Becoming Trauma-Informed: An Essential Element in Justice Settings

Part 2: Becoming Trauma-Informed and Moving to Trauma-Responsive

March 31, 2021
This project was supported by Grant No. 2019-AR-BX-K061 awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Department of Justice's Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, and the SMART Office. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.
Welcome and Introductions
Welcome

- Kathleen West, Dr.P.H., COSSAP Subject Matter Expert
- Stephanie S. Covington, Ph.D., LCSW, Institute for Relational Development and the Center for Gender & Justice, La Jolla, California
Dr. Covington is an internationally recognized clinician, author, lecturer, and organizational consultant. With more than 35 years of experience, she is noted for her pioneering work in the design and implementation of gender-responsive and trauma-informed treatment services in public, private, and institutional settings. She is the author of numerous books, as well as 10 research-based, manualized treatment curricula, including Beyond Trauma: A Healing Journey for Women, Helping Women Recover: A Program for Treating Addiction, and Voices: A Program for Girls. She is the co-author of Helping Men Recover. For the past 25 years, Dr. Covington has worked to help institutions and programs in the criminal justice system develop effective gender-responsive and trauma-informed services.
Becoming Trauma-Informed: A Core Element in Effective Services for Justice Settings

Three-part webinar series:

Webinar 1. *Becoming Trauma-Informed: Understanding the ACE Study*
• Wednesday; March 17 (2:00 to 3:15 PM ET) archived recording available now!

Webinar 2. *Becoming Trauma-Informed and Moving to Trauma-Responsive*
• Wednesday, March 31 (2:00 to 3:15 PM ET)

Webinar 3. *Trauma-specific Services: Programs that Work*
• Wednesday April 14 (2:00 to 3:15 PM ET) Registration for this webinar is available here.
Learning Objectives
Training Objectives for the Webinar Series

• To provide up-to-date information regarding the *Adverse Childhood Experiences* study (ACEs), findings among justice-involved populations, and the impacts of trauma on the brain and body.

• To provide an outline for the process of becoming a trauma-informed organization.

• To provide information on gender differences and implications for services, such as trauma-informed and trauma-responsive care within the justice system.

• To provide information on the implementation of trauma-focused treatment interventions and resources for the three specific levels of work.

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Trauma Definitions

• **Trauma-informed services** include things we all *need to know*.

• **Trauma-responsive services** include what we *need to do* (policies, practices, environment = culture) when we work with trauma survivors.

• **Trauma-specific services** include what we *need to provide*.
Trauma-Responsive Services
What We Do

Accounts for the impact of trauma on a person’s thinking, feelings, and behaviors.

Avoid triggering trauma reactions and/or re-traumatizing an individual.

Allow survivors to successfully manage their trauma symptoms so that they are able to access, retain, and benefit from services.

Review and revise policies and practices. The behavior of correctional officers, counselors, other staff, and the organization reflects the new policies and practices.

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Moving from Trauma-Informed to Trauma-Responsive

A structured and guided process is needed for organizational change (primary focus is on culture/environment).

- Involves multiple steps on multiple levels.
- Based on five core values.
- Requires commitment of leadership over time (3-5 years).
Core Values of Trauma-Responsive Environments

**Safety:**
Ensuring physical and emotional safety

**Choice:**
Emphasizing individual choice and control

**Trustworthiness:**
Maximizing trustworthiness, modeling openness, maintaining appropriate boundaries, and making tasks clear

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(Fallot & Harris, 2008)
Core Values of Trauma-Responsive Environments

Collaboration: Providing equality in participation, sharing power, and creating a sense of belonging

Empowerment: Striving for empowerment and skill building

(Fallot & Harris, 2008)
Understanding the Centrality of Trauma: An Essential Component throughout the System

- Family Reunification
- Mental Health Services
- Employment Services
- Health Services
- Self-Help Programs
- Parole and Probation
- Housing
- Educational Programs
- Substance Use Disorder Treatment
- Trauma
Becoming Trauma-Responsive Creates a Culture Shift
A culture shift involves everyone!

• Involves all aspects of resident/client management, program activities, relationships, and atmosphere (more than implementing new services).

• Involves all groups: administrators, supervisors, custody staff, direct service staff, support staff, and residents/clients (more than service providers).

