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www.onesmallthing.org.uk

Becoming Trauma Informed:
A Core Value in Effective Services

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United Kingdom
September 2015
Morning Session
**Becoming Trauma Informed:**
A Core Value in Effective Services

**Session One**
1. Welcome and Introductions
2. Violence in our World
3. Women in the Criminal Justice System

**Session Two**
1. Understanding Trauma
2. The Process of Trauma
3. The Effects of Trauma

**Table of Contents**

**Brief Overview of a 7 Hour Training**

_Becoming Trauma Informed:_
A Training Programme for Criminal Justice Professionals

Goals:
- Your job becomes easier
- Prison becomes safer
- Programming for women becomes more effective
Session Three
1. Trauma-informed Services
2. *Breaking Down the Bars* Video

Session Four
1. Welcome Back and Questions
2. Nonverbal Communication
3. Triggers
4. Calming and Grounding Strategies

Session Five
1. Vicarious Trauma and Work-related Stress
2. A Trauma-informed Environment for Staff Members
3. Self-care

Session Six
1. The Work Environment
2. Escalation and De-escalation
3. Closing Activity: The ORID Process
Levels of Violence

- Childhood
- Adolescence
- Adult
- Street (workplace and community)
- Consumer Culture
- Media
- War
- Planet

Women in the Criminal Justice System

What do we know?

Profile of Criminal Justice-Involved Women

- Significant substance misuse
- Multiple physical & mental health problems
- Unmarried mothers of minor children
- Well over half left school with no qualifications
- Limited vocational training
- Sporadic work histories
### Women in the Criminal Justice System (England and Wales)

- All courts – 23% (305,094) women
- Theft and stolen goods (51% women)
- 5% of prison population are women
- Lower re-offending rate 18%
- Higher rate for disciplinary offences
- Self-harm 4x the rate of men (29% vs. 7%)


### Women in the Criminal Justice System (England and Wales, cont.)

- Foreign nationals:
  - drug offences (48%)
  - fraud and forgery (24%)
- 54% have dependant children
- Living alone
- Learning disability
- History of physical and sexual abuse


### Histories of Abuse of Criminal Justice-Involved Women

- Substantial proportion of women offenders have experienced trauma
- Over 80% of female prisoners reported physical (60%), sexual (47%), or emotional abuse (71%)
- Incarcerated women are more likely than their male counterparts to report extensive histories of physical, sexual, and emotional abuse
- Strong link between childhood abuse and adult mental health problems

Trauma History Among Criminal Justice-involved Women

- Women in the criminal justice system have much higher rates of childhood and adult trauma exposure than women in the general population.
- Trauma history is associated with alcohol and drug dependence, high-risk behaviours, sex work, and physical and mental health disorders among women in criminal justice settings.
- Prison is also a re-traumatising experience.

Two Kinds of Suffering

- Natural
- Created
Although the world is full of suffering, it is also full of the overcoming of it.

~Helen Keller

Focus of Morning

• Understanding trauma
• What does this mean for me?

Challenge of Services

• Addiction treatment services designed for men by men
• Mental health services designed by men for women
• Criminal justice services designed by men for men
Challenge of Women

- More issues and responsibilities; share more feelings
- Policies and programs developed for men

Challenge of Practises (re-traumatising)

- Pat searches
- Seclusion
- Restraints

Challenge of Staff

- Often see trauma-informed practise as making an excuse for behaviour
- Being “soft” rather than “smart”
Differences Between Women & Men

Higher rates
- Being taken into care as children
- Histories of childhood abuse
- Mental health concerns
- Primary caregivers of minor children

Lower rates
- Experience with employment
- Fewer violent crimes

Gender and Abuse

Childhood:
- Girls and boys at equal risk from family members and people they know

Adolescence:
- Young men at risk from people who dislike or hate them. Boys at greater risk if they are gay, young men of colour, or gang members.
- Young women at risk from lovers or partners – people to whom they are saying, “I love you.”

Adulthood:
- Men at risk from combat or being victims of crime
- Women at risk from those they are in love with

Trauma

Gender and Abuse

Childhood:
- Girls and boys at equal risk from family members and people they know

Adolescence:
- Young men at risk from people who dislike or hate them. Boys at greater risk if they are gay, young men of colour, or gang members.
- Young women at risk from lovers or partners – people to whom they are saying, “I love you.”

