Evaluation Report: Exploring Trauma

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I. Introduction

A. Trauma Among Males in Substance Abuse Treatment and the Corrections System

Among men in both criminal justice and addiction treatment settings, there are high rates of past exposure to trauma as well as post-traumatic stress disorder (PTSD), which largely goes unaddressed (Gibson et al., 1999). One-fourth to two-thirds of people with substance abuse disorders have been reported to have co-morbid PTSD (Najavits, Weiss & Shaw, 1997). Interpersonal violence in especially common, with 84.5% of women and 69.6% of men reporting exposure to this history in one study of methamphetamine users (Cohen et al., 2003). A German study comparing different types of substance abuse patterns in a clinical population (Driessen et al., 2008) noted that there are lower rates of PTSD among people with alcohol dependence, compared to drug dependence or both alcohol and drug dependence, and that PTSD results in significantly poorer outcomes.

For inmates, rates of lifetime PTSD, measured at approximately 33%, are much higher than the .5 – 12% rates found in reports of the general population (Gibson, 1999). The most common forms of trauma among the general population are combat and witnessing death (Kessler et al., 1995). Prisoners' traumatic experiences are also related to witnessing death – but secondly, to sexual abuse (Gibson et al., 1999), which has been observed among 40% of male inmates in another sample (Fondacaro et al., 1999). In a sample of 266 inmates of both genders, 94.7% had experienced at least one traumatic event in their lifetime, with higher numbers of traumatic experiences among men, but higher rates of resulting PTSD among women prisoners (Komarovskaya et al., 2011).

B. Interventions for Trauma-related Symptoms

Experiencing traumatic events – even when they do not result in a diagnosis of PTSD – can result in many undesirable symptoms, such as difficulty sleeping, negative beliefs about oneself, irritable behavior and hypervigilance. Moreover, trauma survivors are often depressed or anxious. Other than interventions specifically for veterans, there are few research-based group interventions to alleviate trauma symptoms and offer tools for self-regulation. More interventions are now available for women, and experts agree that gender-specific interventions are desirable. Best known group intervention models for men (or women and men) who are not necessarily veterans include: Seeking Safety (Najavits, 2002); TARGET (Ford & Russo, 2006); M-TREM (Fallot et al., 2014); and Trauma-Focused Group Therapy (Classen et al., 2001). These models are mainly used in psychiatric and substance abuse clinics, since they generally require facilitation by clinicians, and are closed models involving eight or more sessions. In contrast, *Exploring Trauma* is a briefer intervention that can be delivered by non-clinician facilitators, including peers.

II. Introduction of *Exploring Trauma* in Connecticut

A. The Intervention: *Exploring Trauma*

In the fall of 2015, in response to a request from the Connecticut Department of Mental Health & Addiction Services (CT DMHAS), the Connecticut Women's Consortium (CWC)

sought a brief men's trauma intervention that could be delivered by clinicians or non-clinicians, in a variety of community programs or in jails and prisons. We identified *Exploring Trauma: A Brief Intervention for Men* by Stephanie S. Covington, PhD and Roberto A. Rodriguez, MA, which was in the final stages of release by Hazelden. *Exploring Trauma* is a men's version of a women's intervention we had been using with considerable success. In collaborative discussions with the authors, we obtained permission to pilot a pre-release publication initiative 6 months prior to formal publication of the intervention in June of 2016.

Exploring Trauma is a 6-session group trauma intervention that addresses the specific issues to men's trauma: men's silence surrounding abuse, the impact of male socialization on men's responses, the risk of victims becoming abusers, and the need to understand men's shame and fear to explore trauma. (www.stephaniecovington.com/convington-curriculum). The curriculum directs groups to be held in a space that represents the core values (adapted from Fallot and Harris, 2008) of a trauma-informed environment: Safety, Trust, Collaboration, Choice and Empowerment.

Each of the sessions requires two hours and the suggested attendance for a group is between 6 and 10 men. The recommendations are for a closed group after the 1st session. The parameters for this initiative were a maximum of 12 participants and groups were closed after the 2nd session. All of the sessions are partly didactic, and include hands-on activities and frequent opportunities for group interactivity. Themes consistent to each session are: a) one or more grounding exercise; b) participant quiet time; and c) "check in" at the start of each session and "reflection, outside assignment and a close" as the end of each session.

