EMOTIONALLY TRAUMATIC RESEARCH

Don’t Jump
https://soundcloud.com/mista-loki/loki-the-scottish-rapper-dont-jump

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“The biggest things for me are the benefits of not keeping a secret and being able to talk about things that – I thought that if I ever talked about them I would melt and disappear into the ground, or people would go scurrying from the room like rats. And I found out that didn’t happen, both for me and for other people. “ Lenore, Trauma Recovery Group participant – J. Herman, Trauma and Recovery (2015 ed), p. 276

Questions

- What are the main methodological, ethical and theoretical challenges and implications of this type of research?
- What structural or institutional challenges or opportunities do you see?
- What are the methodological and personal opportunities for this type of research?
- What do you think are key strategies for researcher self-care and participant care in the face of sensitive research? (see https://soundcloud.com/avrilbrandon/mu-department-of-law-talking-with-dr-jane-mulcahy)

Combining Research with Activism: Articles, Submissions & Podcasts

J. Mulcahy, “A neurodevelopmentally aware, trauma-responsive approach to understanding risk”, Advancing Corrections (2020)
https://www.researchgate.net/publication/344569055_A_neurodevelopmentally-aware_trauma-responsive_approach_to_understanding_risk

J. Mulcahy, “Towards ACE-Aware, trauma responsive penal policy and practice” Prison Service Journal, September 2019, 3-13 https://www.crimeandjustice.org.uk/publications/psj/prison-service-journal-245

“Hurting Children” in Curing Violence, (Monument Trust, 2018), at p. 98, available at
http://justiceinnovation.org/wp-content/uploads/2018/10/Curing-Violence-reduced-size.pdf

Hurting Children: Submission to the Committee on the Future of Mental Health
https://www.researchgate.net/publication/326265527_Hurting_Children_submission_to_the_Committee_on_the_Future_of_Mental_Health

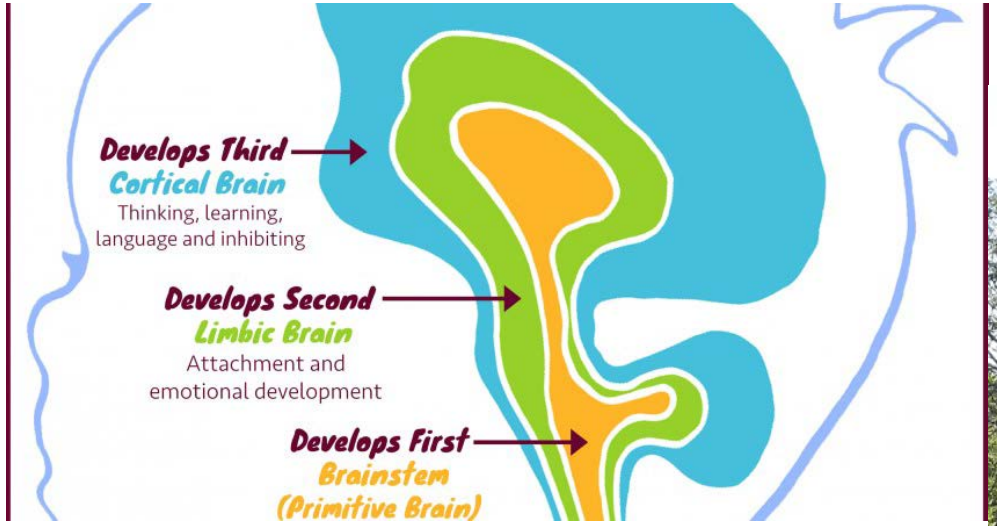
Articles on ACEs & Tonic Immobility in the context of sexual violence – RTE Brainstorm
https://www.rte.ie/author/942391-jane-mulcahy/

“The Science of Safety”: a Law and Justice interview with Dr Stephen Porges
https://soundcloud.com/jane-mulcahy/law-and-justice-interview-with-dr-stephen-porges-the-science-of-safety

