Trauma-Informed Practices in Community Corrections
Essential Skills that Promote Safety and Success with Justice Involved Men and Women

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The National Resource Center on Justice Involved Women/NRCJIW

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† Primary Goal: Provide resources and tools to professionals to equip them to be more successful in their work with justice-involved women.

† Administered by the Center for Effective Public Policy in partnership with Orbis Partners, University of Cincinnati, Women’s Prison Association, CORE Associates, The Moss Group and SAMHSA’s National Center on Trauma-Informed Care.

Overview

Part 1
† What is trauma?
† What are the gendered effects of trauma?
† What is brain science teaching us about trauma and resiliency?
† What is gender– and trauma–informed correctional practice?

Part 2
† What does trauma–informed corrections practice look and sound like “on ground”?
† How do we offer support and also hold clients accountable?
† What communication strategies can be used to work with clients effectively and improve outcomes?
† How can I best prepare myself to be an effective, gender–and trauma–informed corrections professional?
Why is it Difficult to Talk About Trauma in Corrections?

- Orientation to perpetrators, not victims
- Categorizations: behavioral vs. mental health clients
- Focus on public safety: Must assume the potential for unsafe behavior (e.g., violence)
- Corrections practices include a range of unavoidable triggers: TICP eludes us
- Lack of TICP: Increases trauma-related behaviors and symptoms that can be difficult to manage

(Miller & Najavits)

Trauma-informed Correctional Practice (TICP)

- Is, by definition, attuned to the realities of a corrections environment
- Can guide our practices and interventions
- Can improve engagement, motivation, outcomes, and ultimately reduce recidivism

Question

- Consider a traumatic situation (e.g., car accident) – how might males and females respond differently?
Gendered Messages

- Lack of focus on female strengths; holistic skill development (including cultural strengths)
- Focus on physical attributes; looks; sexuality
- Care for others, empathy
- Anger is unacceptable (relational aggression)
- Feelings expression/attention is acceptable, but criticized
- Be assertive and submissive
- Male attention/validation is important (competition and jealousy)
- Power = sexuality

- Lack of focus on male strengths, holistic skill development (including cultural strengths)
- Focus on physical strength as power
- Provide for and protect others
- Be aggressive, competitive, risk taker
- Feelings expression is unacceptable (anger is OK)
- Be a leader
- Power = status = $, materials, women

Gender

- The social construction of female and male roles
- Refers to masculinities and femininities, women and men, boys and girls, the relations between them, and the structural context that reinforces and creates unequal power relations between them

(Barker et al. 2010)

Women and Trauma

- Sexual violence (adult and childhood sexual abuse and assault) is the most commonly reported traumatic experience, followed by intimate partner violence
- Vast majority of women prisoners have experienced interpersonal or sexual violence, with estimates as high as 90%
- Report extraordinarily high rates of traumatic experiences; adult relationships often reflect similar abuses
- Exceed the rates reported by women in the general population
- Incarcerated women with PTSD report higher rates of witnessing violence than females in general population
- Research on women’s risk classification and security levels shows that a history of childhood physical and/or sexual abuse is associated with increased institutional difficulty

(Miller & Najavits)
Men and Trauma

- Most commonly reported traumas – witnessing someone being killed or seriously injured, physical assault, and childhood sexual abuse
- Studies of men in prisons, jails, and substance abuse tx show high rates of physical and/or sexual abuse and PTSD
- Incarcerated males with substantially higher rates of PTSD compared to men in general population
- Higher rates of trauma and earlier age of trauma onset associated with increased violence and victimization in prison
- Risk of sexual assault increases exponentially when men enter prison; they face an increased threat of lethal violence in male facilities that may trigger more externalizing trauma responses (aggression)
- *Trauma less likely to be acknowledged and addressed in males*

Gendered Responses

- Typical trauma: Childhood sexual abuse
  - Repeated exposure to sexual and violent victimization from intimates beginning in childhood
  - Internalizing: self-harm, eating disorders, addiction, avoidance
  - Likely to get MH tx vs. substance abuse tx
  - Treatment needs to emphasize power, regulation, safety
- Typical trauma: Witnessing violence
  - Exposure to violence from strangers and adversaries; sexual abuse and coercion outside family
  - Externalizing: violence, substance abuse, crime, hyper-arousal
  - Likely to get substance abuse tx vs. MH tx
  - Treatment needs to emphasize feelings, relationships and empathy

Question

- Why is trauma under reported among males?
- What might make it difficult for a female to report trauma?
- What are the risks of not having a safe space to report/discuss trauma?

