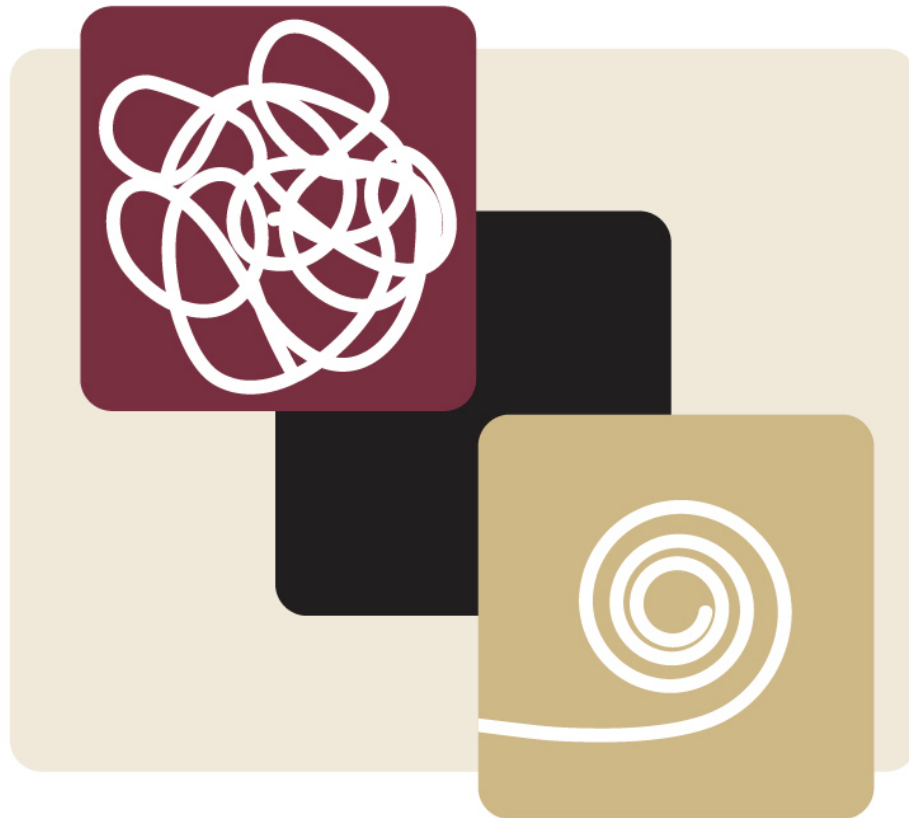


Trauma-Based Intervention for Adults Releasing from Jail

Stephen Tripodi, PhD, MSSW | Tanya Renn, PhD, MSSW | Carrie Pettus, PhD, MSW
Elizabeth Curley, MSW | Laura Bedard, PhD

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About the Authors

The report was prepared by:

- Dr. Stephen Tripodi, Associate Professor in the College of Social Work at the Florida State University (FSU) and Faculty Director of the Institute for Justice Research and Development (IJRD)
- Dr. Tanya Renn, Assistant Professor in the College of Social Work at FSU and Faculty Director of IJRD
- Dr. Carrie Pettus, Associate Professor in the College of Social Work at FSU and Founding Executive Director of IJRD
- Elizabeth Curley, Doctoral Candidate in the College of Social Work at FSU
- Dr. Laura Bedard, Chief of Corrections at Seminole County Sheriff's Office and Member of the American Jail Association Board of Directors

IJRD is a research center housed within the College of Social Work at FSU. Our mission is to use science to improve lives, communities, and institutions by developing and researching innovations that reduce unnecessary reliance on the criminal justice system and by offering solutions that produce equity and prosperity across race, socioeconomic class, and behavioral health status. IJRD specializes in conducting rigorous real-world research using randomized controlled trials and prioritizes rapid dissemination of research findings to advocates, professionals, and policymakers. IJRD [team members](#) live and work in communities across the nation, implementing a range of [research projects](#) on pressing issues relevant to criminal justice reform. You can learn more about broader work of IJRD at ijrd.csw.fsu.edu.

The [Seminole County Sheriff's Office](#) is a multifaceted, progressive agency in central Florida which covers law enforcement duties, correctional services, and family and youth services. Our mission is to enhance the quality of life by reducing crime and the fear of crime throughout Seminole County. Made up of nearly 1,400 members of sworn, certified, and civilian employees, it is led by second term Sheriff Dennis Lemma. In Seminole County, we see crime as a symptom of a bigger issue and try to assist residents in every facet of their lives. Our corrections division works diligently to assist incarcerated individuals returning to Seminole county with the tools they need for successful reentry.

You can access a previous report from this project which describes the traumatic experiences of individuals prior to their incarceration in the John E. Polk Correctional Facility in detail [here](#).

Background



There are nearly [750,000 individuals held in local jails on any given day](#) across the United States. More than [80% of these individuals report having experienced multiple traumatic events throughout their lifetimes](#), including direct personal experiences of physical or sexual victimization, threat of serious injury or death, experiencing a life-threatening injury, losing a loved one to homicide, or witnessing the death or serious injury

of another person. These experiences of trauma are connected to a range of negative outcomes including the development of mental health and substance use disorders, homelessness and housing instability, and a substantially elevated risk for criminal justice system contact. Left untreated, experiences of lifetime traumatic events increase the likelihood that incarcerated individuals will leave incarceration, struggle in the community upon their release, and eventually return to incarceration.