“The human condition: we are all on a quest for safety”
https://www.researchgate.net/publication/340309690_The_human_condition_we_are_all_on_a_quest_for_safety

Connected Corrections and Corrected Connections: post-release supervision of long sentence male prisoners

The brain develops from the bottom up



An overdose of Adverse Childhood Experiences (ACEs) has a negative impact of brain structure and function, leading to oversensitization/overactivation of the fight/flight/freeze response

Offending behaviour is a symptom of trauma

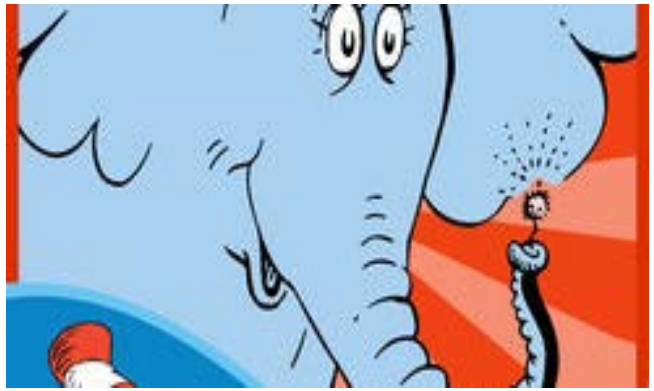
Though we have little hard data on the prevalence of ACEs in prisons, it is likely that globally prisons are filled with men who began their lives as scared infants & learned to live their lives primarily in fight mode or by numbing their emotions through drug use. Perry et al estimate that 90% of prisoners have a trauma history

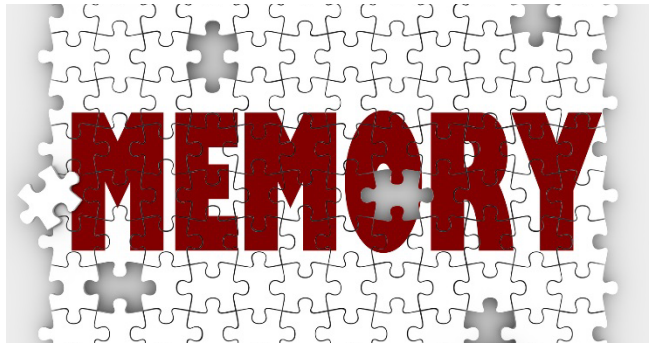
Qualitative data from PhD

Triangulation

PhD examined the factors that support desistance and successful change in men who are subject to some form of post-release supervision or engagement with the Probation Service (serving sentences of 2-10 years imprisonment)

- 32 semi-structured interviews with senior IPS & Probation management, senior policy-makers, Probation Officers, Community-Based Organisations and members of An Garda Siochana.
- Interviews with 12 male prisoners pre-release using a topic list informed by discussions with six men at different points in their desistance journey (6 2nd round follow up interviews post-release and 2 3rd round interviews.
- 3 Focus Groups in prisons with a range of services, including Assistant Governors, Chief Officers, Integrated Sentence Officers, Probation Officers, Addiction Counsellors, Teachers, Chaplains, Training and Employment Officers, Resettlement Officers and Nurses.

