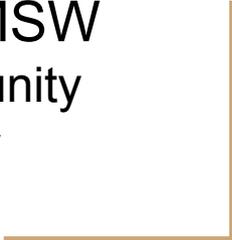




Somatic Experiencing with Justice-Involved Populations

Zazu Tauber, LMSW
Red Hook Community
Justice Center



AGENDA

- ❖ Red Hook Community Justice Center
- ❖ Trauma / Trauma in Criminal Justice System
- ❖ Counseling Referrals in ATI
- ❖ Somatic Experiencing
- ❖ Challenges/Advantages of SE in CJ
- ❖ Q & A

RHCJC OVERVIEW

Low-level Community court in Red Hook, Brooklyn

- ❖ Single judge hears cases from 3 police precincts
- ❖ Cases resolved through a restorative, problem-solving approach
- ❖ Repairs harm and addresses underlying issues that bring individuals into justice system
- ❖ Programs: Peacemaking, Youth Court, **Alternatives to Incarceration**

ALTERNATIVES TO INCARCERATION

1. Social workers and case managers meet with individuals
2. Complete bio-psycho-social-cultural evaluations
3. Identify court mandates that both meet the **individual needs** and addresses **legal cases**

❖ Most common mandates:

- Short-term case management sessions
- Community Services
- Psycho-educational groups
- **Long-term Counseling**
- Substance use treatment

***A person's mandate will likely be counseling if the evaluation indicated a **trauma history and/or mental health concerns** and they do not have a substance use disorder.*

TRADITIONAL DEFINITION OF TRAUMA

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

-U.S. Substance Abuse and Mental Health Association, 2014: SAMHSA’s Concept of Trauma and Guidance for a Trauma Informed Approach

TRAUMA IN CJ SYSTEM

Individuals in justice-system experience trauma significantly more than general population

- ❖ System-involved individuals report nearly **four times** as many adverse events during childhood than the general population
- ❖ Up to **90%** of justice-involved youth report exposure to some type of traumatic event
- ❖ **92%** of system-involved youth reported exposure to at least one type of trauma
- ❖ Surveys of trauma exposure among incarcerated men have found rates of trauma exposure ranging from **62.4% to 100%**
- ❖ The lifetime prevalence of sexual assault reported by incarcerated men is estimated at **15% to 16%**, compared with rates of **1% to 3%** for adult male populations

**Arrests, incarceration, court procedures are trauma in and of themselves

COUNSELING REFERRALS

❖ Current referrals:

- Use **TOP-DOWN approach**
 - Begin with the mind and targets its interpretation of data or information
 - Emphasis on *talking* about the trauma
 - Example: Psychoanalysis, CBT
- Often focus on on “behavioral health”
 - Emphasis on behaviors and cognitions
- Do not rely on or incorporate **BOTTOM-UP approach**
 - Begin with information acquired from senses and sensations in the body

Where do you refer to for counseling?

Do you know what modality/ies they use?

RE-DEFINING TRAUMA

“Trauma is a highly activated incomplete biological response to threat, *frozen in time*”

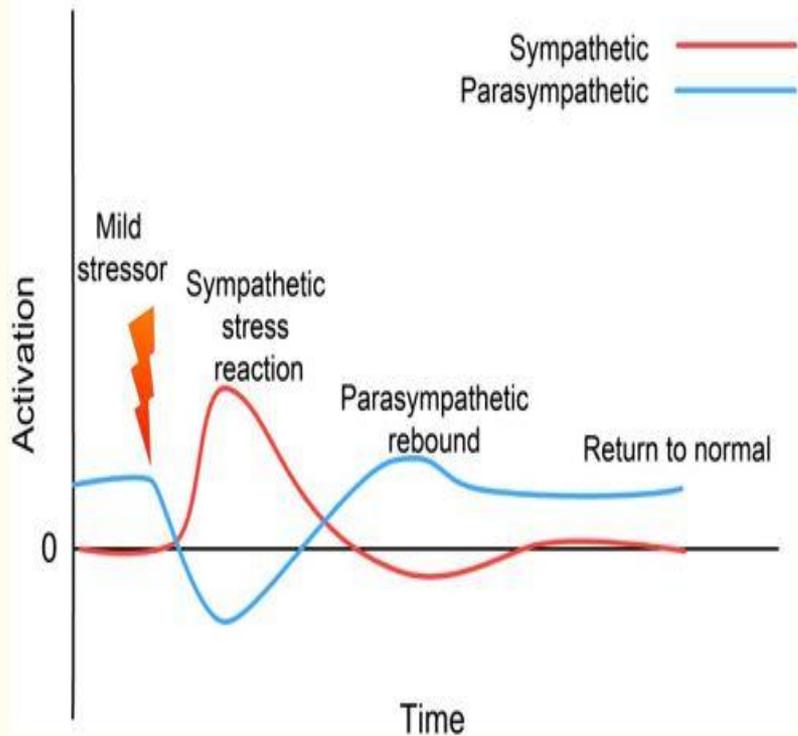


How do you respond when you're under threat? What happens in your body?