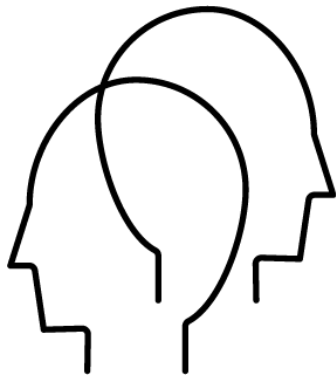
This risk that individuals will experience the churn of incarceration, release, and reincarceration may be mitigated by engaging individuals in evidence-driven trauma interventions during custody and in the community after their release. When deployed in the local jail context, these trauma interventions may help individuals manage the symptoms and consequences of lifetime traumatic events including post-traumatic stress disorder (PTSD), drug and alcohol use disorders, impulsivity, and aggression while simultaneously improving their coping skills.

Since 2019, the Institute for Justice Research and Development (IJRD) has collaborated with the John E. Polk Correctional Facility, a local jail in Seminole County, Florida to pilot test an evidence-driven trauma intervention called Skills Training on Affective and Interpersonal Regulation (STAIR) for incarcerated individuals preparing for release. STAIR is a 12-session cognitive-behavioral-based intervention focused on enhancing social and emotion management skills. The STAIR intervention helps individuals develop emotion regulation skills and apply these skills to improve their mental health, decrease problematic substance use, understand the role of trauma in their lives, and enhance their ability to accurately appraise dangerous situations.

We began the STAIR intervention with 6 sessions offered to individuals incarcerated in the jail; 6 additional sessions were offered to individuals in the community after their release. All group sessions followed the same format: 1) providing education about the effect of trauma on the targeted skill of that particular session, 2) demonstrating the skill, and 3) practicing the skill.

The project was designed to provide STAIR to individuals incarcerated in the jail and who were releasing to the local community, determine the feasibility of providing STAIR inside the jail and in the community, and evaluate whether participating in STAIR decreased individual's symptoms of PTSD, anxiety, aggression, impulsivity, and substance use, and increased their coping self-efficacy. Participants completed three interviews: during their incarceration prior to the start of STAIR; six weeks after release from jail when STAIR was scheduled to end; and three months after the first follow-up (approximately 4.5 months after release from jail).

How Participants were Recruited into the Study



IJRD research team members identified potential participants from the census of incarcerated individuals provided by John E. Polk Correctional Institution employees. Eligibility for participation in the study included having an end-of-sentence date within a timeframe allowing time for participation in STAIR groups, being at least 18 years of age, releasing to Seminole County, not being currently housed in administrative segregation, and otherwise not being prevented from participation due to jail-related COVID-19 restrictions. Team members approached 133 incarcerated individuals for recruitment - 94 men and 39 women. Of these 133 individuals, 18 were found to not meet eligibility criteria (17 men and 1 woman), and 40 additional individuals declined participation (28 men and 12 women). Therefore, 75 individuals (49 men and 26 women) consented to join the study. This enrollment rate is particularly promising given that addressing trauma, and engaging in programming to treat trauma, are new territory for most individuals incarcerated in jails.

Participation in STAIR

Fifty-six out of the 75 individuals (75%) who joined the study received the STAIR intervention during custody. The 19 individuals who did not receive STAIR during custody were prevented from participation due to moving into administrative segregation, COVID-19 restrictions, scheduling changes, or changing their minds and ultimately deciding not to participate.

Fifty-two of the 56 study participants (93%) received all six in-jail STAIR sessions. Unfortunately, due to COVID-19 related restrictions, four individuals recruited into the study in February 2020 were unable to receive STAIR during custody as all facility programming was paused at the John E. Polk Correctional Facility in mid-March 2020. Thus, these four individuals were offered the in-jail portion of STAIR via web-based streaming services after their release.