• Involves making trauma-responsive change into a new routine, a new way of thinking and acting (more than new information).
Moving from Trauma-Informed to Trauma-Responsive

- Eliminate unnecessary triggers and identify triggers for individual program participants and staff.
- Create an atmosphere that is respectful of people and their need for safety, respect, dignity, and acceptance.
- Strive to maximize a person’s ability to make safe choices and exercise control over their life.
A Trauma-Responsive Environment

• Strive to be culturally sensitive and responsive—to understand a person’s culture and how that affects their life experiences, their view of the world, and their behavior.

• Use “universal precautions” and assume that every person (staff and those receiving services) may be a trauma survivor.
The Pair of ACEs

Adverse Childhood Experiences

- Maternal Depression
- Physical & Emotional Neglect
- Emotional & Sexual Abuse
- Divorce
- Substance Abuse
- Mental Illness
- Domestic Violence
- Incarceration
- Homelessness

Adverse Community Environments

- Poverty
- Violence
- Discrimination
- Poor Housing Quality & Affordability
- Community Disruption
- Lack of Opportunity, Economic Mobility & Social Capital

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(Ellis & Dietz, 2017)
Environment

• **Environment cues behavior**
  - Research-based
  - Ex. Zimbardo study at Stanford

• **Culture of an institution/agency**
  - Intention
  - How it is “experienced” by those receiving services and staff

(Haney, Banks, & Zimbardo, 1973)
Intention
(Aim, Purpose, Objective)
Environment

• **Environment cues behavior**
  - Research-based.

• **Culture of an institution/agency**
  - Intention.
  - How it feels for those receiving services and staff.

• **Architecture/design of an institution/agency**
  - How it looks impacts “how it feels.”
San Diego
San Diego Detention & Reentry Center (Women) Entrance

© S. Covington, 2021
San Diego Detention & Reentry Center Interior
San Diego Detention & Reentry Center
Central Yard

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Compassion Prison Project

Honor Yard Video
How to Move from Trauma-Informed to Trauma-Responsive

**A Structured Plan**

**Step 1.** Establish a Guide Team.
Creating a Guide Team

• Chair (leader).
• 8 – 10 members.
• Varied composition.
• Team members (including those receiving services.)
• Trauma champion(s).
• Message throughout the facility/agency.
• Next meeting? (2x month for first 6-12 months).
How to Move from Trauma-Informed to Trauma-Responsive

Step 2: Self-Assessment.

• Environmental Scan (where are we now).
• Walk-through Exercise (using the Five Core Values)
• Implementation Plan and Goal Attainment Scale.

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## Implementation Plan and Goal Attainment Scale

### Domain 1A: Safety

**Ensuring Physical and Emotional Safety**

<table>
<thead>
<tr>
<th>Safety Issue</th>
<th>Who is responsible?</th>
<th>Who else is on the team?</th>
<th>Timeline?</th>
<th>Goal Attained* 1-3</th>
<th>What did you learn?</th>
<th>What must be changed?</th>
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</thead>
<tbody>
<tr>
<td>Safety Issue A:</td>
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<td>Action to Resolve A:</td>
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<td>Safety Issue B:</td>
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<td>Action to Resolve B:</td>
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<th>What did you learn?</th>
<th>What must be changed?</th>
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<tbody>
<tr>
<td><strong>Transgender/Gender Non-Conforming</strong></td>
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<td>Safety Issue A:</td>
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<td><strong>Action to Resolve A:</strong></td>
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<td>Safety Issue B:</td>
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<td><strong>Action to Resolve B:</strong></td>
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Six Domains of Trauma-Responsive Services

1. Five Values: Safety, Trustworthiness, Choice, Collaboration, Empowerment
2. Formal Services Policies
3. Reception, Assessment, Service Planning & Trauma-Specific Services
4. Administrative Support
5. Staff Trauma Training and Development
6. Human Resources’ Practices
Implementation Plan and Goal Attainment Scale

Domain 1F: Safety for Staff – Ensuring Safety

Ensuring Physical and Emotional Safety for Staff Members

<table>
<thead>
<tr>
<th>Safety For Staff</th>
<th>Who is responsible?</th>
<th>Who else is on the team?</th>
<th>Timeline?</th>
<th>Goal Attained* 1-3</th>
<th>What did you learn?</th>
<th>What must be changed?</th>
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<tbody>
<tr>
<td>Woman</td>
<td>Staff Safety Issue A:</td>
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<td>Action to Resolve A:</td>
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<td>Staff Safety Issue B:</td>
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<td>Action to Resolve B:</td>
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<tr>
<td>Man</td>
<td>Staff Safety Issue A:</td>
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<td>Action to Resolve A:</td>
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<td>Staff Safety Issue B:</td>
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<td>Action to Resolve B:</td>
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</table>

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Trauma and Impact on Staff

You can be affected indirectly by trauma. This process has several names:
- Vicarious trauma.
- Compassion fatigue.
- Secondary post-traumatic stress.
- Burnout.

