

Crossroads Modified Therapeutic Community: Updates for Trauma-Informed Reentry

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Objectives



<p>Therapeutic Community Overview</p>	<p>History, theory, benefits, goals, and tools of intervention model</p>
<p>Crossroads – Then, Now, and Future</p>	<p>Modified Therapeutic Community and recent changes to trauma informed reentry services</p>

Crossroads



- Crossroads is a modified therapeutic community for those with a history of or current mental health needs. Mostly, it is a program for change with the intention of providing increased rates of success for those releasing from prison.
- It is currently the only rehabilitative, mental health-focused transitional program available in for men in Washington DOC.
- It has recently been revitalized after COVID impacted community-based programming and staff training for approximately three years.
- Program updates are based on research regarding TCs, recidivism, trauma-responsive care, trauma within the incarcerated population, and patient-centered services.



How did you learn to be who you are?

Social Learning Theory

Social Learning means that behavior is learned by observing and imitating the behaviors of others.

This is the theory on which therapeutic communities (TC) are based.

A lifestyle change occurs in a social context (a community).

Negative patterns, attitudes, and roles were not acquired in isolation, nor can they be altered in isolation.

What we learn from living in community is more powerful than what you learn from an individual.

Self-destructive behavior is learned; **thus, it can be unlearned.**

Observing peers who are committed to growth and prosocial behaviors motivates and empowers community members to do the same.

Community is the method of change.



History of Therapeutic Communities

TCs are mutual-aid based residential programs originally developed by psychologists to help traumatized soldiers successfully reenter society after the second World War.

In the late 1950's, therapeutic communities were then adapted by chemical dependency programs in the United States.

TCs in America became known as Democratic TCs focusing on substance use recovery while TCs in Europe were known as Concept TCs.

A TC is an evidenced-based modality for treatment of a variety of populations with propensities for unconventional and socially disruptive behaviors (addictions, criminogenic behaviors, personality disorders, etc.)

Therapeutic Community

Provides members with a sense of belonging and acceptance where recovery and growth as seen are gradual, ongoing processes and mistakes are viewed as opportunities for learning.

Encourages members to be a part of something greater than themselves; which is especially important for recovery from a criminal lifestyle.

Provides a highly structured environment with a developed moral and ethical code of conduct to earn hierarchal advancement and privileges.

Helps members develop healthy attitudes and behaviors while encouraging lifestyle changes that will foster an enhanced sense of self.

Community members and professional staff work together to support members. **The community itself is the vehicle that helps members gain personal insight and positive change.**

Community as a Method



TCs use active participation in **group living** and programming to drive individual change through social learning and mutual self-help.



Community members **take on some** of the responsibility for their peers' recovery. Helping others like this **is** an important **part of changing** yourself.



Hearing feedback from someone who has been where you are and is also working to change is more powerful than hearing feedback from someone on the outside.

Therapeutic Community Tools

Therapeutic Community Tools assist in the identification of both positive and negative behaviors to maintain and or change those actions that become self-destructive.

Provide a framework and shared language for patients to support new ways of thinking to themselves and others.

Include reinforcers, extinguishers, concepts, components, and core skills

CORE SKILLS

Core Skills are essential to learn. They are tools for decreasing self-destructive behaviors and fostering growth towards an improved life. At Crossroads, you will use Core Skills repeatedly in many different ways. By making them a part of your everyday life now, you will become comfortable using them upon release, which will lead to a safer, healthier, and happier life.

Core Skills all fit together. They are about strengthening your ability to respond to your situation with intentional choice rather than reacting with impulsivity, self-sabotage, or intense emotions.

1. Self-Listening
2. Affirming
3. Asserting
4. Brainstorming
5. Calming
6. Danger-Spotting
7. Focusing
8. Forecasting
9. View-Switching
10. Handshaking
11. Humanizing
12. Prioritizing
13. Resourcing
14. Tension-Sensing

What is Responsible Concern?