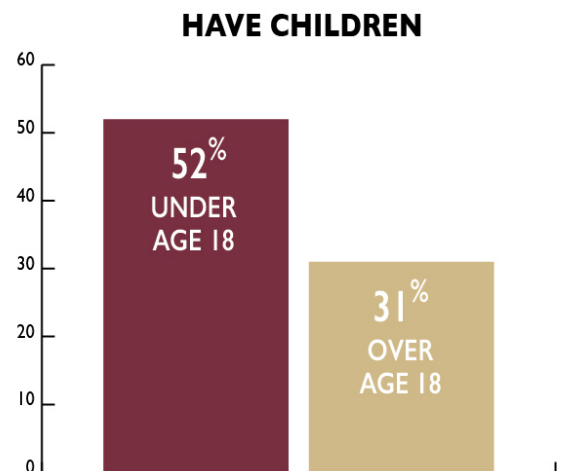
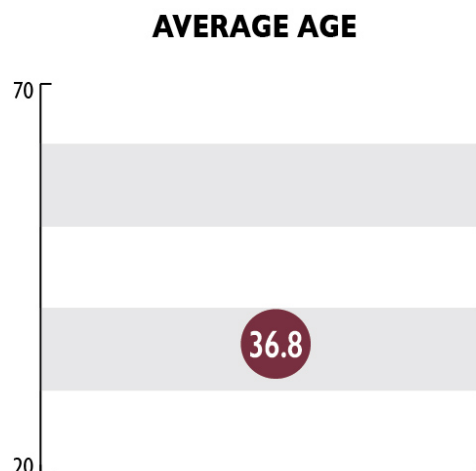
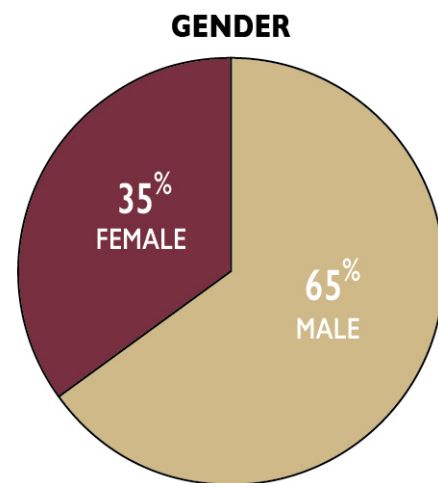
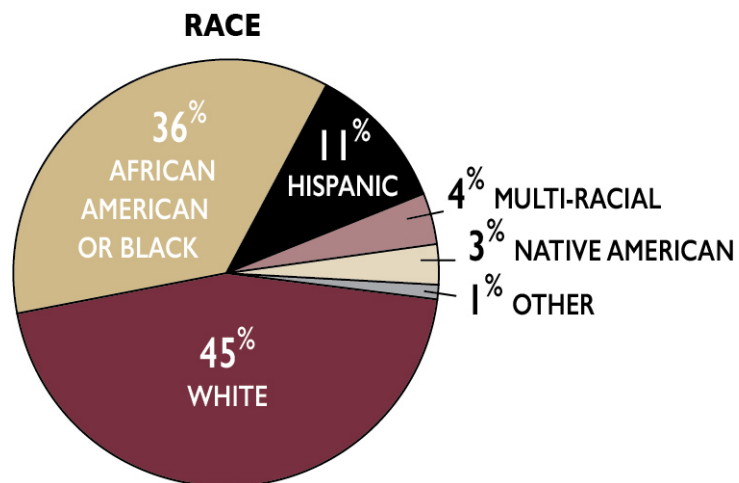
Ten study participants (18%) attended STAIR sessions in the community after their release; 80% of these individuals attended more than one community-based STAIR session.

Follow-Up Interviews

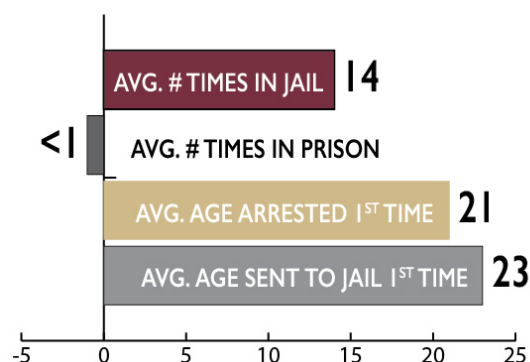
IJRD research team members conducted 36 follow up interviews with 25 participants. Ten participants completed both follow-up interviews, 6 participants completed only the first follow-up interview, and 9 participants completed the second follow-up interview.

Demographics of the Sample

Below we present the demographic information on the 75 individuals who provided informed consent and joined the STAIR study.

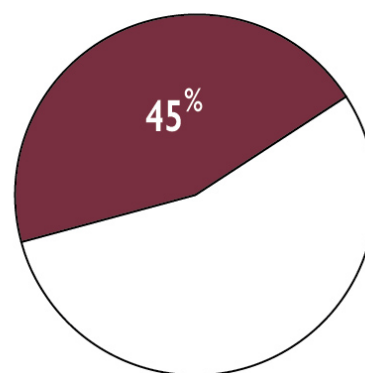


CRIMINAL JUSTICE SYSTEM HISTORY

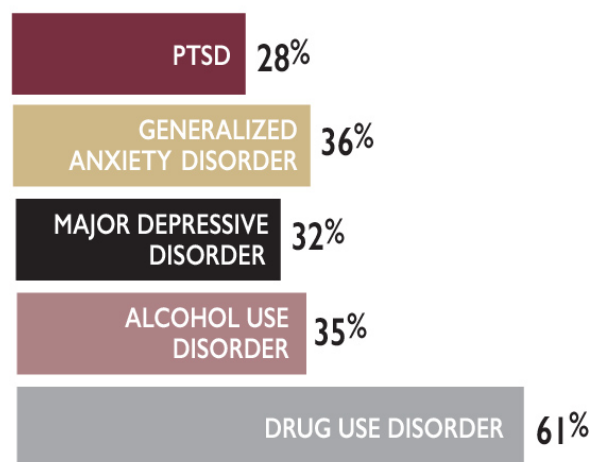


Between 28-36% of study participants met criteria for a mental health disorder including PTSD, Generalized Anxiety Disorder, and Major Depressive Disorder. Additionally, 35% of participants met criteria for an Alcohol Use Disorder and more than 60% met criteria for a Drug Use Disorder.