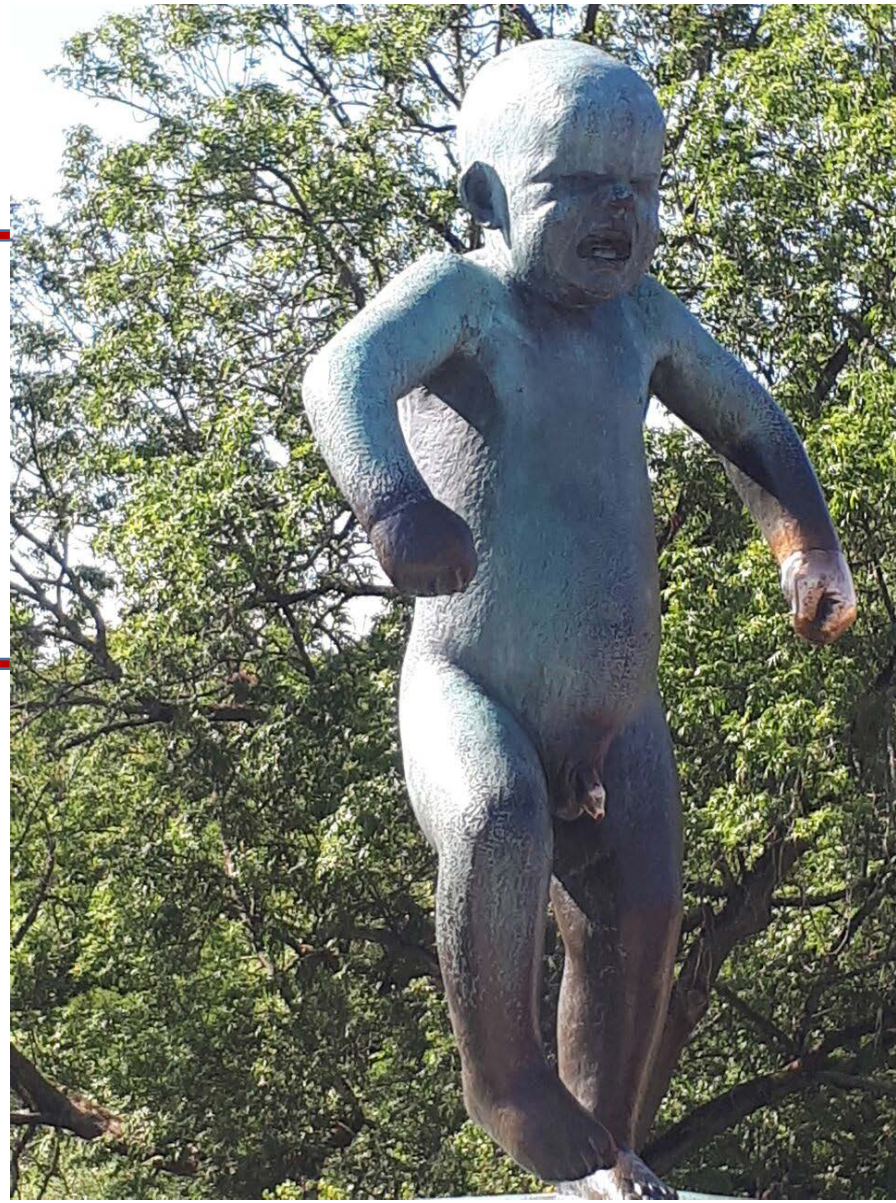




Training

LSI/R refresher training with Probation Officers at Probation HQ
Case Management Training with Probation Officers
Violence Risk Scale Training with Assistant Psychologists, IPS
Training with ISM Officers, IPS
Alternatives to Violence and Relapse Prevention, Red Cross Volunteers

- August 2018 - Visit to Norwegian Correctional Service, facilitated by Gerhard Ploeg (Oslo Halfway House, Berg open prison, Kongsvinger foreign inmates prison (M+F), Halden prison, Drug Treatment Court, Probation Service Oslo, National Preventive Mechanism
- September 2018 - Visit to Scottish Prison Service, Edinburgh Prison, Barlinnie Prison, SACRO, Aid & Abet, ACE Aware Nation events
- Trauma training with Bessel Van der Kolk; attended the Trauma Summit in Belfast



Thematic Analysis

Rehabilitation, sentence planning, interagency work, pre-release planning, reintegration challenges, community supports, post-release supervision (+ safety, trauma, autonomic dysregulation, relational health)

Twelve Angry (or fearful?) Men – the legacy of trauma

- Offending behavior, addiction/drug & alcohol misuse (Benzos), TRAUMA, anger, fear, hopes for the future, relationships
- Value of engaging with psychology services and generative pursuits such as Listener Scheme & Red Cross
- Existing prison programmes are not trauma-informed or responsive. The RNR model fails to incorporate ACEs evidence and neuroscience about the impact of childhood adversity and the absence of an always available, emotionally stable adult to act as a buffer on neurobiology. CBT will not work on a traumatised person, whose prefrontal cortex goes offline at the smallest provocation (“window of tolerance”)

Cathal – I've been in and ou' … 21 years in and out of prison, yeah.

