

***Exploring the Trajectory of Violence and
Addiction among Male and Female Prisoners:
The Efficacy of Trauma-Informed Treatment***

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Drug Court Conference – June 6, 2019**

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Presentation Overview

Trauma, Addiction, & Violence

- Connection of ACEs to addiction, crime, & violence
- Cycle of abuse, addiction, victimization, & perpetration among offenders

Treatment Focus

- Antisocial behaviors (addiction & violence)
- Trauma Informed
- Gender Responsive

Research Design

- Pre and Post survey results
- Independent analysis of men & women
- Initial findings from randomized controlled trials

Policy Implications

- Prison-based Interventions
- Sustainable models of programming
- Prisoner re-entry and recidivism



Prevalence and Impact of Trauma

Histories of trauma and abuse

- Associated with earlier involvement with drugs/crime
 - Earlier onset of drug/crime behaviors are associated with poorer treatment outcomes
- Associated with more severe mental and physical health issues
 - Mental health issues are associated with poorer treatment outcomes

Adverse Childhood Events

ACE Prevalence	600 Males	768 Females
Emotional abuse?	68%	64%
Physical abuse?	62%	58%
Sexual abuse?	25%	57%
Felt unloved?	48%	57%
Neglected?	31%	26%
Parents living apart?	72%	70%
Domestic violence?	38%	40%
Substance use at home?	63%	65%
Mental illness at home?	30%	38%
Parent Incarcerated?	45%	39%

