

TRAUMA

a perspectives
spotlight

IF THERE IS



**FOR TRAUMA-INFORMED CARE IN
CORRECTIONS... IT HAS TO START V**



COMMUNITY WITH US!

by Kirsten Lewis

Last year I attended the American Probation and Parole Association's 39th Annual Training Institute in New Orleans. The focus of the conference was on the topic of trauma, and I attended several workshops about incorporating "Trauma-Informed Care" in the criminal justice system. In a nutshell, this is an approach to working with offenders that recognizes the far-reaching impact of trauma and understands that positive life changes are often stalled or thwarted until the underlying issues associated with the trauma are addressed. In addition, "trauma-informed" care seeks to "do no harm" and appreciates that some of the practices of the criminal justice system can inadvertently re-traumatize or re-victimize the very people it seeks to help (SAMHSA's Trauma and Justice Strategic Initiative, 2014). Although I was in complete agreement with what I was learning and saw the immense benefits of incorporating trauma-informed care into community corrections practices, something started to bother me that I could not immediately identify. The feelings of discomfort festered throughout the conference until the final day when it finally hit me. If the field of community corrections starts the process of training staff to use a trauma-informed approach, we will be asking officers to do for their clientele what we, as a profession, do not come close to doing for ourselves! How do we learn to respect the impact of trauma and appreciate the benefits of healing while maintaining a professional philosophy that promotes "suck it up and move on"?

Public safety has historically been considered a "macho" profession wherein toughness is promoted as a virtue and emotions are viewed as personal weakness. Given the stoic nature of community protection and the ever-present danger of working with criminal and juvenile offenders, many employees hold fast to a belief that they must

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be tough and invincible in order to psychologically survive their jobs. Consequently, acknowledging officer trauma can be an extremely difficult topic for many departments to address because it challenges a professional culture that has historically viewed vulnerability as an unacceptable liability. It should be noted that our field is by no means unique in equating emotions with unprofessionalism. Even the literature on helping professionals indicates that the majority of clinicians are reluctant to discuss the negative impacts of their work, believing that their own traumatic reactions are the result of personal weakness, lack of experience, incompetence and/or their own failure to sufficiently uphold professional boundaries (Izzo & Miller, 2010).