JM – And you're 36 now?

Cathal – Thirty seven now, 37 years of age.

JM – And how long, out of that 21 years, would you say you've actually spent in prison? (*pause*) *Most* of it?

Cathal – *All of it*.

JM – All of it, ok.

Cathal – Bein' out for t'ree weeks an' back in wit' fresh sentences.

JM – Ok, right.

Cathal – I don't *know* what life is like. I don't know how, I don't know *how to cope* out dere, like.

JM – Ok, so you don't *mind* prison? Would that be *fair* to say? That prison is, is, is for you …

Cathal – (*bit intake of breath, higher pitch*) Well, only for prison, I'd be *dead*.

JM – Right, ok.

Cathal – You know? Dat's *wan* t'ing I got out of prison. (*higher pitch*) *I'm alive*.

JM – Right, ok.

Cathal – Bu' to be honest wit ya, I don't *like* prison at all, like.

JM – Yeah.

Cathal – Bu' it's de only *option* I have. It's eeder da' or *die* on de streets, like.

JM – Right. Have you, have you (*gathering thoughts*), have you spent periods *homeless* on the *streets*? In, in *Cork*, or wherever?

Cathal – (*very high pitched*) Cork, yeah – *runnin'* around to *B&Bs*, knockin' at de doors, lookin' for rooms. "We 'ave none". *De anxiety builds*, so (*lower pitch with a touch of aggression*) I just *fuck off* robbin' den.

JM – Right.

Cathal – I pick up charges an' come into jail.

JM – So, it's almost *deliberate*, kind of thing?

Cathal – *Yeh*.