We can not develop a trauma-informed and trauma-responsive system of care based on safety, choice, trustworthiness, collaboration and empowerment unless and until the work environment reflects these values for staff.

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(Fallot, 2015)
Vicarious Trauma

Can occur when you hear about and see the effects of trauma on the lives of others.
Burnout

Usually characterized by:

- Feelings of being trapped, hopeless, tired, depressed, or worthless.
- Unsuccessful at separating work from personal life.
- Lack of enthusiasm.
- Sense of stagnation.
- Feelings of frustration.
- Apathy toward the job and the people there.
Burnout (cont’d.)

Burnout happens to people who continually struggle with moral or ethical dilemmas at work, such as when workplace policies and/or practices are in opposition to the person’s values and what the person knows is the right thing to do.
Values-based Services

- For justice-involved people
- For staff
How to Move from Trauma-Informed to Trauma-Responsive

The Steps:

1. Establish a Guide Team.
2. Self-Assessment.
   • Environmental Scan (where are we now).
   • Walk-through Exercise.
   • Implementation Plan and Goal Attainment Scale.
3. Prioritize (select where to start).
4. Staff training (everyone in facility).

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Examples of Changes in Existing Facilities/Programs in the United States
Denial Ends Here

VS

Hope Starts Here
Before

ATTENTION

GIVING TOX SCREENS IS NOT OPTIONAL!!

EFFECTIVE IMMEDIATELY

IF A CLIENT IS ON THE TOX LIST AND

LEAVES 2 CONSECUTIVES TIMES WITHOUT GIVING,

SHE MAY BE DISCHARGED!
To All Of Our LifeLine Clients,

Kindly check the tox list (at the front desk) for your name both before and after a group. If your name is on it, it means we are requesting that you provide a tox screen before you leave the building.

If you have any concerns, please do not hesitate to discuss them with your clinician or Terry, LifeLine’s case manager.

Appreciatively,
Diane, Janet, Anne, Luita, and Terry
© S. Covington, 2021
Men’s Quiet Room

Before

After

© S. Covington, 2021
Before

Source: Colette Anderson, Executive Director of The Connecticut Women’s Consortium, Inc.
Interior design by Her Haven

After
Before

After

Source: Colette Anderson, Executive Director of The Connecticut Women’s Consortium, Inc.
interior design by Her Haven
Before

Source: Colette Anderson, Executive Director of The Connecticut Women’s Consortium, Inc.
Interior design by Her Haven

After

© S. Covington, 2021
Before

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Interior design by Her Haven

© S. Covington, 2021
Source: Colette Anderson, Executive Director of The Connecticut Women’s Consortium, Inc.
Interior design by Her Haven
Before
Waiting room for mental health appointments.

After

Juvenile Facility for Boys

© S. Covington, 2021
Secure Housing Unit

Before

After

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Benefits of Becoming Trauma-Informed
(Framingham Institution for Women)
(Massachusetts Intensive Treatment Unit)

- Mental Health Watch.
- Crisis Intervention.
- Phased System of Services.
  - One-to-one.
  - 15-minute watch.
  - Join community for meals, exercise, activities
  - Program in gen. pop. and return to unit

By The Numbers

- 15% ↓ in all self-injurious behavior.
- 20% ↓ in transfers to inpatient psychiatric hospitalization (DMH).
- 33% ↓ in days on constant mental health watch.
- 46% ↓ in total crisis contacts (since May 2010).