- Community members learn responsible concern towards peers by respectfully holding one another accountable for self-destructive behaviors.
- Much of the time, these self-destructive behaviors are so much a part of normal life that community members doesn't really know they are doing them. These habits are brought respectfully to members' attention.
- Responsible concern requires balance. So, it is important to also provide praise, support, and acknowledgment.
- Responsible concern is demonstrated through interventions such as Peer Accountability Groups, awareness raising, and Learning Experiences.



Raising Awareness

- Raising awareness is possibly the most difficult aspect of the program for many individuals.
- Raising awareness helps members identify self-destructive behaviors they are either unaware that they are doing or that have been normalized over long periods of time.
- TCs provide structure around these conversations, both in training members how to approach situations where they observe self-destructive behavior, and how to receive this information.
- These structured interactions provided guidance through phrases, appropriate responses, and tiered interventions that incorporate respect and interpersonal skills into each interaction.

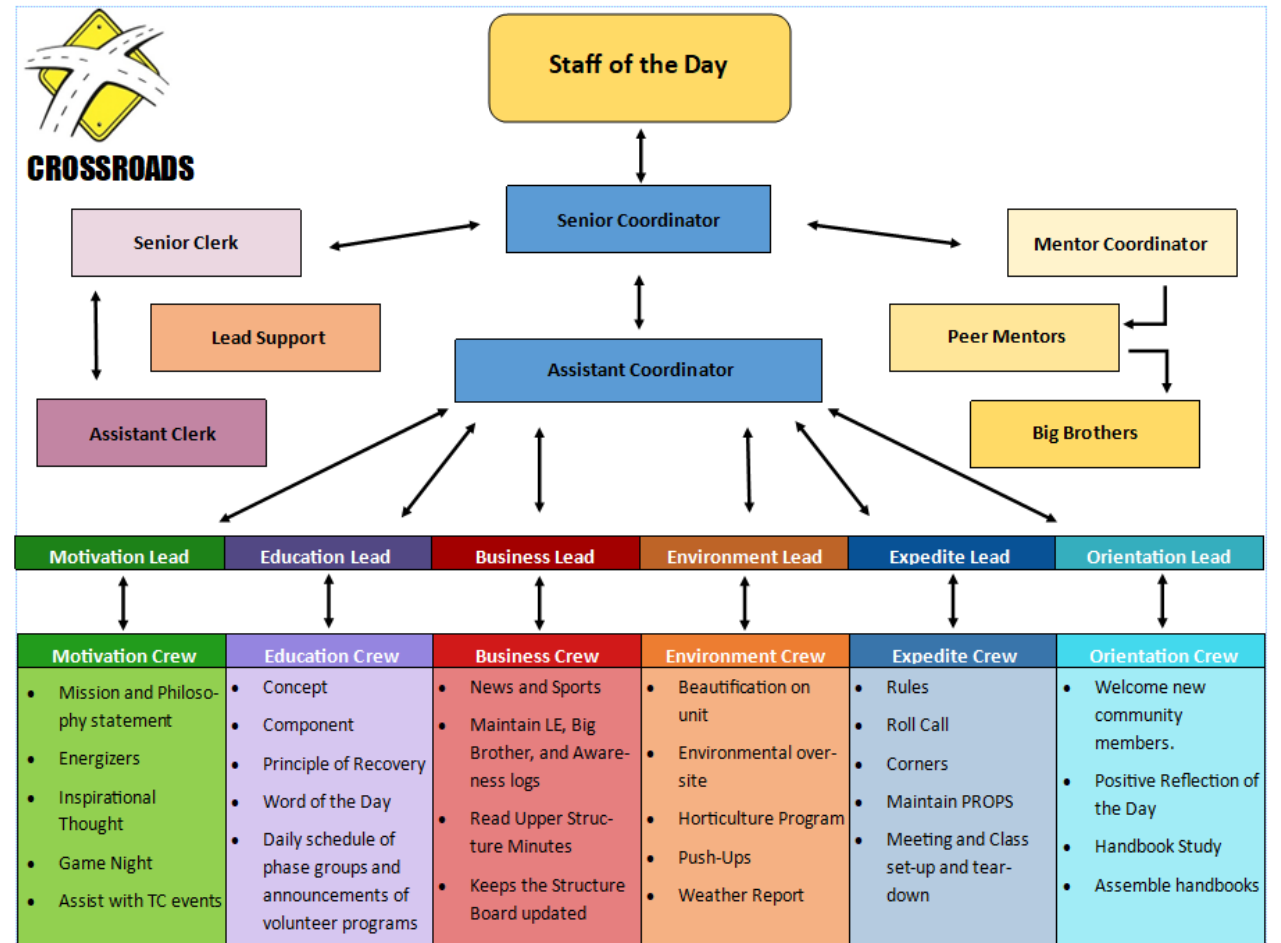
Community Structure

Community Crews

- Each TC has crews that are assigned specific tasks that contribute to the community functioning.

Line of Communication

- Establishes process of communication and steps to interaction. This process has several therapeutic intentions.



Community Structure

- **Delay instant gratification.** This is a big part of criminal and addictive behavior and must be unlearned before change can happen.
- **Self-sufficiency and self-reliance.** Victim-stance and lack of personal responsibility are patterns that often must be changed. Following the line of communication teaches advocating for the self instead of relying on others who will not be there after release.
