

SEXUAL OFFENDERS
&
Trauma-Informed Care

Harry L. Morgan, Ph.D.

&

Ken Hulata, B.S.

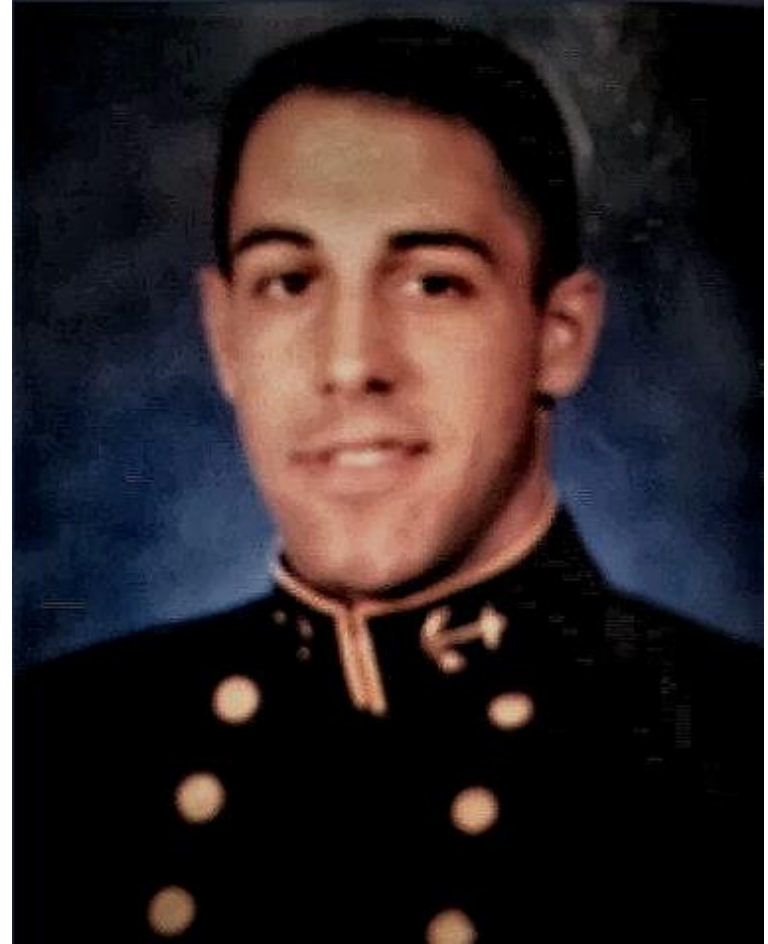
Florida Association for the Treatment of Sexual Abusers

March 9, 2019

Introduction of Presenters

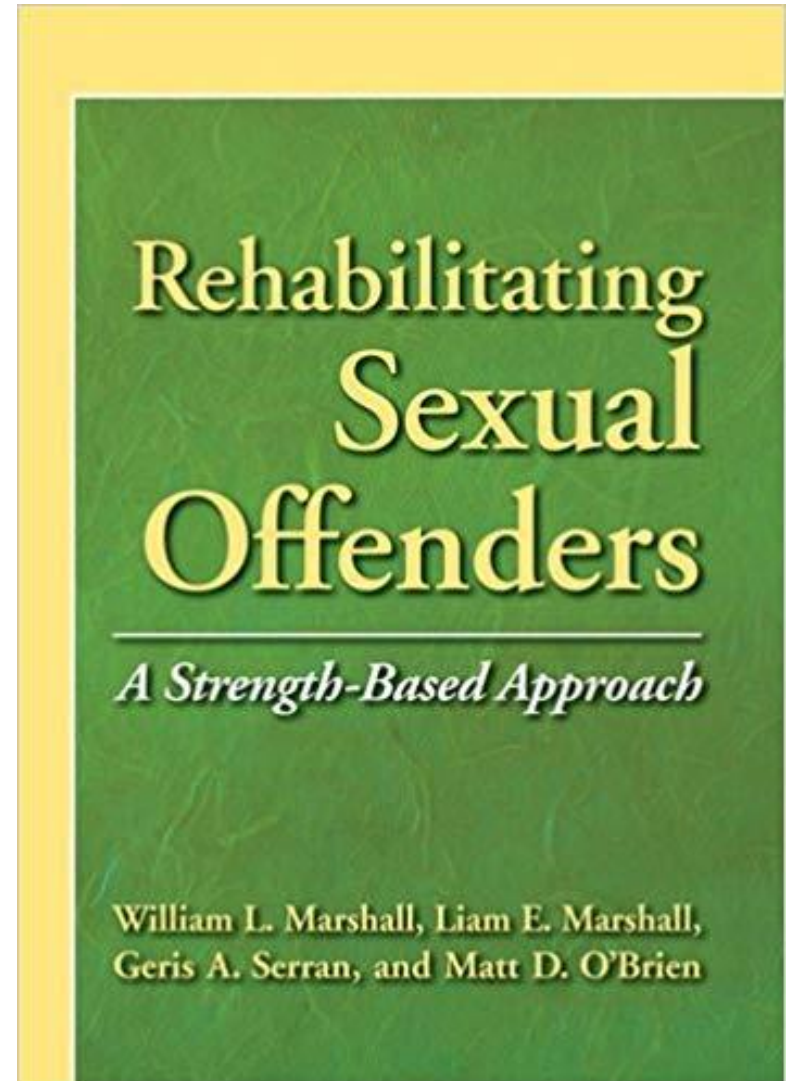
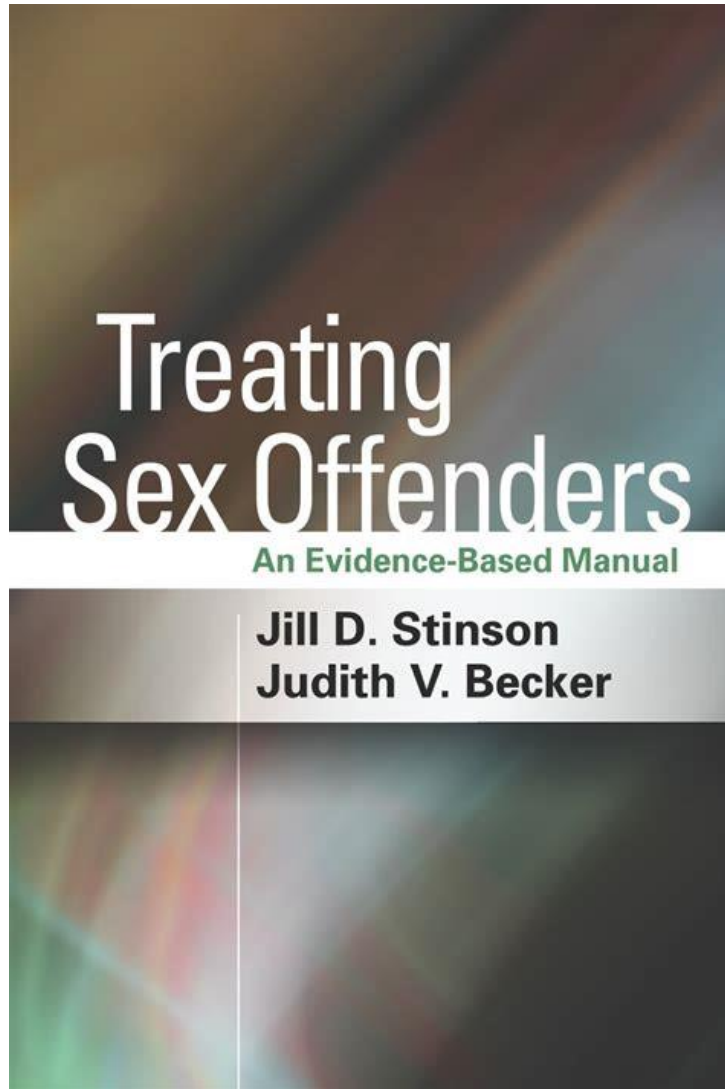


Harry Morgan



Ken Hulata

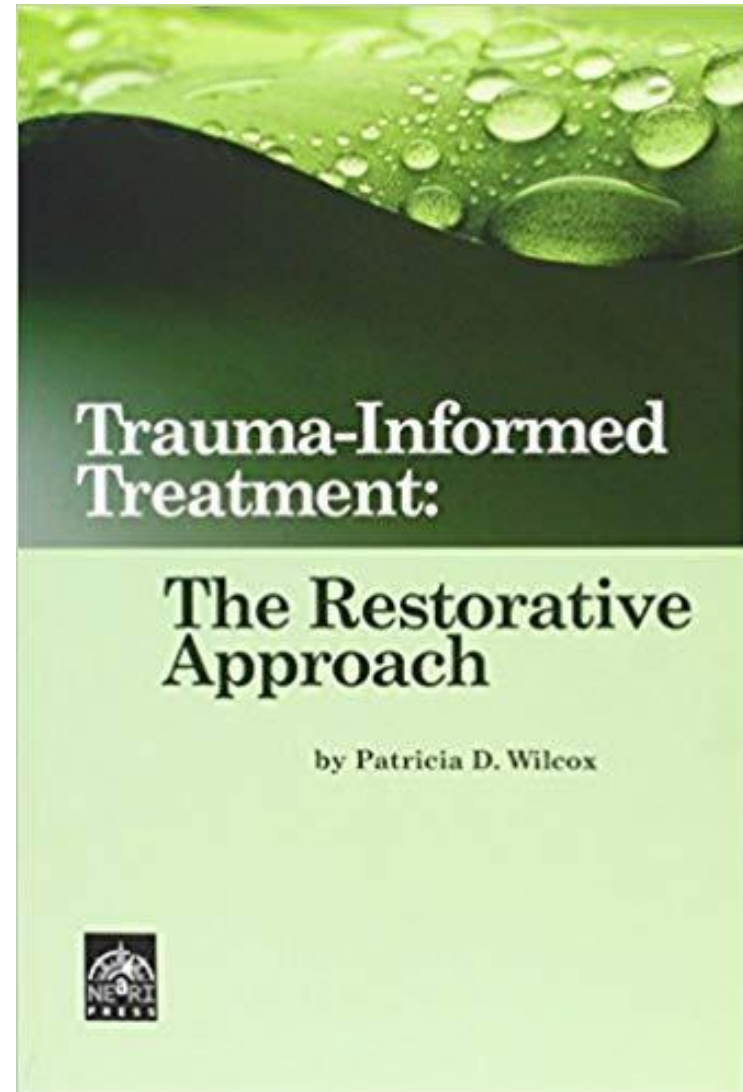
Acknowledgements:



Acknowledgements:



Patricia D. Wilcox, LCSW



Acknowledgements:



