



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

Stephanie S. Covington, Ph.D., LCSW



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.](#)**

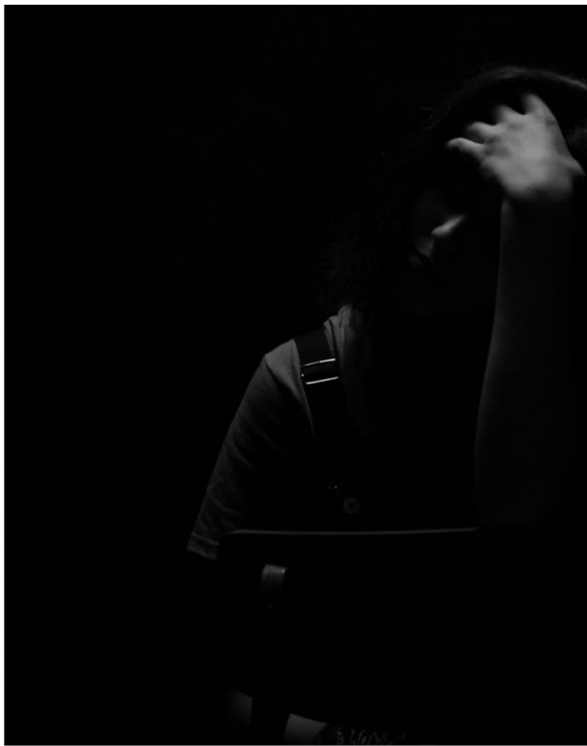
Learning Objectives

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.

© S. Covington, 2021

Trauma Definitions



© S. Covington, 2021

- **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.

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

Core Values of Trauma-Responsive Environments

Collaboration:

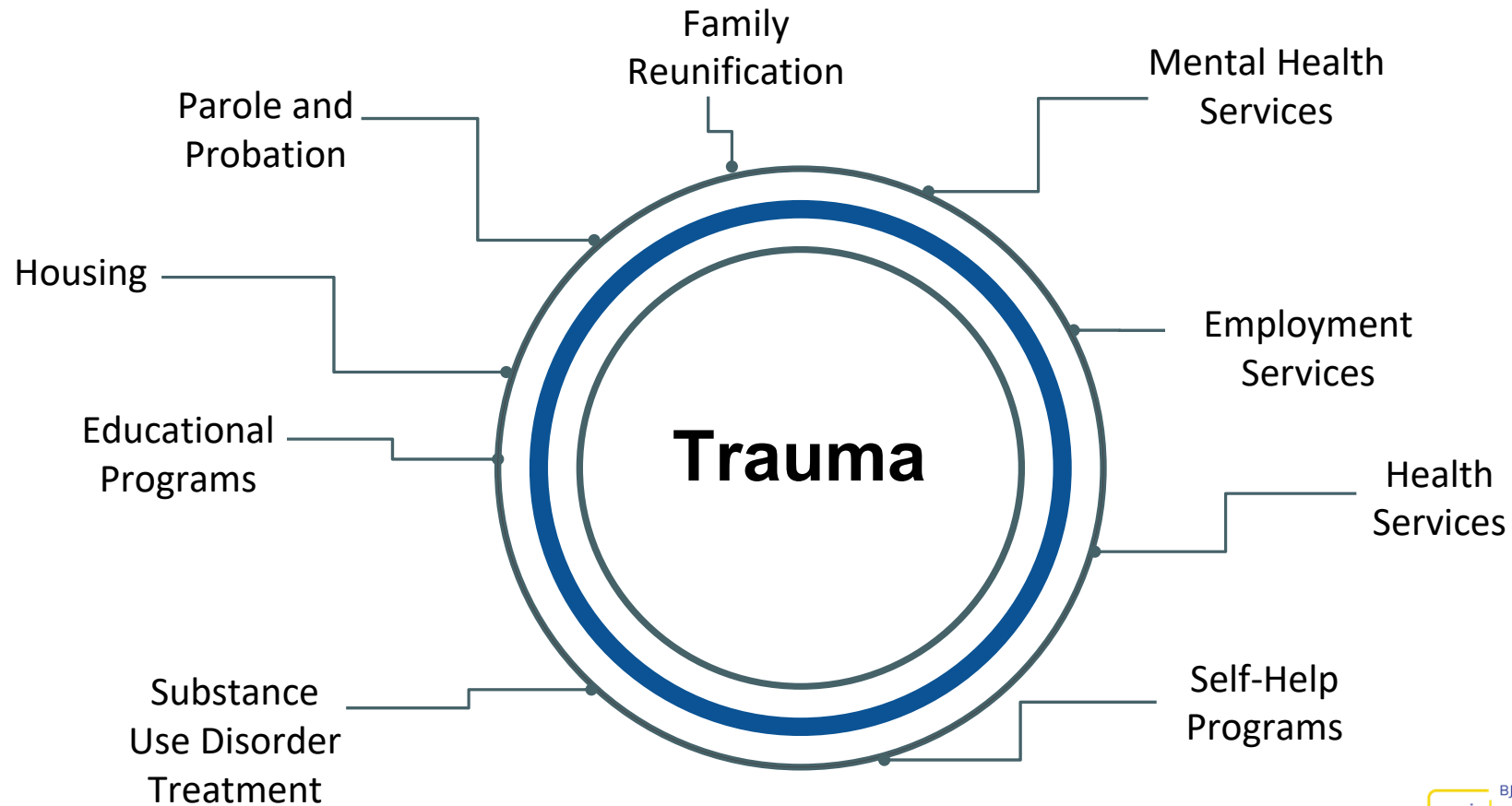
Providing equality in participation, sharing power, and creating a sense of belonging