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Under Reporting of Trauma

- Mistrust
- Fear of “ratting out” intimate partners or family members – a violation of social codes in and out of prison
- Under-report sexual violence and symptoms of sexual trauma – even to researchers
- Do not consider them out of the ordinary
- Guilt and self-blame
- Shame and fears about sexual identity, “esp. males
- Learn not to report troubling symptoms and manage them on their own to increase autonomy and decrease vulnerability (esp. male victims who are at greater risk for prison sexual assault)

(Miller & Najavits)

Males and Females: Considerations

- Different socialization*
- Exposure to different types of trauma
- Stereotypes and assumptions are common in corrections and other fields
- Gendered Responses
  - Different attitudes
  - Different acute reactions
  - Different coping

(Roger Fallot)

Why Consider Trauma?

- Extremely prevalent among justice-involved clients.
- Research in developmental psychology, neuroscience, feedback from correctional professionals and advocates, and the voices of justice-involved clients reveal the effects of trauma are significant.
- Trauma often plays a role in the onset of criminal behavior and can explain many of the behaviors our clients display during community supervision and incarceration (i.e. rule violations, violent episodes, “failure” in treatment).
Why Consider Trauma?

- There is an increase in the use of trauma-based services and curricula in corrections (e.g., psycho-educational groups).
- Fewer efforts have focused on implementing “universal precautions” as endorsed by SAMHSA or building a trauma-informed environment.
- Some of the basic processes in corrections can function as significant trauma triggers for clients.
- The lack of trauma-informed practices has negative consequences and compromises offender mental health and success.
- Creating a trauma-informed environment can contribute to greater safety and security (e.g., through the reduction of violence, misconducts, confrontations) and maximize the success of community corrections.

Talking and Strategizing...

- Can help us to enhance our work and:
  - Minimize triggers
  - Increase client stability and resiliency
  - Reduce critical incidents
  - De-escalate situations more frequently
  - Increase inmate engagement, skill building, and recovery
  - Increase immediate safety, public safety
  - Engage, motivate, and set the stage for meaningful goal setting, skill building, etc.

*All law enforcement and corrections professionals, functional units/departments, stakeholders play a role

Trauma-informed Correctional Practice

- Trauma related symptoms increase difficulties for clients, other clients and staff
- TICP reduces such difficulties
- TICP as a safety issue rather than an “abuse excuse”

(Miller & Najavits)
What is Trauma?

- Distinguishing between sources/events versus the experience of trauma
- Any negative life event that occurs in a position of relative helplessness (Robert Scaer)
- A stressful occurrence that is outside the range of usual human experience and that would be markedly distressing to almost anyone (Peter Levine)

Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically and emotionally harmful or threatening and that has lasting adverse effects on the individual’s physical, social, emotional, or spiritual well-being.

Draft Definition (SAMSHA, 2012)

What is Resilience?

- When we are resilient we are able to utilize our skills and strengths to cope and recover from problems and challenges.
- Resilience is not developed in isolation but as part of a relational/social process
**Traumatic Events/Experiences**

- Serious threat to one’s life or physical integrity
- Serious threat or harm to one’s children, spouse, or other close relatives or friends
- Sudden destruction of one’s home or community
- Seeing a person who is or has been seriously injured or killed as a result of an accident or physical violence
- Natural Disasters
- Mass interpersonal violence
- Large scale transportation accidents
- House or other domestic fires
- Motor vehicle accidents
- War/torture
- Partner battery
- Child abuse
- Stranger Physical Assault
- Rape and Sexual Assault
- Vicarious trauma

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**Consider**

What events tend to be traumatic for clients before they enter the system?