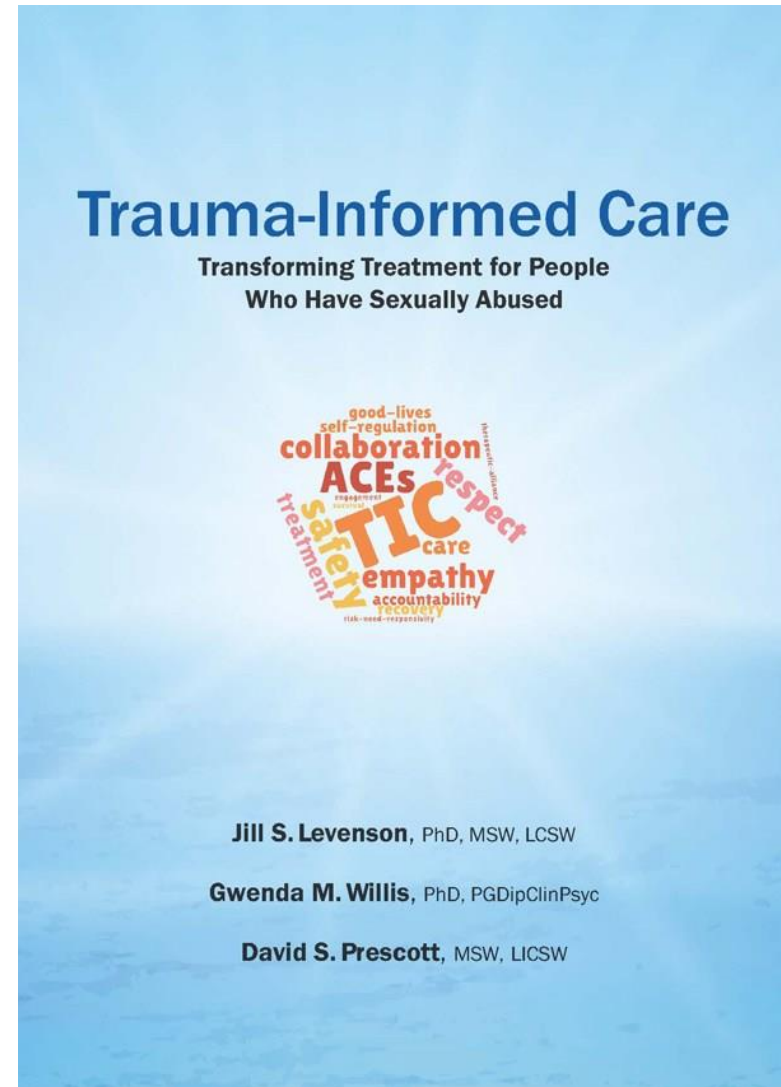
Jill Levenson, PhD



Gwenda Willis, PhD



David Prescott, MSW



Jill S. Levenson, PhD, MSW, LCSW

Gwenda M. Willis, PhD, PGDipClinPsyc

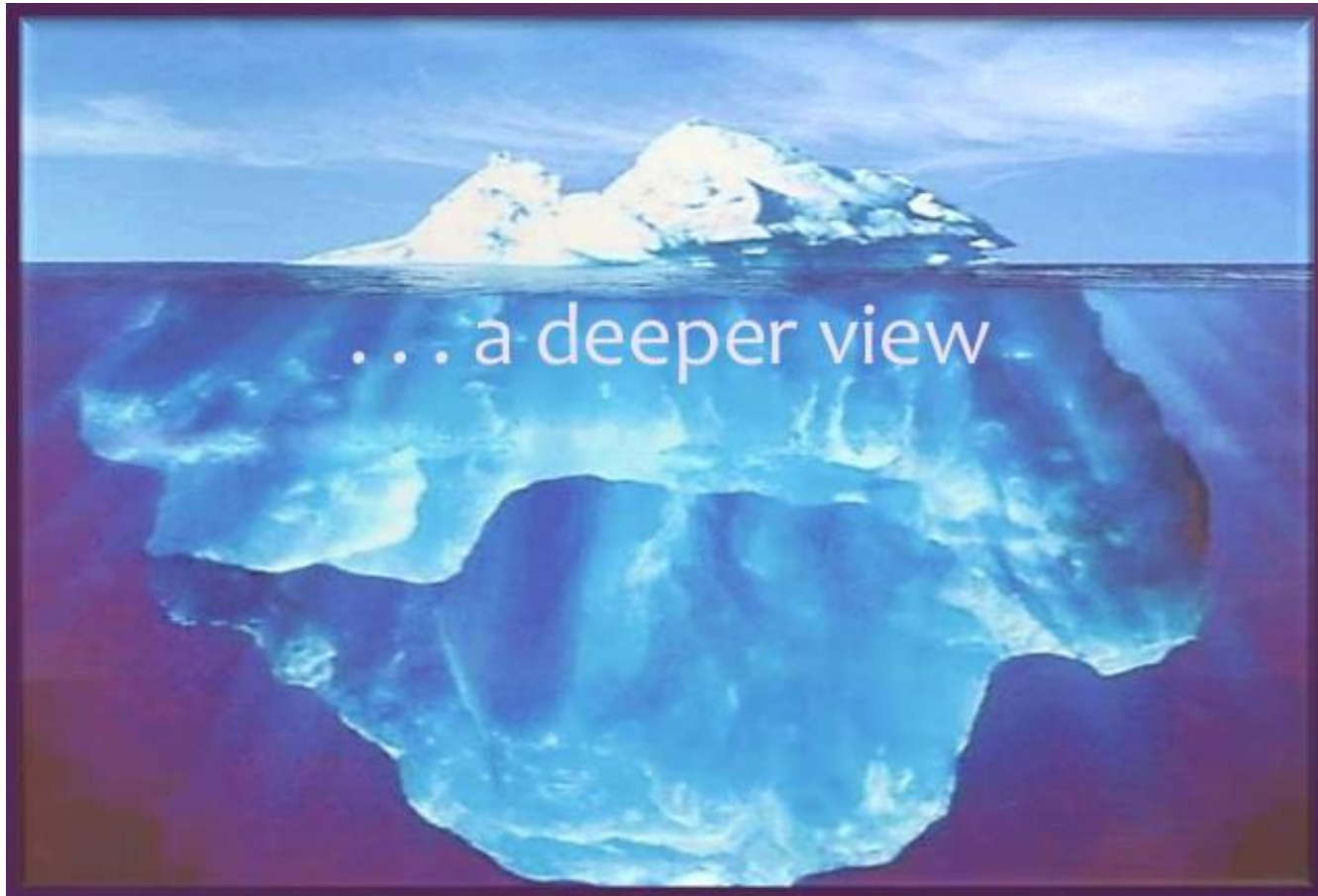
David S. Prescott, MSW, LICSW

This Presentation does not seek to:

- Relitigate sexual offenders' cases.
- Minimize criminogenic attitudes, thinking and behavior of sexual offenders.
- Seek pity for sexual offenders.
- Condemn traditional approaches to SOTX.
- Be a comprehensive presentation of TIC/SOTX.

This presentation seeks to:

- **Understand** those who see us for SOTX are more than “sexual offenders.”



This presentation seeks to:

- **Understand** how trauma may have contributed to “SO’s” criminogenic behavior.
- **Understand** how trauma continues to impact “SOs.”
- **Understand** how to provide a more effective modality of treatment to sexual offenders using trauma-informed care (TIC)
- **Understand** how TIC differs from non-TIC modalities of SOTX.
- **Understand** that TIC is a paradigm shift in SOTX.



Ima Grinch

Date Of Photo: 05/02/2012

[Click Here to Track this Offender](#)

Designation: [Sexual Offender](#)

Name: Ima Grinch

Status: [Released - Required to Register](#)

Department of Corrections #: [M45870](#)
[Search the Dept of Corrections Website](#)

Date of Birth: 03/04/1985

Race : White

Sex: Male

Hair: Brown

Eyes: Brown

Height: 6'01"

Weight: 270 lbs

Grinch is registered as a Sexual Offender. Positive identification cannot be established unless a fingerprint comparison is made.

Aliases

Ima Grinch

Grinch

Scars, Marks & Tattoos

Information temporarily unavailable

Address Information

Address	Address Source Information	Map Link
123 Bloke Ave South Pole 00000	Source: Dept. of Highway Safety and Motor Vehicle Received: 05/03/2012	Show Map

Can Sexual Offenders Substantially Change?

State SOMB Treatment Guidelines

1 Guiding Principle



Illinois – “Sex offending is a behavioral disorder which **cannot be ‘cured’** but risk can be reduced. Completion of treatment means risk is lowered, not eliminated.”



Colorado – “Sexual offending is a behavioral disorder which **cannot be ‘cured’.** “



Delaware – “Individuals exhibiting inappropriate sexual behavior and sexual offending **cannot be ‘cured’** but risk may be reduced through management.”

CSOM Objectives of SOTX

- Historically, officers responsible for supervising sexual offenders have made efforts to manage or contain risk through the use of restrictions, external controls, and punitive sanctions.
- Research suggests, however, that supervision is more effective when officers employ a balanced model that pairs traditional risk management strategies with interventions that build skills, promote behavior change, and reduce recidivism risk.

(Bonta & Andrews, 2017; Latessa, Listwan, & Koetzle, 2014)

CSOM Objectives of SOTX

- The core principles of effective correctional intervention —for both sex offenders and the broader justice-involved population —are the principles of risk, need, and responsivity (RNR).
- The RNR model indicates that interventions are most effective for moderate to high-risk offenders; when factors linked to recidivism (i.e., criminogenic needs) are the focus; when effective behavior change methods are used; and when individual characteristics that may support or interfere with a given person's response to intervention are considered.

(CSOM, Bonta & Andrews, 2017)

ATSA Objectives of SOTX

“Members provide sexual abuser-specific treatment that is guided by ethical principles and current empirical research in order to maximize treatment effectiveness, promote public safety, facilitate prosocial goals for clients, and maintain the integrity of the profession.”

ATSA Practice Guidelines: For The Assessment, Treatment and Management of Male Adult Sexual Abusers, 2014 (C, 8.02, p. 31)

ATSA Objectives of SOTX

“Members appreciate that the treatment for individuals who have sexually abused or are at risk for sexually abusing others is an evolving science.”



ATSA Practice Guidelines: For The Assessment, Treatment and Management of Male Adult Sexual Abusers, 2014 (C, 8.02, p. 31)

ATSA Objectives of SOTX

“Members assist clients with identifying and analyzing the individual factors (e.g., environmental, cognitive, affective, and relational) that increase their vulnerability to engage in sexually abusive behaviors.”

ATSA Practice Guidelines: For The Assessment, Treatment and Management of Male Adult Sexual Abusers, 2014 (C, 10.02, p. 34)

IATSO Objectives of SOTX

“The goals of sexual offender treatment is to achieve a goal that the offender has been working toward, which most of the time the goal is to not reoffend. This can be achieved by giving them hope, gaining self-esteem, making goals, creating strong relationships, and also working with the offender regularly.”

(IATSO Treatment Guidelines 2018 Art. 4.3)

Objectives of SOTX

“The primary goal of sexual offender treatment is to help clients learn how to meet the needs that previously drove them to offend in a more prosocial manner. Successful treatment results in reducing the risk that an offender will reoffend, which in turn enhances community safety over the long term.”

Carich & Mussack (2014), p. 4

Objectives of SOTX

“SOTX should not just be about taking responsibility for sexually offending behavior. Rather, treatment should offer a more holistic approach to personal accountability in all areas of one’s life.”

(Levenson, et al., p. 121)

Nexus of ACE & Prison

Abuse or neglect in childhood raises chances of juvenile arrest by 59%. The likelihood of adult criminal behavior increased by 28% and violent crime by 30%.

National Institute of Justice, "ACEs in the Criminal Justice System" Jan 6, 2016

Nexus of ACE & Sexual Offenses

- About 28% of people convicted of sex crimes reported childhood sexual abuse.