Empowerment:

Striving for empowerment and skill building

(Fallot & Harris, 2008)

Understanding the Centrality of Trauma: An Essential Component throughout the System



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

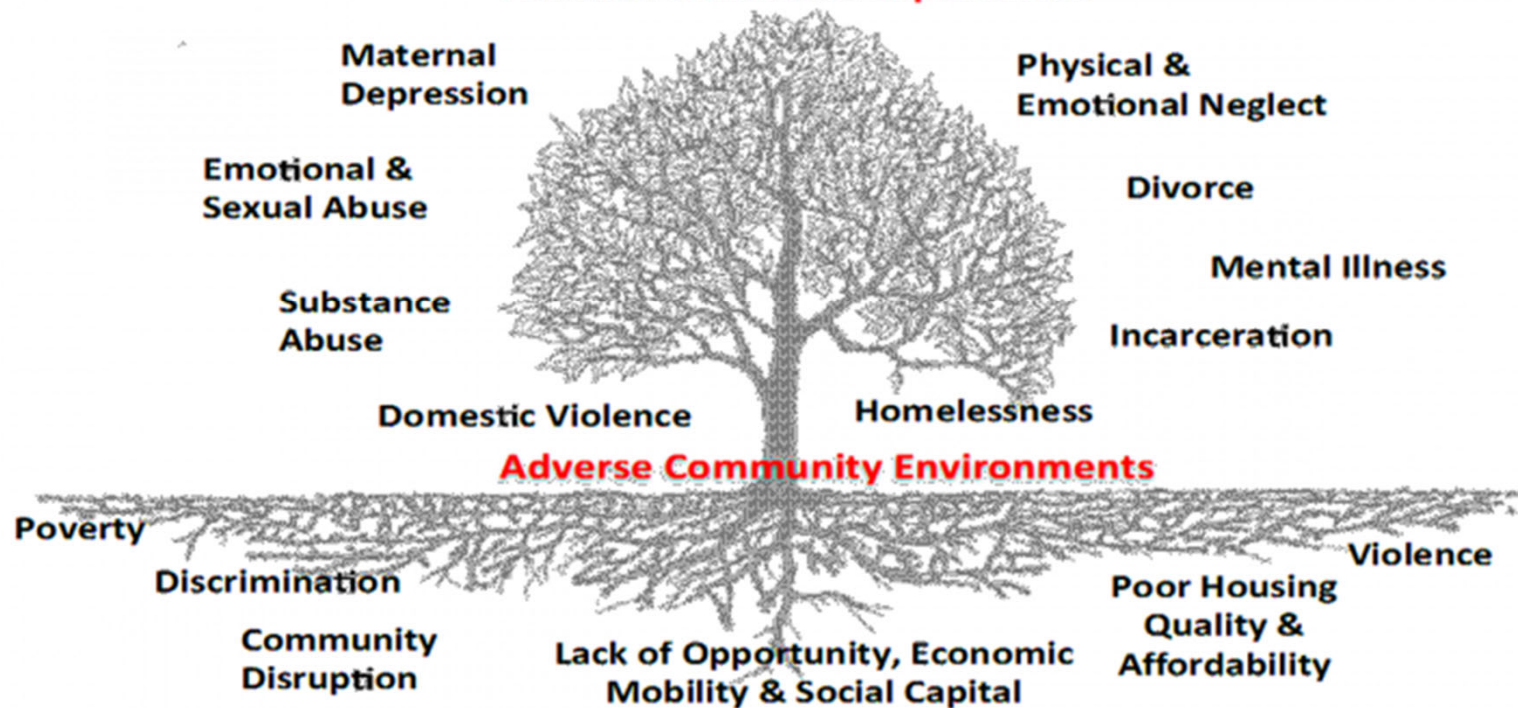
- Eliminate unnecessary triggers and identify triggers for individual program participants and staff.
- Create an atmosphere that is respectful of people and their need for safety, respect, dignity, and acceptance.
- Strive to maximize a person's ability to make safe choices and exercise control over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