Adverse Childhood Events Linked with Poor Mental Health



Post-Traumatic Stress Disorder



Personality Disorders



Depression



Panic Disorders

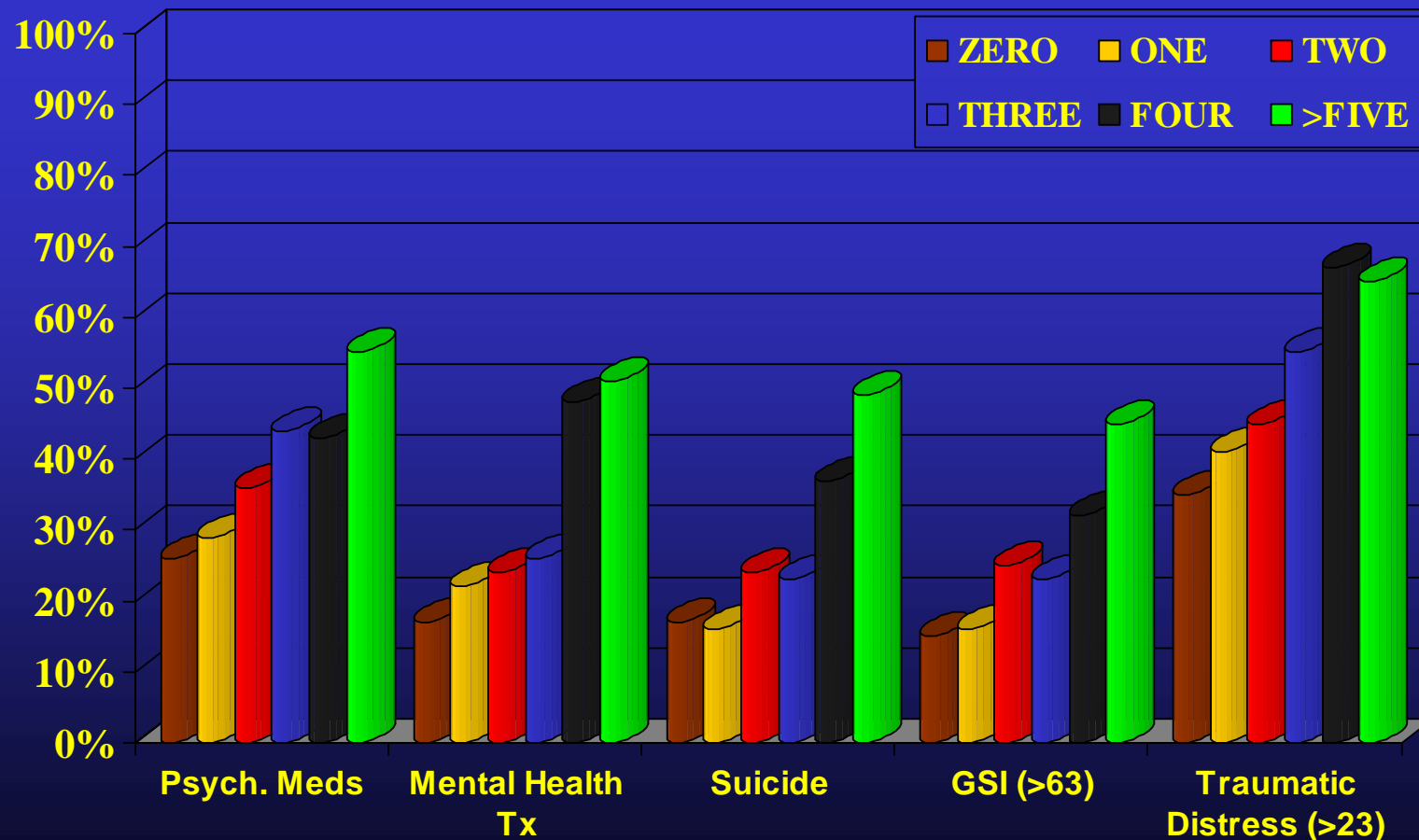


Eating Disorders



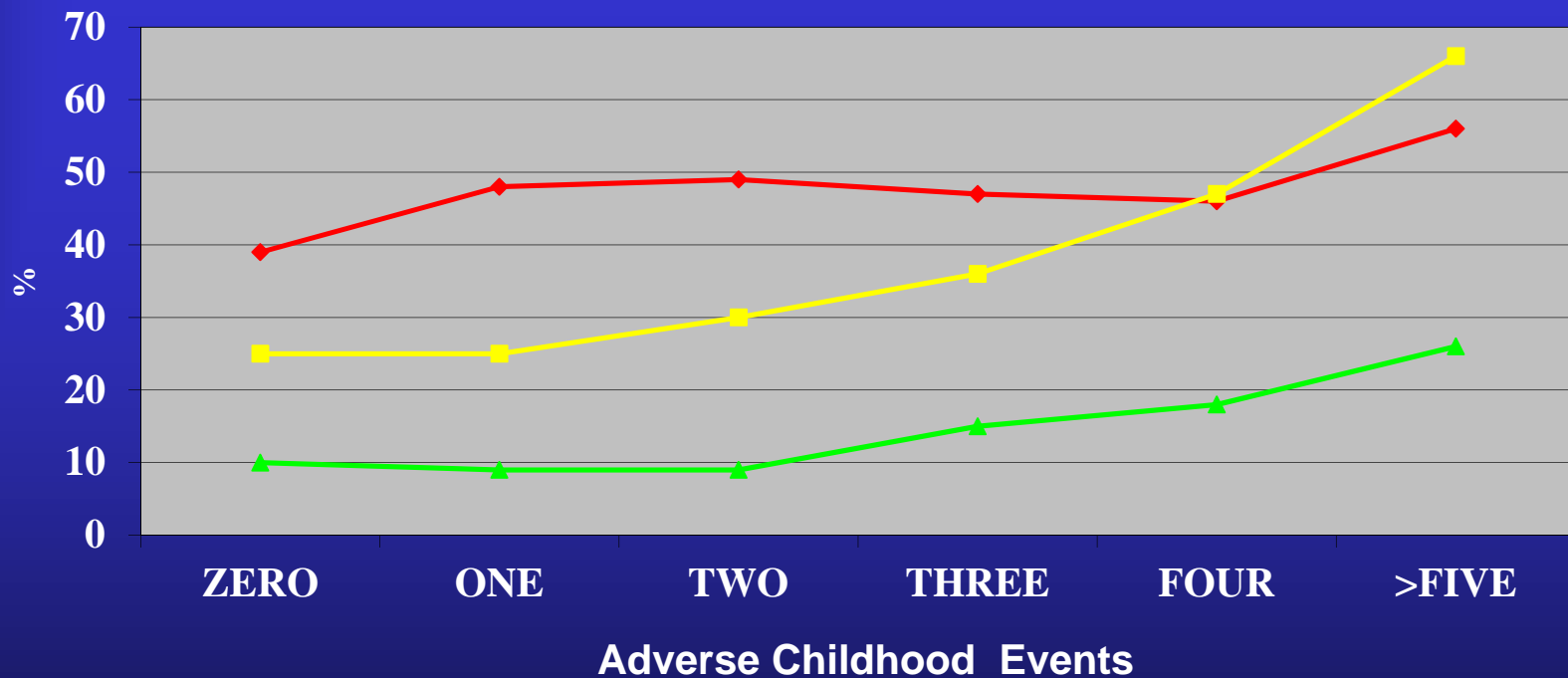
And, co-occurring Substance Use
Disorders

Increased Mental Health Problems with Greater Exposure to ACEs (N=491)



All Mental Health Comparisons Significant at $p < .001$.

Increased Problem Behaviors with Greater Exposure to ACEs for Both Men and Women (N=747)



◆ Drug Tx Prior to Prison* ▲ Use of Psych. Meds.* ■ Mental Health Tx Prior to Prison*

*Bivariate Comparisons Significant at $p < .01$.

We Don't Do Trauma

**Addiction
Counselors are
not Clinicians**

**Not trained to
handle
Retraumatization**

**Must focus on
Substance Use
first**

Definition: Trauma-Informed Services

Recognize the importance of trauma in psychological development, avoid triggering trauma reactions, adjust behaviors of staff to support coping capacity and allow management of trauma symptoms.

(Harris and Fallot, 2001)

Why Pay Attention to Trauma?

Given the aggregate impact of trauma in the lives of offenders, we must identify effective services that moderate the lifelong negative impact.

The field will benefit from research that takes into account how traumatic exposure influences treatment outcomes.