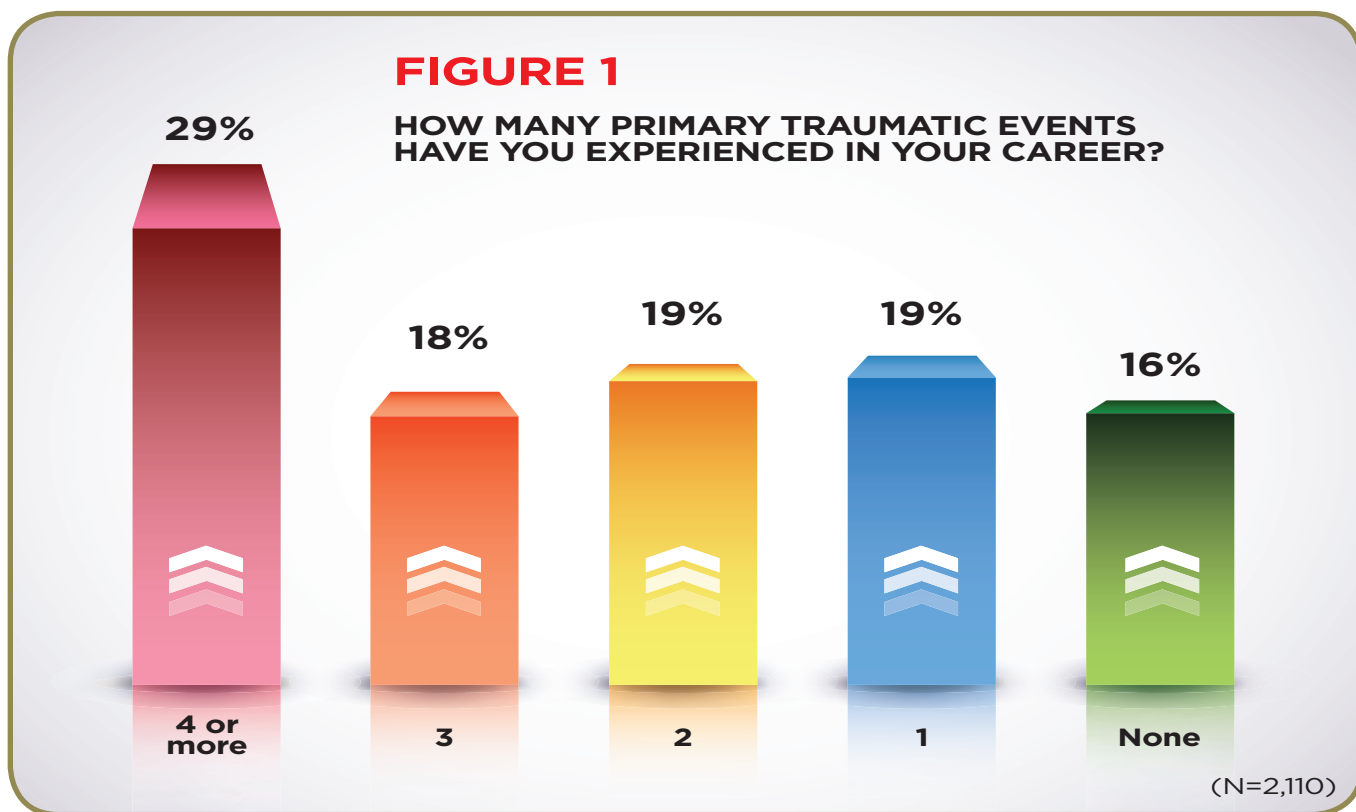
Many people use the term “trauma” in everyday language to describe an extremely stressful event. The definition of trauma is actually quite broad. It includes responses to powerful one-time incidents like car accidents, natural disasters, deaths and violent events. It can also be used to define chronic or repetitive experiences such as abuse or neglect, military combat, urban violence, enduring poverty and deprivation (American Psychological Association, 2015). Traumatic stress has two subcategories that identify how the trauma was acquired. Primary traumatic stress refers to *direct* exposure to the distressing event while secondary traumatic stress involves *indirect* exposure to the event.

Primary traumatic stress can occur when an individual personally observes or experiences an extreme or life-threatening event. In community corrections, primary trauma can result from incidents such as officer assaults; receiving threats; being stalked; being attacked by an animal in the field; observing violence, injury, or death; witnessing or being involved in a car accident; conducting risky

searches with police; or defending oneself in a lawsuit. Based on data that I have collected from over 2,000 employees in community corrections at various trainings and conferences, 84 percent of audience members reported experiencing a primary traumatic event on the job (see Figure 1). Within the group of staff who experienced primary trauma, 54 percent indicated that they did not feel supported by their agency during or after the incident(s).