Adulthood:
- Men at risk from combat or being victims of crime
- Women at risk from those they are in love with
Differences in Risk

- Worldwide, 1 in 4 women and 1 in 8 men experience psychological abuse from partner
- 38% of female homicides are committed by male partners, while 6% of male homicides are committed by female partners
- 1 in 5 women will be raped, while 1 in 71 men will be raped

Gender Differences and Trauma

<table>
<thead>
<tr>
<th>Females</th>
<th>Males</th>
</tr>
</thead>
<tbody>
<tr>
<td>Typical trauma: childhood sexual abuse</td>
<td>Typical trauma: witnessing violence</td>
</tr>
<tr>
<td>More likely to develop PTSD when exposed to violence</td>
<td>More likely to be exposed to violence, but less likely to develop PTSD</td>
</tr>
<tr>
<td>Repeated exposure to sexual and violent victimisation from intimates beginning in childhood</td>
<td>Exposure to violence from strangers and adversaries; sexual abuse and coercion outside family</td>
</tr>
</tbody>
</table>

Gender Differences and Trauma

<table>
<thead>
<tr>
<th>Females</th>
<th>Males</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internalising: self-harm, eating disorders, addiction, avoidance</td>
<td>Externalising: violence, substance abuse, crime and hyper-arousal</td>
</tr>
<tr>
<td>Likely to get mental health treatment rather than substance abuse treatment</td>
<td>Likely to get substance abuse treatment rather than mental health treatment</td>
</tr>
<tr>
<td>Treatment needs to emphasise empowerment, emotional regulation and safety</td>
<td>Treatment needs to emphasise feelings, relationships and empathy</td>
</tr>
</tbody>
</table>
Gender-Responsive Treatment

- Creating an environment through site selection, staff selection, programme development, content, and material
- that reflects an understanding of the lives of women and girls, and
- addresses their strengths and challenges.


Definition of Trauma

The diagnostic manual used by mental health providers defines trauma as:

“exposure to actual or threatened death, serious injury or sexual violation.”

Source: DSM-5

Definition of Trauma

The exposure must result from one or more of the following scenarios in which the individual:

- directly experiences the traumatic event;
- witnesses the traumatic event in person;
-...
Definition of Trauma

The exposure must result from one or more of the following scenarios in which the individual:

• learns that the traumatic event occurred to a close family member or close friend;
• experiences first-hand repeated or extreme exposure to aversive details of the traumatic event (not through media, pictures, television or movies unless work-related).

Definition of Trauma

The disturbance, regardless of its trigger, causes

• significant distress or impairment in the individual's social interactions,
• capacity to work, or
• other important areas of functioning.

(It is not the physiological result of another medical condition, medication, drugs or alcohol.)

Toxic Stress, Trauma and Children

• Stress of adversity is toxic to the development of the brain
• Important consideration with children
  ✔ Emotions – dysregulation
  ✔ Behaviour – unmanageable
  ✔ Relationships – lack of connection, trust

Prison Site in UK 2015, Morning Becoming Trauma Informed
Definition of Trauma

Trauma is any stressor that occurs in a sudden and forceful way and is experienced as overwhelming. Trauma is a normal reaction to an abnormal or extreme situation. For some women, the trauma is a threat that builds over time.

Traumatic Events

Trauma can take many forms:

- Emotional abuse
- Sexual or physical abuse – including domestic violence, assault, and rape
- Catastrophic injuries and illnesses
- Extremely painful and frightening medical procedures
- Witnessing violence, such as a parent harming another parent
- Automobile accidents
- Mugging and burglary
- Witnessing murder
- Abandonment (especially for small children)
- Loss of a loved one (even of a pet)
### Traumatic Events

- Immigration
- Natural disasters
- Combat & other experiences of war
- Terrorism
- Torture
- Human trafficking
- Kidnapping
- Intergenerational (cultural) trauma

### Historical Trauma

Historical or cultural trauma is massive group trauma that occurs across generations. Examples include the displacement of indigenous or Aboriginal peoples, enslavement, genocide and massacres, and forced internment in prison-like camps.

### Definition of Trauma

Trauma occurs when an external event overwhelms a person’s physical and psychological coping mechanisms or strategies.