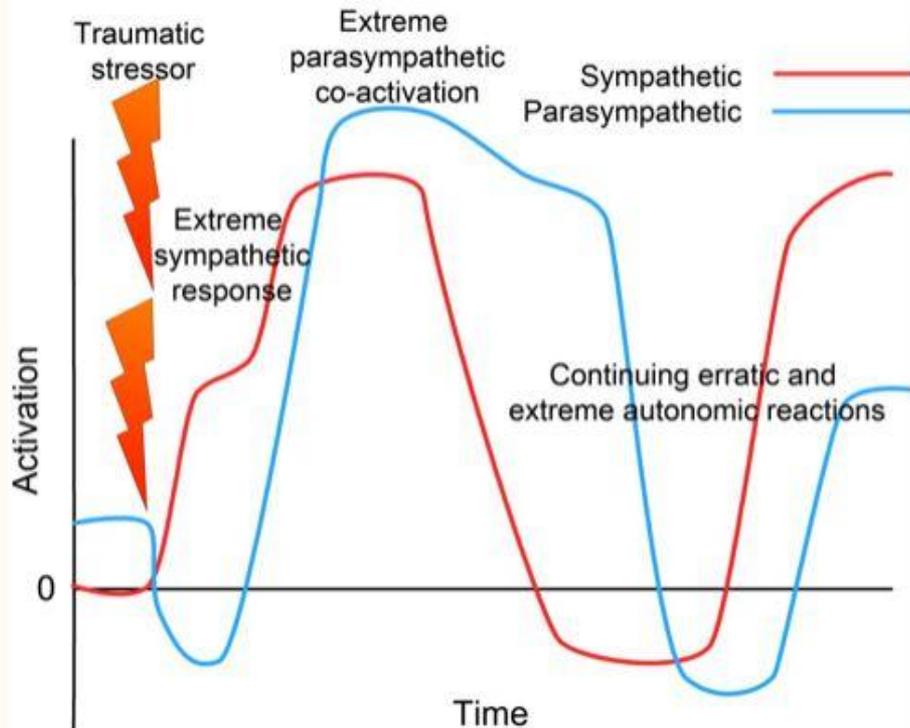
FIGHT, FLIGHT, FREEZE



Mild acute stress reaction ♂



Traumatic stress response ♂



“Fundamentally, words can’t integrate the disorganized sensations and action patterns that form the core imprint of the trauma.” - Bessel Van Der Kolk

SOMATIC EXPERIENCING

- ❖ After trauma, our nervous systems become frozen/stuck in time causing us to relive the past as though it's the present
- ❖ Reliving the past as though it's the present → stress, distress, dis-regulation → panic attacks, depression, anxiety, interpersonal difficulties, etc.

Goals:

- Attune to somatic sensations in order to discharge excess activation of the nervous system and restore inner regulation and autonomic balance
 - Return to full energy and aliveness

CORE CONCEPTS

Discharge:

- ❖ Drawing client's attention to somatic markers of "release" process in order to re-balance nervous system

Titration:

- ❖ Process of carefully and slowly introducing trauma, and combining traumatic sensations with neutral or positive ones
- ❖ Helps to avoid re-traumatization, flooding, and unnecessary distress

WHAT HAPPENS IN A SESSION?

TH: "Ok, what was the weather like the morning of the incident?"

P: "Oh, the weather? Umm...it was nice. Yeah, a nice day. I had no idea..."

TH: "Ok, see if you could just focus on your memory of the weather when you first left the house, before you even looked at the car. What were you doing? Can you remember the sunshine? The temperature?"

P: "Oh, okay, well yeah it was really clear, it was crisp."

TH: "Noticing his breathing speed up and a slight trembling in his hands. Hmm, so right now, what are you aware of?"

P: "Well, I feel a little tense I guess."

TH: "So it's just a little? Is that okay?"

P: "Yeah, not too bad. I can manage."

TH: "Ok good, see if you can just allow that tension, just as it is. What do you notice?"

P: "Ok well my shoulders are a bit tense...I feel a bit shaky"

TH: "Ok, see if you can stay with that, that's fine. Just notice the shakiness. Where do you sense that?"

P: "I feel the shakiness in my arms...this is weird."

TH: "It's ok, just see if you can be with it. It's just your body releasing tension, just let it happen...and what is it like now?"

WHY SE AT RHCJC?

- ❖ Useful for “shock” trauma and developmental trauma
 - Clients at RHCJC often have experienced both shock (i.e., loss of a loved one due to opioid overdose, police brutality, etc.) and developmental trauma
- ❖ De-pathologizes individuals
 - Many talk-therapy modalities focus on labels, diagnoses, and “us vs. them” dichotomies
 - SE normalizes all responses/behaviors by framing as natural and automatic biological processes
- ❖ Short-term
- ❖ Avoids re-traumatization

THE PROPOSAL

- ❖ Network of SE practitioners working with individuals at RHCJC
- ❖ Practitioners will be:
 - Voluntary or low-fee private-practitioners
 - Experienced in working with trauma
 - Committed to anti-oppressive practices
- ❖ Each practitioner will:
 - Have 1-2 individuals on their caseload
 - Meet with clients for 12 sessions

CONSIDERATIONS

- ❖ Space
- ❖ Time
- ❖ Compensation
- ❖ Eligibility / assessment tools
- ❖ Training, onboarding, and continuing support

Q & A