Session 1 encompasses a welcome, group agreements and introduction to the subject of trauma and grounding. Session 2 introduces mindfulness, explores different grounding techniques, gender expectations and has participants answer the Adverse Childhood Experience Survey with appropriate opportunities for discussion. A Power and Control Wheel (www.duluthmodel.org) and the definition of shame are also integral to the discussion. Session 3, entitled *Thinking, Feeling and Acting,* teaches the process of traumatic response (fight, flight, freeze) and resulting maladaptive thoughts, feelings and behaviors that can occur. This lesson additionally offers a comprehensive discussion on "grounding" (self-soothing techniques) as a tool for relaxation, stress reduction and reduced anxiety. Session 4 - *Beyond Guilt, Shame and Anger* includes discussion on the differences between guilt and shame, and highlights anger as an expression of less easily expressed emotions of hurt, sadness, fear and insecurity. This session also helps participants recognize how trauma manifests itself in sensations in their body and teaches how to label the real emotions behind a feeling. Session 5- *Healthy Relationships* covers the elements of a healthy relationship, and has participants practice conflict resolution using 5 specifically defined steps. Session 6 - *Love, Healthy Closure, Additional Resources and Certificates* includes: a discussion on love as both a feeling and behavior; has participants create a Love Collage, and overviews appropriate ways to end relationships. All participants are presented with a certificate of attendance.

B. Training Facilitators to Conduct Groups

The Consortium pre-publication Initiative of Exploring Trauma: A Brief Intervention for Men, began in February 2016. Fifty individuals attended a one day, 6-hour curriculum training day was facilitated by co-author Roberto Rodriguez, M.A. and Eileen Russo, MA, LADC. At that training, thirty-one male facilitators were trained. Eleven of these men trained were pre-screened by the Consortium to be paid facilitators, external to the host agency. The remaining 20 of the men trained were from fourteen different agencies representing 16 different geographical locations across Connecticut. Fifteen additional administrative personnel from the participating agencies attended the training as well as the evaluator, Linda Frisman, PhD, a fidelity consultant, and two CWC administrative staff.

C. Selecting Participating Agencies

Agencies were invited to participate in the Exploring Trauma Initiative based on their ability to commit to the following criteria:

- Between 2/20/2016 and 6/30/2016, offer the 6-session *Exploring Trauma* group a minimum of 1 time with a first session minimum recruitment of 10 participants
- Agree to, and support the collection process of pre- and post-intervention surveys for the CT Women's Consortium.
- Dedicate a minimum of 1, (ideally 2) men from there staff to attend the one-day curriculum training.
- Agree to a collaborative co-facilitation model in which a contracted facilitator would be matched with an agency trained facilitator to ensure fidelity to the curriculum during the 6-month evaluation project.

A total of 16 agencies participated representing a variety of settings that included: 1 jail, 1 prison, 1 Veterans Home Hospital, 5 behavioral health outpatient clinics, 2 inpatient clinics, 3 community reentry support from incarceration agencies, a recovery peer support agency and 3 family support agencies.

In exchange for the above commitment, The Consortium agreed to provide the 1-day training, consultation to agencies; provide consultation support to facilitators during the 6-month evaluation project; provide all supplies and materials necessary to run the group as well as copies of the pre-release facilitator guides and participant workbooks. If the above requirements were met, agencies in the project received a final published CD of the *Exploring Trauma* curriculum at the end of the 6-month evaluation so they can continue to run groups with their in-house trained facilitators. (The CD has unlimited rights to printing curricula).

D. Facilitators

Contracted facilitators had a broad spectrum of both clinical skills and lived experience with trauma, mental health issues and incarceration. All 11 of the contracted facilitators had lived experience in either addiction, incarceration or both and were chosen based on recommendations

within the behavioral health community. Nine of the 11 contracted facilitators had experience working professionally with formally incarcerated individuals for a minimum of 3 years. Two of the eleven contracted facilitators were addiction counselors, two were recovery support specialists and eight of the eleven were experienced group facilitators. Six of the eleven contracted facilitators were African American, two were Caucasian and three were of Puerto Rican descent.

