Resiliency in Stressful Experiences:

A Trauma-Based Intervention to Support Men Leaving Incarceration

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This work is supported by the National Institute of Justice (GRANT ID: 2019-MU-CX-0065).
The funder has no role in the design, analysis, or execution of this study.

Need for a Trauma-Based Intervention for Incarcerated Men

Half of all the individuals who release from state prisons annually are under 35 years old, and nearly 90% are men.[1] A growing body of research identifies the untreated psychological symptoms associated with Lifetime Traumatic Events (LTEs) as a potent contributor to criminal justice system involvement among younger men.[2-5] Research shows that up to 98% of incarcerated men have experienced at least one LTE prior to incarceration[6-7], compared to 22-47% of men who have never experienced incarceration.[8-9] Experiences of LTEs increase the odds of arrest, incarceration, and reincarceration, which, in turn, increases risk for experiences of additional trauma.[10] Many individuals develop trauma symptoms after LTEs, including intrusive memories, avoidance, negative changes in thinking and mood, and changes in physical and emotional reactions.[5] When left untreated, these symptoms are associated with being arrested for both violent and nonviolent crimes.[11-12]

Despite high rates of LTEs among incarcerated men, research to date has focused disproportionately on the importance of providing trauma-based interventions to incarcerated women. A 2016 survey of state corrections departments showed that only 13 offered trauma-informed interventions to men.[13] Therefore, 74% of states do not offer trauma-based interventions to incarcerated men, despite nearly equivalent rates of overall trauma exposure between incarcerated men and women.

As trauma symptoms are likely to be exacerbated during the high-stress reentry period, it is critical to learn more about implementing trauma-based interventions for young men during this time. To address the need to deliver evidence-driven trauma-based interventions to young men leaving incarceration, our team created a program called Resiliency in Stressful Experiences, or (RISE). This report will describe the guiding conceptual frameworks used to create RISE and provide an overview of the RISE Intervention.

What is Trauma Responsive Reentry?

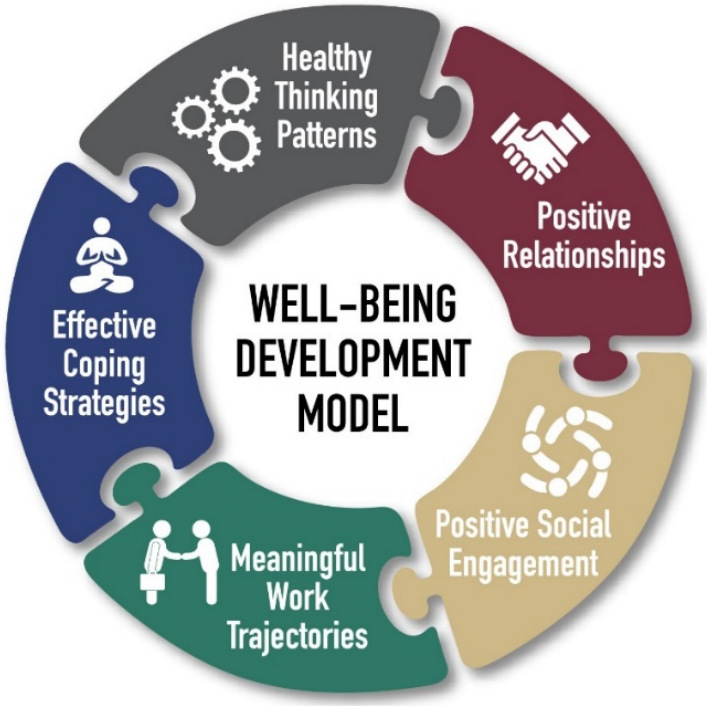
Incarceration is inherently a traumatic experience that can exacerbate trauma symptoms. Trauma-Responsive Reentry (T-RR) is an emerging model for reentry that specifically addresses the impacts of trauma on the brain, body, and mind in the context of incarceration and reentry. T-RR shifts from the current negatively oriented, deficit-focused, or risk reentry models to a more comprehensive one that accounts for the complexity of the needs individuals have as they reenter communities. In addition to addressing the impact of trauma, T-RR programs provide support around life skills, employment, housing, and interpersonal relationships. Trauma-responsive reentry begins during incarceration and extends into the community. As the theory recognizes that it takes trust building and time to confront loss and suffering accompanying trauma, and, at the same time, stabilization in employment, housing, and interpersonal relationships necessitates grappling with trauma impacts on the brain, body, and mind.[14]

Guiding Conceptional Frameworks

RISE was developed as a trauma-responsive reentry program using two foundational conceptual frameworks – the Trauma-Based Reentry Framework and the Well-Being Development Model. Both frameworks provide the theoretical underpinnings for the RISE program to focus on improving community stability and well-being, and in turn, reducing reincarceration for young men with a history of trauma exposure. Below we briefly describe trauma-responsive reentry and the frameworks to contextualize how they were used to develop the RISE curriculum.