- **The practice of various coping skills.** Taking short cuts is what leads people to self-destructive behaviors and incarceration. Delaying the instant relief of immediate answers provides opportunities to develop and practice coping skills.

Crossroads and Trauma Informed Reentry

Normalizes the need to acknowledge mental health struggles and trauma

Provides a space for patients to feel safe compared to other environments

Prepares them for release into the community by unlearning prison-culture behaviors that often contribute to recidivism

Builds healthy, positive relationships with staff

Empowers skill development through practice and reinforcement

Redevelopment of Crossroads

Impact of COVID

Staff uncertainty
about modality

Need for research
review

Patient struggles

Trauma responsive
approach to
restart

Trauma-informed Reentry

"Untreated symptoms of trauma can lead to incarceration and recidivism, as evidenced by the numerous studies that find lifetime traumatic experiences are significantly and positively correlated with both engaging in criminal behavior and factors that predict engagement in criminal behavior (e.g., **poor emotional regulation, aggression, hostility, impulsivity, risk taking, and substance misuse**) (Mandavia et al. 2016; Radomski et al. 2016; Tull et al. 2015, 2016). (Pettus, 2023, p.2)

...untreated trauma related symptoms simply cannot be ignored. ...trauma can alter the way an individual perceives the world, complicate their ability to form healthy relationships, and change the very structure of their brain, their mental and physical processes, and their behavior. Individuals who develop trauma-related symptoms often struggle to obtain stable housing, maintain meaningful

employment, form and sustain healthy and positive relationships, and recover from mental health and substance use disorders.

For individuals navigating reentry, failing to achieve these tasks may mean the difference between freedom and reincarceration. (Pettus, 2023, p. 14).