Victimization and Perpetration

**If
Victimized**

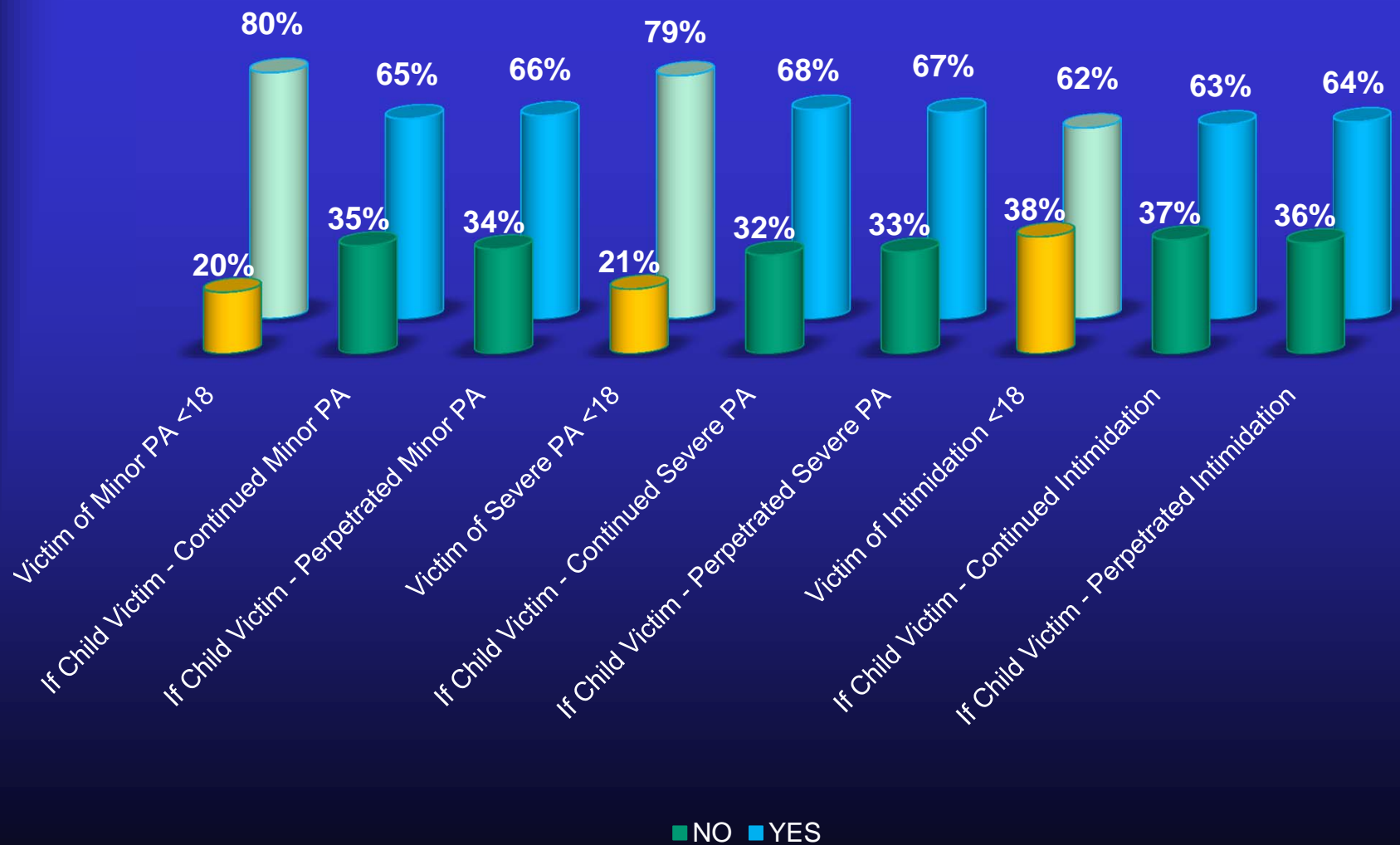
Adverse Childhood Events
Continued Victimization as Adult



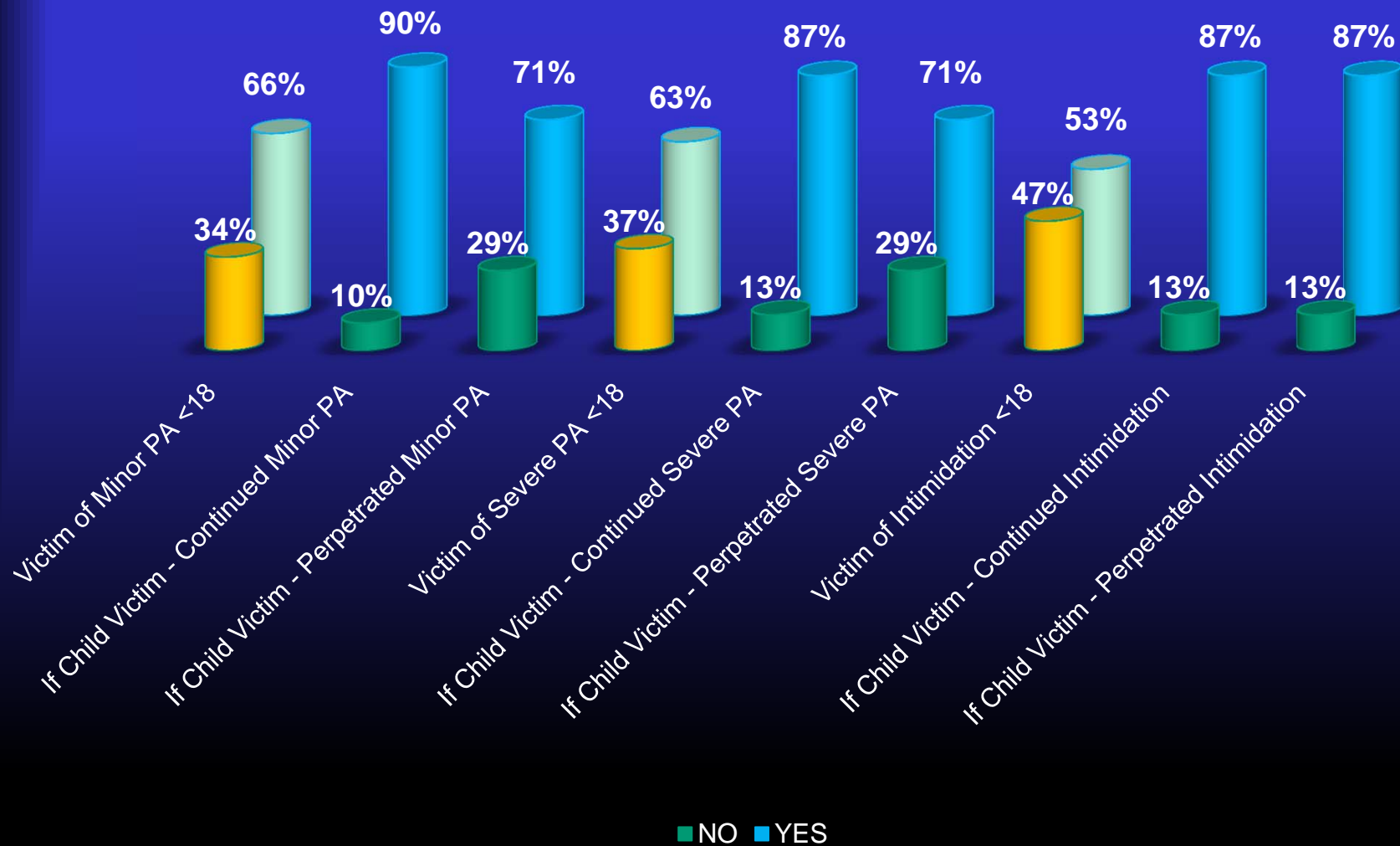
**Prone to
Perpetrate?**

Perpetration of Abuse
Differences Between Men & Women

Victimization And Perpetration Histories For Men (N=580)