(Hanson and Slater, 1988)

- Additional studies by Lalumiere, & Seto, 2009; Reavis, Looman, Franco, & Rojas, 2013 confirm “much higher rates”

(Levenson, et al., p. 2)

Nexus of ACE & Sexual Offenses

Both males and females in sex offender treatment report childhood trauma at rates greater than the general population (Levinson, Willis, & Prescott, 2015, 2016), with males (N = 679) having more than 3 times the odds of child sexual abuse, nearly twice the odds of physical abuse, 13 times the odds of verbal abuse, and 4 times the odds of emotional neglect or having unmarried parents.

(Levenson, et al., p. 13)

Nexus of ACE & Sexual Offenses

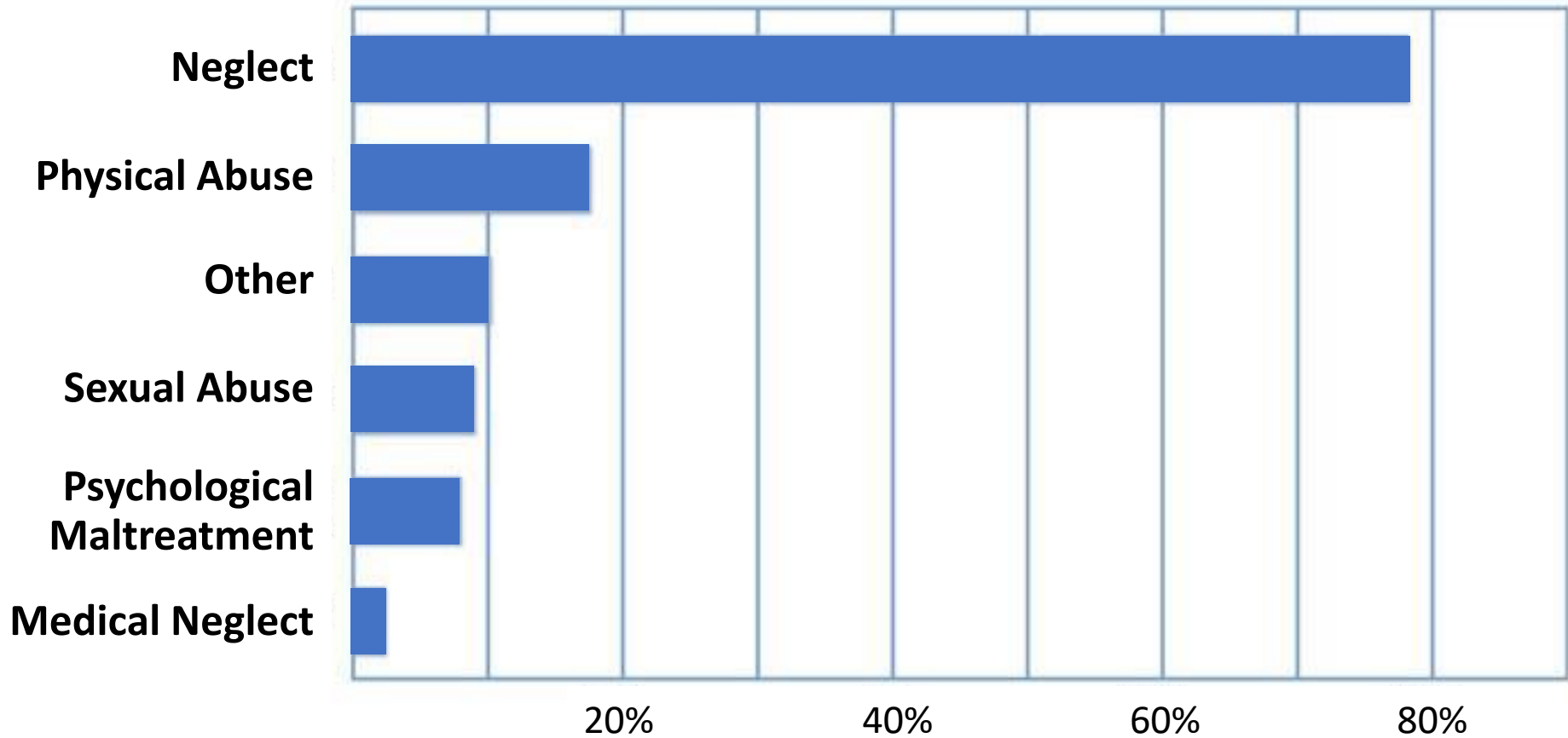
Among males in sex offender treatment higher ACE scores had been associated with persistence and versatility and arrest patterns, increase sexual violence and sexual deviance, and substance abuse disorders.

(Levinson & Grady, 2016a, 2016b; Levinson & Socia, 2015, cited by Levenson, et al., p. 13)

For more info.

<https://www.acesconnection.com>

What is the Most Prevalent ACE?



Center on the Developing Child
HARVARD UNIVERSITY

Source: U.S. Department of Health and Human Services
(2010)

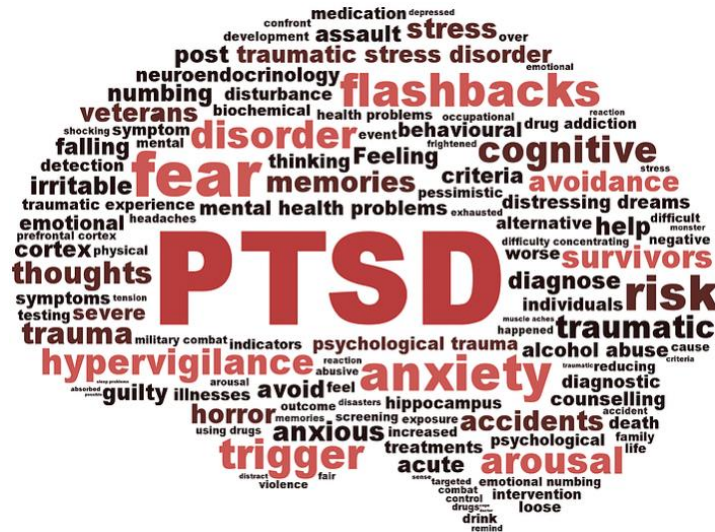
What is Trauma?

Greek: τραῦμα (*trauma*) = wound, hurt, defeat;
derived from *trau or tera* = “to rub, turn,”
often used to refer to twisting, piercing.



What is Trauma?

- In the 1690s this word was used by medical doctors to describe a "physical wound."
- In 1894 this word was used to describe a sense of "psychic wound, unpleasant experience which causes abnormal stress."



Definitions of Trauma

“Trauma is the unique individual experience of an event or during conditions in which the individual’s ability to integrate his or her emotional experiences are overwhelmed; and the individual experiences a threat to life, bodily integrity, or sanity.”

(Saakvitne, Gamble Perelman, & Lev, 2000, p. 5)

Characteristics of Traumatic Events

- Sudden, unexpected, and extreme.
- Usually involve physical harm or perceived life threat (research shows the perception of "life threats" are powerful predictors of the impact of trauma).
- Events are experienced or perceived as out of an individual's control.
- Certain stages of life make people vulnerable to the effects of trauma including childhood, teens and early twenties.

(Tedeschi, 2011)

Exposure to a Traumatic Event

It is an individual's experience of the event, not necessarily the event itself that is traumatizing.

*“Experience is not
what happens to
you;
it's what you do
with what happens
to you.”*

