

Trauma-Informed Treatment of Forensic Clientele



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*"Creating Hope
through
Excellence"*



FULTON
State Hospital

Clients Served

- Treatment capacity of 471 beds for -
 - Adults requiring long term care, including geriatrics
 - Forensic Clients committed following an adjudication of
 - Incompetence to Stand Trial (IST)
 - Not Guilty by Reason of Mental Disease or Defect (NGRI)
 - Pre-Trial Evaluation
 - Correctional inmates or jail detainees in need of acute hospitalization

Organizational Structure

- Security Continuum
 - Maximum Security Clients -Biggs Forensic Center (201 beds)
 - Intermediate Security Clients -Guhleman Forensic Center (200 beds)
 - Minimum Security Clients -Hearnes Psychiatric Center (70 beds)
- Treatment and Rehabilitation are Organized around the Following Programs
 - Psychiatric Rehabilitation
 - Social Learning
 - New Outlook (Positive Behavioral Supports and DBT)
 - Admissions/Corrections

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Who has been traumatized?

- 60.7% of men and 51.2% of women reported at least one traumatic event
- Estimates are that 50-90% of persons in mental health or substance abuse treatment have histories of severe trauma
- 88% of men and 79% of women with PTSD meet criteria for another psychiatric disorder

Who has been traumatized?

- Five million crimes are committed against individuals with disabilities each year in the US (Petersillia, 1998)
- More than 90% of people with developmental disabilities will experience sexual abuse in their lifetime. (ARC 1995)
- Revictimization is prevalent due to perpetrators being care providers or family. (Sobsey and Doe, 1991)

What are traumatic events?

Personal experience of interpersonal violence, including:

- Sexual abuse
- Physical abuse
- Severe neglect
- Loss
- And/or witnessing violence

What are traumatic events?

Childhood household environment:

- Substance abuse
- Parental separation and/or divorce
- Mentally ill or suicidal household member
- Violence to mother
- Imprisoned household member
- Abandonment
- Child's basic physical and/or emotional needs unmet

Hurt people, hurt people

Sandra Bloom, MD

Why talk about trauma in a Forensic Setting?

- Clients and staff come from a society in which there are high rates of crime and violence
- One in four will develop PTSD (*Kessler et al 1995*)
- Post Traumatic Stress Disorder
 - Re-experiencing traumatic events
 - Avoidant symptoms
 - Signs of hyper arousal

Why talk about trauma in a Forensic Setting?

- Trauma can complicate recovery from illness, the care environment and the work place
- People may have problems they did not have before the event(s)
- Most trauma survivors are not familiar with how trauma affects them, and so have problems understanding what is happening to them and resulting emotional dysregulation

What is “trauma-informed care”?

- Care that is grounded in and directed by a thorough understanding of the neurological, biological, psychological and social effects of trauma and violence on humans

And...

What is “trauma-informed care”?

- Is informed by knowledge of the prevalence of these experiences in persons who receive services medical or mental health

Common effects of trauma

- Fear
- Re-experiencing the trauma (may result in “acting out”)
 - Mental re-experiencing
 - Physical re-experiencing
- Avoidance
- Nightmares
- Self-harm

Neurobiological Effects of Trauma

- Disrupted neuro-development
- Difficulty controlling anger
- Hallucinations
- Depression
- Panic reactions
- Anxiety
- Multiple (6+) somatic problems
- Sleep problems
- Impaired memory
- Flashbacks

Health risk behaviors

- Smoking
- Severe obesity
- Physical inactivity
- Suicide attempts
- Alcoholism
- Drug abuse
- Risky sexual behaviors
- Sexually transmitted disease
- Repetition of original trauma
- Self-injury
- Eating disorders
- Dissociation
- Perpetrate domestic violence

Long Term Consequences of Unaddressed Trauma

Disease and Disability

- Ischemic heart disease
- Cancer
- Chronic lung disease
- Chronic emphysema
- Asthma
- Liver disease
- Skeletal fractures
- Poor self rated health
- HIV/AIDS

Long Term Consequences of Unaddressed Trauma

Social Problems

- Homelessness
- Prostitution
- Delinquency, violence and criminal behavior
- Long-term use of health behavioral health, correctional, and social services systems
- Inability to sustain employment/welfare recipient
- Re-victimization: rape; domestic violence
- Inability to parent
- Inter-generational transmission of abuse

Trauma Awareness

Key Features

- Recognition of the high rates of PTSD and trauma rates in clients and staff
- Early and thoughtful discussions in treatment plan meetings with focused consideration of trauma especially in people with complicated, treatment-resistant illness
- Early and thoughtful discussions by supervisors regarding staff with recent trauma

Trauma Awareness

Key Features

- Recognize that coercive interventions cause trauma and re-traumatization and are to be avoided
- Whether as a caregiver or employer our first obligation is to “DO NO HARM”
- Valuing individuals in total
- Neutral, objective and supportive language
- Make plans and approaches individual and flexible

Trauma Awareness

Key Feature

- Avoid shaming or humiliation
- Awareness/training for staff
- Facilities are open to advocacy groups and clinical consultants

Recommendations

- Treat trauma issues as a universal precaution (everyone may have been traumatized)
- Develop Universal Trauma Precautions (next slide)
- Remember that a lack of control/means of escape from a situation can lead to anger/aggression
- Through formal assessment be aware of known trauma history and how that may affect treatment

Universal Precautions

- Assume all clients have some kind of trauma history
- Formalize trauma assessment
- Inform staff of confirmed trauma history and develop specific treatment plan interventions related to such
- Dignity and respect should be emphasized (resident rights and Respect Policy)

Staff Objectives for NOP

- Know each participant's individual treatment plan.
- Validate participants and each other.
- Spend most of the time out on the ward.
- Use a respectful voice tone, posture, facial expression, gestures, and words.
- Motivate participants through humor, warmth, and enthusiasm.

Staff Objectives for NOP

- Actively look for opportunities to coach participants.
- Actively assist and participate in all groups.
- Reinforce participants for using skills and displaying appropriate behavior.
- Seek consultation from team when needed.
- Effectively follow the Intervention Protocol.
- Follow program and hospital policies.

Recommendations

- Avoid retraumatizing practices (ward rules? Consequences?)
- Education of staff
- Advance directives, safety plans, and de-escalation preferences are communicated and used
- Power/control issues are not supported and minimized

Recommendations

- Remember that traumatized individuals respond to their trauma in the present (they are not just doing it for attention)
- Try to see behaviors as attempting to master a difficult situation and “doing the best they can”
- Empower clients by teaching them to tell their stories. (Respect Institute)

Recommendations

- Adjust the environment
- Adjust what we do (look at ourselves and our behaviors and actions as they may be the key to success)
- Set up calm, nurturing environments (comfort/comfortable rooms)
- Train to caring and compassion for “all”

“If I could ask for anything it would
be for you to listen and
be kind.”

A Trauma Survivor