THE WELL-BEING DEVELOPMENT MODEL

The Well-Being Development Model focuses on psychosocial well-being. Well-being is defined as a state of satisfying and productive engagement with one's life and the realization of one's full psychological, social, and occupational potential.[15-16]

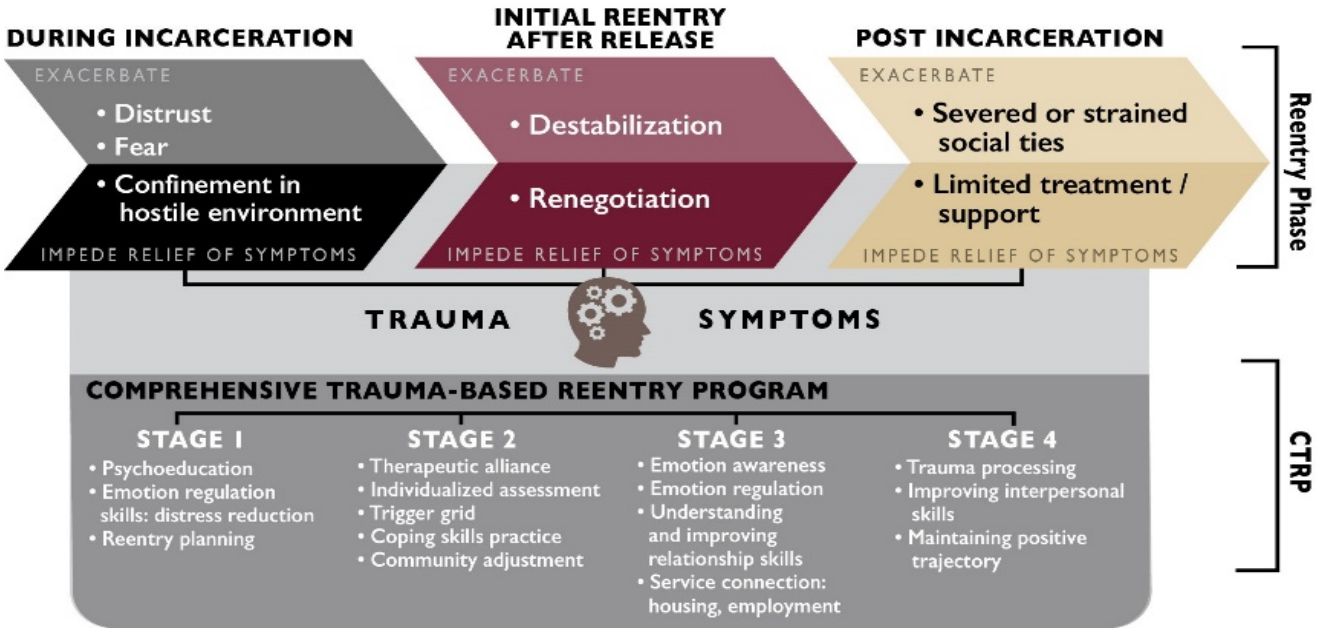


In contrast to the prominent deficits-oriented models guiding current reentry services, the Well-Being Development Model is articulated as a framework by which to increase incarcerated and formerly incarcerated individuals' capacity to reach their full human potential while simultaneously addressing the common problems and barriers that often compromise their best efforts to achieve success. The presence of well-being affords important protective factors in the face of stress and difficulty, and well-being can be both achieved and increased despite adversity and social inequities. The Well-Being Development Model promotes five key facilitators of well-being development – Effective Coping Strategies, Healthy Thinking Patterns, Positive Relationships, Positive Social Engagement, and Meaningful Work Trajectories – that are explicitly situated within the reentry.