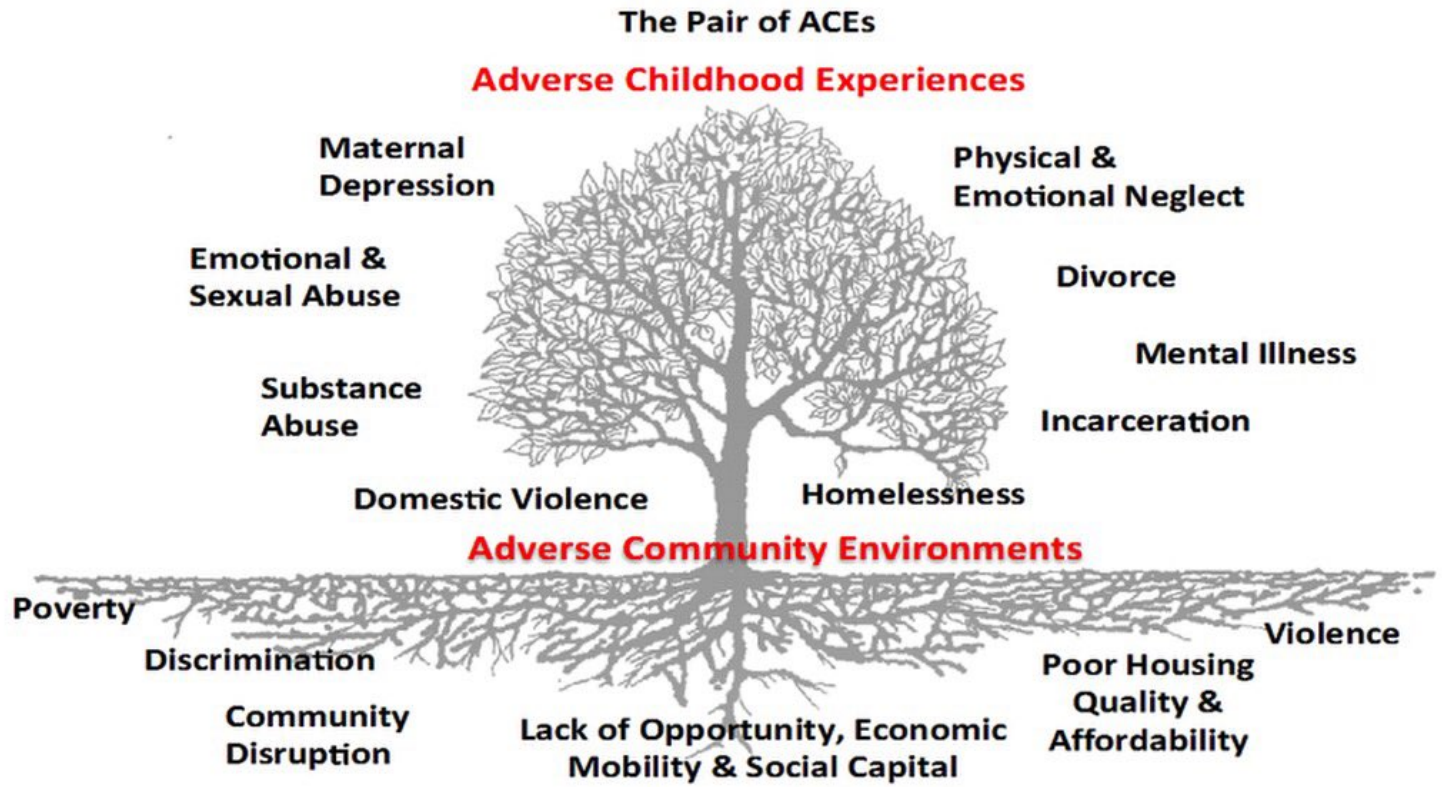
JM – A means to an end?

Cathal – What's de point?

JM – Get back in - be *safe* almost?

Cathal – (*high pitch*ed) To be *safe*, *yeah*. Instead of walkin' de streets, freezin' wit' de cold, starvin' wit' de hunger, yeah.

The intersection between Adverse Childhood Experiences and Adverse Community Environments



Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. Academic Pediatrics. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011

The fight/flight/freeze response & the window of tolerance

ACEs cause the production of toxic stress or cortisol in children, which activates the "fight/flight/freeze" stress response system. The development of normal neural pathways is stunted. Trauma impacts a person's "window of tolerance", causing them to either remain constantly on high alert for danger, responding with anger, violence, impulsivity or defensiveness (hyperarousal) or by shutting down/disconnecting (hypo arousal) when emotionally overwhelmed or triggered. Neural connections are "use dependent" – use them or lose them (Perry, 2017 edition).

The fight/fright/freeze response that is triggered in stressful situations, if understood properly for interacting with "unrecovered trauma survivors" (Whitfield, 1998), particularly those who are hardest to reach and demonstrate aggressive behaviours when fearful.

The tyranny of silence: #Askeverychild? Adult?

Dr Nadine Burke-Harris maintains that the ACEs framework is powerful because it opens "a dialogue about topics that feel largely taboo in our society" (Burke Harris, 2018: p. 170).

Whitfield notes that 50-70% of people who require psychiatric inpatient treatment as well as those who avail of psychiatric or psychological out-patient services are trauma survivors (Whitfield, C. "Adverse Childhood Experiences and Trauma", *Am J Prev Med* 1998;14(4), pp.361-364 at pp.361-362 at p. 362).