[Van der Kolk, 1989]
Prison Site in UK 2015, Morning Becoming Trauma Informed

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8/10/15

14

Process of Trauma

Traumatic Event
Overwhelms the physical and psychological coping skills

Response to Trauma
Fight, Flight or Freeze
Altered state of consciousness, Body sensations, Hunting
Hyper-vigilance, Aggravated, Collapse

Sensitized Nervous System
Changes in the Brain
Brain–Body Connection

Psychological and Physical Outcomes
Current distress, Reminders of trauma (triggers)
Sensations, Images, Behavioral, Emotion, Memory

Emotional and/or Physical Responses

Retreat
Isolation
Depression
Anxiety

Harmful Behavior
To Self
Substance use disorders
Eating disorders
Deliberate self-harm
Suicidal actions

Harmful Behavior
To Others
Aggression
Violence
Stigma
Threats

Physical Health
Issues
Lung disease
Heart disease
Autoimmune disorders
Obesity

Triggers

A trigger is an external stimulus that sets off a physical or emotional reaction in a person.

The stimulus can be a sight, a sound, a smell, a person, a place, a behaviour, or anything that reminds you of the traumatic event.

Retreat Responses

- Isolation
- Dissociation
- Depression
- Anxiety
Symptoms of Posttraumatic Stress Disorder (PTSD)

- Re-experiencing the trauma
- Numbing and avoiding
- Arousal and reactivity
- Negative emotions and thoughts

Other Responses

- Harm to self
- Harm to others

Trauma’s Impact on the Brain & Body

Woman experiences trauma

- Brain and body become overwhelmed; nervous system is unable to return to equilibrium
- Trauma goes untreated; woman stays in “stress response” mode
- Cues continue to trigger trauma (e.g. loud voices, searches, cell extractions)
- Woman reacts to trauma cues from a state of fear
Possible Triggers for Women in the Criminal Justice System

- Restraint
- Handcuffs
- Isolation
- Searches (pat & cavity)
- Load noises
- Yelling
- Smell of disinfectant

ACE Study
(Adverse Childhood Experiences)

Before age 18:
- Recurrent and severe emotional abuse
- Recurrent and severe physical abuse
- Contact sexual abuse
- Emotional neglect
- Physical neglect

ACE Study
(Adverse Childhood Experiences)

Growing up in a household with:
- Both biological parents not being present
- A mother being treated violently
- An alcoholic or drug-using family member
- A mentally ill, chronically depressed, or institutionalised family member
- A family member being imprisoned
**ACE Study**  
*Adverse Childhood Experiences*

**Results of ACEs:**
- Profound effects 50 years later
- Greater risk of having certain physical diseases and mental illnesses
- Substance abuse

*(Felitti and Anda, 2010)*

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**Chronic Health Conditions**
- Heart disease
- Autoimmune diseases
- Lung cancer
- Pulmonary disease
- Liver disease
- Skeletal fractures
- Sexually transmitted infections
- HIV/AIDS

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**Women in Prison Childhood Traumatic Events**

A score of 4 or more "yes" answers indicated higher rates of physical and mental health problems.

A score of 7 or more "yes" answers indicated 980% more risk of mental health problems.

*(Messina & Grella, 2006)*
Trauma-Informed Services

- Take into account the impact of trauma on a woman's thinking, feelings, and behaviours.
- Avoid triggering trauma reactions and/or re-traumatising an individual.

(Harris & Fallot, 2001)

Trauma-Informed Services

- Adjust the behaviour of counsellors, other staff, and the organisation to support each woman's coping capacity.
- Allow survivors to manage their trauma symptoms successfully so that they are able to access, retain, and benefit from services.

(Harris & Fallot, 2001)

Core Values of Trauma-Informed Services

- Safety (physical and emotional)
- Trustworthiness
- Choice
- Collaboration
- Empowerment

(Fallot & Harris, 2006)
### Core Values of Trauma-informed Services

<table>
<thead>
<tr>
<th><strong>Safety:</strong></th>
<th>Eye contact; consistency; explanations; procedure to report abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Trustworthiness:</strong></td>
<td>Following through; model trust; maintaining appropriate boundaries; and making tasks clear</td>
</tr>
<tr>
<td><strong>Choice:</strong></td>
<td>Emphasising individual choice and control; informed consent</td>
</tr>
</tbody>
</table>

### Core Values of Trauma-informed Services

<table>
<thead>
<tr>
<th><strong>Collaboration:</strong></th>
<th>Solicit input; acknowledge insights about herself; explain options</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Empowerment:</strong></td>
<td>Teaching skills; provide tasks where she can succeed</td>
</tr>
</tbody>
</table>

### Enabling Environments

(United Kingdom)

Enabling Environments are:
- Places where positive relationships promote well-being for all
- Places where people experience a sense of belonging
- Places where all people involved contribute to the growth and well-being of others
- Places where people can learn new ways of relating
- Places that recognise and respect the contributions of all in helping relationships.