After?

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**Women Clients and Trauma**

“Trauma is trauma no matter what caused it” (Levine)

- Separation from children
- Disconnection from relationships defined as important and supportive
- Pregnancy and childbirth while in the system
- Interactions with [male] staff
- Feeling isolated and/or misunderstood
- Participation in programs that are not gender responsive, culturally competent, trauma-informed
What Renders Trauma so Destructive?

- There is nothing more isolating than the pain of violation. It forces victims to question themselves and their world because it destroys two essential beliefs:
  - Their sense of trust, and
  - Their sense of control over their lives

What are the Effects of Trauma?

The Human Stress Response

Vs.

The Trauma–influenced Stress Response

“Trauma is, by definition, neurobiological.”
(Levine)
The Human Stress Response
(See Lisak)

- Three broad responses to a real or perceived threat
  - Fight
  - Flight
  - Freeze
  *Tend and befriend
- Rest and digest

Example

The Resilient Zone
We are more flexible and adaptable in mind, body and spirit when we are in our Resilient Zone

TRM- skills help deepen the Resilient Zone
Then there is a traumatic experience...

- Moves us into a different plane of nervous system function
- Involves intense, fear, helplessness or horror... (DSM)
- Unable to evade the threat that initiated instincts of fight/flight/immobility
- The brain-body becomes so highly activated that automatic stress reactions take over
- Difficult to return to “rest and digest”

Two Pathways of Fear (Lisak)

- Low road = fastest; bypasses “thinking brain”
- High road = more thorough analysis
Why We Need the Low Road

*For someone who has experienced trauma, the low road to fear can dominate

The Trauma–influenced Stress Response

Everything is a Snake in the Sand
Survival

The ability to avert or live through a threatening event and remember what was learned from that event so that similar situations can be avoided in the future

–Robert Scaer, MD

What do our clients learn from their traumatic experiences?

› Consider the probationer who was molested from age 5–15…

› Consider the parolee who was raped in prison…

Questions

› What are some of the behaviors that get our clients into the criminal justice system?
  ◦ How might they be linked to trauma?

› What are some of the challenging behaviors you encounter in your work with clients?
  ◦ How might they be linked to trauma?
What else is Happening in the Brain?

- Trauma alters the production of stress hormones (neuro–hormonal response)
- Stress triggers a pattern of events that disallow cohesive memory*

"A healthy nervous system, when confronted with a stimulus, goes into a state of disequilibrium, then reorders at a higher level of integration. A nervous system that is disorganized by trauma has lost its ability to adapt to a normal level of stimulus…" (Peter Levine)

Trauma Lives in the Body

- Psychological

- Neuro–Physiological
  - Embedded in the brain–body
Psychological Effects

- Irritability, anger
- Social withdrawal
- Restricted affect
- Nightmares
- Flashbacks
- Diminished interest
- Loss of self-esteem
- Guilt, shame, embarrassment
- Loss of appetite
- Depression
- Anxiety
- Numbing, apathy
- Detachment
- Difficulty concentrating
- Loss of security trust
- Impaired memory
- Suicidal ideation

Physiological and Physical Effects

- Pain
- Nausea
- Headaches
- Insomnia
- Panic attacks
- Hyper arousal
- Injuries
- Vomiting
- Hyper-vigilance
- Startle responses
- Persistent anxiety
- Chronic conditions

Trauma’s Impact: The ACE Study

- One of largest investigations ever conducted assessing associations between childhood maltreatment and health
- Collaboration between CDC and Kaiser Permanente
- More than 17k HMO members participated
- More than 50 scientific articles and 100 conferences

*Certain experiences are major risk factors for illness, death and poor QOL
*Many social and health problems arise from ACEs
Trauma’s Impact: The ACE Study

Adverse Childhood Experiences (ACEs) have serious health consequences

- Adoption of health risk behaviors as coping mechanisms
  - eating disorders, smoking, substance abuse, self-harm,
- Severe medical conditions: heart disease, pulmonary disease, liver disease, STDs, GYN cancer
- Early Death

Trauma’s Impact: The ACE Study

![Effects of Child Maltreatment on Health](chart.png)

Important questions...