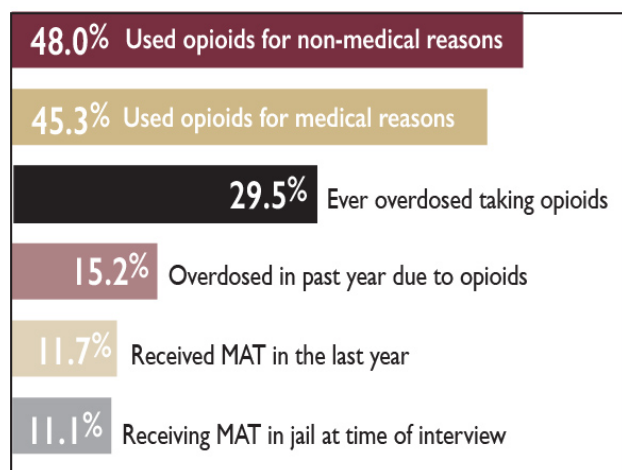
PARTICIPATED IN OTHER JAIL-BASED PROGRAMMING



MENTAL HEALTH & SUBSTANCE USE DISORDER PREVALENCE



OPIOID USE

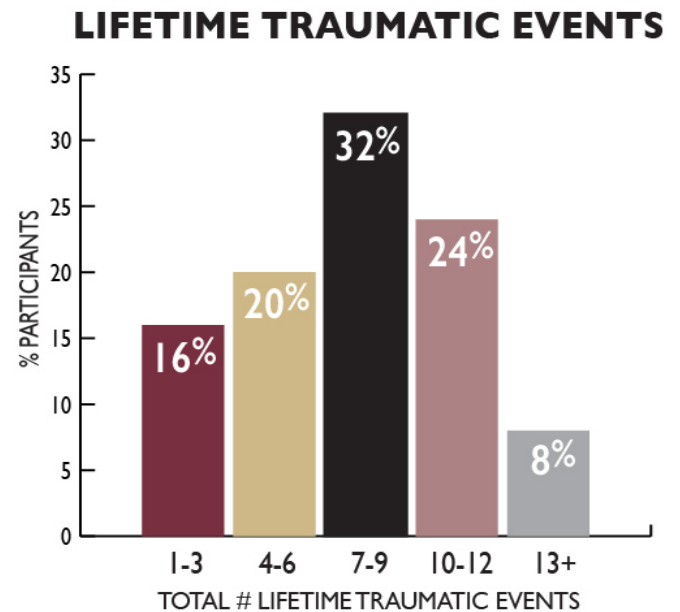


Because of the opioid epidemic and the delivery of medication assisted treatment (MAT) at the John E. Polk Correctional Facility, we also collected information on the participants' opioid use at the baseline interview.

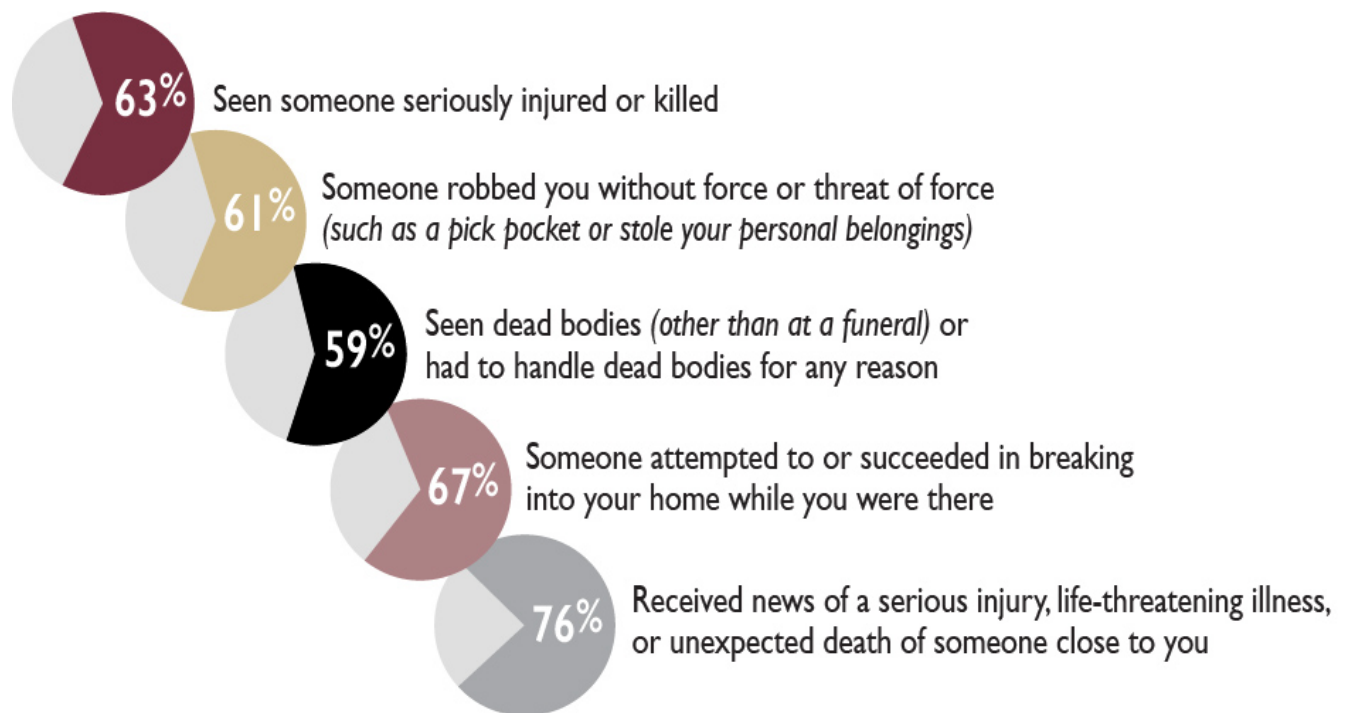
Nearly half of study participants had used opioids for non-medical reasons prior to their current incarceration and almost 30% had experienced an opioid overdose in their lifetimes.