Source: Royal College of Psychiatrists
Benefits of Becoming Trauma Informed
(Framingham Institution for Women, Massachusetts)
Intensive Treatment Unit

- Mental Health Watch
- Crisis Intervention
- Phased System of Services
  - One-to-one
  - 15 minute watch
  - Join community for meals, exercise, activities
  - Program in gen. pop. and return to unit


Benefits in MCI Framingham
(Framingham Institution for Women, Massachusetts)
Intensive Treatment Unit

- 15% ↓ in all self-injurious behavior
- 20% ↓ in transfers to inpatient psychiatric hospitalisation (DMH)
- 33% ↓ in days on constant mental health watch
- 46% ↓ in total crisis contacts (since May 2010)


MCI Framingham
Frequency of Incidents

<table>
<thead>
<tr>
<th>Type</th>
<th>2011</th>
<th>2012</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inmate-on-staff assaults</td>
<td>65</td>
<td>25</td>
<td>-62%</td>
</tr>
<tr>
<td>Inmate-on-inmate assaults</td>
<td>112</td>
<td>51</td>
<td>-54%</td>
</tr>
<tr>
<td>Inmate-on-inmate fights</td>
<td>129</td>
<td>70</td>
<td>-46%</td>
</tr>
<tr>
<td>Segregation placements</td>
<td>966</td>
<td>748</td>
<td>-23%</td>
</tr>
<tr>
<td>Disciplinary reports</td>
<td>5,830</td>
<td>5,470</td>
<td>-6%</td>
</tr>
</tbody>
</table>

### MCI Framingham Frequency of Incidents (cont.)

<table>
<thead>
<tr>
<th>Type</th>
<th>2011</th>
<th>2012</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicide attempts</td>
<td>30</td>
<td>12</td>
<td>-60%</td>
</tr>
<tr>
<td>One-on-one mental health watches</td>
<td>147</td>
<td>98</td>
<td>-33%</td>
</tr>
<tr>
<td>Petitions for psychiatric evaluation</td>
<td>44</td>
<td>37</td>
<td>-16%</td>
</tr>
<tr>
<td>Crisis contacts</td>
<td>1,536</td>
<td>1,316</td>
<td>-14%</td>
</tr>
<tr>
<td>Self-injury incidents</td>
<td>114</td>
<td>99</td>
<td>-13%</td>
</tr>
</tbody>
</table>


### A Trauma-Informed Environment

- Educate staff members about the pervasive effects of trauma on the brain and body
- Incorporates an understanding of the impact of violence and abuse on women into all offender-management and program services
- Establishes both physical and emotional safety in order to prevent re-traumatisation, an increase in eating disorders, self-harm, management problems, failure to engage in program services, relapse, recidivism, and poor program outcomes

- Eliminates unnecessary triggers and identifies triggers for individual women
- Creates an atmosphere that is respectful of a woman and her need for safety, respect, and acceptance
- Strives to maximise a woman’s ability to make safe choices and exercise control over her life
A Trauma-Informed Environment

- Strives to be culturally competent - to understand a woman’s culture and how that affects her life experiences, her view of the world, and her behavior
- Uses “universal precautions” and assumes that every woman may be a trauma survivor

Changing the Question

“What is wrong with her” to “What has happened to her?”

Activity:

Nonverbal Communication
**Typical Triggers**

A trigger or “threat cue” can set off a trauma reaction, such as fear, panic, agitation, or lashing out.

Typical triggers are:

- Darkness
- Bedtime
- Yelling
- Loud noises
- Being touched
- People standing too close
- Large men

(NASMHPD, 2008)

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**Typical Triggers**

- Restraints
- Pat downs
- Cavity searches
- Not being listened to
- Feeling lonely
- Being isolated
- Contact with family members
- Threats in the yard

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**Triggers (cont.)**

It can be very useful to learn what makes someone feel scared or upset or angry and could cause her to go into crisis mode.