Aldous Huxley



Exposure to a Traumatic Event



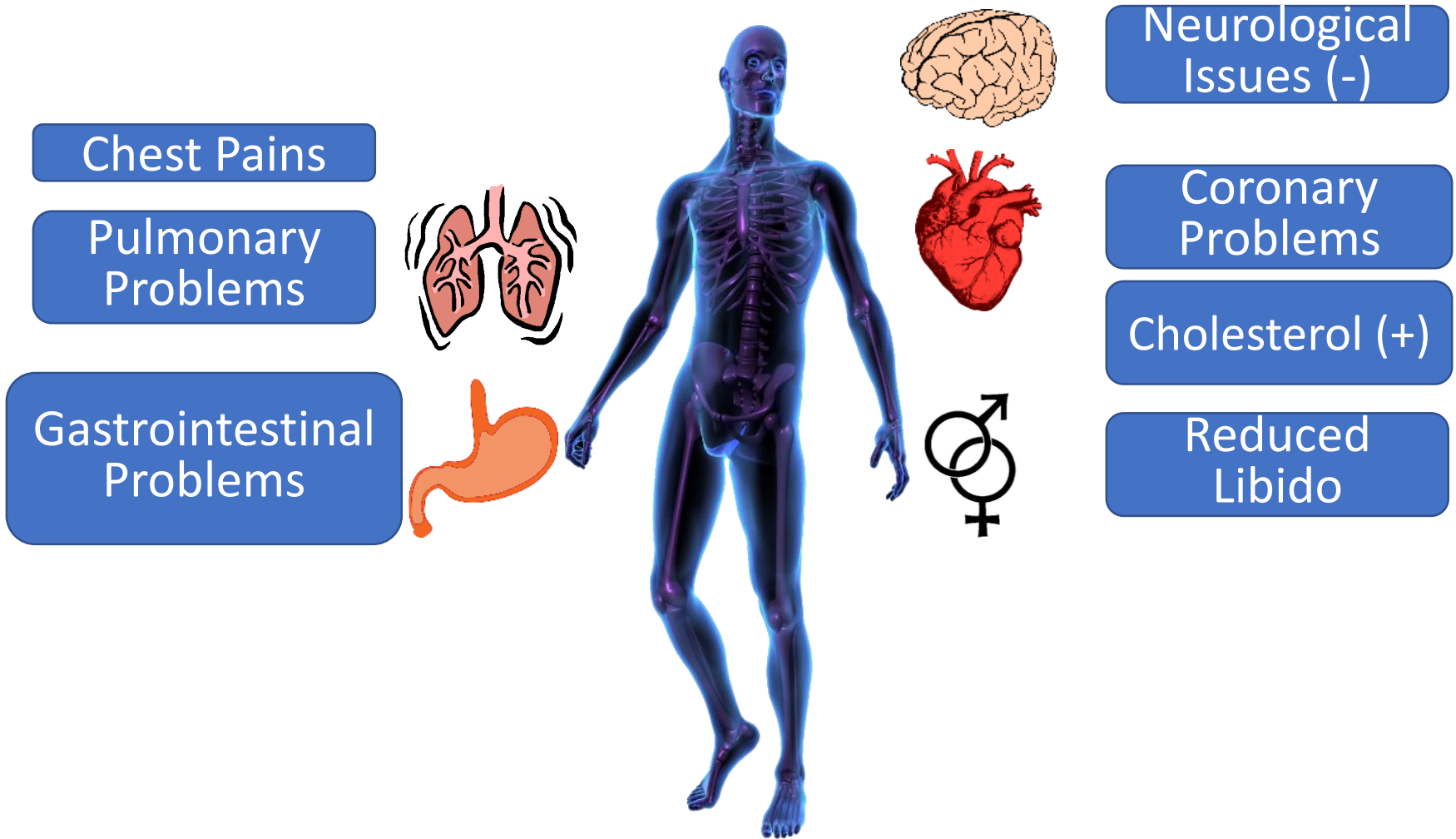


*Trauma is when
people live with
more fear than
hope.*

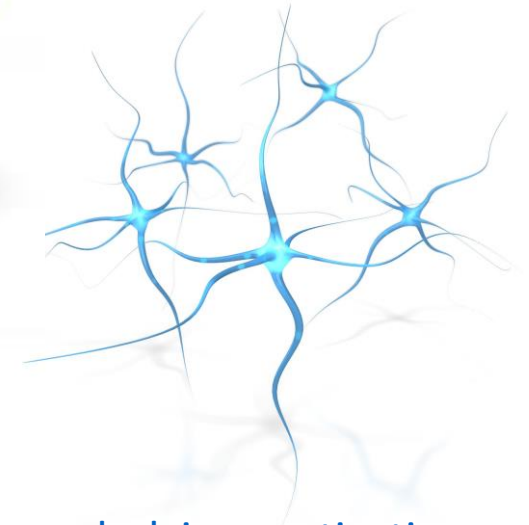
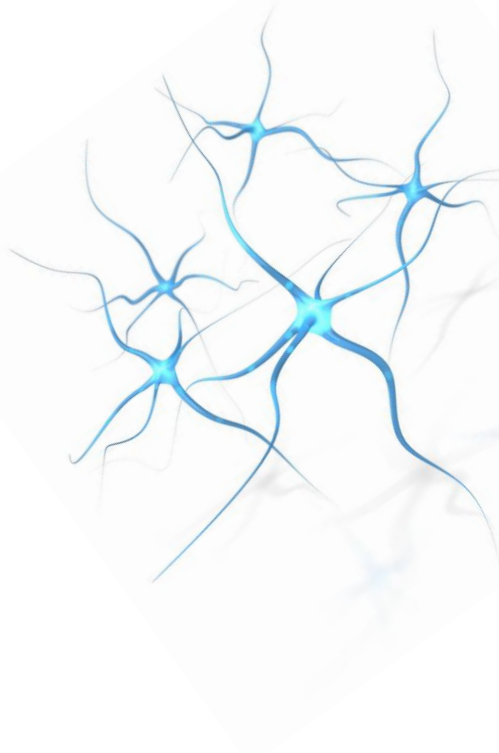
Types of Trauma

- **Acute**
- **Chronic**
- **Complex**
- **Historical/Intergenerational**
- **“Cascading Trauma”**

Physiological Effects of Trauma



Neurological Effects of Trauma

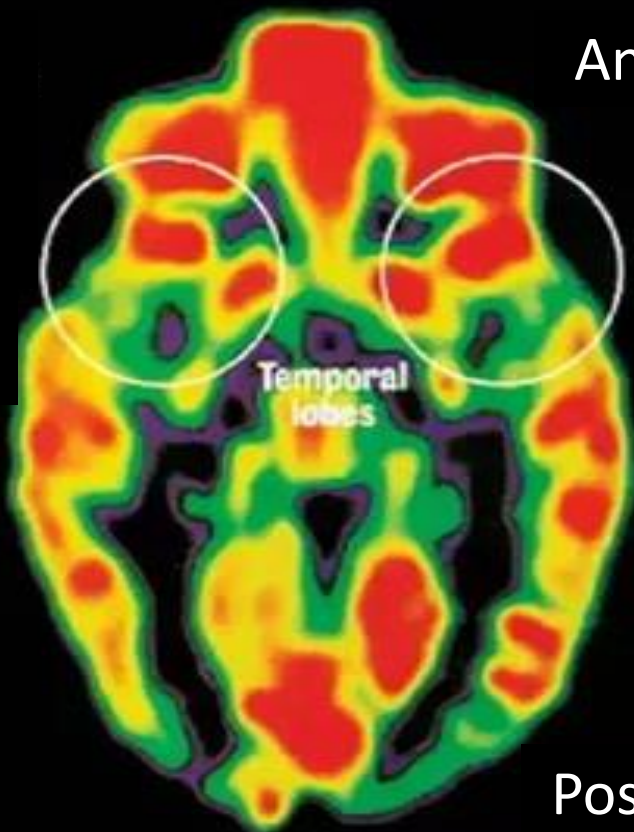


For more info.

<https://developingchild.harvard.edu/resources/the-brain-circuits-underlying-motivation-an-interactive-graphic/>

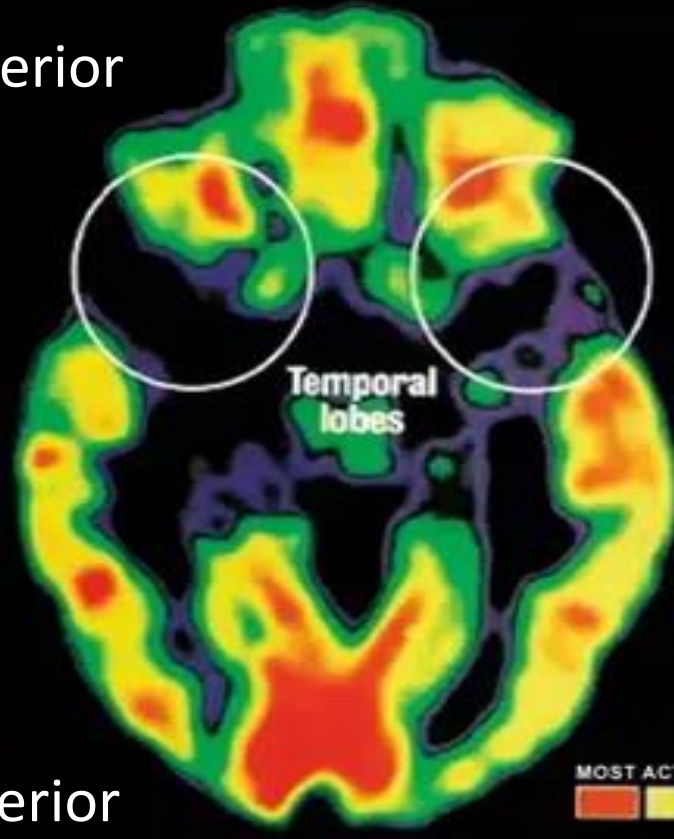
Neurological Effects of Chronic Trauma

Healthy
Brain



Anterior

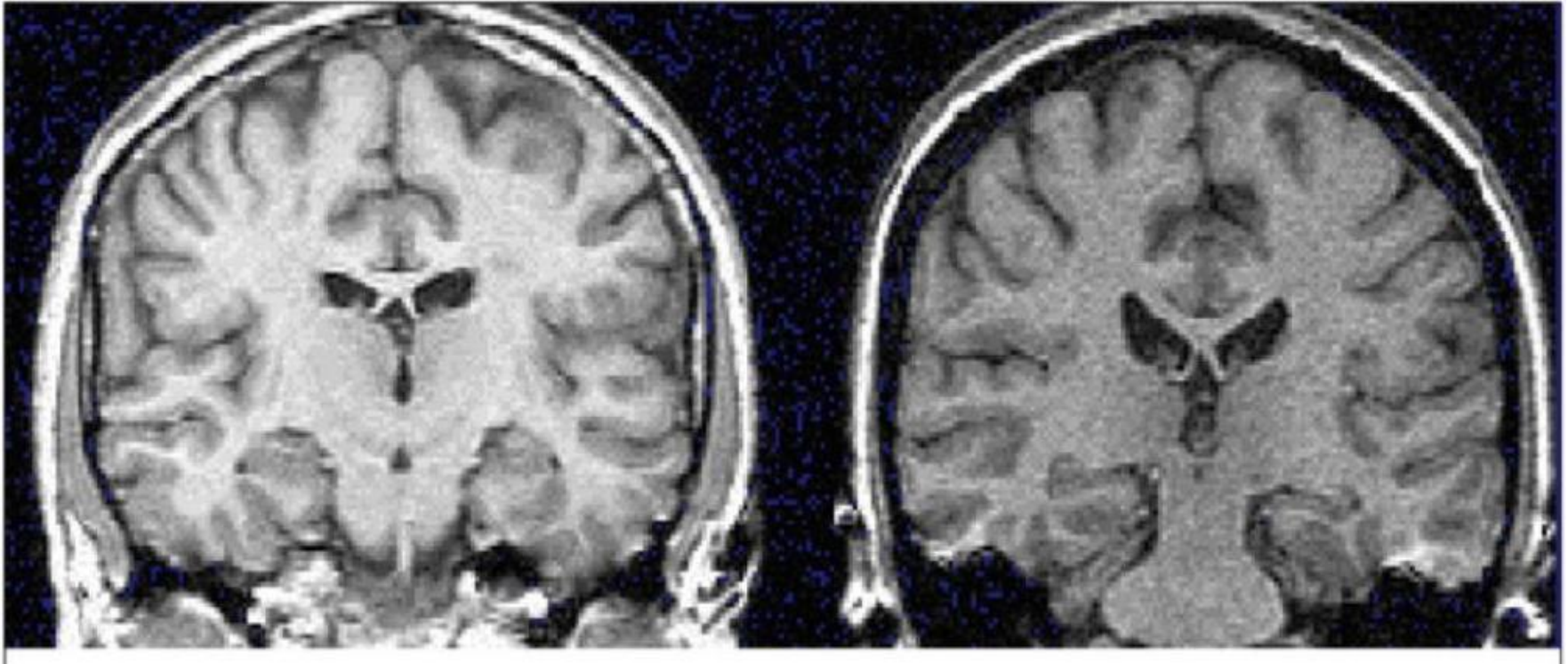
Abused
Brain



MOST ACTIVE LEAST ACTIVE

A color scale legend at the bottom right of the image. It consists of five colored boxes: red (most active), yellow, green, purple, and black (least active).

Neurological Effects of PTSD

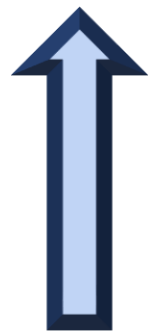


Normal Brain

Traumatized Brain

Neurological Effects of Trauma

Neurodevelopment is sequential. The brain develops over time starting with the primal brainstem and ending with a higher level functioning of the cortex.



Cortex
Limbic
Midbrain/Diencephalon
Brainstem

Cortex
Reasoning/judging center
Pre-birth – 8 months

Limbic System
Emotional Center
Pre-birth – 8 months

Cerebellum
Motor Center
Birth – 2 years

Brain Stem
Basic survival functions
Pre-birth – 8 months



Trauma-Related Disorders

- **Reactive Attachment Disorder**
(313.89 – F 94.1)
- **Disinhibited Social Engagement Disorder**
(313.89 – F94.2)
- **Post Traumatic Stress Disorder**
(309.81 – F43.10)
- **Acute Stress Disorder**
(308.3 – 43.0)
- **Adjustment Disorders**
(309.0/.24/.28/.03/.04/.09 – F 43.12/.22/.23/.24/.25.20)
- **Other Specified Trauma & Stressor Related Disorder**
(309.89 – F43.8)

(DSM-5, pp. 265-290)

Traumatic Experiences Unique to SOs

- Re-traumatization.
- Decrease or loss of trust.
- Higher rates of self-injury.
- Significantly less willingness to engage in treatment.
- Increase of intrusive memories, nightmares and flashbacks.
- Re-experiencing of symptoms and emotions from previous trauma – when extreme may take on delusional intensity.
- Increase in chronicity of stress with greater risk of psychiatric morbidity, e.g. PTSD, chronic depression.