Participants reported experiences of lifetime traumatic events using the [Trauma History Questionnaire](#). All 75 study participants had experienced at least one traumatic experience. Participants experienced, on average, nearly 8 lifetime traumatic events.

At right, we present how many participants experienced multiple lifetime traumatic events.



Each of the following traumatic events had over 50% of the participants answer affirmatively:



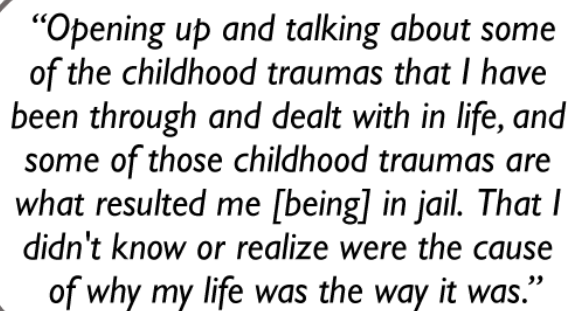
Roughly a third of study participants screened positive for at least one mental disorder and more than 60% were identified as having a substance use disorder. These rates are consistent with national estimates of individuals in jail and is substantially elevated when compared to prevalence rates among the general public.

Evaluation Results

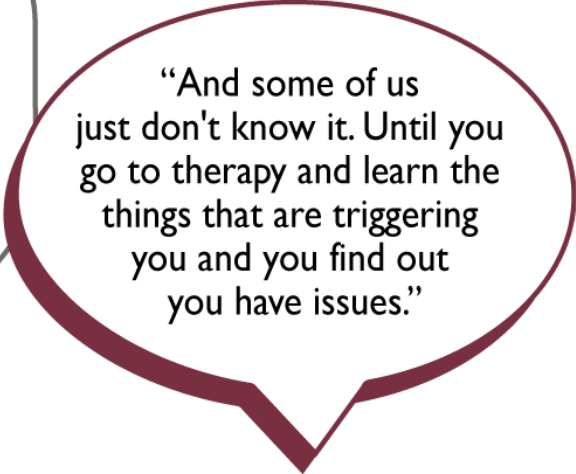
Participants' Perceptions of Programming

We interviewed participants who had engaged in STAIR programming to learn their perceptions of participating in trauma-based intervention while incarcerated and upon release. Many participants discussed having developed a new awareness of the impact of trauma on their lives along with their new and developing coping skills. There was broad support from participants for the delivery of STAIR in both the jail setting and in the community.

Study participants discussed the benefit of acknowledging their experiences of trauma:




"Opening up and talking about some of the childhood traumas that I have been through and dealt with in life, and some of those childhood traumas are what resulted me [being] in jail. That I didn't know or realize were the cause of why my life was the way it was."



"And some of us just don't know it. Until you go to therapy and learn the things that are triggering you and you find out you have issues."


Study participants also began to understand their needs and the benefits of continuing to engage in counseling or therapy beyond the STAIR program. This new understanding is essential as it indicates that STAIR helped study participants gain insight about the benefit of seeking additional support to ensure their success in the community after release.

Beyond an awareness into the role of trauma or the need for further counseling support, study participants were excited to discuss newly acquired skillsets gained from their participation in STAIR. Specific connections were made about discussing problems with loved ones.

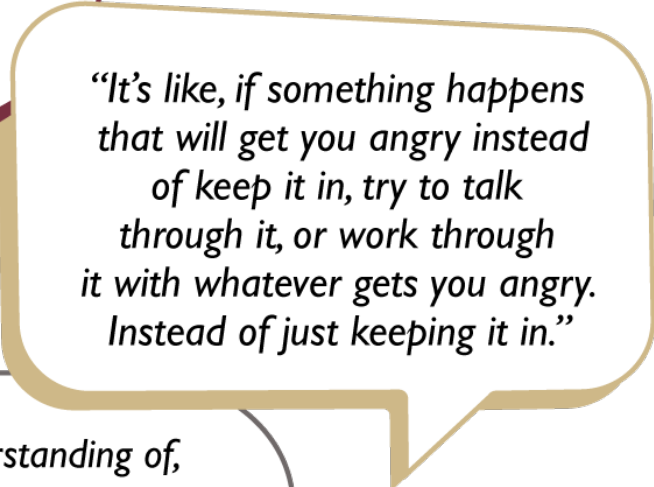


"I've never been to therapy before. . . Once I got out, it made me realize that I did have issues and I did need therapy and counseling."