Victimization And Perpetration Histories For Women (N=883)





Overview of Programs

Trauma Informed & Gender Responsive Treatment Programs

- **Implemented at CDCR**
 - Operating at both male and female facilities
 - Operating at all level of security

Program Populations and Method

Healing Trauma – Brief 6-session intervention for women

- *SHU – Facilitated by Trained Staff*
- *High Need Populations – Peer Facilitated*

**Stephanie S. Covington*



Exploring Trauma – Brief 6-session intervention for men

- *SHU – Facilitated by Trained Staff*
- *High Risk Populations – Peer Facilitated*

**Stephanie S. Covington and Rob Rodriguez*



Core Elements and Delivery Methods

- Unique to gender & targeted area of emphasis
 - Pathways to Substance Use, Crime & Violence for ♂ and ♀
- Incorporate evidence-based strategies (CBT)
- Manualized Facilitator's Guide and Participant Workbook
 - Step-by-step guide containing the theory, structure, and content
 - Materials for program participants
 - Easily integrated into any existing program
- Trauma-informed curricula can be implemented by a staff with a wide range of training and experience.
 - Ease of delivery (Peer Facilitated)

Goals of the Programs

- Provide necessary tools to live a healthier and non-violent lifestyle inside and outside of prison
- Focus on healing and recovery in an effort for successful rehabilitation and eventually reintegration into mainstream society
- Develop emotional wellness w/o drugs/alcohol
- Reduce substance use
- Reduce recidivism



- Training onsite includes correctional staff so they can learn about treatment and the model of delivery
- Staff participation demonstrates facility support for treatment and buy in for the Peer Led Model
 - Staff led in SHU



CIW SHU Graduates

Pelican Bay SHU Graduates



Peer Facilitated Model

- Peers are interviewed and chosen
- Peers Trained on site
- Materials are provided
- Peers complete the program prior to facilitating to other inmates





Research Findings

Research Goals:

- Identify evidence-based components of correctional substance use, trauma-informed treatment programs for men and women
- Review treatment approaches for participants with co-occurring disorders
 - Substance Use Disorder
 - PTSD
 - Depression
- Examine approaches for implementing evidence-based services in correctional treatment settings



Standardized Scales were Used to Assess 12 primary outcomes with 38 measures

Anxiety

Depression

PTSD
Symptoms

Mental Health

Aggression
(5 measures)

Trauma
Symptoms
(6 measures)

Anger
(11 measures)

Social
Connectedness

Resilience

Emotional
Regulation
(6 measures)

Interpersonal
Reactivity
(2 measures)

Instrumental &
Expressive
Representation
(2 measures)



***Results
for Men***

***Exploring Trauma:
A Brief Intervention
for Men***

N. Messina & W. Burdon

California Male Prisons

Site 1

- Peer-led Model:
- Level IV Facility
- N=325

Site 2

- Peer-led Model:
- Level III Facility
- N=126

Site 3

- Peer-led Model:
- Level II Facility
- N=188

Site 4

- Staff-led Model:
- Secure Housing Units (SHU)
- N=170

Total N=809

Demographics

809 Men

Age ranged from 21-62 with an average age of 39

Education

High School or GED	36%
Less than High School	33%
Vocational Certificate	3%
Some College/or Degree	27%

Obtained GED in Prison	41%
Any College in Prison	19%

Race/Ethnicity

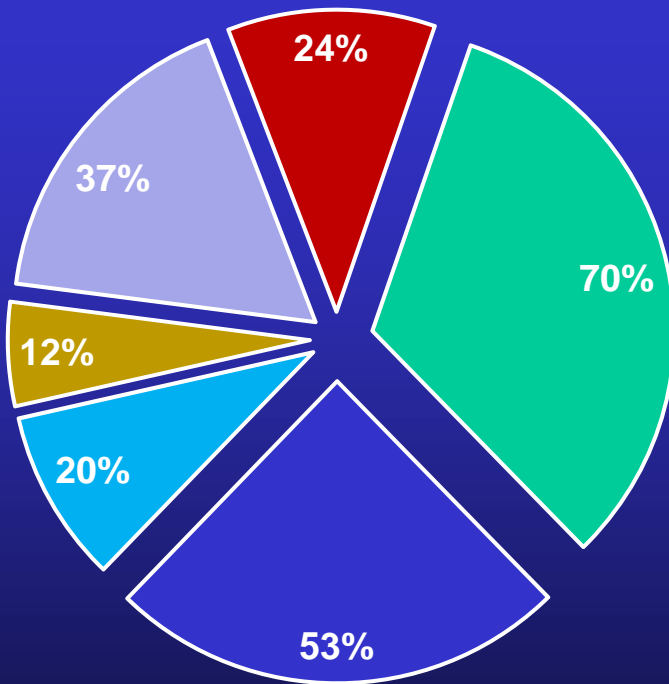
Hispanic	49%
Black	20%
White	19%
Other	12%