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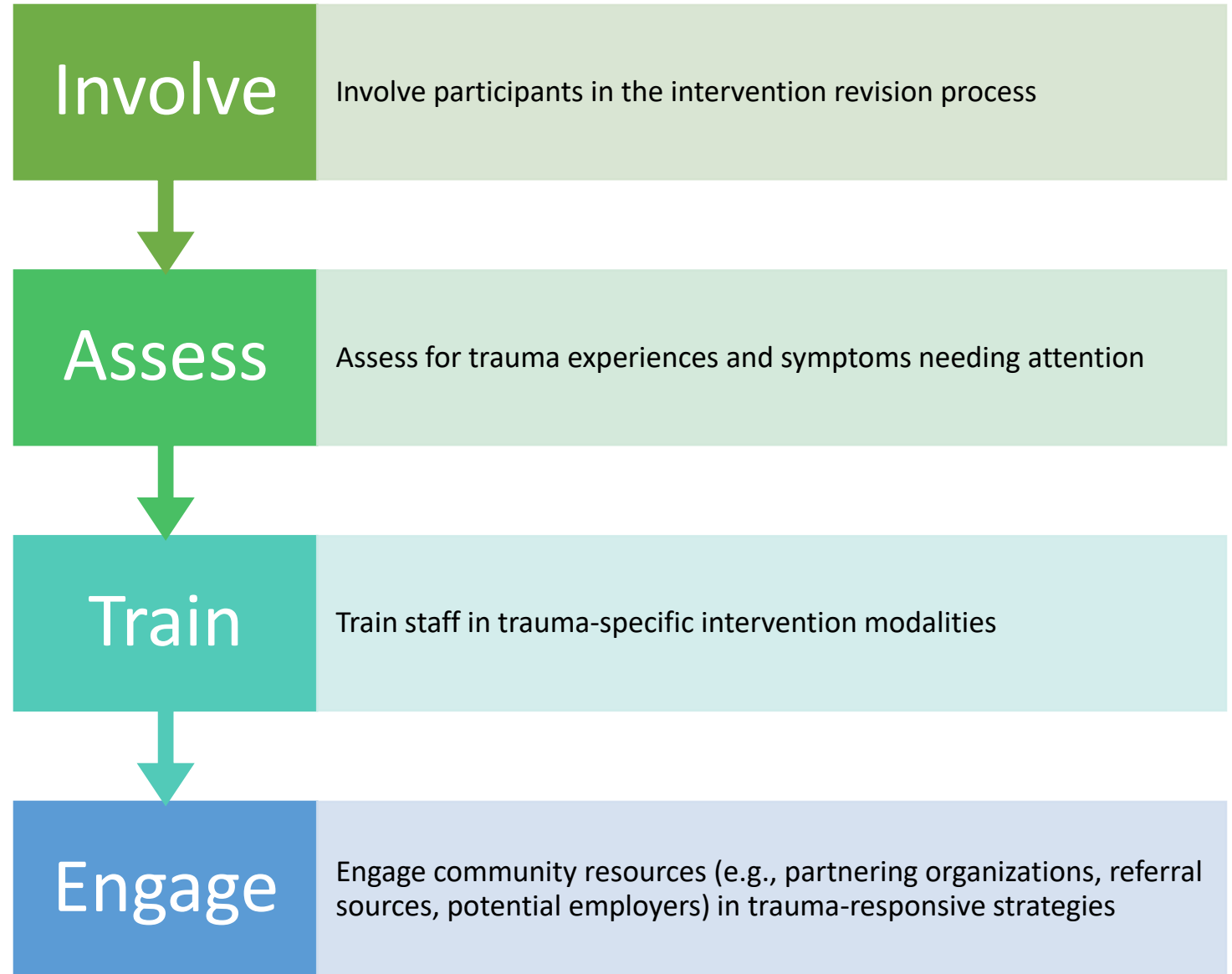
Keywords

trauma, incarceration, reentry, reform, behavioral health, recidivism

Abstract

Trauma is an almost universal experience for those with incarceration histories. Lifetime traumatic experiences begin in childhood, continue in adulthood, and persist during and after incarceration. For centuries, the capacity for trauma to have a deleterious impact on social, mental, and biological functioning has been a topic of inquiry, and for years empirical work has connected trauma to crime and justice system involvement. Trauma-responsive reentry is the future state of the art for reentry. This review examines the prevalence and consequences of lifetime traumatic experiences for individuals releasing from incarceration and returning home. Extant research on trauma interventions for individuals with incarceration histories is discussed. The review ends with a vision for trauma-responsive reentry, strategies to implement trauma-responsive reentry, a proposed research agenda, and cautions and considerations for debate.

How to adapt programming to become trauma-responsive?



(Menschner & Maul, 2016, as cited in Pettus, 2023, p. 438).



Trauma Based Reentry Components

Phase 1: intervention components (e.g., **psychoeducation, self-compassion, emotion regulation, distress reduction, and coping skills**) accommodate the hostile environment of confinement and rampant fear and distrust among incarcerated individuals.