© S. Covington, 2021

(Ellis & Dietz, 2017)



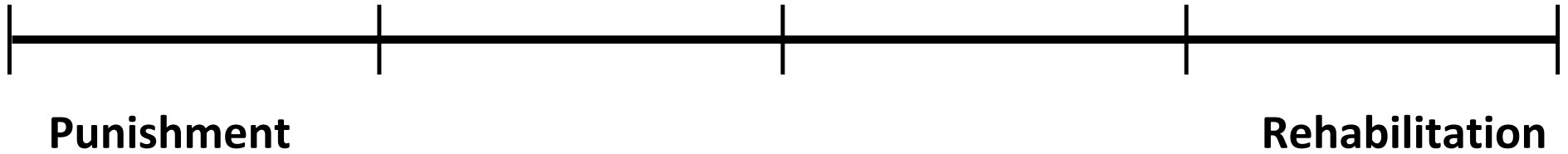
Environment

- **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.”

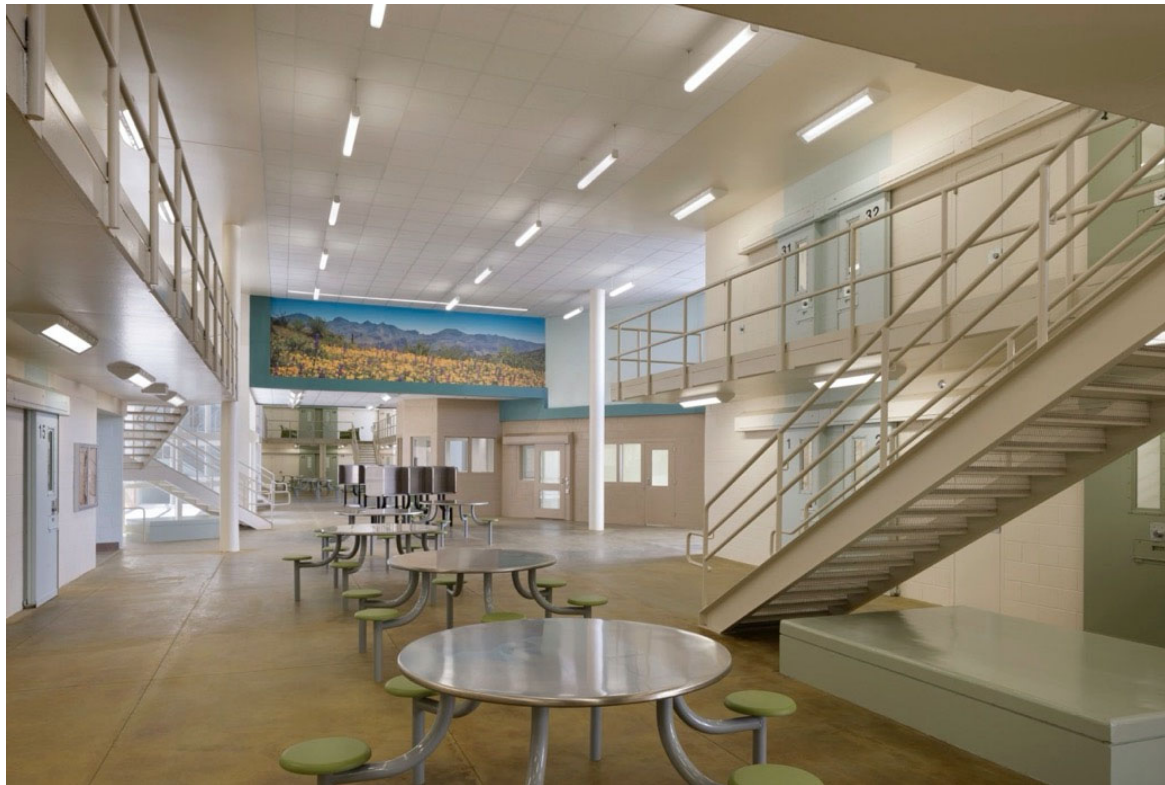
San Diego

San Diego Detention & Reentry Center (Women) Entrance



© S. Covington, 2021

San Diego Detention & Reentry Center Interior



© S. Covington, 2021

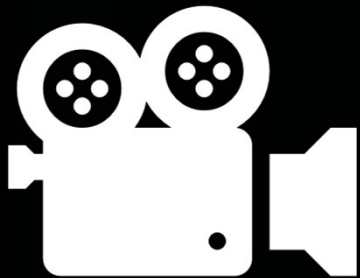
San Diego Detention & Reentry Center Central Yard



© S. Covington, 2021

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.

Implementation Plan and Goal Attainment Scale

Domain 1A: Safety

Ensuring Physical and Emotional Safety

	Safety Issue	Who is responsible?	Who else is on the team?	Timeline?	Goal Attained* 1-3	What did you learn?	What must be changed?
Female Identifying	Safety Issue A: _____ _____						
	Action to Resolve A: _____ _____						
	Safety Issue B: _____ _____						
	Action to Resolve B: _____ _____						

Implementation Plan and Goal Attainment Scale

Domain 1A: Safety

Ensuring Physical and Emotional Safety

	Safety Issue	Who is responsible?	Who else is on the team?	Timeline?	Goal Attained* 1-3	What did you learn?	What must be changed?
Male Identifying	Safety Issue A: _____ _____						
	Action to Resolve A: _____ _____						
	Safety Issue B: _____ _____						
	Action to Resolve B: _____ _____						

Implementation Plan and Goal Attainment Scale

Domain 1A: Safety

Ensuring Physical and Emotional Safety

	Safety Issue	Who is responsible?	Who else is on the team?	Timeline?	Goal Attained* 1-3	What did you learn?	What must be changed?
Transgender/Gender Non-Conforming	Safety Issue A: _____ _____						
	Action to Resolve A: _____ _____						
	Safety Issue B: _____ _____						
	Action to Resolve B: _____ _____						

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

	Safety <u>For</u> Staff	Who is responsible?	Who else is on the team?	Timeline?	Goal Attained* 1-3	What did you learn?	What must be changed?
Women	Staff Safety Issue A: _____ _____						
	Action to Resolve A: _____ _____						
Men	Staff Safety Issue B: _____ _____						
	Action to Resolve B: _____ _____						

© S. Covington, 2021

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.

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

© S. Covington, 2021

How to Move from Trauma-Informed to Trauma-Responsive

The Steps:

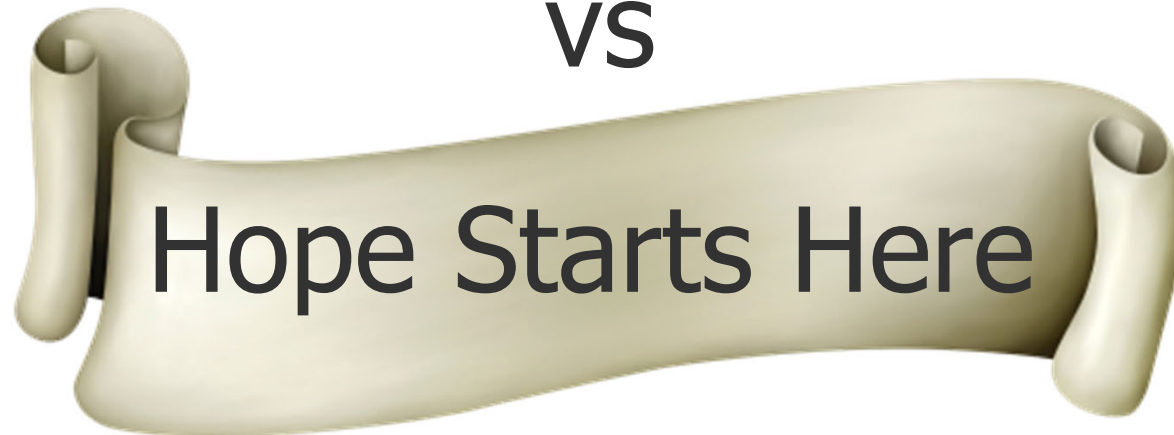
1. Establish a Guide Team.
2. Self-Assessment.
 - Environmental Scan (where are we now).
 - Walk-through Exercise.
 - Implementation Plan and Goal Attainment Scale.
3. Prioritize (select where to start).
4. Staff training (everyone in facility).

© S. Covington, 2021

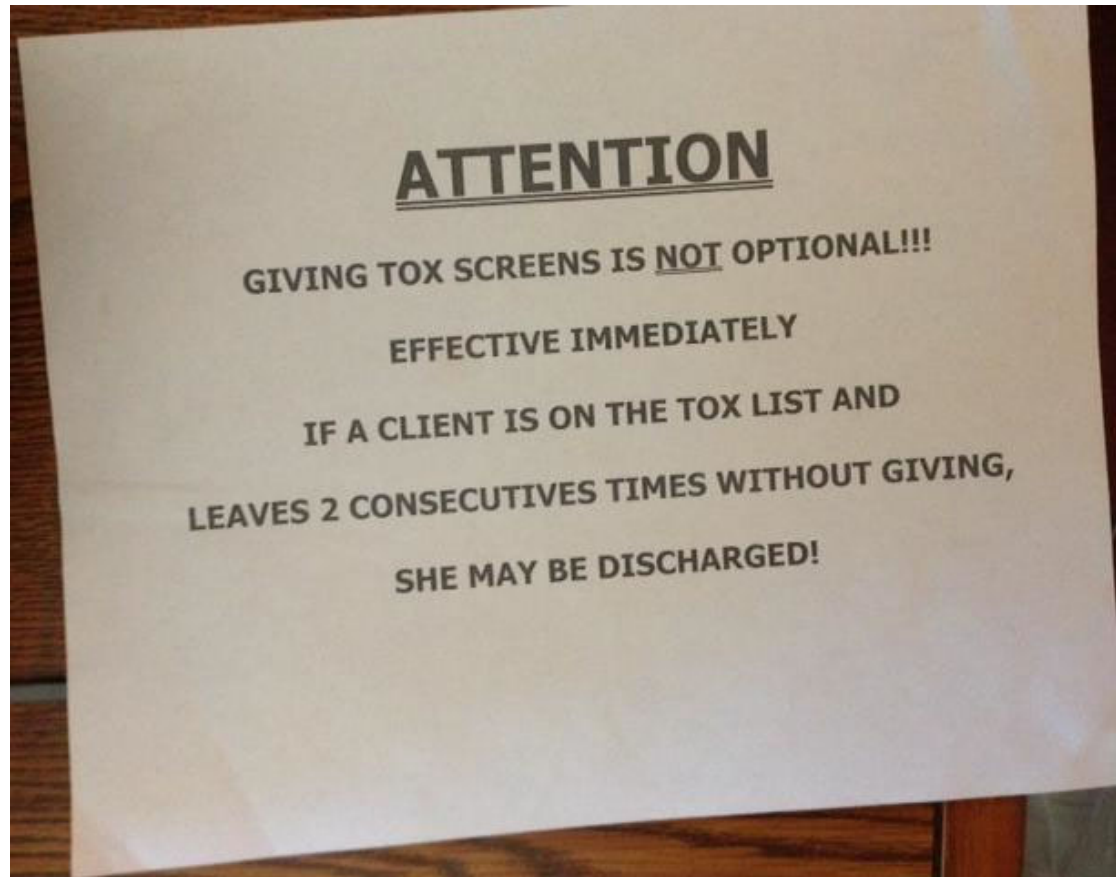
Examples of Changes in Existing Facilities/Programs in the United States



VS



Before



© S. Covington, 2021

After

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

We're here for you.