University of Buffalo, School Of Social Work

Incarceration & Mental Health



LA County Jail aka “Twin Towers” is the largest mental health facility in the nation.

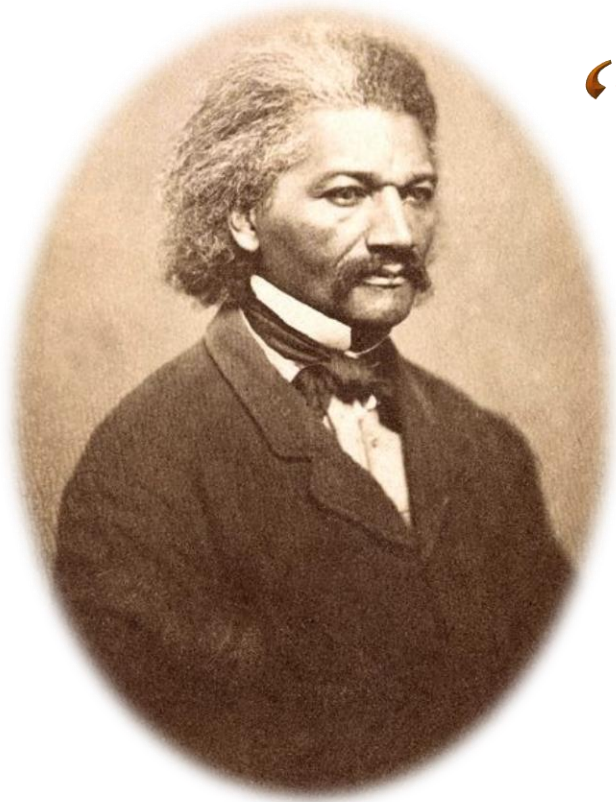
Trauma of Incarceration

- Being threatened minutes after being led out of courtroom.
- Constant threat of violence (e.g., inmate “gladiator fights”).
- Trustee responsibilities (e.g. feeding high security and mental health pods).



Nutraloaf, aka “Prison loaf”

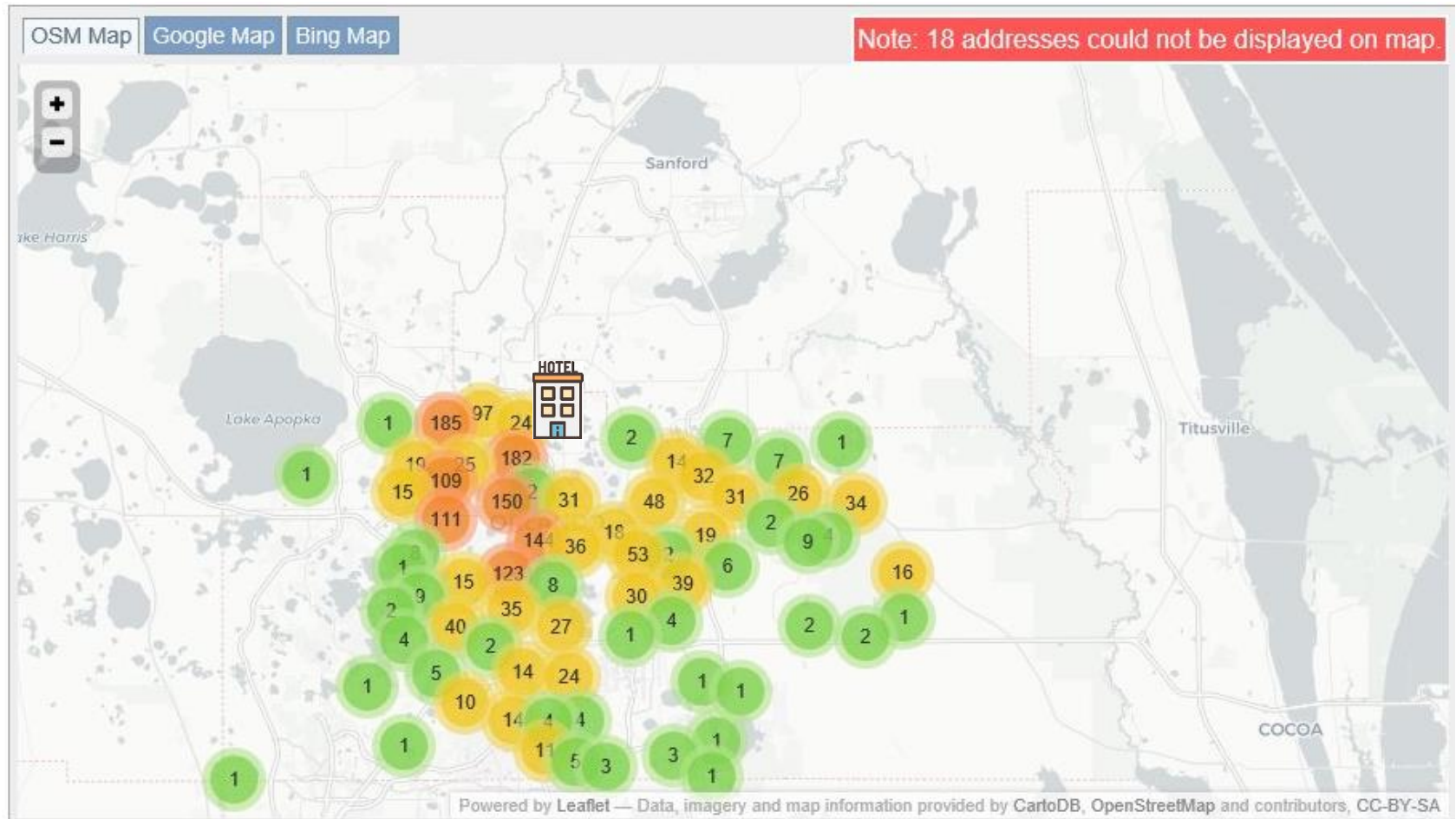




“It is easier to build strong children than to repair a broken man.”

Frederick Douglass

Traumas associated with SO Probation



As of February 20, 2019 there were 1938 registered sex offenders living in Orlando. The ratio of number of residents in Orlando to the number of sex offenders is 143 to 1.

Traumas associated with SO Probation



<https://fox6now.com/2016/09/11/if-this-is-winning-i-dont-want-it-convicted-sex-offender-talks-about-life-after-being-released-from-prison/>

SOs Traumas associated with Probation

Fullerton Police Department

Crime Analysis Unit, 237 W Commonwealth Ave, Fullerton, CA 92832



Kevin Hamilton
Acting Chief of Police

COMMUNITY ALERT **Release of High Risk Sex Offender**

Antoine Denell Jordan is currently residing in your neighborhood and is classified and registered as a sexual offender with the California Department of Justice. This registration requirement and classification is based on his arrest and conviction for multiple sexual assaults occurring in the Los Angeles area.

Summary of Crimes:

In 1981, Antoine Jordan was arrested for kidnapping and raping multiple female victims at knifepoint in Los Angeles. In 1983, he was convicted of these charges which resulted in him serving over 22 years in prison. He was released on parole in 2005 and eventually cleared his parole obligation in 2009. He is currently a life time sex registrant in the state of California.



Ima Grinch
Age: 50 / 5'11" / 208 lbs
Black hair, Brown eyes
Resides at:
1325 S Jefferson Avenue
Fullerton, Ca.

Vehicle:

Blue 4 Door Chrysler 300 Lic: 5RIW345

Disclaimer: The individual who appears on this notification has been convicted of a sex offense for which community notification is permitted. The depicted individual is **NOT** wanted by the Fullerton Police Department at this time. California Penal Code section 290, also known as "Megan's Law", permits law enforcement agencies to warn the community when a known serious sex offender resides in their jurisdiction. The purpose of this notice is to allow the members of the community to protect themselves and/or their children from sex offenders.

Penal Code section 290.45 defines "High Risk Offenders" and sets forth parameters on how a law enforcement agency is permitted to disclose personal information to the community. This disclosure is not intended to induce fear; rather it is the belief of the Fullerton Police Department that an informed community is a safer community. **Citizen use of this information to threaten, intimidate, commit a crime against, or harass sex offenders will NOT be tolerated.** Any of the above described actions will lead to criminal prosecution and/or civil liability.

If you have information regarding **current** criminal activity on this or any offender, please call the Fullerton Police Department, Family Crimes Unit at (714) 738-6580 or 911.

Not to be duplicated or posted without permission from the Fullerton Police Department

Neighborhood Sex Offender Notification

SOs Traumas associated with Probation



SOs Traumas associated with Probation



Post-Probation Traumas for SOs

SO laws & ordinances vary by nation, state, county and city. Many can be interpreted differently, causing anxiety, trauma, hypervigilance.



Examples of Post-Probation Traumas for SOs



Registration of a loaner vehicle?

Examples of Post-Probation Traumas for SOs



A simple traffic infraction turns into an interrogation after the officer runs license.

Examples of Post-Probation Traumas for SOs



Examples of Post-Probation Traumas for SOs



For more info.

[https://www.smart.gov/pdfs/GlobalOverview.](https://www.smart.gov/pdfs/GlobalOverview)

<http://registranttag.org/resources/travel-matrix/>

<https://floridaactioncommittee.org/rtags-international-travel-matrix/> (2016)



CSOT Guidelines



For more info.

Council on Sex Offender
Treatment

<https://dshs.texas.gov/csot/default.shtm>

- 1) Arousal or Impulse control
- 2) Cognitive Behavioral Treatment
- 3) Sexual Offense Sequence/Re-offense Prevention
- 4) Improving Primary Relationships
- 5) Increasing Social Competence
- 6) Victim Empathy
- 7) Biomedical Approaches
- 8) Chaperones
- 9) Co-morbid Diagnosis
- 10) Couples/Family Therapy
- 11) Support Systems
- 12) Adjunct Therapies
- 13) After-Care Treatment

SOTX Guidelines

Statute 948 - Sex Offenders
The 1999 Florida Statutes

Post-Conviction Sex Offender Testing / Monitoring
Title XLVII
CRIMINAL PROCEDURE AND CORRECTIONS Chapter 948



For more info.

<http://www.leg.state.fl.us/statutes/>

SOMB Treatment Guidelines



For more info.

<http://www.casomb.org/>

Sexual Offender Tiers

- 18 states provide a **single indefinite** or lifetime registration period for all sex offenses.
- 19 states & the District of Columbia have a **two-tier registration** system.
- 13 states & the federal system have a **three-tier system**, requiring Tier III offenders to register for life, and Tier I & Tier II offenders to register for a term of years, generally 15 & 25 years.

For more info.