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(Bissonnette, 2013)
## MCI Framingham Frequency of Incidents

<table>
<thead>
<tr>
<th>Type</th>
<th>2011</th>
<th>2012</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prison resident-on-staff assaults</td>
<td>65</td>
<td>25</td>
<td>-62%</td>
</tr>
<tr>
<td>Prison resident-on-prison resident assaults</td>
<td>112</td>
<td>51</td>
<td>-54%</td>
</tr>
<tr>
<td>Prison resident-on-prison resident fights</td>
<td>129</td>
<td>70</td>
<td>-46%</td>
</tr>
<tr>
<td>Segregation placements</td>
<td>966</td>
<td>748</td>
<td>-23%</td>
</tr>
<tr>
<td>Disciplinary reports</td>
<td>5,830</td>
<td>5,470</td>
<td>-6%</td>
</tr>
<tr>
<td>Suicide attempts</td>
<td>30</td>
<td>12</td>
<td>-60%</td>
</tr>
</tbody>
</table>

© S. Covington, 2021 (Bissonnette, 2013)
Resources
Resource:

The TIER System

The Trauma-Informed Effective Reinforcement System (TIER) is a gender-responsive, research-based, behavior motivation system for residential and custodial settings. The model integrates:

- Trauma-informed practices.
- A relational approach.
- Strengths-based practices.
- Motivational techniques.
- Culturally competent practices.
Understanding the Centrality of Trauma: An Essential Component in All Services
## A Comparison

<table>
<thead>
<tr>
<th>Trauma-Informed</th>
<th>Not Trauma-Informed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognition of high prevalence of trauma.</td>
<td>Lack of education about trauma prevalence and universal precautions.</td>
</tr>
<tr>
<td>Recognition of culture and practices that are re-traumatizing.</td>
<td>Tradition of “toughness” valued as best approach.</td>
</tr>
<tr>
<td>Power and control minimized; continual attention to culture.</td>
<td>Keys, security uniforms, staff demeanor and tones of voice equal <strong>power</strong>.</td>
</tr>
<tr>
<td><strong>Trauma-Informed</strong></td>
<td><strong>Not Trauma-Informed</strong></td>
</tr>
<tr>
<td>---------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>Administration/officers/staff work in <strong>collaboration</strong>.</td>
<td>Rule enforcement equals <strong>compliance</strong>.</td>
</tr>
<tr>
<td>Understanding that violence and conflict arise, most often, from situational factors.</td>
<td>“Inmate/client-blaming” is the norm.</td>
</tr>
<tr>
<td>Understanding that all behavior has meaning.</td>
<td>Behavior is seen as intentionally provocative and negative.</td>
</tr>
<tr>
<td>Trauma-Informed</td>
<td>Not Trauma-Informed</td>
</tr>
<tr>
<td>-----------------------------------------------------</td>
<td>------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Saying hello and goodbye at beginning and end of shift.</td>
<td>Being avoidant; lack of eye contact.</td>
</tr>
<tr>
<td>Quietly moving and informing residents of schedules.</td>
<td>Yelling “lunch” or “medications.”</td>
</tr>
<tr>
<td>Language such as, “Let’s talk,” “Let’s find you something to do,” and “May I help you?”</td>
<td>“Superior” and “punitive” language, such as “Step away from the desk.”</td>
</tr>
</tbody>
</table>
Envisioning a Gender- and Trauma-Responsive Organization

What could be done?

What could be done to change your organization so that it exemplifies the core values and principles?

- What changes could be made in terms of staff behaviors?
- What changes could be made in policies and procedures?
We are All Making a Difference.
The question we each need to ask ourselves is:

“What kind of difference am I making?”
Questions?
For more information

Stephanie S. Covington, Ph.D., LCSW

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www.stephaniecovington.com
www.centerforgenderandjustice.org
www.CreatingPresence.net
References

• Bissonnette, L. (2013). Interview with Lynn Bissonnette, April 17, 2013. 


References


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  - Wednesday April 14 (2:00 to 3:15 PM ET)
https://cossapresources.org/Program/TTA
COSSAP Resources

Tailored Assistance—The COSSAP training and technical assistance (TTA) program offers a variety of learning opportunities and assistance to support local, tribal, and state organizations, stakeholders, and projects in building and sustaining multidisciplinary responses to the nation’s substance abuse crisis. **You do not need to be a COSSAP grantee to request support.** TTAs are provided in a variety of formats, including virtual and in-person training events, workshop and meeting presentations, and online resources. Request TTA to support your activities at [https://cossapresources.org/Program/TTA/Request](https://cossapresources.org/Program/TTA/Request).

Funding Opportunities—Current COSSAP and complementary funding opportunities are shared at [https://www.cossapresources.org/Program/Applying](https://www.cossapresources.org/Program/Applying).

Join the COSSAP community! Send a note to [COSSAP@iir.com](mailto:COSSAP@iir.com) with the subject line “Add Me” and include your contact information. We’ll be happy to ensure you receive the latest-and-greatest COSSAP opportunities, resources, and updates.