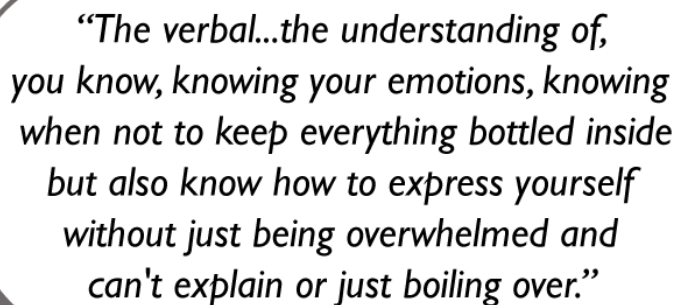
Participants captured this by saying:



"It's better to talk through problems instead of dwelling on problems."

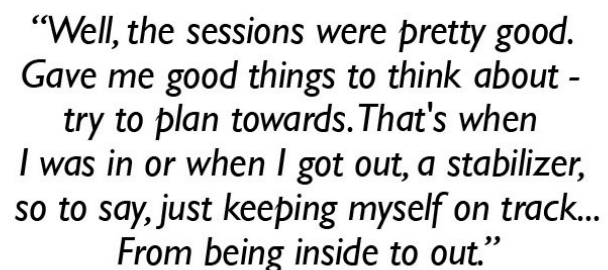


"It's like, if something happens that will get you angry instead of keep it in, try to talk through it, or work through it with whatever gets you angry. Instead of just keeping it in."



"The verbal...the understanding of, you know, knowing your emotions, knowing when not to keep everything bottled inside but also know how to express yourself without just being overwhelmed and can't explain or just boiling over."

In addition to study participants identifying their need to discuss feelings and emotions, they also highlighted the importance of the *calming techniques* demonstrated and practiced in STAIR sessions.

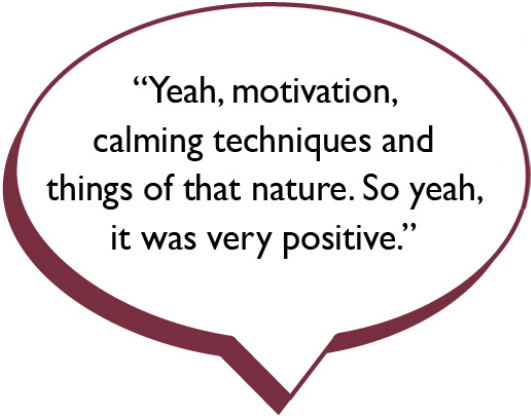


"Well, the sessions were pretty good. Gave me good things to think about - try to plan towards. That's when I was in or when I got out, a stabilizer, so to say, just keeping myself on track... From being inside to out."

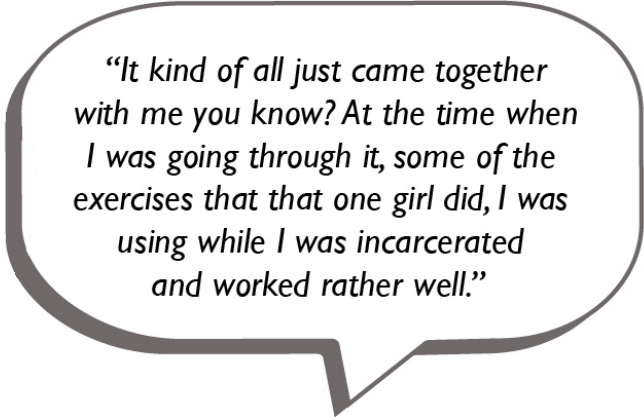
Participants shared the following:

Study participants developed skills and were able to recognize that receiving the STAIR intervention during their incarceration helped them in the community after their release.

Participants said,

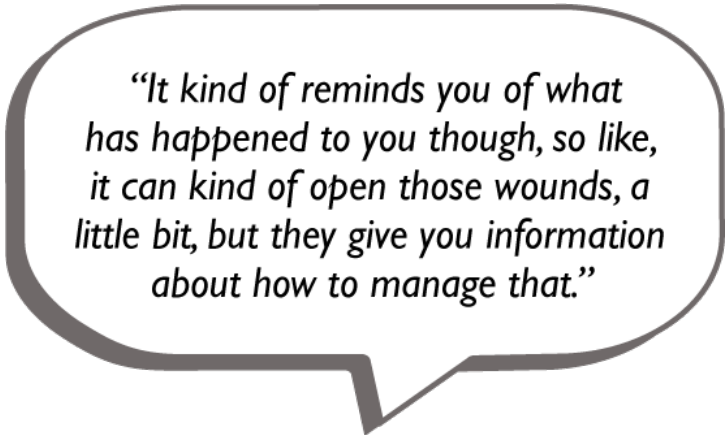


“Yeah, motivation, calming techniques and things of that nature. So yeah, it was very positive.”



“It kind of all just came together with me you know? At the time when I was going through it, some of the exercises that that one girl did, I was using while I was incarcerated and worked rather well.”