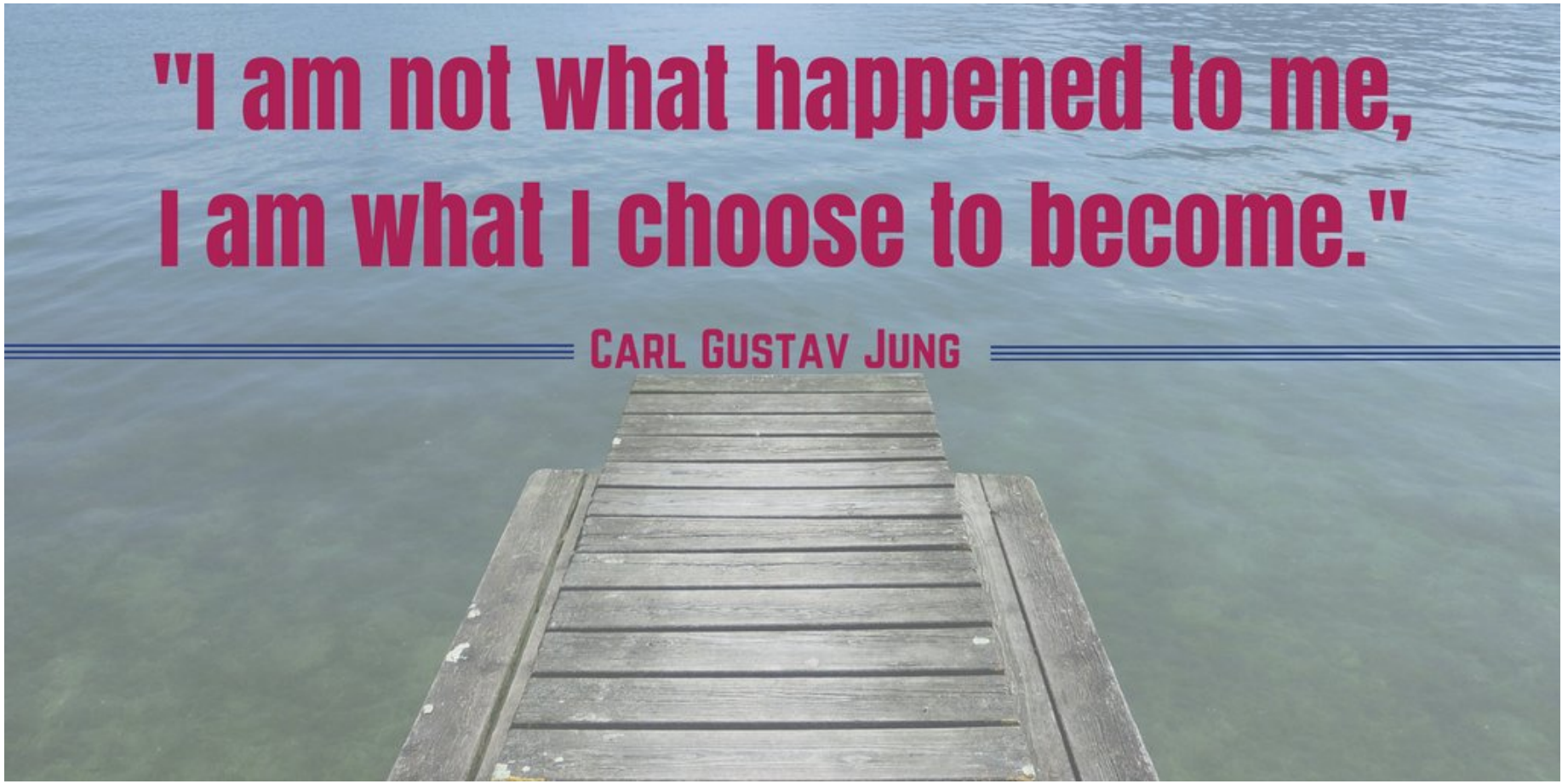
Read *et al* found that survivors were frustrated that professionals avoided questioning about childhood trauma. One interviewee stated: "I just wish they would have said "What happened to you? What happened?" But they didn't." (Read, J. Hammersley, P. & Rudegeair T. (2007) Why, when and how to ask about childhood abuse. *Advances in Psychiatric Treatment,* 13, pp.101–110, at p. 103).