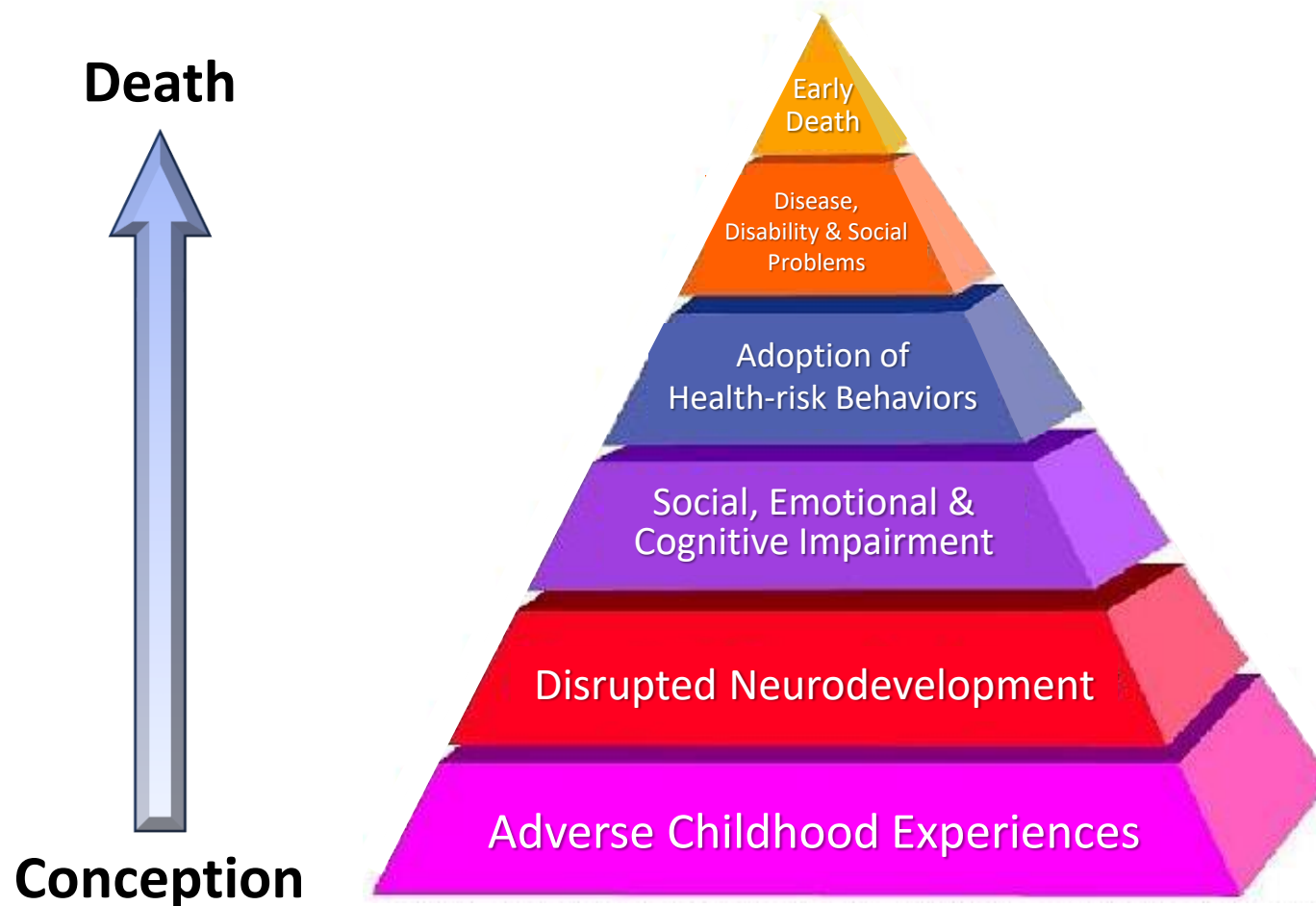
RestorationRightsProject

Restoration of Rights Project



national HIRE-network

Assessing Trauma for SOs



Mechanism by which adverse childhood experiences influence health and well-being throughout a person's life.

Assessing Trauma for SOs

“Most individuals seeking public behavioral health services and many other public services... have histories of physical and sexual abuse and other types of trauma inducing experiences. These experiences often lead to mental health and co-occurring disorders such as chronic health conditions, substance abuse, eating disorders, and HIV/AIDS, as well as contact with the criminal justice system.”

Substance Abuse Mental Health Services Administration (SAMHSA)

Assessing Trauma for SOs

Adverse Childhood Experience (ACE) Questionnaire

Finding your ACE Score ra hbr 10 24 06

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household **often** ...
Swear at you, insult you, put you down, or humiliate you?
or
Act in a way that made you afraid that you might be physically hurt?
Yes No If yes enter 1 _____
2. Did a parent or other adult in the household **often** ...
Push, grab, slap, or throw something at you?
or
Ever hit you so hard that you had marks or were injured?
Yes No If yes enter 1 _____
3. Did an adult or person at least 5 years older than you **ever**...
Touch or fondle you or have you touch their body in a sexual way?
or
Try to or actually have oral, anal, or vaginal sex with you?
Yes No If yes enter 1 _____
4. Did you **often** feel that ...
No one in your family loved you or thought you were important or special?
or
Your family didn't look out for each other, feel close to each other, or support each other?
Yes No If yes enter 1 _____
5. Did you **often** feel that ...
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
or
Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
Yes No If yes enter 1 _____
6. Were your parents **ever** separated or divorced?
Yes No If yes enter 1 _____
7. Was your mother or stepmother:
Often pushed, grabbed, slapped, or had something thrown at her?
or
Sometimes or often kicked, bitten, hit with a fist, or hit with something hard?
or
Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
Yes No If yes enter 1 _____
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
Yes No If yes enter 1 _____
9. Was a household member depressed or mentally ill or did a household member attempt suicide?
Yes No If yes enter 1 _____
10. Did a household member go to prison?
Yes No If yes enter 1 _____

Now add up your "Yes" answers: _____ This is your ACE Score

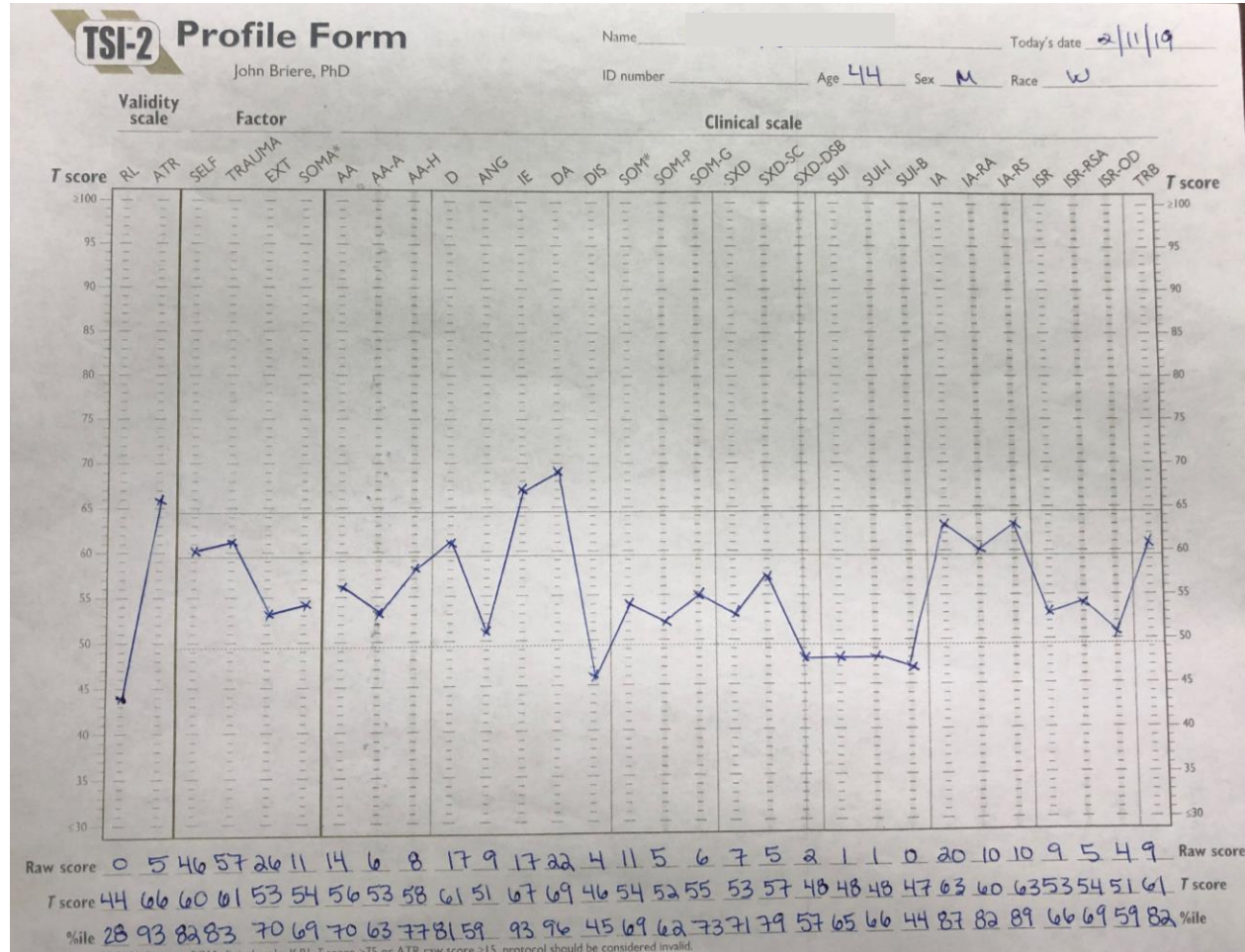
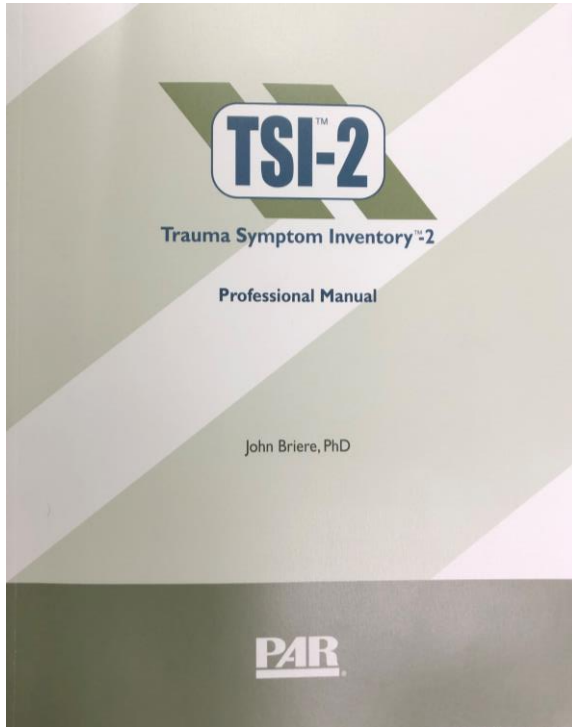
Trauma Symptom Checklist – 40

(Briere & Runtz, 1989)

How often have you experienced each of the following in the last month? Please circle one number, 0-3.

