WELCOME TO THE RESTRAINT AND SECLUSION PREVENTION CONFERENCE

TODAY’S PRESENTERS:

CCS Tomest Maskell

Andrea Reischerl PMHCNS-BC, APRN
Presentation Goals

• Discuss different types of traumatic stress encountered by persons working in the human services field
• The impact on individuals and organizations
• Ways both individuals and organizations can manage the negative impacts
Traumatic Stress

Trauma
Primary Traumatic Incident Stress
Secondary Traumatic Stress (Compassion Fatigue)
Vicarious Trauma
TRAUMA AND CORRECTIONS

Trauma  Burnout
shock  frustrated
isolation  tired
pain  caseload
The average life expectancy in Connecticut is 81 years. In the past ten years, the average age of death for active and retired correctional staff in Connecticut was 66 years.

Traumatic Stress

Primary Traumatic Incident Stress

Secondary Traumatic Stress (Compassion Fatigue)
PRIMARY AND SECONDARY TRAUMA

• “The number of non-fatal violent incidents experienced by Correction Officers is higher than any other profession, with the exception of police officers. From 1992 to 1996, there were approximately 216 nonfatal incidents for every 1000 officers (Finn, 2000).”

### PRIMARY AND SECONDARY TRAUMA

- # of Secondary Traumatic Events Staff were exposed to:
  - 4 or more secondary trauma incidents: 56%
  - 3 incidents: 11%
  - 2 incidents: 13%
  - 1 incident: 15%
  - None: 4%

(Lewis, 2013)
VICARIOUS TRAUMA

“The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to walk through water without getting wet.”

Rachel Naomi Remen
Kitchen table Wisdom 1996
Risk Factors

• The realities that make you more vulnerable to experiencing Vicarious Trauma (VT)
  • Individual
  • Environmental
Individual Risk Factors

- **Personality & Coping Styles**
  - Avoid problems, blame others or withdraw

- **Personal History**
  - History of own trauma

- **Current life circumstances**
  - Added stress

- **Social Support**
  - Lack of or limited

- **Spiritual Resource**
  - Lack of connection/meaning

- **Work Style**
  - Boundaries/ unrealistic goals
Vicarious Trauma
Signs/Symptoms

• Immediate Response
  • Nightmares, flashbacks

• Gradual
  • Avoiding stimuli associated with trauma
  • Avoiding people, places & things

• Delayed
  • Negative Judgments
  • Changes in thinking & mood
How Can VT Affect You?

- Change in your world view/ frame of reference
- Physical & psychological
- Behavior
- Relationships
- Work
Addressing Vicarious Trauma

• Develop action plan that reflects your own needs, experiences, interests, culture and values
  • Awareness, Balance, Connection

• Develop coping strategies that allow you to accept that some VT is part of your reality at work and identify strategies to manage/ prevent them
  • Positive coping strategies to care for yourself
    • ESCAPE-physically/psychologically
    • REST-no time line, relating activities
    • PLAY-laugh, lighten spirits
Transforming Vicarious Trauma

- **Nurture sense of Meaning & Hope**
  - Remind self importance of job
  - Stay connected to friends and family
  - Take time to reflect - reading, journaling, meditation
  - Undertake growth-promoting activities
    - Creativity, hobbies, volunteering

- **Create a Healthy Work Environment**
  - Make physical space relaxing and comforting
  - Look for opportunities to make healthier decisions

**THE GOAL IS TO BUILD RESILIENCY!**
Improving Work

- Healthy Thinking
- Healthy Practices
- Reduction in Vicarious Trauma
EFFECTS OF TRAUMA

# of Symptoms* of Vicarious Trauma individuals experienced within the preceding two months:

- 5 or more: 67%
- 3-4: 21%
- 1-2%: 9%
- None: 2%

*Symptoms include: increased cynicism; chronic suspicion of others; interpersonal relationship problems; distorted world view; intimacy difficulties; questioning of spirituality; decreased tolerance; loss of empathy; intrusive imagery; and disturbing thoughts