Lastly, study participants discussed the process of learning about trauma and processing past traumatic events as a way to reduce their sense of overwhelm. One of the participants captured this when they said,



“It kind of reminds you of what has happened to you though, so like, it can kind of open those wounds, a little bit, but they give you information about how to manage that.”

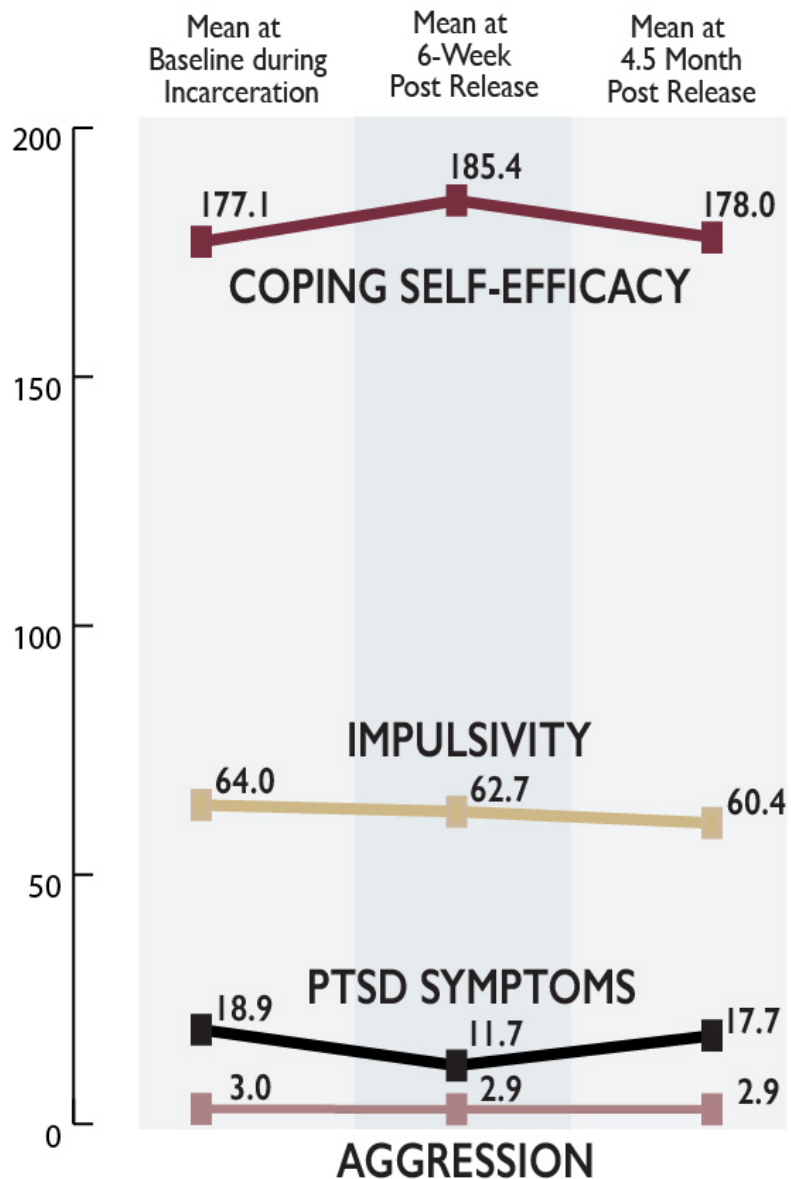
Examining the Impact of STAIR

We analyzed changes in a range of outcomes over time to determine if STAIR improved aggression, impulsivity, PTSD symptoms, and coping self-efficacy and reduced the prevalence of generalized anxiety disorders, alcohol use disorders, and drug use disorders. Below we show changes in these outcomes between the baseline interview conducted during incarceration and the two follow-up interviews conducted in the community.