Each woman has a unique history and specific triggers. There is no single profile.
Typical Trauma-related Symptoms and Behaviours:

- Dissociation
- Flashbacks
- Nightmares
- Hyper-vigilance
- Terror
- Anger
- Anxiety
- Difficulty with problem solving
- Numbness
- Depression
- Substance abuse
- Self-injury
- Eating problems
- Aggression
- Poor judgment
- A continued cycle of victimisation

Early Warning Signs

- Wringing hands
- Agitation
- Rocking
- Shortness of breath
- Giggling
- Eating more
- Clenched fists
- Restlessness
- Pacing
- Bouncing legs
- Sweating
- Crying
- Clenched teeth
- Swearing

Warning Signs (cont.)

“What might you or others notice just before you lose control?”
One of the most challenging behavioural symptom experienced by some women with trauma histories is self-harm.

Common forms are:
- Cutting
- Burning
- Head banging

In custodial settings, the staff’s attempts to control the behaviour often escalates the behaviour.

“What if we thought about self-injury as a form of communication or as a way to solve a problem?
What is a woman trying to communicate to us nonverbally?
What might this behaviour be trying to express?
Reasons for Self-Harm

- For distraction from painful thoughts, feelings or memories to mark or scar the body. To keep from hurting someone else
- To express anger indirectly
- To express anger at oneself
- To communicate one’s pain and anger to others

Reasons for Self-Harm (cont.)

- To relieve anger
- To gain or reclaim control of the body
- To relieve tension or anxiety
- To feel real or alive by feeling pain or seeing the injury
- To feel calm or numb by giving some release
- To experience an increase in endorphins and the euphoria, or high, that goes with it

Reasons for Self-Harm (cont.)

- To express feelings of isolation and alienation
- To punish oneself
- To replace emotional pain with physical pain
- To reenact the harm done
- To have a reason to care for oneself
Self-Calming Strategies

- Taking time away from a stressful situation
- Going for a walk
- Lying down
- Listening to peaceful music
- Reading or being read to
- Pacing
- Punching a pillow
- Crying
- Hugging a stuffed animal
- Taking a shower
- Breathing deeply
- Being left alone

Source: National Association of State Mental Health Program Directors, 2008

Self-Calming Strategies

- Talking to peers
- Talking to someone who will listen empathically
- Exercising
- Eating
- Coloring
- Telling or listening to jokes
- Writing in a journal
- Taking a cold shower
- Praying or meditating
- Moulding clay
- Receiving support from a staff member
- Speaking with a therapist

Source: National Association of State Mental Health Program Directors, 2008

Self-Calming Strategies

“What are some things that help you to calm down when you start to get upset?”
HALT

If someone is getting agitated, ask her if she is:

- Hungry?
- Angry?
- Lonely?
- Tired?

Grounding

Grounding techniques can help a person who is dissociating “come back” into current reality and feelings.

Grounding techniques can help her to realise that she is in the present and that the experiences of the past are not happening now.

Five Senses

Five senses exercises can help bring the person back into the present. The exercises can be:

- 5 things
- 4 things
- 3 things
- 2 things
- 1 thing
**Emotional Freedom Technique (EFT) “Tapping”**

Thinking of something positive in your life or remember a peaceful place. With the fingertips on both your hands, tap ten-to-twelve times on:

- your forehead
- your cheeks
- cross your arms and tap on your shoulders
- top of your head

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**Impact on Staff**

You can be affected indirectly by trauma. This process has several names:

- Vicarious trauma
- Compassion fatigue
- Secondary post-traumatic stress
- Burnout

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**Vicarious Trauma**

Can occur when you hear about and see the effects of trauma on the lives of others
Compassion Fatigue

Can cause:
- Errors in judgment
- Detachment from work
- Signs of secondary post-traumatic stress disorder, such as:
  - intrusive thoughts
  - hyper-vigilance
  - Avoidance

(Figley, 2002)

Burnout

Usually characterised by:
- Lack of enthusiasm
- Sense of stagnation
- Feelings of frustration
- Apathy toward your job and the people there

Burnout (cont.)

Burnout also happens to people who continually struggle with moral or ethical dilemmas at work, such as when there are workplace policies and/or practises that are in opposition to the person’s values and what the person knows is the right thing to do.

(Bloom & Farragher, 2011)
Trauma-Informed Environment for Staff Members

- **Physical and emotional safety**: Ensuring the staff’s physical safety and looking out for the staff’s emotional safety. This includes attending to work-life balance.

