Engaging Complex Correctional Clients
Best Practices

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ICCA Research Conference
Doing What Matters: Innovative Approaches for Justice System Improvement
September 2018 – San Antonio TX
Context and Focus of Workshop

- No matter what country we are from, the complexity of offenders in our correctional systems continues to increase.
- Substance use, mental health issues and trauma are key challenges to reintegration.
- Understanding the complexities of our specialized population, the interactions between issues and finding the small “gems” to influence change are key to successful programs.
- Concepts of stages of change, motivational interviewing and solution focused therapy are best practices whether striving for lasting change or planting a seed.
First Let's Look at the Complexities of our Client Population

- Mental Health – PTSD with Hypervigilance and Anxiety Disorders
- Correctional Experience
- Trauma
Mental Health: GEM

PTSD with Hypervigilance & Anxiety

- Childhood abuse/domestic violence
- Survival skill: hyper-vigilant at reading others
- Blocking - computer virus scan analogy
- Impacts Boundaries and issues in residential care
- Conscious or unconscious
Prison Triggers Trauma

The experience of incarceration can parallel the experience of sexual and physical abuse

(Dr. Julie Darke – Queen’s University)
Prison Triggers Trauma

- Searches
- Restraint
- Segregation
- Urinalysis
- Power imbalances
Quick Trauma Concepts

- Dissociation: To or From the Trauma
- Control of Trauma (Movie – Remote Controller)
- Neo-science of the Brain
- Containment/Grounding
Dissociation Continuum

- **Daydreaming**: Your mind travels “somewhere else” in the past or in the future.
- **Driving along the Highway**: And suddenly realize you have passed several exits without knowing.
- **The Traumatic Event - Abuse/Accident/War**: Sensation of slow motion but thinking was in real time.
- **You are in a car accident**:
Dissociative Identity Disorder (DID)

Displace yourself “into” another place or object. Watch from the corner of room as if an observer. “Become” the table/lamp.

Give Person in the “Bed” a different name/identity so that you can cope. “It is happening to someone else”.

Multiple Personality Disorder: Different selves are cut off from one another and live out different parts of the person’s life with no recollection between them.
Reptilian Brain

- Neurological processes involved in storing memory provide information about why trauma impacts us the way it does.

- The human brain contains three distinct parts that developed in this order:
  - the reptilian brain,
  - the mammalian brain,
  - and the cortex (or neo-cortex).

  - Higher level functions, such as planning, developed later than the more primitive capacities, such as aggression.
The reptilian brain:
- The oldest and most primitive part of the brain. Primary task is survival. Controls breathing, balance, and temperature regulation. Acts out of instinct.

The mammalian brain:
- Includes the limbic system, which is the emotional center of the brain. Involved in the control and expression of emotion, the body’s response to danger, and the processing of short term memory. Primary focus is also survival.

The cortex (or neo-cortex):
- The most recent area to develop within the brain. Allows for higher level thinking, analysis, logic, and intellectual pursuits. Cortex is always overridden by reptilian and mammalian brains.
The Trauma Response

- Despite how humans have evolved, the primary task of the brain remains self-preservation and propagation of the species.
- The functions of the reptilian and mammalian brains will always override the neo-cortex, as our very survival is dependent upon this.
- The brain receives data from the outside world through the five senses. That is why containment work is effective.
- When data is received the limbic system (mammalian brain) attempts to match the data against information that has been stored from past experience. If the data matches and a threat is perceived, the alarm response of the brain is activated.
- This matching happens like a pass-fail function. If a tiger was attacking, the brain couldn’t wait for the cortex to process in detail so it goes to the mammalian brain and is fast.
- The brain kicks in the fight, flight or freeze response.
Memory Storage

- Due to heavy activity in the limbic system (mammalian brain) during a trauma, traumatic memories get stuck in the lower parts of the brain.

- The information is not analysed by the cortex in detail.

- Hormones supercharge the memory.

  - [http://website.lineone.net/~bryn_evans/Triune_Brain/triune_brain.htm](http://website.lineone.net/~bryn_evans/Triune_Brain/triune_brain.htm)
Containment/Grounding Tools

GEM

Using the Senses:

- Lotion
- Play Dough
- Grounding stone
Mental Health Issue

Substance Use/Criminality

Trauma
Helping People Who Don’t Want Your Help
It is Not Always this Easy!
Stages of
Change

Solution Focused Therapy

Motivational Interviewing

Stages of Change
Stages of Change

- Prochaska & DiClemente
- Trans-theoretical model
- 48 behaviors and over 100 populations studied in the research
- Five Stages of Change
- Strengths based
- Normalizes relapse as part of change process
Stages of Change

Stages of change model:
- Pre-contemplation
- Contemplation
- Preparation
- Action
- Maintenance
- Relapse
- Stable behavior
5. IT IS POSSIBLE.
   Maintenance

4. OK. LET'S DO THIS.
   Action

3. SO, OK. WHAT DO I DO NOW?
   Preparation

2. WELL, MAYBE.
   Contemplation

1. NO, NOT ME.
   Pre-contemplation
Simultaneous Stages of Change

**Addiction Issues**
- Precontemplation
- Contemplation
- Preparation
- Action

**Parenting/Criminal Behaviour/Relationships**
- Precontemplation
- Contemplation
- Preparation
- Action
Motivational Interviewing (MI)

- MI is a method that works on facilitating and engaging intrinsic motivation within the client in order to change behavior.

- MI is a goal-oriented, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence. Compared with non-directive counseling, it's more focused and goal-directed.

- The examination and resolution of ambivalence is a central purpose, and the counselor is intentionally directive in pursuing this goal.
Solution Focused Therapy

“Working with the Problem Drinker”
by Insoo Kim Berg & Scott Miller (1992)

- The solution focused approach makes no assumptions about the “true” nature of the problem the client is experiencing. It looks at the individual's particular complaint about her own or another's issue.

- Traditionally, therapy focused on problems and problem solving ... when solution focused, the therapist talks about change, differences that make a difference and solutions, rather than talking about difficulties, complaints and problems.
Meet Jim
Pull Theory Together with a Case Scenario GEM