Marital Status

Never Married	48%
Married/Living Together	38%
Separated/Divorced/Wid.	15%

Drug & Mental Health History

Drug Used Prior to Prison

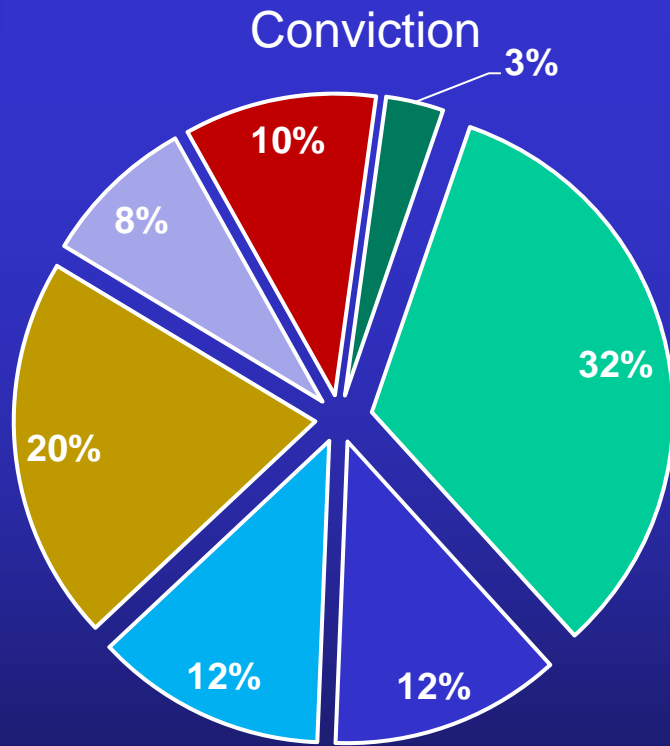


- Alcohol
- Marijuana
- Cocaine
- Heroin
- Amphetamines
- Other

Used alcohol/drugs in Year Prior to Arrest	82%
Used alcohol/drugs 2 – 3 times per week	66%

Ever Diagnosed with Mental Health Disorder	56%
Reported 4 or more ACEs	64%

Criminal & Incarceration History



- Murder
- Assault
- Sex Offense
- Drugs
- Attemp Murder
- Robbery
- Other

Mean number of lifetime arrest	10.4
Mean number of years in prison	17.1

Served time in SHU	56%
Mean number of SHU terms	2.6
Total year spent in SHU	4.7

Small % with conviction of drug crime due to AB109

Results of Brief Intervention

35 of 38 outcome measures (92%) showed Significant Positive Post-Intervention Changes



Anxiety

Depression

PTSD and Trauma Symptoms

Mental Health Scores

Aggression

Anger

Instrumental & Expressive
Representation

Interpersonal Empathy

Social Connectedness

Emotional Regulation – Impulse Control

No change in Resilience to stress

Randomized Controlled Trial Results

Exploring Trauma
(N=126)

Waitlist Control
(N=81)

Groups were equal at baseline with one exception: 56% of ET group spent time in SHU compared to 36% of Control Group

RCT Results

*Significant differences
between the two groups
on 18 measures*

- Anxiety
- Depression
- Mental Health
- Aggression
- Trauma Symptoms
- Anger Intensity
- Anger Reactions
- Interpersonal Empathy
- Emotional Regulation
 - Impulse control