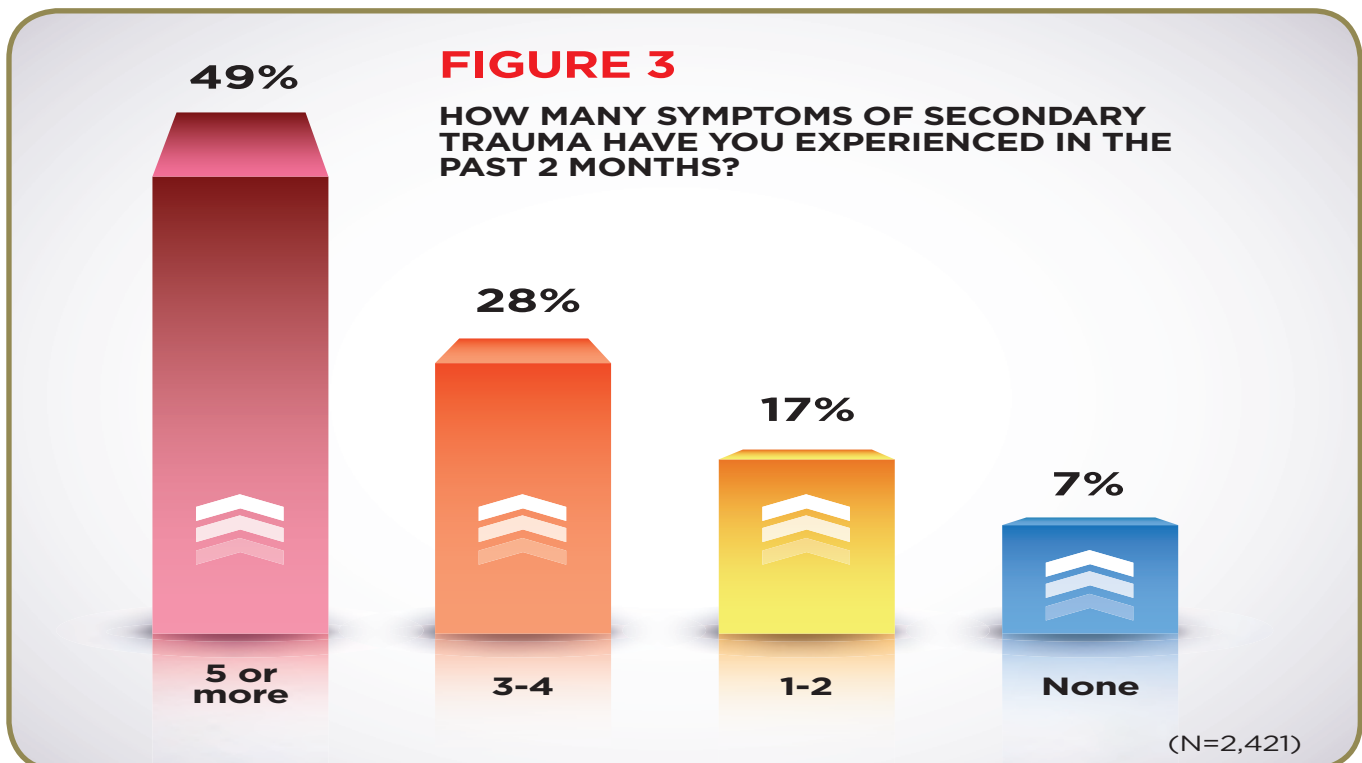
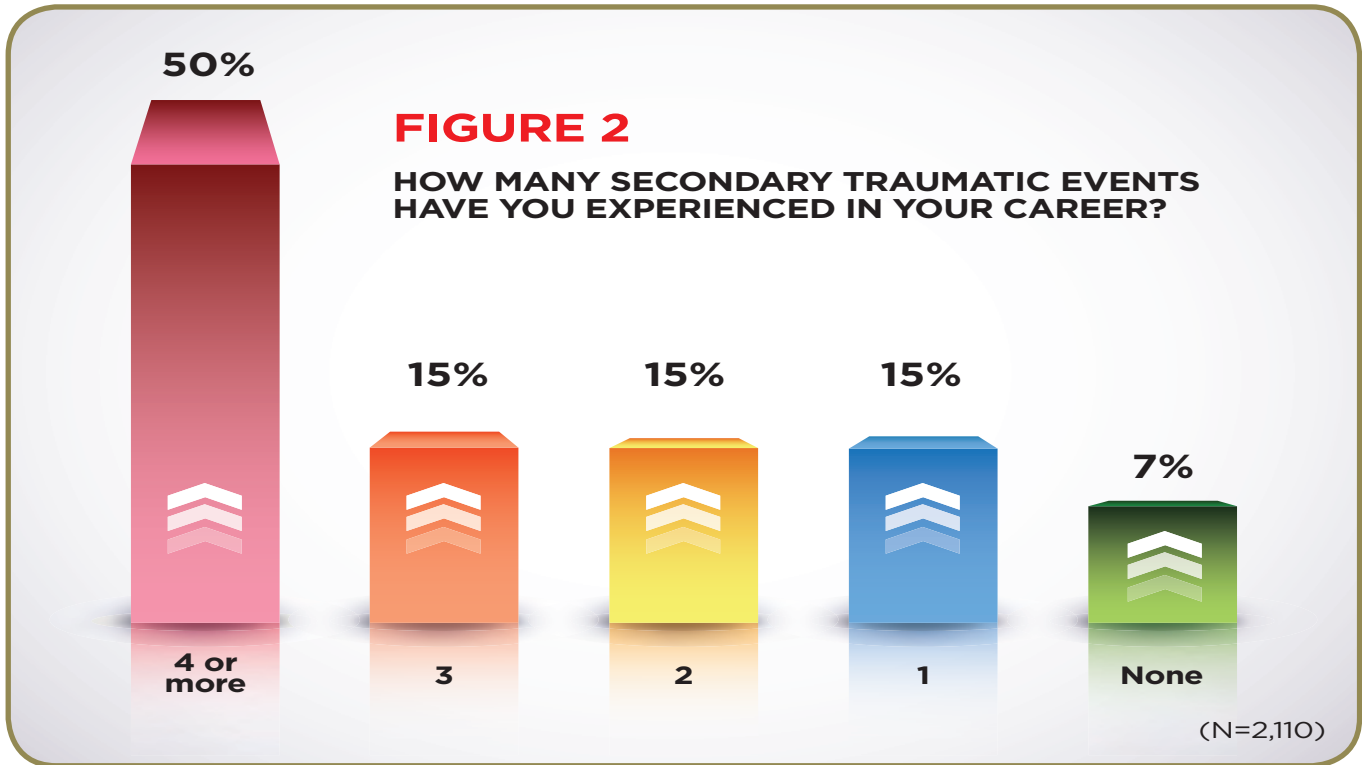
Secondary traumatic stress can occur when professionals themselves start to experience trauma symptoms as a result of their exposure to the pain and suffering of someone else (Figley, 2002). In the course of a normal work day, 75 percent

