

The prevalence and effects of traumatic experience as it relates to the clients in incarcerated settings

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Trauma-Informed and Trauma-Specific

Trauma-informed

Trauma-Specific

- An approach to the delivery of behavioral health services
- Understanding of trauma and an awareness of the impact it can have across settings, services, and populations
- Views trauma through an ecological and cultural lens recognizing context

- Specialized training
- Treatment is focused on the traumatic experience
- Complex trauma
- Intensive and extensive treatment



Whether provided by an agency or an individual provider, trauma-informed services may or may not include trauma-specific services or trauma specialists

What is trauma?

It is not just the event itself that determines whether something is traumatic, but also the individual's experience of the event

A NORMAL RESPONSE TO AN ABNORMAL SITUATION

- SAMHSA
 - "...experiences that cause intense physical and psychological stress reactions."
 - "Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being"
- Horowitz (1989)
 - "...a sudden and forceful event that overwhelms a person's ability to respond to it, recognizing that a trauma need not involve actual physical harm to oneself; an event can be traumatic if it contradicts one's worldview and overpowers one's ability to cope"

Prevalence

Event type	n	%	SE
<i>DSM-5 Criterion A</i>			
Disaster	1,491	50.5	1.3
Accident/fire	1,427	48.3	1.3
Exposure to hazardous chemicals	493	16.7	1.1
Combat or warzone exposure	231	7.8	0.7
Physical or sexual assault	1,568	53.1	1.3
Witnessed physical/sexual assault	982	33.2	1.3
Witnessed dead bodies/parts unexpectedly	667	22.6	1.1
Threat or injury to family or close friend due to violence/accident/disaster	956	32.4	1.2
Death of family/close friend due to violence/accident/disaster	1,529	51.8	1.3
Work exposure	340	11.5	0.9
Other DSM-5 Criterion A event	53	1.8	0.3
Any DSM-5 event	2,647	89.7	0.7
<i>DSM-IV Criterion A excluded from the DSM-5</i>			
Threat or injury to family or close friend (nonviolent)	93	3.2	0.6
Sudden unexpected death (nonviolent)	1,668	56.5	1.3
Serious illness of self or close friend or family member	5	0.2	0.1
Other injury/life threat/other extremely stressful event	1,245	42.2	1.3
Any event	2,766	93.7	0.5

Kilpatrick, D., Resnick, H., Milanak, M., Miller, M., Keyes, K., & Friedman, M. (2013). National Estimates of Exposure to Traumatic Events and PTSD Prevalence Using DSM-IV and DSM-5 Criteria. *Journal of Traumatic Stress, 26*(5), 537-547.

- The most common trauma is witnessing someone being badly injured or killed
 - 35.6 % of men and 14.5 % of women
- The second most common trauma is being involved in a fire, flood, or other natural disaster
 - 18.9% of men and 15.2% of women

Response

- Numbing or detachment
- Denial
- Feeling out of control
- Greater startle response
- Extreme fatigue or exhaustion
- Sleep and appetite disturbances
- Irritability Avoidance of reminders
- Decreased activity level
- Difficulty making decisions
- Self-blame
- Shame
- Engagement in high-risk behaviors
- Withdrawal
- A client's response style to a traumatic event is less important than the degree to which coping efforts successfully allow one to continue necessary activities, regulate emotions, sustain self-esteem, maintain relationships
 - The most recent psychological debriefing approaches emphasize respecting the individual's style of coping and not valuing one type of another

Cultural and Traumatic Stress

- To understand how trauma affects an individual, family, or community you must first understand life experiences and cultural background as key contextual elements for the trauma
 - Some populations are more likely than others to experience a traumatic events
 - Culture influences not only whether certain events are perceived as traumatic, but also how an individual interprets and assigns meaning to the trauma
 - Culture determines acceptable response to trauma and shapes the expression of distress
 - Culture identifies what qualifies as a legitimate health concern and which symptoms warrant help

Re-traumatization

- The likelihood of an individual experiencing multiple types of trauma increases tremendously within the incarcerated setting (which in an of itself can be a traumatic space) (Miller & Najavits, 2012)

Many of the practices commonly used in the United States correctional system parallel traumatic experience; eg. isolation, restraining, experiencing or observing violence, restriction of movement

Client Autonomy

- Working collaboratively to facilitate clients' sense of control and to maximize clients' autonomy and choices
- Appreciating clients' perception of their presenting problem and viewing their responses to the impact of trauma as adaptive
- Help reinforce clients' sense of competence, which is often eroded by trauma and traumatic stress reactions



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