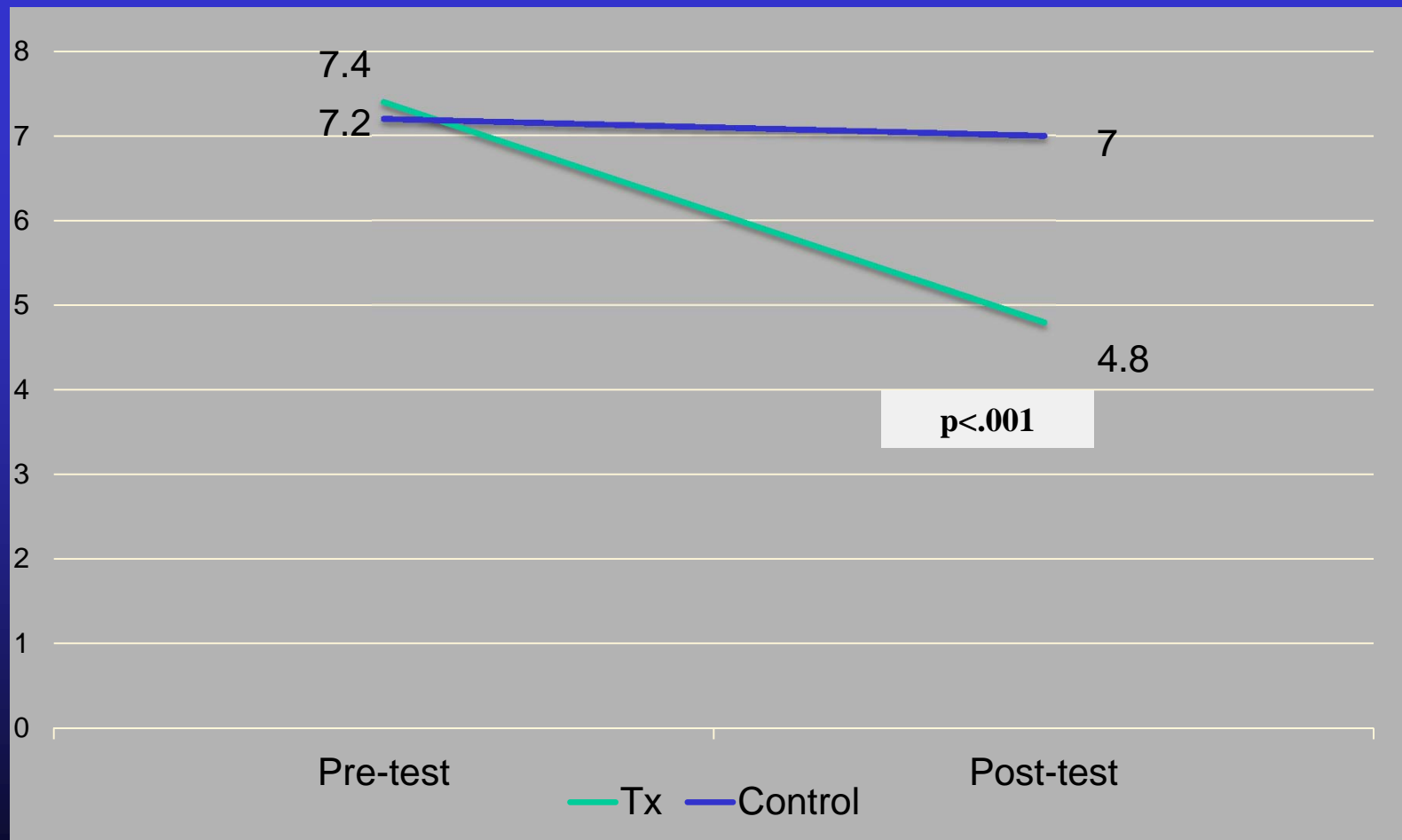
*Almost significant
differences*

- Instrumental &
Expressive
Representation of
Anger

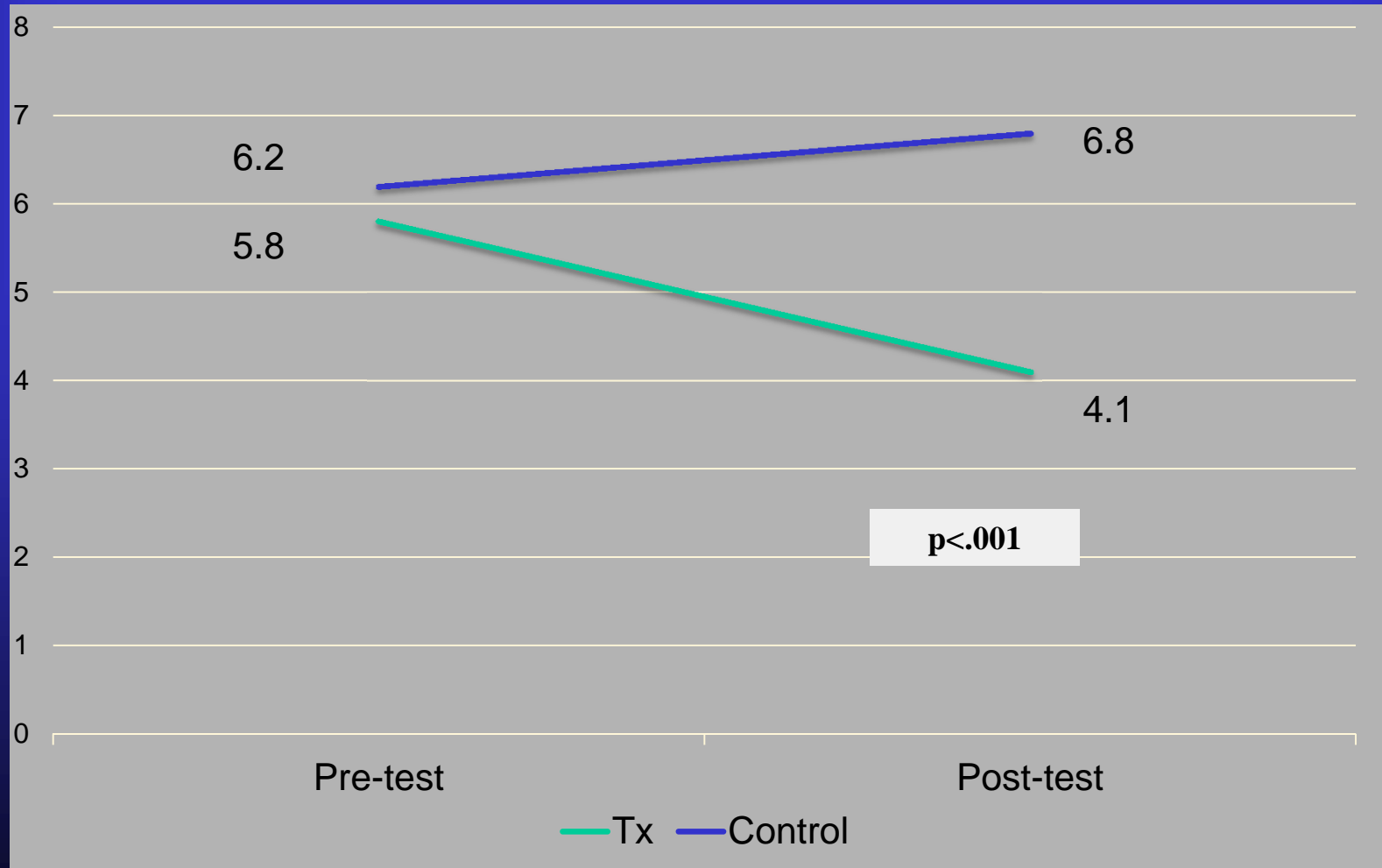
No significant differences

PTSD
Social Connectedness
Resiliency with Stress

Statistically Significant Differences in Depression

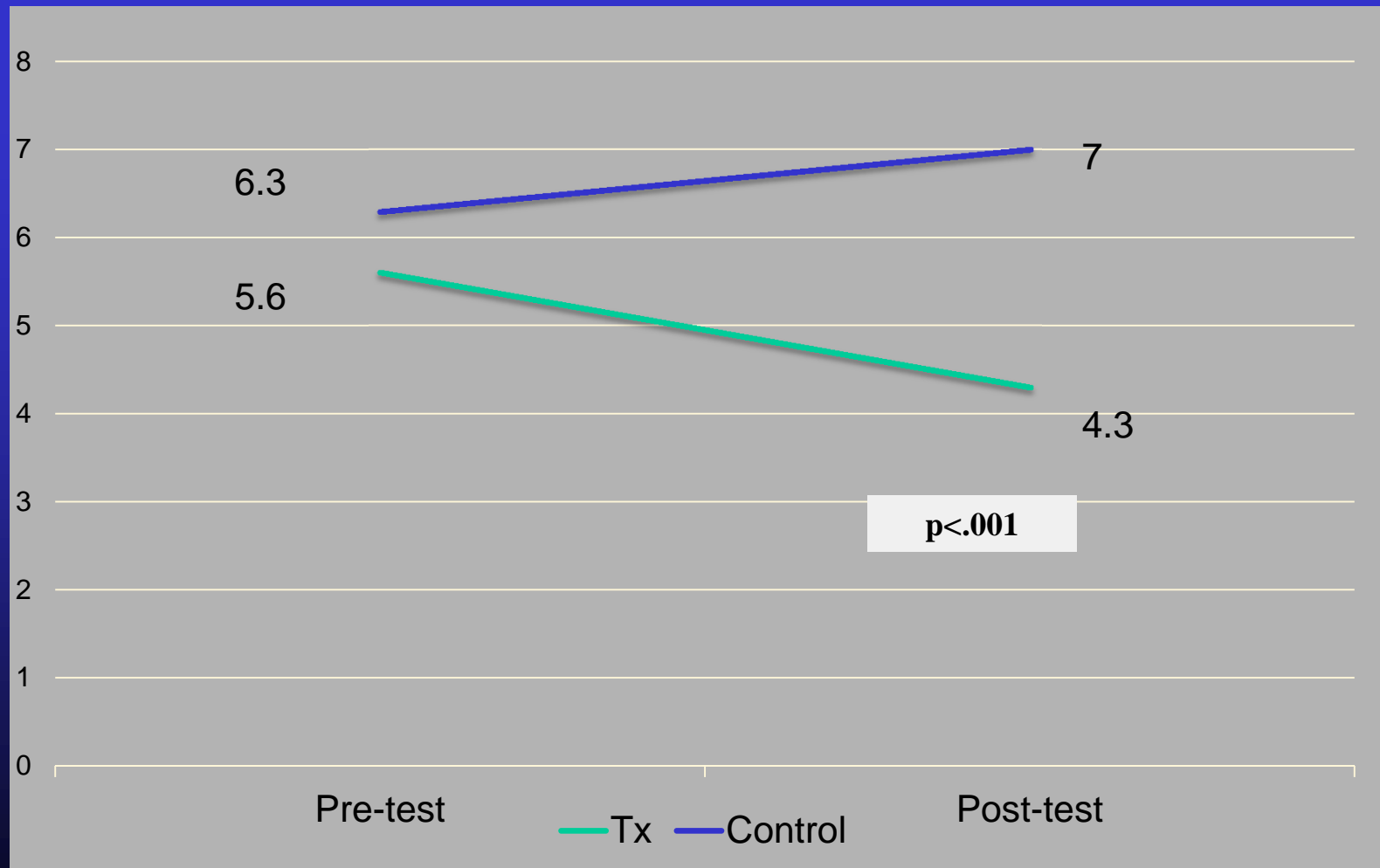


Statistically Significant Differences in Mental Health Screen Score



Statistically Significant Differences in Trait Anger Score

Trait Anger scale measures how anger emotions are expressed.





***Results
for
Women***

Healing Trauma:

***A Brief Intervention for
Women***

N. Messina & S. Calhoun

Healing Trauma Evaluations (N = 1,113)

**Site 1: Peer-led Model:
High Need in General