of probation/parole staff described their exposure to traumatic material as “often”, “frequently”, or “almost always.” Conducting interviews with victims and offenders, reading police and presentence reports, reviewing treatment and polygraph results, conducting assessments and viewing graphic images of a disturbing content (i.e., child pornography) are commonplace in community corrections. A recent study identified specific types of caseload events that were associated with heightened symptoms of secondary traumatic stress such as offender suicides, violent and sexual recidivism, line of duty injury or death of a co-worker (Lewis, Lewis & Garby, 2013). Approximately 93 percent of



training attendees reported experiencing a secondary traumatic event at work and 97 percent reported one or more symptoms

of secondary trauma (see Figures 2 and 3). Within the group of employees who experienced a secondary traumatic



event, 57 percent perceived a lack of support from their agency. The impact of secondary trauma was further supported when 50 percent of employees reported experiencing five (out of ten) symptoms in the past two months (see Figure 4).

There is much overlap in the literature between secondary trauma and a related concept called vicarious trauma. Although both conditions are the result of exposure

to the experience of someone else, vicarious trauma tends to be more of a cognitive shift in beliefs and perceptions about humanity, safety and relationships than does secondary trauma (Pearlman & Mac Ian, 1995). When you consider the worst case you ever worked, it is likely that you experienced some degree of primary or secondary trauma. Vicarious trauma, however, results from the thousands of cases you don't even remember anymore