♀ Trauma and Gender Initiative ♂

Your health, safety and well-being is our top priority!
That's why we're committed to practicing the principles of Wheeler's TAG Initiative.

- Safety**
Ensuring physical and emotional safety
- Empowerment**
Providing information and skill building
- Collaboration**
Maximizing collaboration and sharing power
- Choice**
Providing choices and control
- Trustworthiness**
Establishing trust through transparency and consistency

Contact Luiza Barnat, LMFT at 860.793.3500

 **Wheeler** | WHEELER CLINIC
fostering positive change.

© S. Covington, 2021

Men's Quiet Room

Before

After



© S. Covington, 2021

Before



After



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

© S. Covington, 2021

Before



After



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

© S. Covington, 2021



Before



After



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

© S. Covington, 2021

Before



After



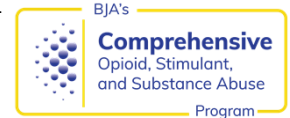
Source: Colette Anderson, Executive Director of The Connecticut Women's Consortium, Inc.
Interior design by Her Haven

© S. Covington, 2021



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

© S. Covington, 2021





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

© S. Covington, 2021



Juvenile Facility for Boys

Before



After



Waiting room for mental health appointments.

© S. Covington, 2021

Secure Housing Unit

Before



After



© S. Covington, 2021

Benefits of Becoming Trauma-Informed

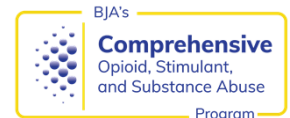
(Framingham Institution for Women)
(Massachusetts Intensive Treatment Unit)

By The Numbers

- 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
- 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).

© S. Covington, 2021

(Bissonnette, 2013)



MCI Framingham Frequency of Incidents

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

A stack of several open books is shown, with the pages of the top book fanned out. The scene is lit from the right, creating a bright glow on the pages and a soft shadow on the left. The word "Resources" is overlaid in white text across the center of the books.

Resources

© S. Covington, 2021

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



© S. Covington, 2021

A Comparison

Trauma-Informed	Not Trauma-Informed
Recognition of high prevalence of trauma.	Lack of education about trauma prevalence and universal precautions.
Recognition of culture and practices that are re-traumatizing.	Tradition of “toughness” valued as best approach.
Power and control minimized; continual attention to culture.	Keys, security uniforms, staff demeanor and tones of voice equal power.

Trauma-Informed	Not Trauma-Informed
Administration/officers/staff work in collaboration.	Rule enforcement equals compliance.
Understanding that violence and conflict arise, most often, from situational factors.	“Inmate/client-blaming” is the norm.
Understanding that all behavior has meaning.	Behavior is seen as intentionally provocative and negative.

Trauma-Informed	Not Trauma-Informed
Saying hello and goodbye at beginning and end of shift.	Being avoidant; lack of eye contact.
Quietly moving and informing residents of schedules.	Yelling “lunch” or “medications.”
Language such as, “Let’s talk,” “Let’s find you something to do,” and “May I help you?”	“Superior” and “punitive” language, such as “Step away from the desk.”


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

Institute for Relational Development
Center for Gender & Justice
La Jolla, California
sc@stephaniecovington.com

www.stephaniecovington.com

www.centerforgenderandjustice.org

www.CreatingPresence.net

References

- Bissonnette, L. (2013). Interview with Lynn Bissonnette, April 17, 2013.
<https://bjaojp.gov/sites/g/files/xyckuh186/files/Publications/NRCJIW-UsingTraumaInformedPractices.pdf>
- Bloom, S. L. (2020) *Creating presence: Helping organizations to become trauma-informed, trauma-responsive, and trauma-resilient*. North Wales, PA: Lakeside Global Institute www.creatingpresence.net
- Covington, S. (2015). *Becoming trauma informed: Tool kit for criminal justice professionals*. La Jolla, CA: Center for Gender & Justice.
- Covington, S. (2020). *Becoming trauma informed: A training program for correctional professionals (men and women's version) (United States edition)*. La Jolla, CA: Center for Gender & Justice.
- Covington, S. (2020). *Becoming trauma informed: Focus on youth (girls and boys' version) (United States edition)*. La Jolla, CA: Center for Gender & Justice.
- Covington, S. and S. Bloom. (2018). *Moving from trauma-informed to trauma-responsive: A training program for organizational change*. Center City, MN: Hazelden.