Symptom	Never ----- Often			
	0	1	2	3
1. Headaches				
2. Insomnia				
3. Weight loss (without dieting)				
4. Stomach problems				
5. Sexual problems				
6. Feeling isolated from others				
7. "Flashbacks" (sudden, vivid, distracting memories)				
8. Restless sleep				
9. Low sex drive				
10. Anxiety attacks				
11. Sexual overactivity				
12. Loneliness				
13. Nightmares				
14. "Spacing out" (going away in your mind)				
15. Sadness				
16. Dizziness				
17. Not feeling satisfied with your sex life				
18. Trouble controlling your temper				
19. Waking up early in the morning				
20. Uncontrollable crying				
21. Fear of men				
22. Not feeling rested in the morning				
23. Having sex that you didn't enjoy				
24. Trouble getting along with others				
25. Memory problems				
26. Desire to physically hurt yourself				
27. Fear of women				
28. Waking up in the middle of the night				
29. Bad thoughts or feelings during sex				
30. Passing out				
31. Feeling that things are "unreal"				
32. Unnecessary or over-frequent washing				
33. Feelings of inferiority				
34. Feeling tense all the time				
35. Being confused about your sexual feelings				
36. Desire to physically hurt others				
37. Feelings of guilt				
38. Feeling that you are not always in your body				
39. Having trouble breathing				
40. Sexual feelings when you shouldn't have them				

Assessing Trauma for SOs



How Trauma Impacts 4 Types of Memory

Explicit Memory

Implicit Memory

Semantic Memory

Episodic Memory

Emotional Memory

Procedural Memory



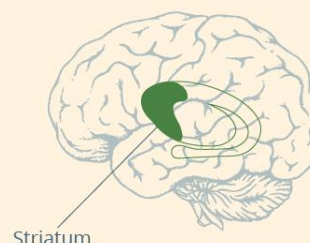
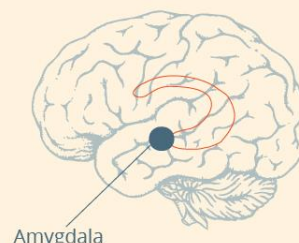
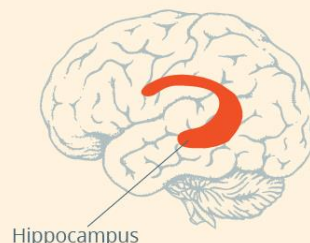
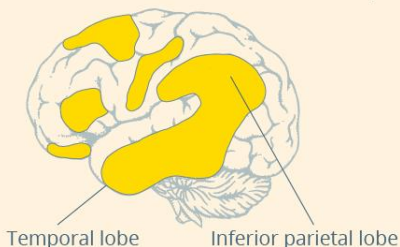
temporal lobe
& inferior
parietal cortex

Region of the Brain Affected

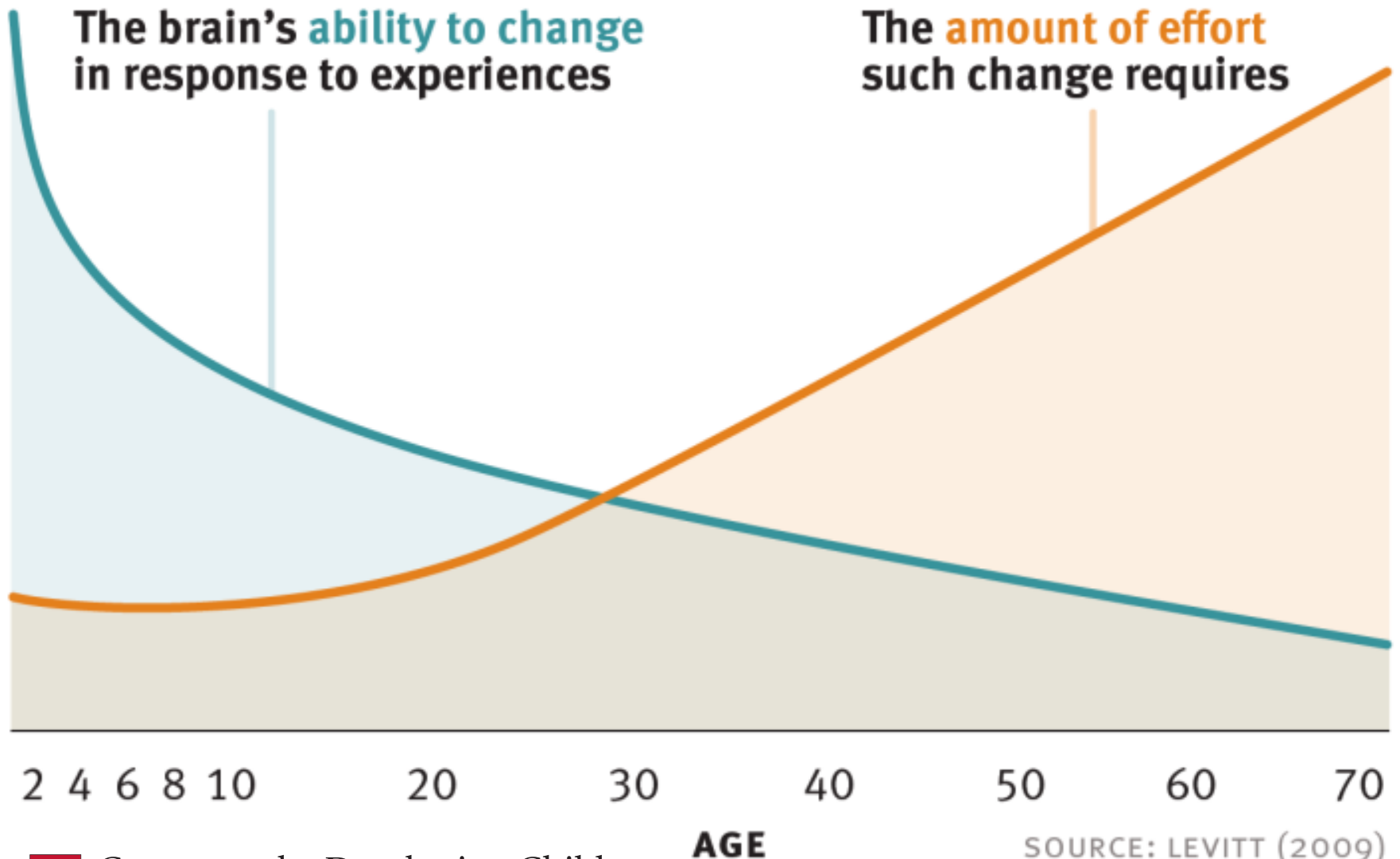
hippocampus

amygdala

striatum



Changing the Traumatized Brain



Center on the Developing Child
HARVARD UNIVERSITY

SOURCE: LEVITT (2009)
www.developingchild.harvard.edu

Changing the Traumatized Brain

The Washington Post

“Yoga helps war veterans get a handle on their PTSD”



“How Yoga Helps Survivors of Trauma”



“The Role of Yoga in Healing Trauma”

The New York Times

“A Revolutionary Approach to Treating PTSD”

Paradigm shift

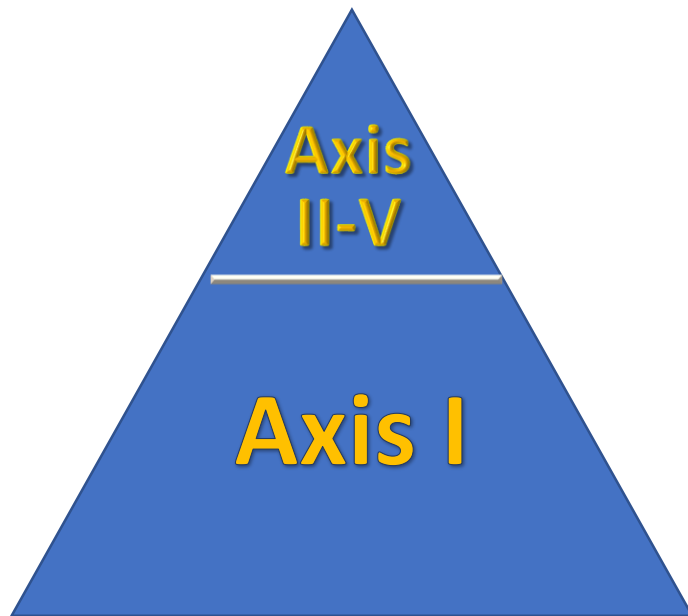


Paradigm shift

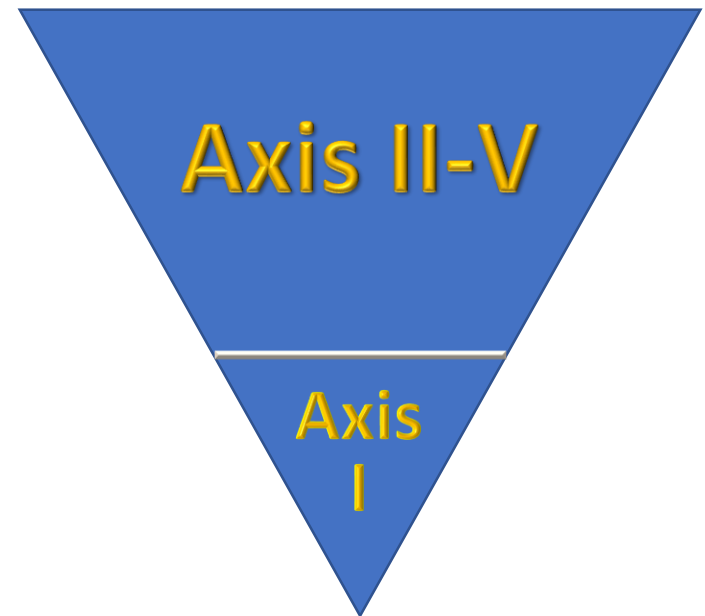
Medical
Model

Trauma-Informed
Model

**“What’s wrong
with you?”**



**“What happened
to you?”**



Paradigm shift

MEDICAL MODEL TRAUMA-INFORMED

- Illness model
 - Symptom-oriented
 - Business as usual
 - Medication: prime treatment
 - Reductionistic
 - “You’re sick, I’m not”
 - Re-traumatizes via lack of acknowledgment, validation & affirmation
 - Revolving door, lifetime of illness & medication
- Injury model
 - Recovery-oriented: strengths, assets, resilience
 - Holistic approach
 - Compassion-based
 - Universal experience
 - Validates
 - Results: connection, move beyond science
 - Humanitarian
 - Spiritual

What is Trauma-Informed Care?

Term coined in the 1990s to describe service delivery that integrates an understanding of the pervasive biological, psychological, and social sequelae of trauma with the ultimate aim of ameliorating, rather than exacerbating, their effects.

(Harris & FalLOT, 2001; SAMHSA, 2014)

TIC for SOs

“Trauma informed care is a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma... That emphasizes physical, psychological, and emotional safety for both providers and survivors. ...that creates opportunities for survivors to rebuild a sense of control and empowerment.”

Hopper, Bassuk & Olivet, 2010, p. 82)

TIC & Non-TIC for SOs

Many sex offender treatment programs take an aggressive, confrontational approach that emphasizes admitting guilt, “research has shown that this common approach does not alter actual criminogenic factors related to reoffending rates.”

(Marshall, et al. 2011 cited by Levenson, et al., p. 7)

TIC & Non-TIC

Underlying Cause of Problem Behavior/Symptoms

TIC-Unfavorable Attitude

- The clients were raised this way, so there's not much I can do about it now
- Clients are manipulative so you need to always question what they say

TIC-Favorable Attitude

- The clients were raised this way, so they don't yet know how to do what I'm asking them to do
- Clients have had to learn how to trick or mislead others to get their needs met

TIC & Non-TIC

Denial of victimization is a
COPING DEFENSE
for victimization

TIC will avoid inadvertent re-traumatization and will facilitate SO participation in treatment.

(Harris & FalLOT, 2001)



Psychological Effects of Trauma

Messages and/or actions confirming traumagenic perceptions of self and others:

No progress expected

“You are defective and hopeless.”