FIGURE 4 SECONDARY TRAUMA SYMPTOMS



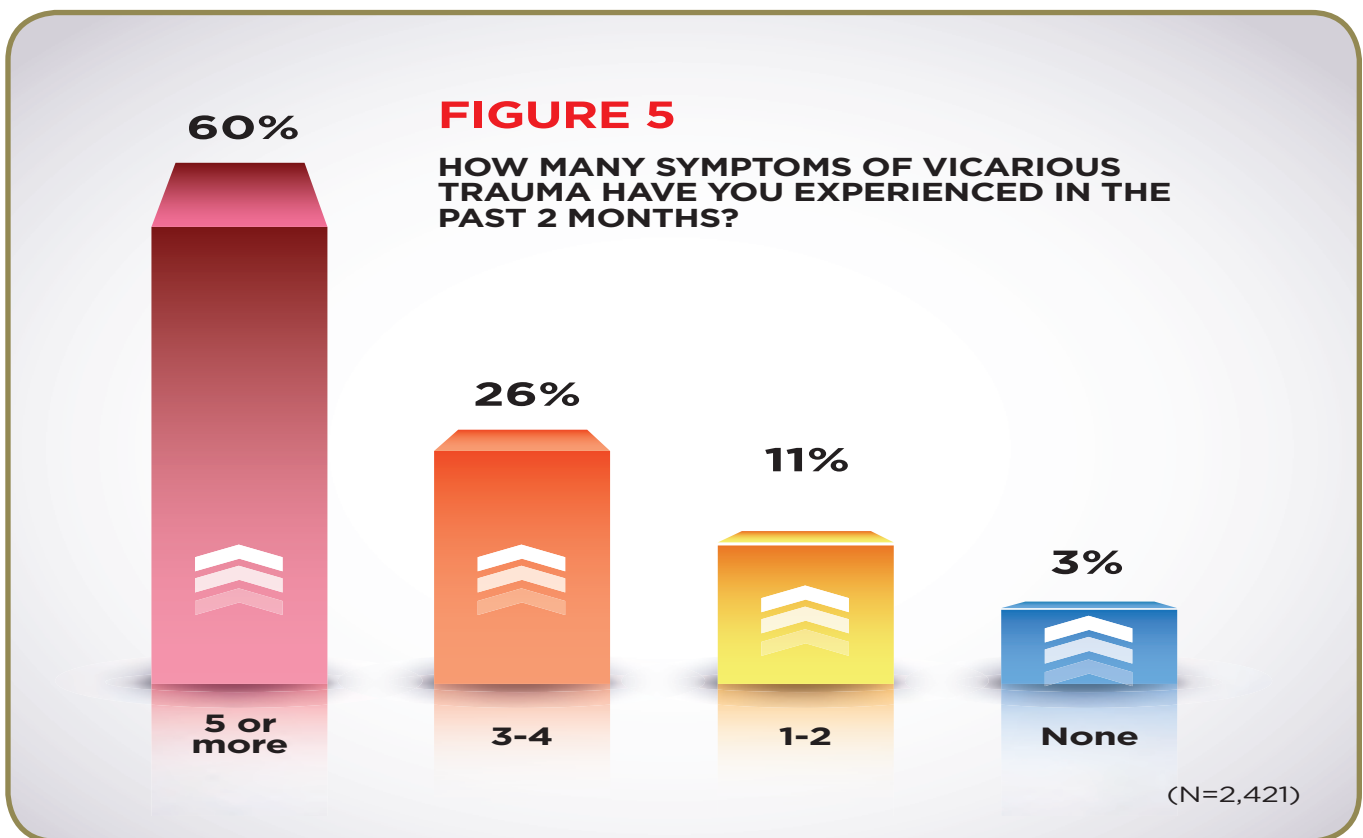
68%	LOSS OF TRUST
60%	SLEEP DISTURBANCES
57%	LOWER CONCENTRATION
54%	INCREASED ANGER, DISGUST, SADNESS, AND/OR DISTRESS
50%	CHRONIC EXHAUSTION
48%	HYPER-VIGILANCE
46%	AVOIDANT BEHAVIOR(S)
44%	FEELING DETACHED OR NUMB
31%	LOSS OF INNOCENCE
30%	PREOCCUPATION WITH TRAUMA

(N=654)

(Mathieu, 2012). The impact of vicarious trauma can be very subtle, slow to develop and hard to notice because it blends into the lens through which you view the world. Constant exposure to graphic accounts of victimization can challenge basic faith, create a pervasive distrust about the motives of others and contribute to a pessimistic attitude about the overall human condition (Herman, 1992). The prevalence of vicarious trauma in community corrections is almost universal among employees; 97 percent of training attendees reported having one or more symptoms (see Figure 5). When given a list of ten signs of vicarious trauma, 60 percent reported experiencing

more than five symptoms in the past two months (see Figure 6).