COMPREHENSIVE TRAUMA-BASED REENTRY FRAMEWORK

The Trauma-Based Reentry Framework is a model designed specifically for men that offers an intervention approach responsive to the unique context of men's incarceration and community reentry. This trauma intervention approach is comprised of treatment components that aim to help individuals learn about trauma, become aware of their trauma experiences and symptoms to develop positive coping mechanisms, and process trauma to build and enhance healthy life experiences and reduce risks for recidivism.

The table below describes how the Trauma-Based Reentry Framework is designed to be adaptive to the reentry process. A multi-phased trauma intervention approach is used to account for the transitional nature of reentry to communities.



This model considers the needs during incarceration, immediate needs after incarceration (e.g., where to live the first day after release from incarceration), and longer-term situational circumstances (e.g., livable income and stable housing). During each of these phases, individuals experience different struggles requiring different strategies and goals for each stage. In this intervention approach, **Phase 1** (during incarceration) begins 3–4 months before an individual's release from incarceration. Interventions during this phase focus on psychoeducation, distress reduction, and reentry planning. **Phase 2** (referred to as "reentry") represents the initial days and weeks after release from incarceration and reentry to the community. During this phase, emphasis is placed on building a therapeutic alliance, recognizing triggers, and practicing coping skills. This "re-orientation" phase spans the first 3–4 months after release. **Phase 3** (referred to as post-incarceration) is the community stabilization period that begins in the 5th or 6th month after release from incarceration. Individuals can now begin to improve their emotional awareness and regulation, improve interpersonal relationship skills, and plan for a long-term positive trajectory.

The RISE Intervention

The RISE intervention integrates trauma-informed cognitive behavioral principles with well-being-oriented reentry programming. RISE employs a present-focused approach to processing trauma that greatly reduces the risk of re-traumatization. RISE can be delivered in both group and individual formats. RISE uses trauma-trained reentry specialists to deliver the intervention and provide reentry support to help improve community stabilization. While the interventions primarily focused on treating LTEs, the model acknowledges that it is not enough to address trauma without considering the complexity of reentry. Therefore, RISE is paired with a range of reentry services, including housing support, employment assistance, mental health and substance use disorder treatment, and the provision of other formal supports.

The RISE curriculum allows for up to four sessions to be delivered during incarceration and up to 15 sessions to be delivered in the community upon release. Each session contains four structured components to be carried out with participants: a check-in, goal development, an interactive lesson, and a check-out. Sessions delivered during incarceration help individuals learn about LTEs and trauma symptoms and facilitate reentry planning with a focus on community stabilization. Sessions that occur in the community after release from incarceration focus on emotion awareness and regulation, recognizing and positively responding to triggers, and evaluating thoughts. Each of the nineteen sessions has unique treatment targets, outlined in the table below.

All sessions build on the guiding principles of the Trauma Based Reentry model and the Well-Being Development model. RISE is delivered throughout four modules that represent the Trauma Based Reentry model phased approach to addressing trauma. The Well-Being Development model influences the focus on building a skill set that will increase the likelihood of sustaining success in the community. Below is a brief description of each module and how the key constructs are applied.

MODULE ONE (PRERELEASE):

Module one consists of four sessions that occur during incarceration. These sessions are typically delivered in a group setting. The four-session focus on the psychoeducation of trauma, emotional regulation through learning distress reduction techniques and reentry planning.

During the first two sessions, there is an introduction to the parts of the brain involved in the trauma response and how this response affects the brain, body, and emotions. Within the conversation, there is education on how trauma affects the body's stress response, positive social skills, and identification of healthy support systems. Participants are introduced to the rising into the moment exercises which is a 3-part distress reduction technique. Beginning in session 3, the focus shifts to reentry planning through a focus on employment attainment and stability. While continuing to build self-compassion and distress reduction, both of which are pivotal for the early stages of re-entry.

MODULE TWO (REENTRY):

This consists of 5 sessions that take place during the initial reentry phase. All sessions that occur in the community take place individually due to the treatment needing to be highly individualized. Everyone's response to LTEs is unique and may vary in the extent to which it impacts their daily lives. The objective is for participants to learn how to assess trauma triggers and begin practicing coping skills. Various engagement techniques are used to build therapeutic alliances.