Population
N=256**

**Site 2: Peer-led Model:
Reception Center
N=804**

**Site 3: Staff-led Model:
Secure Housing Unit (SHU)
N=53**

Standardized Scales were Used to Assess 9 primary outcomes/19 measures

Anxiety

Depression

PTSD
Symptoms

Emotional
Regulation
(6 measures)

Mental Health

Aggression
(5 measures)

Resilience

Empathy
(2 measures)

Social
Connectedness

Demographics

1,113 Women

At admission average age = 37

Education

High School or GED	24%
Less than High School	36%
Vocational Certificate	6%
Some College/or Degree	33%

Obtained GED in Prison	12%
Any College in Prison	6%

Race/Ethnicity

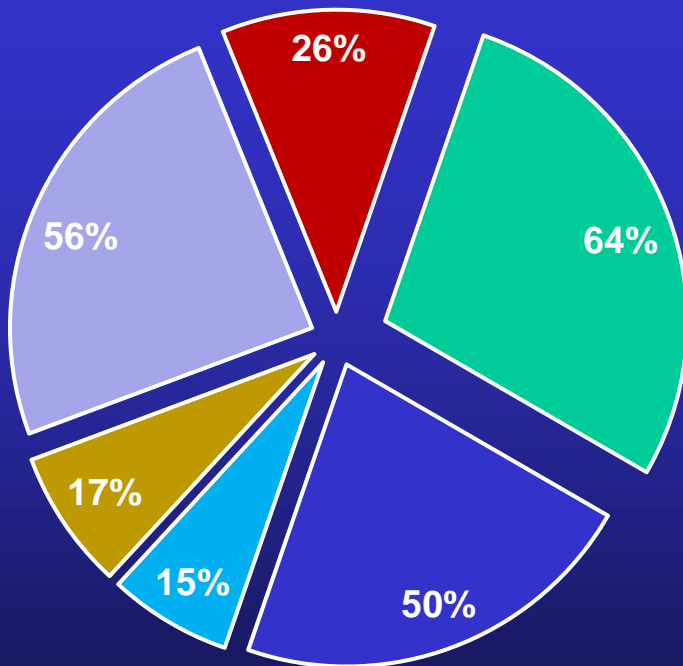
Latina	33%
Black	19%
White	29%
Other	19%