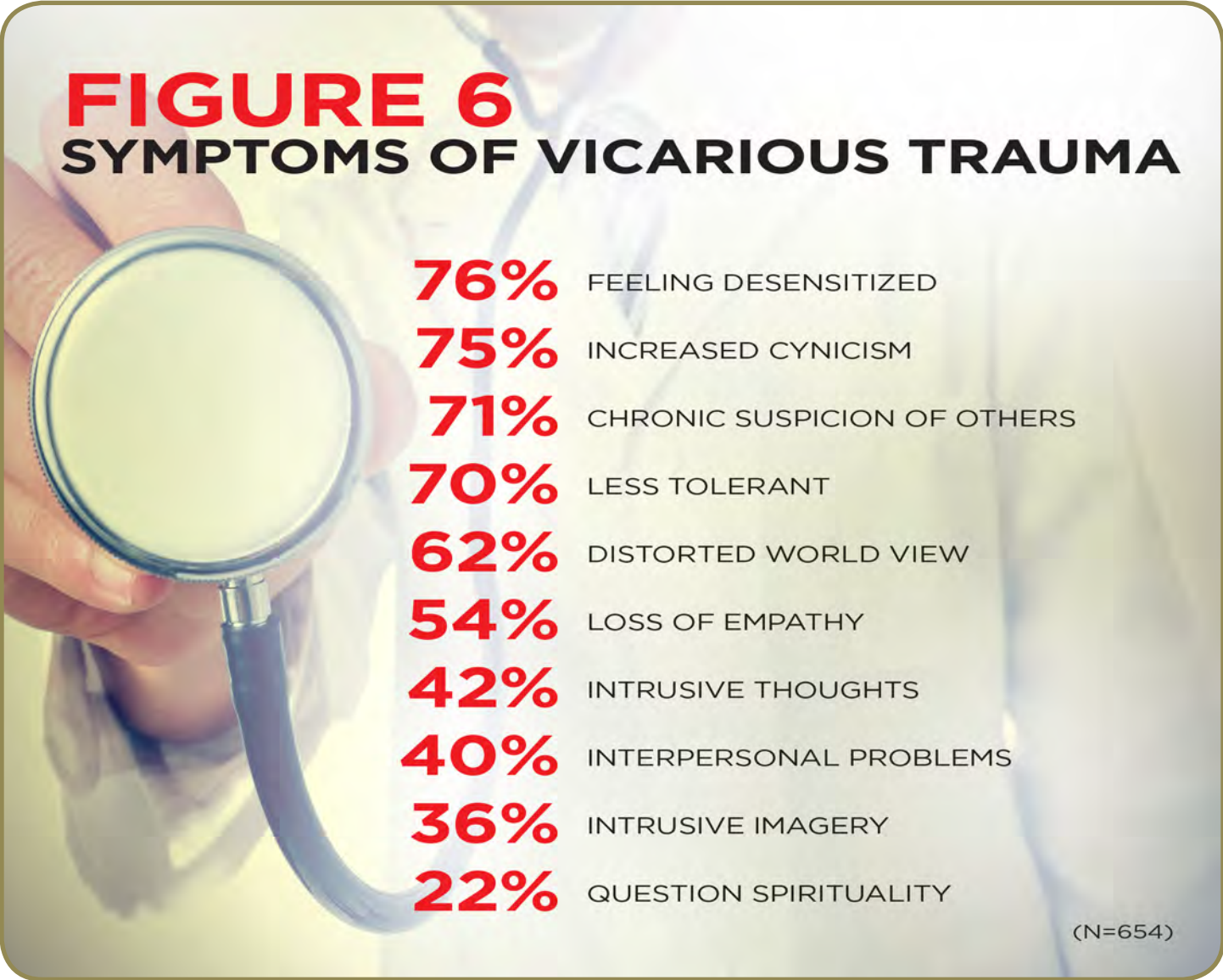
The perception of inadequate support by a majority of community corrections employees who experienced a traumatic event is an important, but not surprising, discovery. First of all, many employees in community corrections won't admit they are experiencing traumatic stress, so in all fairness, the agencies may have been unaware of their needs. Officers are often reluctant to admit to job impact out of fear of negative repercussions to their careers and reputations and the stigma associated with needing support. Secondly, there are so many misconceptions about