References

- Ellis, W. R., & Dietz, W. H. (2017). A new framework for addressing adverse childhood and community experiences: The building community resilience model. *Academic Pediatrics, 17*(7S), S86-S93. doi: 10.1016/j.acap.2016.12.001
- Haney, C., Banks, W. C., & Zimbardo, P. G. (1973). A study of prisoners and guards in a simulated prison. *Naval Research Review, 30*, 4-17
- Fallot, R. (2015). Personal communication with Roger Fallot, 2015.
- Fallot, R. D., and M. Harris. (2008). "Trauma-informed services." In *The Encyclopedia of Psychological Trauma*, edited by G. Reyes, J. D. Elhai, and J. D. Ford, 660–662. Hoboken, NJ: John Wiley.
- Selvaggi , K. and Rothschild, T. (2012, rev 2018). *Trauma-informed empowerment reinforcement (TIER) system*. Author.

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*

- A link to the recording coming to you soon!

Registration for the remaining webinar is [available here](#).

Webinar 3. *Trauma-specific Services: Programs that Work*

- Wednesday April 14 (2:00 to 3:15 PM ET)

<https://cossapresources.org/Program/TTA>

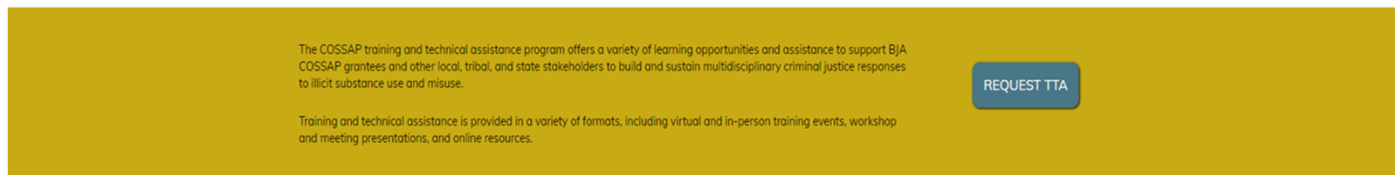


BJA's **Comprehensive** Opioid, Stimulant, and Substance Abuse Program

SEARCH

COSSAP GRANT PROGRAM LEARNING OPPORTUNITIES AREAS OF FOCUS PUBLICATIONS & DIGITAL MEDIA PDMP TTAC

TRAINING AND TECHNICAL ASSISTANCE



The COSSAP training and technical assistance program offers a variety of learning opportunities and assistance to support BJA COSSAP grantees and other local, tribal, and state stakeholders to build and sustain multidisciplinary criminal justice responses to illicit substance use and misuse.

REQUEST TTA

Training and technical assistance is provided in a variety of formats, including virtual and in-person training events, workshop and meeting presentations, and online resources.

The COSSAP TTA Program supports communities by:

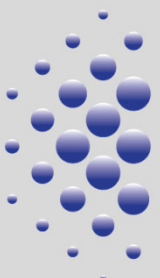
- Facilitating peer-to-peer learning opportunities in which communities can learn from experienced programs through virtual consultations and on-site visits.
- Providing speakers for conferences and workshops or skilled subject-matter experts for training events to educate stakeholders and build capacity.
- Facilitating strategic and cross-system planning to identify community resources, establish priorities, and develop a road map to achieving goals.
- Identifying materials such as policies and procedures, guidelines, and data sharing agreements that support program activities.
- Supporting PDMPs by increasing PDMP efficiencies and facilitating coordination between PDMPs and state and national stakeholders.

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>.

Funding Opportunities—Current COSSAP and complementary funding opportunities are shared at <https://www.cossapresources.org/Program/Applying>.

Join the COSSAP community! Send a note to 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.



BJA's

Comprehensive
Opioid, Stimulant,
and Substance Abuse
Program