*Is drug abuse self-destructive or is it a desperate attempt at self-healing, albeit while accepting a significant future risk?*

(Felitti, et al, 1998)
Trauma’s Impact: 
The ACE Study

- Brain and body struggle to return to balance or homeostasis (where healing and integration occurs)
- Frozen in fight, flight or immobility
- Brain drives the body hard at full speed – we are not meant to sustain that over the long haul

Male and Female Clients: 
Trauma Impacts the Brain–Body

Examples of How Behaviors Might Result from Trauma-Influenced Responses

<table>
<thead>
<tr>
<th>Perceived Danger (a person or event that may or may not be dangerous)</th>
<th>Trigger (thought and feeling; may or may not be consciously experienced)</th>
<th>Behavior (trauma-influenced response)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Environmental</td>
<td>During group, a male client is asked to share his feelings about his childhood…</td>
<td>(During group) a male client says, “This group is F***ing stupid.”</td>
</tr>
<tr>
<td>Relational</td>
<td>A woman overhears her PO talking to a colleague about another client.</td>
<td>(During a risk/need assessment) a female client says, “I’m not telling you anything.”</td>
</tr>
<tr>
<td>Internal</td>
<td>After a family session with her mother a woman has cycling thoughts about the abuse she endured from her father.</td>
<td>A female client refuses a drug test. As staff react she escalates and becomes aggressive.</td>
</tr>
</tbody>
</table>
What Can We Do?

- Exercise "universal precautions" (Hodas, 2005; Gillece; 2010)
- Practice trauma-informed care at the individual and system levels
- Reduce distress
- Facilitate regulation (safety and stability) and resiliency

Create Regulation and Resiliency CR2

When we are regulated we are able to:
- Tolerate difficult thoughts, feelings, and sensations
- Connect with self and others
- Engage in effective action.

When we are resilient we are able to:
- Access and utilize our skills and strengths
- Cope with day-to-day stresses and burdens
- Explore solutions to problems
- Set and achieve goals

Be Intentional

- Safety
- Trust
- Choice
- Collaboration
- Empowerment

(See Principles of Trauma-informed Care, Harris & Fallot, 2006)
8 Steps Toward Becoming More TI
(Benedict, 2014)

1. Make a commitment to trauma-informed practice
2. Support and train staff
3. Create a trauma-informed physical space
4. Revise existing procedures to be more trauma-informed
5. Implement new trauma-informed procedures
6. Adopt trauma-informed language and communications
7. Implement strategies to help women manage difficult trauma symptoms (one-on-one; group)
8. Build a safe, trauma-informed environment

Question

Space
- How can we create a more gender- and trauma-informed physical space

Language
- What are some of the statements we use in our work that could function as triggers?
- What are our goals? Do we need to expand our goals?
- Can we achieve our goals using modified language?

Enhancing Operational Practices that can Cause Further Trauma

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<thead>
<tr>
<th>Trauma-informed Practice Principles</th>
<th>Primary Institutional Contact Points</th>
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<td>Intake/admission</td>
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<tr>
<td>Trust</td>
<td>Screening</td>
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<tr>
<td>Choice</td>
<td>Assessment</td>
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<tr>
<td>Collaboration</td>
<td>Case management</td>
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<tr>
<td>Empowerment</td>
<td>Treatment</td>
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<tr>
<td>Interpersonal interactions</td>
<td>Medical services/mental health</td>
</tr>
<tr>
<td>Programming</td>
<td>Discipline and sanctions</td>
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<tr>
<td>Discharge</td>
<td></td>
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Enhancing Operational Practices that can Cause Further Trauma

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<th>Trauma-informed Practice Principles</th>
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<tr>
<td>Safety</td>
<td>Court appearances</td>
</tr>
<tr>
<td>Trust</td>
<td>Home visits</td>
</tr>
<tr>
<td>Choice</td>
<td>Supervision sessions</td>
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<tr>
<td>Collaboration</td>
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<td>Empowerment</td>
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<td>Drug screening</td>
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<td>Medical Services</td>
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<td>Mental Health Services</td>
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Consider Making Routine Practices More Trauma Informed

- How might “X” process/procedure function as a trigger for women offenders?
- How could it be implemented in a more trauma–informed manner?