trauma that unless an employee is extremely overt in the expression of that trauma, managers could easily miss it. Some supervisors voiced concern about “offending” their staff by offering support, fearing it might insinuate they think the officer can’t cope. Others are skittish because they believe talking about it could “trigger” emotions that the employee and/or manager will not be able to handle.

And some agencies are “hands off” based on a belief that they are respecting the employee’s privacy. Whatever the reason, there remains a palpable discomfort within the ranks about acknowledging, let alone addressing, the trauma in our jobs. Consequently, the bottom line is... if there is any hope for bringing “trauma-informed” care into the field of community corrections, it has to start with us!

FIGURE 6 SYMPTOMS OF VICARIOUS TRAUMA



76%	FEELING DESENSITIZED
75%	INCREASED CYNICISM
71%	CHRONIC SUSPICION OF OTHERS
70%	LESS TOLERANT
62%	DISTORTED WORLD VIEW
54%	LOSS OF EMPATHY
42%	INTRUSIVE THOUGHTS
40%	INTERPERSONAL PROBLEMS
36%	INTRUSIVE IMAGERY
22%	QUESTION SPIRITUALITY

(N=654)

TRANSFORMING STRESS AND TRAUMA

And now for the good news! An exciting body of research is emerging in health psychology that suggests stress may actually be good for us! That's right! According to several studies recently conducted at Harvard, Yale and Stanford, stress can improve performance under pressure and even make us smarter, stronger and more successful (Crum, Salovey & Achor, 2013; Jamieson, Nock & Mendes, 2012; McGonigal, 2015).

Stanford professor Kelly McGonigal is leading the charge to change the way we think about stress, which she used to view as a "dangerous epidemic that had to be stopped." In her new book titled, *The Upside of Stress: Why Stress is Good and How to get Good at it*, Dr. McGonigal describes a study that changed the course of her career as a health psychologist and forced her to rethink everything she knew and believed about stress. The research project was conducted at the University of Wisconsin and tracked over 28,000 US citizens for a period of eight years to examine the link between stress and mortality (Keller, et, al.,2012). The findings indicated that people who reported a high degree of stress had a 43 percent increased risk of pre-mature death. That, however, was *only* for the people who also *believed* that stress was detrimental to their health. Another group of people, who also reported high levels of stress but did not believe it affected their health, had the lowest risk of pre-mature death compared to any other group in the study (including people with low and moderate stress). What this research uncovered is that stress, by itself, is not the enemy. It is stress, coupled with the belief that stress is harmful, that really matters! With this in mind, Dr. McGonigal offers a different conception of stress:

Stress is what arises when something you care about is at stake. This definition is big enough to hold both the frustration over traffic and the grief over a loss. It includes your thoughts, emotions, and physical reactions when you're feeling stressed, as well as how you choose to cope with situations you'd describe as stressful. This definition also highlights an important truth about stress: Stress and meaning are inextricably linked. You don't stress out about things you don't care about, and you can't create a meaningful life without experiencing some stress (pp. xxi).

By viewing stress from this context I started to rethink the meaning of the data on officer trauma. If 93 percent of employees in community corrections are consistently reporting some degree of secondary trauma as a result of their work and 97 percent of staff acknowledge having some form of vicarious trauma... perhaps that is a good thing because it indicates they *care*! The stakes are high in our profession! The quality of the lives of our clientele; the impact positive change can have on offenders' children and

families; protecting victims, safeguarding the community... we care about all of that! Our work has tremendous meaning and our stress should not be in vain!