Marital Status

Never Married	46%
Married/Living Together	29%
Separated/Divorced/Wid.	25%

Drug & Mental Health History

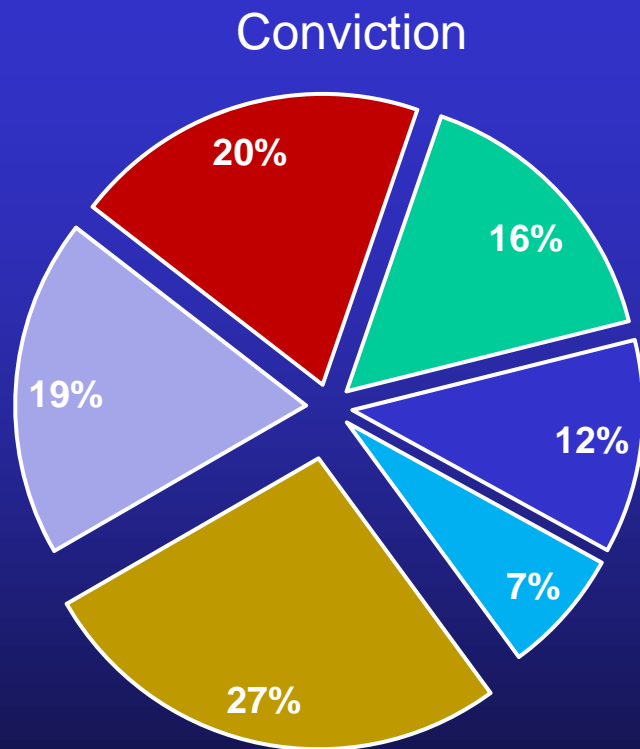
Drug Used Prior to Prison



- Alcohol
- Marijuana
- Cocaine
- Heroin
- Amphetamines
- Other

Used alcohol/drugs in Year Prior to Arrest	84%
Used alcohol/drugs nearly every day	29%
Ever Diagnosed with Mental Health Disorder	60%
Reported 4 or more ACEs	68%

Criminal & Incarceration History



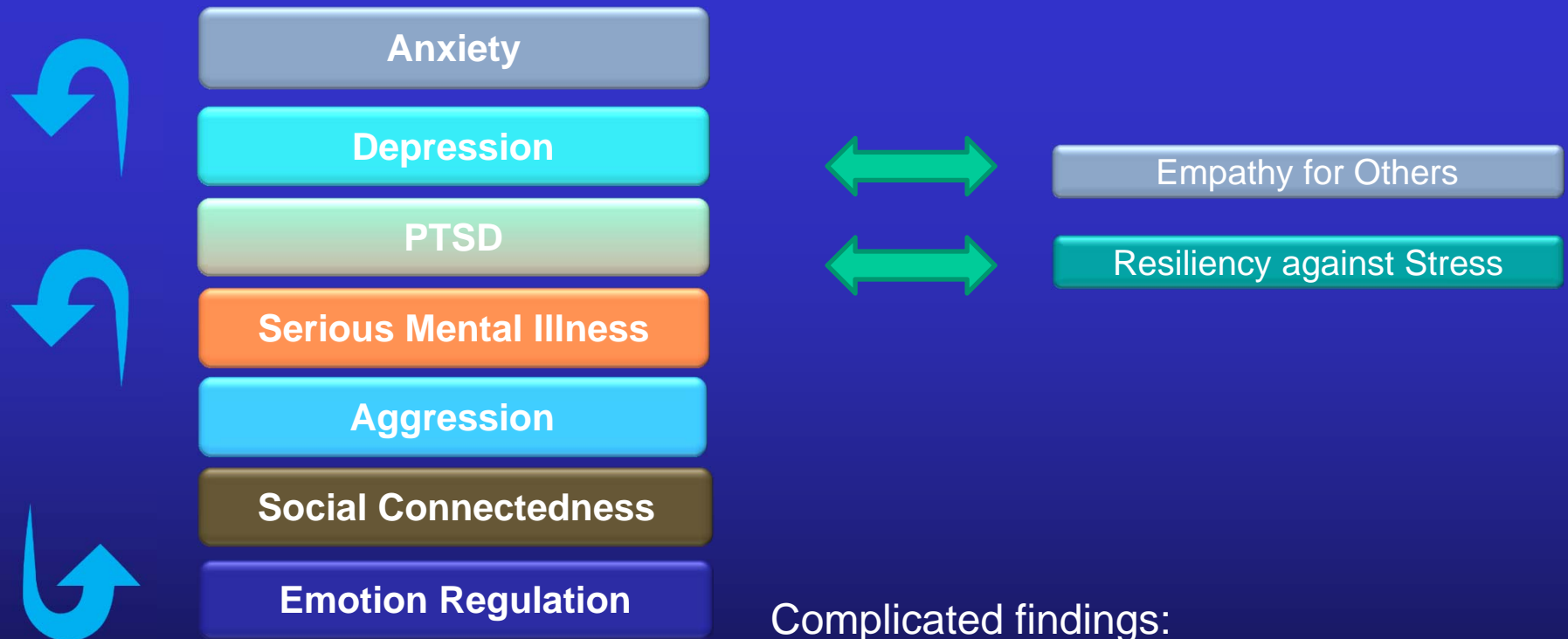
- Murder/Attmp.
- Property
- Assault
- Drugs
- Robbery
- Other

Mean number of lifetime arrest	13.4
Mean number of years in prison	7.0

Served time in SHU	20%
Mean number of SHU terms	3.1
Total months spent in SHU	19

Results of Brief Intervention

15 of 19 outcome measures (79%) showed Significant Positive Post-Intervention Changes



Complicated findings:

PTSD, resiliency and empathy

- Highly toxic and stressful environment
- Prison is a traumatic experience
- Survival instincts (autonomy, “thick skin”)

Summarizing Information

- ❖ In-Custody programs need to take into account trauma and violence and apply that to the recovery process for addiction
 - ❖ Understanding the cycle of trauma is relevant to understanding pathways and interventions (for both custody and community treatment)
- ❖ Trauma-Informed programming can successfully be facilitated by inmates with appropriate oversight
- ❖ The findings of the pilot projects are consistent and positive; however, more RCTs are needed
- ❖ Recidivism studies are still needed
- ❖ Ultimately appropriate prison-based programming should have a focus on successful re-entry



Thank You!

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