Read *et al* argue that it is imperative to ask *every* patient about trauma as a matter of course and to do so at the initial assessment as part of a general psycho-social history, unless the person is in crisis. They propose routine enquiry on the following basis: "The temptation to ask only individuals with certain symptoms (e.g. of PTSD) reflects a restricted view of the impact of trauma. Given the very low spontaneous disclosure rate documented above, waiting for clients to disclose abuse does not work. Mental health professionals must actively elicit each person's narrative." (at p. 105)

See also my Law and Justice interviews with Dr Jonathan Tomlinson, Dr Warren Larkin, Dr Elizabeth Gregory, Judge Ginger Lerner Wren, Dr Pat Bracken and Dr Lucy Johnstone

- https://soundcloud.com/jane-mulcahy/dr-jonathan-tomlinson-law-and-justice-interview (trauma-informed medicine)
- https://soundcloud.com/jane-mulcahy/law-and-justice-interview-with-dr-warren-larkin (ACEs, trauma & psychosis)
- https://soundcloud.com/jane-mulcahy/interview-on-childrens-mental-health-with-elizabeth-gregory-consultant-clinical-psychologist
- https://www.youtube.com/watch?v=aJPA3awEQAc&t=118s (Judge Ginger Lerner-Wren on the mental health court)
- https://youtu.be/FePCTaMKj3c (Dr Pat Bracken on flaws with biomedical model of psychiatry)
- https://youtu.be/u98Xpphtyv0 (Dr Lucy Johnstone on the Power Threat Meaning Framework)
- https://youtu.be/k0bs1nz4D1A (Dr Bruce Perry on attachment, trauma and the limitations of the ACEs framework)

It's all about the relationship (especially if you can help a person with their emotional regulation!)



Relationships are an "evidence-based programme" Mary Glasgow, Children 1st #ACEAwareNation

Be an empathetic witness

Trauma is not what happens to us, but what we hold inside in the absence of an empathetic witness. – Gabor Mate in the Foreword to Peter Levine's book "In an Unspoken Voice: How the Body Releases Trauma and Restores Goodness, 2010)

Try to help prisoners feel SAFE with you. Safety starts with their ***bodily sensations***

https://www.youtube.com/watch?v=G7zAsealyFA

https://www.youtube.com/watch?v=KldCFdx5K-s&feature=youtu.be (Bessel Van der Kolk tapping)

https://www.psychotherapy.net/interview/interview-peter-levine

Be patient

Be kind

Be interested in the person you are interviewing. Be conscious of attunement & co-regulation)

Watch your own triggers and biases!

Be careful about the language you use to story people!

Signs of vicarious trauma, secondary traumatic stress and compassion fatigue

Physical Signs

Insomnia
Headaches
Sore back and neck
Rashes, breakouts
Grinding your teeth at night
Heart palpitations
Hypochondria

Behavioural Signs

Increased use of alcohol and drugs
Anger and Irritability at home and/or at work
Avoiding colleagues and staff gatherings
Impaired ability to make decisions
Impostor syndrome – feeling unskilled in your job
Problems in personal relationships
Difficulty with sex and intimacy due to trauma exposure at work
Thinking about quitting your job (not always a bad idea by the way!)

Emotional/Psychological Signs

Emotional exhaustion
Negative self-image
Depression
Impaired appetite or binge eating
Feelings of hopelessness
Guilt
Dread of working with certain clients
Diminished sense of enjoyment/career
Depersonalization – spacing out during work or the drive home
Distorted world-view, heightened anxiety or irrational fears
Hypersensitivity to emotionally charged stimuli
Insensitivity to emotional material/numbing
Suicidal thoughts