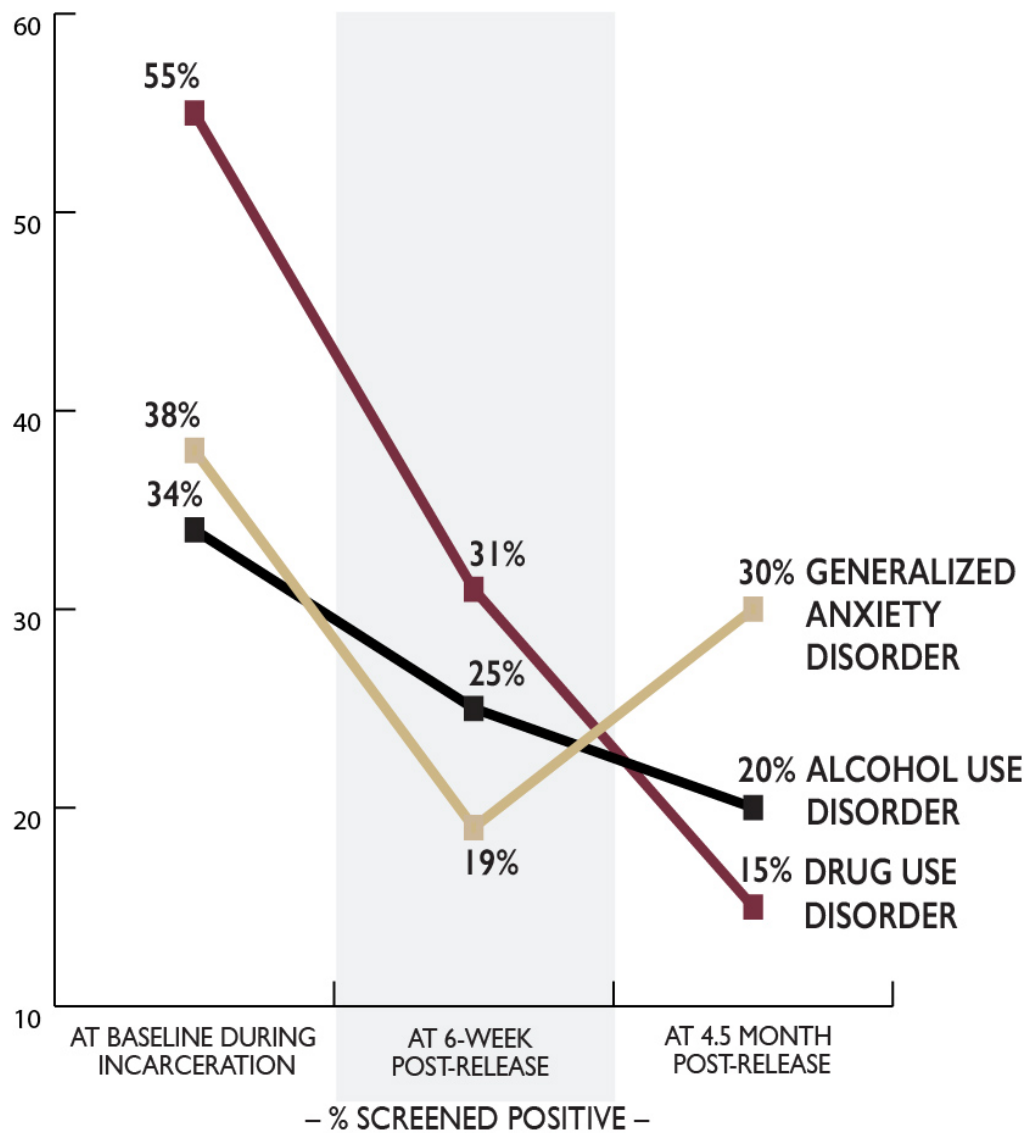
There were improvements in aggression, impulsivity, PTSD symptoms, and coping self-efficacy from the baseline interview conducted during incarceration to the first follow-up interview and from the baseline interview to the second follow-up interview. The improvements for aggression were minimal; the scores were similar at all three timepoints.

The small gains in reducing impulsivity among participants were maintained at both follow up points. PTSD symptoms improved from baseline to the first follow-up period, but those gains were not maintained at the second follow-up period, although PTSD symptom scores remained lower than baseline at the second follow up.

Coping self-efficacy scores increased from baseline to the first follow-up timepoint, but decreased from the first follow-up to the second, almost to the same level as the baseline score. This indicates STAIR programming may have helped participants improve their coping skills while they were in programming, or that programming had short-term effects, but the effects were less detectable after participants had been out in the community for several months.



There were reductions in the number of study participants who screened positive for generalized anxiety disorders as well as drug and alcohol use disorders from the baseline interview to the first follow-up interview and from the baseline interview to the second follow-up interview.



Implications and Recommendations for the Field

This report highlights implementation findings about the feasibility, acceptability, and utility of delivering an evidence-driven trauma intervention in a jail setting. Study participants reported disproportionately high rates of lifetime traumatic events as well as a range of mental health and substance use disorders when compared to the general public. As rates of trauma and mental health and substance use disorders are elevated among individuals incarcerated in jails, it is important to examine how to feasibly implement evidence-driven trauma intervention within the jail setting. The results presented in this report indicate preliminary support for the feasibility of implementing STAIR during jail custody and the acceptability of the STAIR intervention to study participants. Three-quarters of the individuals who joined the study participated in STAIR during their incarceration. IJRD research team members were able to successfully deliver in-jail group-based STAIR sessions, study participants wanted to attend sessions, and John E. Polk Correctional Facility staff were able to consistently facilitate incarcerated individuals in attending weekly STAIR sessions. Further, the results presented above indicate that study participants made improvements on and behavioral outcomes. Promising findings include rates of drug use disorder decreasing from 55% immediately prior to incarceration to 15% at 4.5 months post-release and rates of Generalized Anxiety Disorder decreasing from 38% during incarceration to 19% at 1.5 months post-release and rebounding to 30% - still well below initial prevalence rates during incarceration – at 4.5 months post-release.

Further, this study highlights the importance of pre-release programming to support and facilitate the retention and future engagement of study participants after their release from incarceration. To increase engagement in community-based sessions, we recommend implementing strategies to increase post-release connections as part of in-jail programming to improve the transition from jail to the community. As early gains in mental health and drug and alcohol use disorder outcomes waned over time, catalyzing STAIR engagement and delivery in the community is likely important to helping individuals thrive in the community after their release.