- **Trustworthiness**: Maximising the trustworthiness of the system, including making the staff’s tasks, obligations, and benefits clear and making policies and procedures clear and consistent.

  (Fallot & Harris, 2006)

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Trauma-Informed Environment for Staff Members

- **Choice**: Enhancing staff members’ choices and control.
- **Collaboration**: Emphasising employee involvement and maximising collaboration and the sharing of power with staff members.
- **Empowerment**: Prioritising staff empowerment and employee growth and development programs.

  (Fallot & Harris, 2006)

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Self-Soothing

<table>
<thead>
<tr>
<th></th>
<th>Alone</th>
<th>With Others</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Day</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Night</strong></td>
<td></td>
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</tr>
</tbody>
</table>

(Covington, 2003)

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Prison Site in UK 2015, Morning Becoming Trauma Informed
### Self-Care Scale

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Just a little</th>
<th>Pretty much</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>I keep up my physical appearance (nails, hair, bathing, clean clothes)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I exercise regularly</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I eat healthy meals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I get restful sleep</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I go to work on a regular basis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I can adapt to change</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I keep up my living space</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Covington, 2003)

### Self-Care Scale

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<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>I take constructive criticism well</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I can accept praise</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>I laugh at funny things</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I acknowledge my needs and feelings</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>I engage in new interests</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I can relax without alcohol or other drugs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I value myself</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel and express gratitude</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

(Covington, 2003)

### Mini-Vacations

- Take 30-60 seconds, 2x a day
- Deep breathing
- Look at something beautiful
- Smile at another person
### De-escalation

1. I don’t need to prove myself in this situation. I can stay calm.
2. I’m going to take time to relax and slow things down.
3. As long as I keep cool, I’m in control of myself.
4. Anger is a signal that someone has been hurt, scared, or has some other primary feeling.
5. I don’t need to take responsibility for the anger of others.
6. People are going to act the way they want to, not the way I want.

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### De-escalation (cont.)

7. I recognise that my own anger may come from having old feelings restimulated.
8. It’s okay to feel unsure or confused.
9. It’s okay to make mistakes.
10. No one is perfect; I can still accept and like myself.
11. It’s impossible to control other people and situations. The only thing I can control is myself and how I react.
12. If it’s a choice between being right or creating peace, then I choose peace.

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### Verbal Communication

- Use the person’s name.
- If appropriate, tell the person your name and your role in the prison/agency.
- Pay attention to tone of voice and the speed of your words.
- Make it obvious that you are genuinely interested.
- Do not assume that you know what is going on with the woman.
- Respond selectively, answering all valid informational questions no matter how rudely they may be asked.
- Do not answer abusive questions.
Verbal Communication (cont’d.)

- Keep focus on person’s thinking rather than feelings.
- Allow for silence.
- Do not make verbal judgments about the person.
- Empathise with the person’s situation but not with her behaviour.
- Explain limits and rules in a firm but respectful tone. State the consequences of inappropriate behaviour without threats or anger.

Verbal Communication (cont’d.)

- Give alternatives or choices whenever possible.
- Do not argue with the person or try to convince her.
- Do not become loud or try to yell her down.
- Calmly repeat the available options or choices and remind the person of the advantages of taking appropriate action.
- If necessary, remind the person of the consequences of unacceptable behaviour.
- Represent regulations and controls as institutional rather than personal.

Non-Verbal Communication

- Relax your facial muscles and look confident.
- Give the person your undivided attention.
- Allow extra physical space between you and the agitated person – up to four times the usual distance.
- Show that you are interested and listening with body language.
- Never turn your back on the other person.
- Remain at the same eye level at the other person.
Non-Verbal Communication (cont’d.)

- Do not stand directly facing the other person.
- Make eye contact but do not maintain constant eye contact.
- Do not smile.
- Make sure that your body language does not seem judgmental. Do not point or shake your finger.
- Keep your hands out of your pockets and available to protect yourself.
- Do not touch the woman.

ORID
(Decision making)

- Objective
- Reflective
- Interpretive
- Decisive

ORID

OBJECTIVE
What did you see?
What did you hear?
ORID

REFLECTIVE
What were some of your feelings?
High points?
Low points?

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INTERPRETIVE
What was your greatest learning or insight?
What is its meaning or significance to you?

ORID

DECISIVE
In response to the experience of this training:
What decisions will you make?
What actions will you take?