(Lewis, 2013)
Developing Resiliency

Resiliency

The ability to withstand, adapt to, or rebound from, extreme challenges or adversity. – Everly 2009
DEVELOPING RESILIENCY

*Six Core Strategies for the Reduction of Seclusion and Restraint*®

1. Leadership toward Organizational Change
2. Use of Data to Inform Practice
3. Workforce Development
4. Use of S/R Prevention Tools
5. Consumer Roles in Inpatient Settings
6. Debriefing Techniques
Department of Correction – Strategic Plan Goals/Initiatives

**Public Safety**
Reduce Recidivism and Prevent Criminal Activity in our Community and be an active partner in the state’s criminal justice, public safety and emergency response/disaster relief systems.

**Wellness**
Reduce Trauma and its effects throughout the system.

**Efficiency**
Maximize the utility of limited resources, increase and enhance collaboration, productivity and efficiencies and achieve operational and procedural consistency between DOC facilities and between DOC and its partners.
TOOLS TO DEVELOP RESILIENCY

• PREVENTATIVE PROGRAMS
Health Enhancement Program, Health Improvement Through Employee Control (HITEC) Project, In-Service Training, Sleep Study

• EMPLOYEE ASSISTANCE PROGRAM (EAP)
Privately contracted; services include: mental health; elderly parent care; financial; estate planning

• COMMUNITY AND SOCIAL ACTIVITIES
Charity events (Special Olympics, Heart Walk), “Code Orange” events, Cultural and Spiritual events (Blue Mass)
TOOLS TO DEVELOP RESILIENCY

• PEER SUPPORT PROGRAMS
  Military Peer Support Group, Critical Incident Response Team

• TRAINING STAFF IN EVIDENCE BASED CONFLICT RESOLUTION
  Interpersonal Skills, Motivational Interviewing

• POST-TRAUMATIC GROWTH/IMPROVING STRESS
  Opportunities for Spiritual and Personal Growth
### STRATEGIES FOR DEVELOPING RESILIENCY

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<th>Preparation</th>
<th>Individual</th>
<th>Organization</th>
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<td>Healthy Choices</td>
<td>Realistic Training</td>
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<td>Create Action Plan</td>
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- **Nutrition**
- **Proper Sleep**
- **Planning (Written Guidelines)**
- **Resources (EAP, Peer Support, Safe Areas)**
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<tr>
<td>Acute Issue Care</td>
<td>Attend to Safety</td>
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<td>Recognize that Reactions are Normal</td>
<td>Needs (Med/MH, Remove from Threat)</td>
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<td>Avoid Drugs/Alcohol</td>
<td>Make Help Available</td>
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<tr>
<td>Centering/Mindfulness/Spirituality</td>
<td>Follow Emergency Procedures</td>
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UNATTENDED SECONDARY STRESS CAN DEVELOP INTO VICARIOUS TRAUMATIZATION
REFERENCES

Correctional Officer Wellness and Safety Literature Review; US Department of Justice, Office of Justice Programs Diagnostic Center; Jaime Brower; Washington DC; July 2013

Corrections Stress: Peaks and Valleys; US Department of Justice; National Institute of Corrections; Webinar; Aurora, CO; 22 June 2016

Occupational Stressors in Corrections Organizations: Types, Effects and Solutions; US Department of Justice, National Institute of Corrections; Denhof, Spinaris, and Morton; Aurora, CO; July 2014

Posttraumatic Stress Disorder in United States Corrections Professionals; Desert Waters Correctional Outreach; Spinaris, Denhof, and Kellaway; Florence, CO; 2012

Results of the Correctional Supervisors Council Healthy Workplace Survey; Correctional Supervisors Council & The Center for the Promotion of Health in New England Workplace; CT April 2015

Secondary Trauma: The Personal Impact of Working with Criminal Offenders; American Probation and Parole Association Perspectives; Kirsten Lewis; Winter 2013
Questions?

Further Resources

- [www.ct.gov/doc](http://www.ct.gov/doc) CT Department of Correction
- [http://nicic.gov](http://nicic.gov) National Institute of Corrections (US Department of Justice)