Elements of a Trauma–informed Procedure

- Tell the her/him what procedure needs to take place and why.
- Briefly describe what the procedure entails (e.g., order of tasks). If there are different ways the procedure can be done safely, offer choices.
- Reassure her/him that you will conduct the procedure in a way that maximizes safety and comfort.
- Invite her/him to ask any questions and answer them (before you begin).
- Let her/him know that you would like to begin.
- Conduct the procedure with trauma in mind, use verbal cues along the way such as “Now I am going to place the items from your purse onto the table.”
- Let her/him know that the procedure has been completed.
- Ask her/him how she is doing.
- Thank her/him for her cooperation.
- Let her/him know what the next activity is.
What to Pay Attention to

› Creating safety and stable interactions
› Environmental cues
› Potential triggers

The environment can either cue safety or trigger memories of and reactions to traumatic experiences

Cues and Triggers

› Triggers are reminders of the traumatic event
› Can be experienced at an unconscious level
› Results in a survival response, emotional pain, anger, powerlessness, hopelessness
› Can return to previous behavior that was adaptive at the time of the trauma

CR2: The Three R’s

Benedict, King, & Van Dieten, 2014

- Notice thoughts, feelings, sensations
  - What is happening with me right now?

- Engage resources
  - What can help me feel more anchored in the moment?

- Take effective action
  - What response is needed right now?

- Respond
Recognize and Regulate...

- Notice where you feel tension in your body
- Notice your heart rate and breathing patterns
- Notice strong emotions such as anger or fear

Pause
Deepen breathe
Ground
Focus
Grab a drink of water

Our clients’ traumatic responses can be affected by how others respond to them and the availability of ongoing support and resources; trauma-informed care in criminal justice environments can provide essential stability for survivors and staff.

The Importance of the Staff-Client Relationship

- Our relationship with our clients has a significant impact on behavior change
- Qualities that are more likely to improve outcomes:
  - Respect
  - Unconditional positive regard
  - Openness
  - Genuineness
  - Solution-orientation
  - Flexibility
  - Empathy
In corrections, our relationship with our clients – our rapport, how we speak and interact – can be one of the most difficult things to manage…yet it is critically important.

**Boundaries**

**Definition:**
A boundary is defined as the professional distance needed to be an effective staff person, reduce agency liability, and prevent staff-burnout. Boundaries can be physical, emotional/psychological, and sexual.

**Considerations**

- What are some boundary issues that can arise as a result of
  - A client’s past or current trauma/abuse?
  - A client’s cultural background?
- Also
  - Policy
  - Training
  - Ongoing, regular discussions
  - Supervisions and core competencies
How Much to Share?

- It is helpful to ask the following questions:
  - Is sharing this information beneficial to me personally or to the client I am working with?
  - Am I sure that s/he will benefit from this information?
  - Am I sure that this information will not function as a barrier to my work (or my colleague’s work) with this person now or in the future? In other words, am I absolutely sure that there is no risk to sharing this information?