During the first session of this module, individuals identify positive life events and sources of both strength and support to build effective coping strategies. During the second session, individuals learn to recognize and positively respond to triggers, which is critical to the initial reentry phase. Recognizing triggers increases the likelihood of achieving coping, self-efficacy, and enhancing positive relationships. This session also focuses on the application of skill development, employment attainment and stability, and community stabilization. Session three, focuses on assisting with reentry factors that impeded the relief of trauma symptoms, increasing emotional awareness. Having a skillset to positively respond to triggers and identify positive emotions are critical to this process. In session 4, participants learn about internal triggers, which are thinking errors that lead to or exacerbate emotional distress or trauma symptoms. The second part of this session pulls from the Well-Being Development Model and works with participants on employment stability through the identification of stressors and behaviors that affect work performance and well-being. The final session in module two focuses on emotion regulation by assisting the individual in identifying difficult emotions and positive coping strategies.

MODULE THREE (POST-INCARCERATION):

This is the first module that works with participants in the post-incarceration phase beyond initial reentry. This module focuses on emotional awareness and regulation, understanding and improving relationships, and connecting individuals to needed services such as housing and employment.

During the first session of this module, participants work on adaptive behavioral and psychological efforts that are needed to manage and reduce internal and external stressors in ways that are not harmful to the individual's short and long-term well-being. Participants are asked to identify their potential barriers and begin success planning in the community. Session two works on recognizing adaptive behaviors and processes the individual may have developed as a result of trauma and incarceration. Along with expressing empathy, to increase trauma processing and improve interpersonal relationships. Further, participants work on accepting and internalizing values and norms that promote a positive adjustment into society. During session three, individuals set goals based on what they are realistically able to achieve. The result is more balanced and effective goals with an enhanced ability to process situations.

This session also looks to improve an individual's skillset of being able to identify thoughts, behaviors, and actions they have when triggered and how that impacts work performance to improve employment stability. Session four focuses on healthy thinking patterns by looking at and evaluating any thinking errors or cognitive distortions. The final session revisits important treatment components that have been covered throughout Module 3. Individuals discuss stress when it comes to employment and finances and how it may lead them to make reactive decisions that could lead to instability. Individuals are asked to identify alternative responses to these stressors instead of reacting based on trauma reactions.

MODULE FOUR (POST-INCARCERATION):

Module 4 is the final module of the intervention, which takes place during the post-incarceration period. These sessions focus heavily on trauma processing, improving interpersonal skills, and maintaining a positive trajectory.

During the first session, individuals are asked to express a narrative of their lives and work to overcome LTEs in a way that promotes healing and growth. Participants are asked to reflect on their life since their release from incarceration. As part of this, individuals discuss their ability to recognize and respond positively to triggers and identify positive life events. The second session aims to strengthen processing skills and evaluate their options, which are choices the individual makes to attain a goal. Individuals take time to recognize their traumatic reactions in previous choices they have made. Individuals then evaluate non-reactive options for achieving their goals. Ultimately, this helps with improving interpersonal skills and maintaining a positive trajectory that assists with maintaining participants' relationships.

To assist in community stabilization, individuals learn about credit and discuss how decisions to use credit can affect their financial well-being. Session 3 Builds on the foundation set in previous sessions of recognizing traumatic reactions, participants explore the true intentions behind their reactive behavior. This work strengthens processing skills and develops options to increase positive outcomes for the individual and those around them, which are critical to the trauma processing process and improving interpersonal skills. In the second to last session, there is a heavy emphasis on maintaining a positive trajectory by empowering participants to be in control of reactive instincts and to recognize the positive contributions that they are currently making and hope to make in society. These components contribute to community stabilization, problem-solving, and improving interpersonal skills.

During the final session for the participants, we seek to maintain the positive trajectory they have been heading towards. There is a review of the skills and knowledge necessary to successfully move forward in life. Individuals will come up with a success plan for future stressful situations they may encounter. As they continue to practice the skills from the lessons, they will gain a sense of personal control of their life.

Next Steps

The RISE intervention is currently being tested in a randomized controlled trial study funded by the National Institute of Justice in four counties in Florida. Four hundred individuals were recruited into the study, of which approximately 200 individuals were randomly assigned to receive the RISE intervention during their incarceration and in the community after their release. The research team will evaluate the impact of RISE on study participants' community stability, management of PTSD symptoms, and return to incarceration. This study will be completed with the collection of three-year return to incarceration data for all participants in June 2025.

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