Changing our mindset about stress and trauma in order to receive the health benefits involves three important steps. The first step is to acknowledge stress when you experience it. Don't deny it. Don't ignore it. And *don't* try to fix it. Simply take notice of the sensations when they are present in your mind and body. A limitation with traditional approaches to stress management with the goal of reducing stress is not always a luxury that is easily attainable (Crum, Salovey, & Achor, 2013). The ability to avoid stress in a job like community corrections is not realistic, so failing to reduce stress can inadvertently create more stress. The second step is to remember that stress is a response to something you care about being at stake, which draws the connection back to meaning and purpose (McGonigal, 2015). Holocaust survivor Viktor Frankl said, "Suffering ceases to be suffering at the moment it finds a meaning." Even after years of enduring unimaginable trauma Dr. Frankl concluded, "Those who have a 'why' to live, can bear with almost any 'how.'" (Frankl, 1959).

The third step to unleashing the benefits of stress is to make use of the energy stress provides, which often

gets used up trying to manage it. Pure acceptance of our reactions to any experience, without trying to change the situation or how we feel about it, is a technique used in mindfulness practices (Williams & Penman, 2011). Trying to employ complex coping strategies when we are under stress, such as positive self-talk and cognitive reframing, may require more energy than we have available and/or draws from precious resources that may better serve us in just getting through the task at hand (Crum et al., 2013).

When it comes to shifting the culture in community corrections to better address stress and trauma, a similar approach can be very effective. The first step to successfully dealing with any issue is to first acknowledge its existence. The data collected by employees in community corrections has been a valuable training resource to normalize the presence of traumatic stress. It is often difficult to admit to something you perceive as a character flaw and believe to uniquely possess; it is another thing to realize you are not alone! All of the energy spent hiding and thinking something is wrong with you is suddenly unleashed. Mindfulness theories suggest it is often not our feelings or reactions to a situation that are problematic; instead, it is the judgments we have about our responses that drain our energy (Williams & Penman, 2011).

The following excerpts are two emails written by training participants that exemplify the potential benefits of normalizing stress and trauma:

Thank you for coming to (our department) last week to talk to us about secondary/vicarious trauma! Just starting to talk about this and realizing that I am not the only one carrying this stuff around makes things so much easier to address. Feels good to have validation! Kind of freeing! I was able to come into the office this week with a much more positive attitude. I have also been able to look at my co-workers in a different way and accept that some of their comments come from a place of trauma. I have a lot more empathy and patience with them.

I attended both of your presentations at the (symposium). I just wanted to say that everything I learned from (the training) was absolutely life changing and so helpful. I am a very new officer, under a year, but I can tell you that I experience everything that you talked about and it was so important that I learned what I did from you as I think I will be able to survive now. I also learned that this is absolutely the right profession for me as sometimes I doubt my decision to have taken this job when I have a bad day or the stress just builds to the point that I think I cannot handle it anymore. It was so validating to hear that I am not the only one who experiences this type of trauma and stress. As a new officer it is very difficult to talk about this stuff as you don't want to appear that you are not tough enough to hack it, as a result you end up suppressing a lot of your feelings. I have been practicing the mindfulness techniques that you taught us and I am finding it very helpful. Thank you so much for coming to share your research and wisdom. What I learned from (the training) will have a long lasting and positive effect on my career in terms of productivity and survival/thriving.

When organizations in community corrections consider programs to begin addressing stress and trauma, some managers have expressed concern it will render their officers impotent, or worse, turn their workforce into a group of perpetual victims unable to do their jobs. Ironically, it is just the opposite that usually happens. It is more typical that employees feel validated and supported when an organization acknowledges and values their stress. In fact, the compassion and empathy officers have for their clientele can increase tenfold when they, themselves, have experienced the benefits of trauma-informed care. >>>▲

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