Phase 2: responds to the destabilization and renegotiation of relationships and life that occur in the weeks after release from incarceration. ...interventions begin with **individualized assessment, practice coping and emotion regulation skills with participants, and address hypermasculinity (as it relates to having recently been released from a hypermasculine incarceration environment) and the ways in which hypermasculinity could impact progress in trauma interventions.**

Phase 3: trauma-responsive reentry interventions address severed or strained social ties that can occur during reentry and the limited availability of formal support services (e.g., wait-lists for treatment). **Individuals are guided to understand and improve interpersonal relationships, increase coping self-efficacy, begin trauma processing, and explore post-traumatic growth.**

(Pettus-Davis et al., 2019, as cited in Pettus, 2023, p. 434-435)

Psychoeducation Structure at Crossroads

PHASE 1: Orientation

Community Orientation: Therapeutic Community, Core Skill Exploration, and Handbook Study

Introduction to Therapy: Introduction to Mental Health Services, Cultural Identity, Emotions, Schemas, and Cognitive Distortions

Coping Skill Development: Dialectical Behavior Therapy (DBT) courses on all four DBT modules



PHASE 2: Concern

Shame Resilience: Creating Connections Curriculum by Brenè Brown

Skills Lab: Merges TC tools with skills learned in Phase 1 to increase understanding and use

Seeking Safety: Classes focus on interpersonal skills and behavior modification



PHASE 3: Action

Relationships: Classes explore strained social ties and interpersonal conflict that can trigger relapse to self-destructive behavior.

Trauma: Offer psychoeducation on trauma, trauma processing, and exploring post-traumatic growth



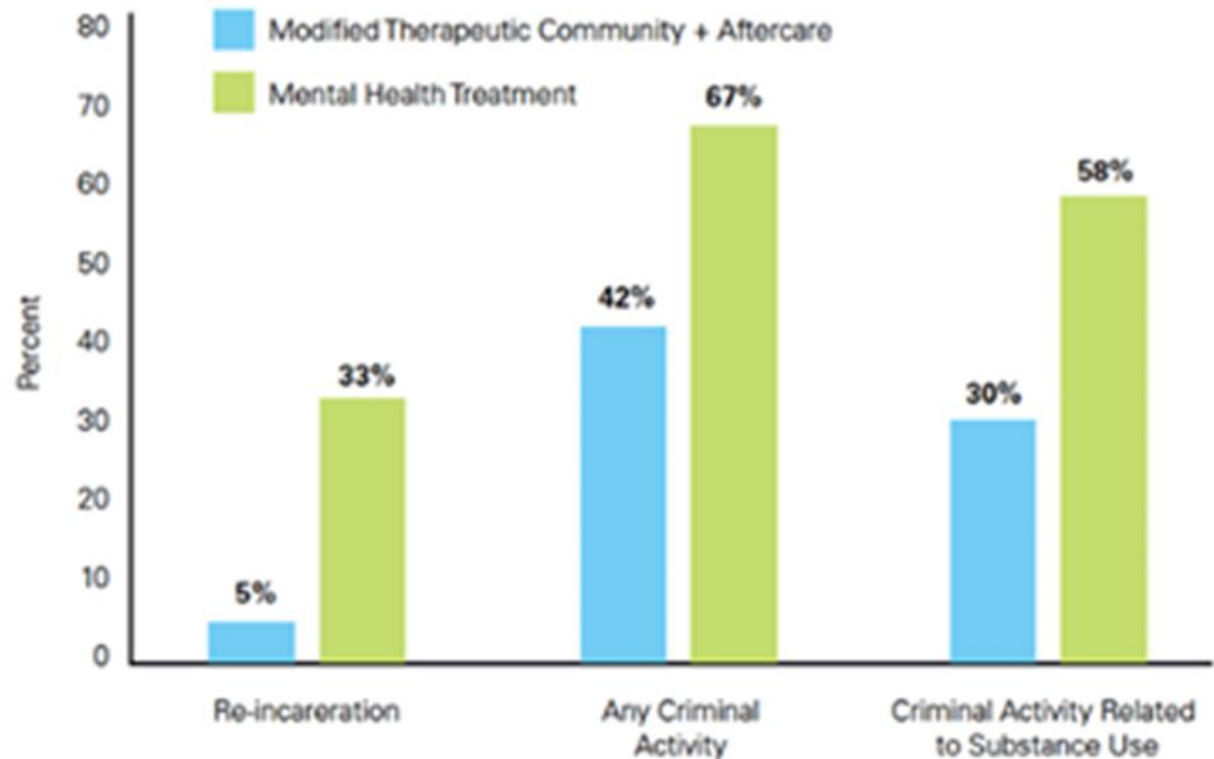
Interactive Time!