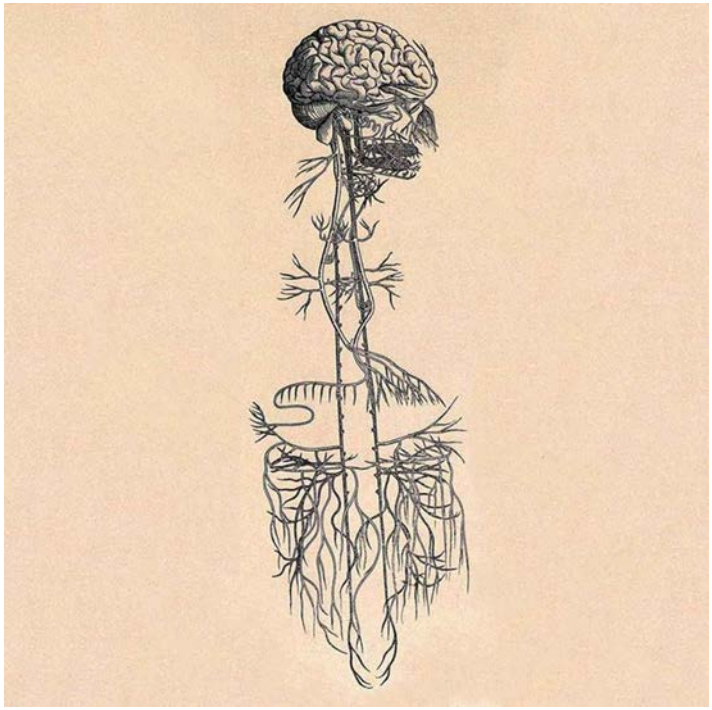
https://www.tendacademy.ca/warning-signs-of-vicarious-traumasecondary-traumatic-stress-and-compassion-fatigue/

"Trauma contagion refers to the concept that working with trauma survivors may increase the risk for vicarious trauma, secondary traumatic stress and burnout for some. The terms are at times used interchangeably in the literature. According to Pearlman & Mac Ian (1995) vicarious trauma occurs following long-term exposure to the stories of traumatised service users and may cause decreased motivation and empathy. An additional feature of this is a risk of a 'distorted world view' (McCann & Pearlman, 1990). The experiences of workers in front line services represent a small minority of the general population as a whole. However if a worker develops vicarious trauma they may perceive their world as more unsafe than the actual statistical risk. Staff may isolate themselves from others who do not work in front line services as they no longer hold similar views of risk, danger and trauma and may tend to gravitate more towards others who share similar occupational experiences. Secondary trauma stress differs to vicarious trauma in that it does not change a person's world view. It has instead been described as a syndrome among staff working with trauma survivors that mimics posttraumatic stress disorder. … Burnout occurs when the demands outweigh the resources and results in physical and emotional fatigue that may also result in disengagement from work and the depersonalisation of service users."

Dr Sharon Lambert, pp. 32-33 https://www.acjrd.ie/files/ICJAC_REPORT_2018_-_Toward_a_Trauma-Responsive_Criminal_Justice_System_Why,_How_and_What_Next.pdf

Murphy & Lambert from UCC's Applied Psychology Department report that front-line professionals with high levels of personal trauma were more likely to experience burnout and secondary traumatic stress with "those scoring higher levels of burnout almost twice as likely to have higher ACE scores (4+) than those with lower ACE scores and those scoring higher levels of secondary traumatic stress almost four times as likely to have higher ACE scores. A very robust positive relationship was found between burnout and secondary traumatic stress which was partly reflected in the significantly lower compassion satisfaction scores." See https://www.ucc.ie/en/apsych/research/researchnews/research-blog-traumatic-childhoods-and-later-life-outcomes.html

Managing stress



Polyvagal-informed activities that regulate neural state including listening, singing (especially in a group), deep breathing (e.g. coherent breathing), yoga, dance, movement medicine, drumming, and trauma releasing exercises (TRE).

Theatre, art, journaling, massage, acupuncture, walking in nature, gardening, nurturing contact with animals are also beneficial.

Thank you for your attention

Email: jane.mulcahy@ul.ie

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