ❖ Re-Traumatization: re-experiencing traumatic stress.

*Attempt to leave the client feeling enlightened (*about their choices; it was not their fault, etc.*) and empowered (*what would you like to do moving forward*).^{* 15}

Attempt to close the thought/feeling process of discussing the trauma.

-This is imperative to both the individual who shared the trauma and the professional who received the story of the trauma.

“Closing the Loop” or Ways to Counteract Possible Re-Traumatization

- Utilize Relaxation Techniques such as:
 - Deep breathing and mindfulness exercises
 - Grounding techniques
 - Progressive muscle relaxation
 - Guided visualization¹⁶
- Ask them to compartmentalize the trauma “Put it in a room and shut the door until you are ready to let them out again”.

Also- share that they are not carrying the burden alone-
“Allow me to hold onto it with/for you until you are ready to take it back.”
- Validate how challenging/painful it was to share with you, provide hope and let them know they are not alone.
- Implement psychoeducation of how trauma impacts the brain and nervous system.
- Create a safe environment by practicing empathy.

Closing the Loop Final Thoughts

There are a number of treatment modalities that are incredibly effective with trauma survivors. There is not a one size fits all method for clients. Developmental age, length and severity of trauma, and protective factors all play a role in determining which modality will be best. However, all modalities include the foundational elements of safety, regaining power, and behavioral activation.

End the discussion by promoting resiliency in the individual.

This can look like:

1. I have... can = safety and security, promotes awareness of what someone has instead of focusing on what someone does not have.
2. I am... can = safety and security in that it highlights the positive attributes of a person.
3. I can... can = mastery and a sense of a future. This is a future oriented statement.¹⁷

Final Note: Closing the loop also protects you from vicarious trauma and compassion fatigue.

Attorney Perspective: Post-Conviction & Trauma-Informed Care

- Building a Relationship with the Client
 - Building rapport techniques
 - Long-term relationship
- Confidentiality
 - What to do when the client is willing to disclose trauma to you but does not want anyone else to know
- Client Visits
 - Ask for a room if possible
 - Let client choose to sit or stand
 - Sometimes involves a first-time disclosure
 - Balance between using information for your case vs. dealing with the issue
 - How trauma is used as an argument for rehabilitation in lieu of incarceration
 - How to connect someone to treatment
 - Make sure you close the loop
- Specialty Courts
 - Team approach: Attorneys, probation officers, clinical coordinator, case managers
 - How to avoid re-traumatization
 - Paying attention to triggers

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Supports to Offer the Justice-Involved Individual

Peer Support Programs: *Peer support specialists have a shared experience of living through mental illness, trauma, and/or substance abuse. Peer supports are trained through a trauma informed care approach in the efforts to support individuals who are at the start of their recovery process. Peer supports help individuals seeking treatment to not feel alone in the experience. Peer supports offer a chance to create an equal relationship through a shared experience. Most importantly, it allows a real-world picture of hope for the client (SAMSHA, 2014).*

Peer support specialists can provide several vital services in conjunction with standard therapy.¹⁸
These might include:

1. Advocacy
2. Crisis and Recovery Support
3. Modeling Appropriate Behavior/Responses
4. Education regarding Trauma and Treatment
5. Access to Resources
6. Narratives of Hope

Community Bridges Peer Navigators
1-800-631-1314

Child & Family Support Services
(480) 635-9944

Finding Trauma Specific Behavioral Health Programs

Specific Trauma Remediation Modalities include:

- Cognitive Processing Therapy (CPT)
- Prolonged Exposure (PE)
- Trauma Focused CBT (TF-CBT)
- Eye Movement Desensitization and Reprocessing (EMDR)
- Somatic Therapy
 - Sensorimotor Psychotherapy
- Internal Family Systems (IFS)
- Art Therapy
- Sand Tray Therapy

National Resources:

Psych Central: <https://psychcentral.com/program/how-to-find-mental-health-support>

EMDR Internal Association: <https://www.emdria.org/find-an-emdr-therapist/>

Sensorimotor Psychotherapy Institute: <https://sensorimotorpsychotherapy.org/>

Sandplay Therapists of America: <https://www.sandplay.org/find-therapist/>

Art Therapy Association: <https://arttherapy.org/art-therapist-locator/>

Prolonged Exposure Global Directory: <https://dbtpe.org/find-a-therapist>

IFS Institute: <https://ifs-institute.com/practitioners>

TF-CBT National Program: <https://tfcbt.org/therapists/>

Behavioral Health Crisis Contact Information

- 24/7/365 crisis telephone lines operated by trained crisis specialists.
- 24/7 mobile teams staffed by behavioral health professionals who travel to the individual experiencing a crisis and provide assessment, stabilization and may triage the individual to a higher level of care, as appropriate.

Warm Line (Peer Support): 1-844-733-9912

Warm lines are staffed with peers who have lived through the experience of overcoming mental health and suicidal ideation.

*They are a step *before* the person is in crisis.

Crisis Line (Maricopa County): 1-800-631-1314

Mobile Crisis: (602) 222-9444

Especially for Teens: (602) 248-TEEN (8336)

Especially for Veterans: 1-800-273-8255 (press 1)

Resources to Learn More About Trauma

- What is Psychological Trauma: <https://sidra.org/resources/for-survivors-and-loved-ones/what-is-psychological-trauma/>
- Essential Readings in Trauma: <https://www.sidran.org/resources/essential-readings-in-trauma/>
- Substance Abuse Mental Health Services Administration (SAMHSA) Web Sites-Trauma Informed Approach: <https://www.samhsa.gov/nctic/trauma-interventions>
- Types of Trauma and Violence: <https://www.samhsa.gov/trauma-violence/types>
- Coping with Stress: https://www.cdc.gov/violenceprevention/pub/coping_with_stress_tips.html
- 6 Guiding Principles to a Trauma- Informed Approach: https://www.cdc.gov/phpr/infographics/6_principles_trauma_info.htm
- National Institute of Mental Health: <https://search.usa.gov/serach?utf8=%E2%9C%93&affiliate=nimh&query=trauma&commit=Search>
- Laura van Dernoot Lipsky Trauma Stewardship Ted Talk on Vicarious Trauma: <https://youtu.be/uOzDGrcvmus>

“I’ve learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.”

-Maya Angelou

Thank You

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