Incentives Beyond Prison

What will Crossroads do for people after release?

- Modified TCs lower recidivism and increase success in many aspects of life.
- Modified TCs are more effective than individual mental health treatment (just therapy and groups).
- This reinforces the TC goal of empowering patients and moving away from depending on individual therapy and mental health staff alone.

CRIME-RELATED OUTCOMES 12-Months After Prison Release



Sacks et al. (2004), as cited by the National Institute on Drug Abuse (NIDA). [How Are Therapeutic Communities Integrated into the Criminal Justice System? | National Institute on Drug Abuse \(NIDA\) \(nih.gov\)](#)

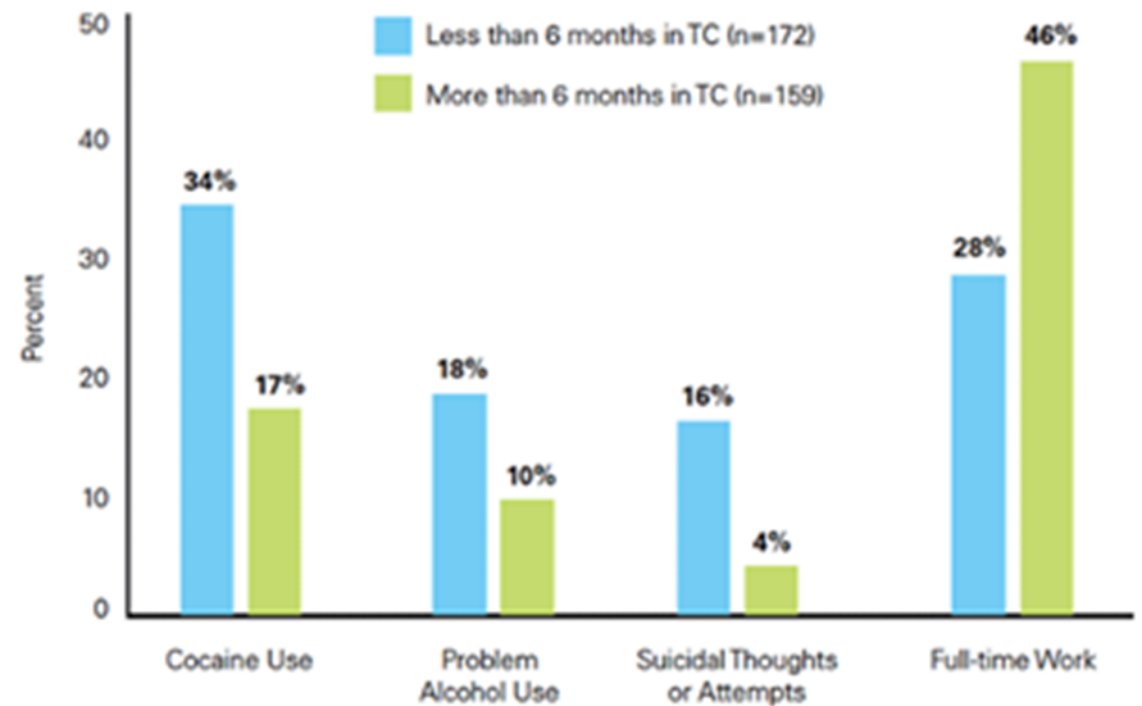
Continued Success after Release

Long-term participation in TCs is linked to fewer struggles with:

- Cocaine
- Alcohol
- Suicidal attempts or thoughts

It also results in higher likelihood of maintaining full time work.

OUTCOMES 5 Years After Treatment





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