Disregarding valid needs requests

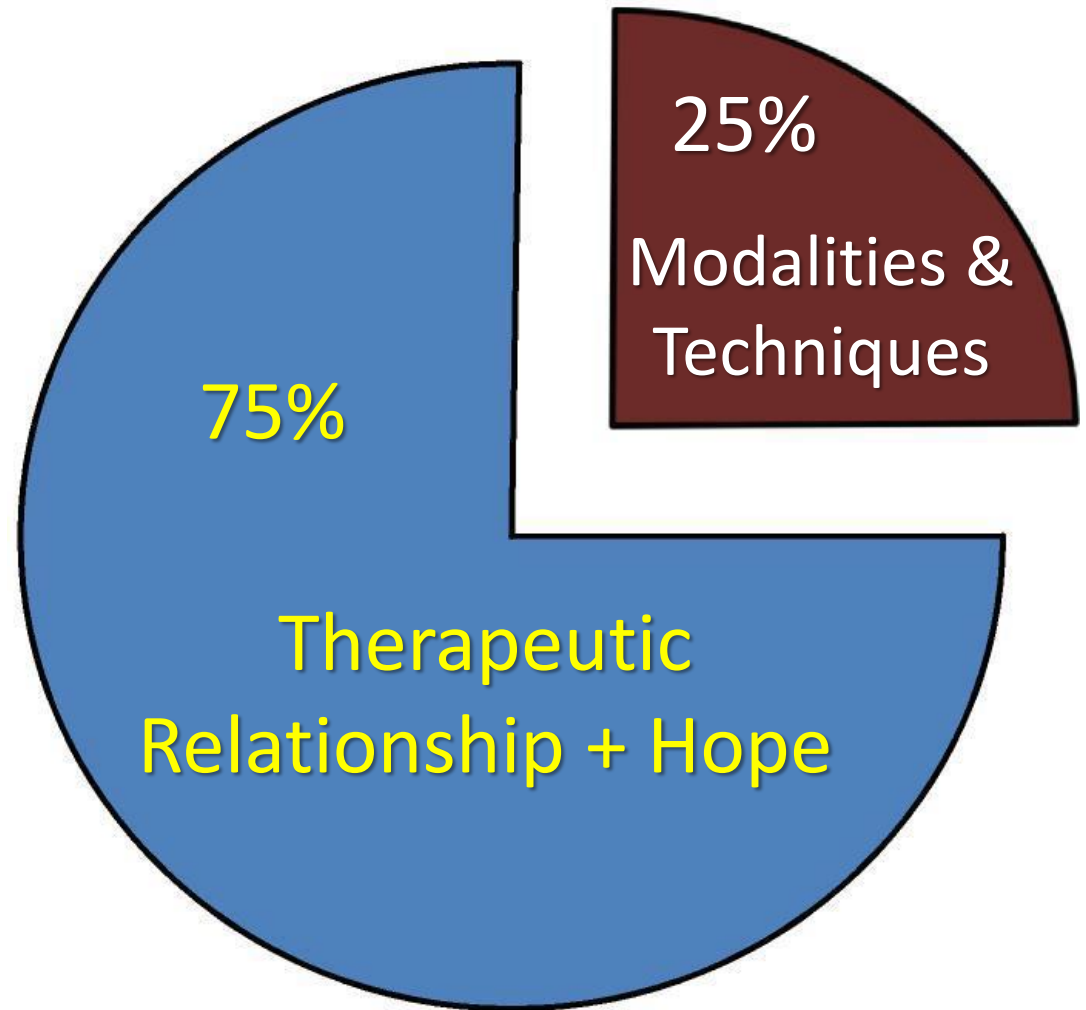
“You don’t matter.”

Over-emphasis on compliance vs. collaboration

“You are powerless.”

Most Effective Trauma Treatment

75% of effective treatment outcomes result from relational factors.



Most Effective SOTX

“Therapy is not something to be administered like medication. It involves a complex interaction between counselor and client that is largely dependent on the client’s motivation and ability to change as well as the skill of the clinician in reducing resistance or barriers to engagement. It requires a flexible and dynamic reciprocal process in which the client contributes to defining which goals are important. Thus, it is our view that large-scale investigations into SOTX program effectiveness missed the mark and contribute little to our understanding of effective psychotherapy for people who have abused.”

(Levenson, et.al., p. 66)

Integrating TIC into SOTX Modalities

- Risk, Need, And Responsivity
- The Good Lives Model
- Motivational Interviewing
- Schema Therapy

SOTX Targets within TIC Constructs

Attachment

- Intimacy deficits
- Capacity for trust & connection

Affective States

- Anxiety
- Depression
- Anger

Self-regulation

- Impulsivity & decision-making
- Delayed gratification
- Life management

Thinking

- Self-concept
- Cognitive schema about self & others

Empathy

- Ability to see things from other perspectives
- Identify & recognize feelings & interpersonal cues

Coping

- Distress reduction strategies
- Relational patterns
- Self-efficacy

(Levenson, et.al., p. 102)

Trauma-Informed Approach

- 1) **Realizes** the widespread impact of trauma and understands potential paths for recovery.
- 2) **Recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system.
- 3) **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices.
- 4) **Resists** re-traumatization. (SAMHSA, 2018)

For more info.

<https://www.samhsa.gov/nctic/trauma-interventions>

6 Key Principles of TIC

- 1) Safety
- 2) Trustworthiness and Transparency
- 3) Peer support
- 4) Collaboration and mutuality
- 5) Empowerment, voice and choice
- 6) Cultural, Historical, and Gender Issues

(SAMHSA, 2018)

For more info.

<https://www.samhsa.gov/nctic/trauma-interventions>

Cf. Levenson, et.al., pp. 47-62

Implementation of TIC with SOs

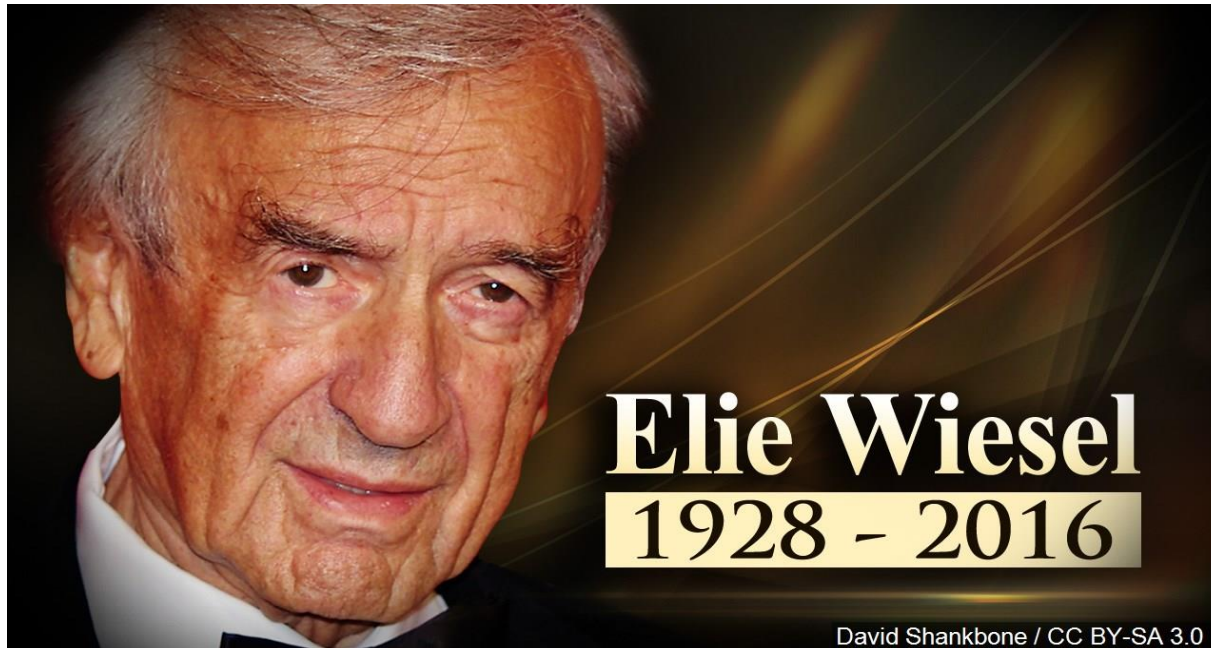
- Review Probation Order, steps to avoid VOP
- Reduced Rates
- Current listing of Resources
- Celebrate Birthdays
- On-site Polygraph
- Halloween Party (PO supported)
- Food Bank, clothing, etc.
- SOs donating to homeless
- SOs feeding the homeless
- SOs (e.g. mechanics) helping other SOs

What is Trauma Recovery?



*Trauma recovery
is when people
live with more
hope than fear.*

Response to Trauma



“Whenever and wherever human beings endure suffering and humiliation, take sides. Neutrality helps the oppressor, never the victim. Silence encourages the tormentor, never the tormented.”

Questions?



Key Terms to Know

- **Traumatic Stress** = shocking and emotionally overwhelming situations.

International Society Traumatic Stress Studies (ISTSS.org)

- **Posttraumatic stress disorder (PTSD)** = psychological distress following exposure to a traumatic or stressful event including a single traumatic incident. (DSM-5, p. 265)
- **Complex PTSD** = chronic relational trauma, which often begins in childhood extends into and complicates adulthood.
- **Adverse Childhood Experiences (ACE)** = various types of abusive household dysfunction during childhood which contribute to multiple risk factors.

Key Terms to Know

- **Resilience** = the ability to “bounce back” following a traumatic event.
- **Posttraumatic growth** = the ability to not only survive and recover from trauma, but also to continue to grow in the aftermath of trauma.
- **Hope** = the anticipation of something positive and meaningful in the face, the midst, and the after effects of trauma.
- **Meaning** = more than wishful thinking and unbridled optimism; purpose in life

ONLINE RESOURCES

Substance Abuse and Mental Health Services Administration (SAMHSA):

Trauma-Informed Approach and Trauma Specific Interventions

<https://www.samhsa.gov/nctic/trauma-interventions>

Substance Abuse and Mental Health Services Administration (SAMHSA):

Treatment Improvement Protocol Series Publication #57: Trauma Informed Care in Behavioral Health Services

<https://www.samhsa.gov/product/TIP-57-trauma-informed-care-in-behavioral-health-services/SMA14-4816>

Center for Disease Control and Prevention (CDC):

Violence Prevention Adverse Childhood Experiences Study

<https://www.cdc.gov/violenceprevention/acestudy/>

ACEs Too High News

<https://acestoohigh.com/>

ACEs Connection: A Community-Of-Practice Social Network

<https://www.acesconnection.com/>

ONLINE RESOURCES

Alameda County Trauma Informed Care:

Trauma Informed Care Vs. Trauma Specific Treatment

<https://AlamedaCountytraumainformedcare.org/trauma-informed-care/trauma-informed-care-vs-trauma-specific-treatment-2/>

The Trauma Informed Care Project (TIC) of Orchard Place/Child Guidance Center

<http://www.traumainformedcareproject.org/resources.php>

Trauma Informed Care in Behavioral Health Services, SAMHSA

https://www.ncbi.nlm.nih.gov/books/NBK207195/#part1_ch1.s5

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