***If we can say no to any of the above questions, it is often safer to not share the information in question.

Skill Framework: Support and Limit Setting
Benedict, 2010

- Adopting this practice, in part, involves using a supportive approach – even when we have to set limits and hold clients accountable.
- Providing clients with support and setting limits can easily be interpreted as being at odds.
- **Being supportive with the clients** we work with involves listening, processing and understanding.
- **Setting limits** involves drawing boundaries as needed and holding clients accountable in a gender responsive, culturally competent and trauma-informed manner

Integrating Support and Accountability

- Taking the time to listen, understand
- Working collaboratively
- Acknowledging and building strengths and skills
- Drawing boundaries as needed
- Setting limits
- Enforcing rules
High Support, Low Accountability

- Not addressing behavior expectations
- Not holding "favorites" accountable

High Accountability, Low Support

- Addressing behavioral expectations with little or no support
- Not taking the time to understand
- Emphasizing power

Inconsistent

- Sometimes addressing behavior and sometimes ignoring it
- Sometimes offering support and sometimes withholding it*
Integrating Support and Accountability

- Taking the time to listen, understand
- Working collaboratively
- Acknowledging and building strengths and skills
- Drawing boundaries as needed
- Setting limits
- Enforcing rules

An Integrated Approach

Creating Regulation and Resiliency CR2: A Model for Effective Communication
Benedict, King, & Van Dieten, 2014

- Two goals, two parts
  - Part 1: Create regulation
  - Part 2: Create resiliency

- Who can use it?

- Why is it important?

- What are the outcomes?
CR2
Part 1: Regulation

› Hold on and Anticipate
› Explore the Situation
› Acknowledge and Validate
› Reflect Content/Feeling

CR2
Part 2: Resiliency

› Review Parameters
› Explore Options
› Plan Collaboratively
› Affirm Individual Strengths
› Review Success

Dealing with Disclosure:
Considerations for any Setting

› Safety and security
› Ventilation and validation
› Prediction and preparation

(From the Victim Empowerment Curriculum)
Safety and Security

“What was sharing that like for you?”

“Have you had the opportunity to share this with anyone else?”

“Sharing any part of your life can be difficult. It takes courage.”

Ventilation and Validation

“It sounds like that was a very painful experience for you.”

“It sounds like you are confused by what happened to you.”

“It makes sense that you feel that way.”

Prediction and Preparation

“Do you feel safe now?”

“Are your love ones safe now?”

“Have you ever wanted to talk with someone…”

“I’d like to take some time to discuss what you can expect…”

“So you don’t feel comfortable on the bus but need to get to…”

“Let’s explore your options…”
Responding to Disclosure: DOs and DON'Ts

- Examine your own beliefs about victims & abuse
- Deal with your own trauma
- Listen
- Give choices
- Inform her of relevant policies, laws
- Be aware that what survivors report may only be a small part of what they have experienced
- Stay supportive
- Offer resources

- Tell survivors they have to talk
- Blame in any way
- Feel sorry for the survivor and look upon her/him as helpless
- React with disgust, revulsion and anger at what they've been through
- Be judgmental about coping strategies
- Use it as a forum to talk about your own history

In Group Disclosure

- H – Honor It
  - Example
- E – Explain
  - Example
- L – Let the group know
  - Example
- P – Plan
  - Example

Also

- For criminal justice professionals
  - Support for personal trauma, burnout, corrections stress and secondary trauma
  - Professional and organizational “self care”
"The professional work centered on the relief of the emotional suffering of [others] automatically includes absorbing information that is about suffering. Often it includes absorbing that suffering as well" (Figley).

Compassion Stress/Fatigue

- A way of framing the emotional, physical, cognitive, behavioral and spiritual transformations experienced by those who work with or learn about traumatized populations
- A natural and disruptive by product of working with traumatized individuals
- Related terms:
  - Secondary trauma or secondary traumatic stress (STS)
  - Vicarious trauma
  - "Corrections fatigue"

The Neurobiology of Healing

- The quality of the rapport can profoundly impact outcome
- Safe interactions result in healing at the neurological, physiological and psychological levels
- We have an innate capacity for healing
- The same will to survive that created the traumatic response can create a healing response
“It is the power of being with others that shapes our brains.”
(Louis Cozolino, PhD)

For More Information

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- National Resource Center on Justice Involved Women –
  www.cjinvolvedwomen.org

- SAMHSA National Center for Trauma–Informed Care –
  http://www.samhsa.gov/nctic/