As discussed in agency selection, to support fidelity and sustainability of the model at each location, each agency facilitator(s) was paired with a contracted facilitator for every 6-session group run. Contracted facilitators were matched with agency facilitators based primarily on schedule availability with secondary consideration given to ensuring the two facilitators had combined strength in skills and experience. The contracted facilitator received ongoing consultation from co-author Robert A. Rodriguez, MA and Consortium Director of Education and Training, Aili Arisco, LCSW. A total of 25 additional consultation hours were provided to facilitators throughout the 6 month period. Four of the 25 hours were group consultation via phone conferencing with Mr. Rodriguez. Facilitator agreements stipulated that payment for group facilitation would be contingent on return of completed pre, post surveys and attendance sheets to support data collection. A final 2-hour group consultation was held at the end of the project to gather more feedback from the facilitators.

E. Supporting Fidelity

All contracted facilitators were given binders with pre/post-group surveys, attendance sheets, participant workbooks and a box of all supplies required to run the group per the curriculum design. The CWC created flyers and posters for agency use to advertise the *Exploring Trauma* groups within the agency. All contracted facilitators were asked to talk and or meet with their assigned agency facilitator prior to running the group to a) review the agency space the group would use to ensure that it met the trauma-informed guidelines stated in the curriculum, b) discuss shared responsibilities c) ensure the agency facilitator recruited participants; d) trouble-shoot location specific barriers to best group practice, specifically in correctional locations. Co-facilitators were asked to de-brief after each session to ensure preparation for the next session. Many trainers ran more than 1 group and were given additional supplies prior to the start of a new group.

A fidelity scale for each of the 6 sessions of *Exploring Trauma* was developed and a consultant was hired to observe group sessions at a number of agencies. Overall, the consultant visited 6 different groups representing all 6 Exploring Trauma sessions. Two of the groups were at correctional facilities. A total of 6 of the 11 contracted facilitator/agency facilitator teams were evaluated.

III. Evaluation

A. Methods

In order to measure the short-term effect of the *Exploring Trauma* model, facilitators were trained to collect data via surveys collected at the first and last sessions of the groups. These pre-

and post-intervention surveys were anonymous but connected by the evaluator via participant-generated codes. Surveys included demographic information, a brief knowledge quiz, as well as: (1) the Perceived Stress Scale (PSS, Cohen et al., 1983) (2) two items related to anger from the PSS; (3) depression, and anxiety subscales from the TCU Psychosocial Functioning Scale (Knight et al., 1994); and questions related to satisfaction with the group experience.

In addition to the surveys, facilitators were asked to keep group attendance, and to record any notable experiences related to implementation. At the end of the groups, facilitators also participated in a meeting to talk about the model. Furthermore, an expert on the model conducted a fidelity assessment via direct observation on a sample of the groups, and completed fidelity scales.

B. Respondents

Over the course of the project, 19 separate groups were conducted serving 156 participants, and both pre- and post-intervention surveys were completed on 98 individuals; see Table 1. Most non-completers are people who were discharged from their programs prior to the end of the group, and complete data are available for 62.8% of the participants overall. To ensure that our sample was not biased, we compared the demographic characteristics and outcome domains at baseline among those with full data versus those with pre-intervention surveys only. No significant differences were detected, which increases our confidence that the outcomes are representative of the full group.

Table 1. Groups conducted by sample size

Group	Site	Total Served	N Complete Data
1	Bridgeport Correctional Center	6	3
2	The Connection (Roger Sherman)	11	6
3	The Connection (Sierra Center)	6	4
4	EMERGE	10	9
5	Toivo	7	1
6	Project Longevity	4	4
7	Veterans' Home	9	7
8	McCall Foundation	9	7
9	Bridgeport Correctional Center	10	5
10	Reliance House	7	3
11	The Connection (Orange St)	4	4
12	New Haven Family Alliance	10	8
13	Perception House	6	5
14	New Perceptions	9	7
15	New Haven Community Action	15	3
16	Hangtime	5	3
17	Osborn Correctional Institution	12	7
18	Family Re-Entry (Bridgeport)	5	4
19	Family Re-Entry (New Haven)	11	8

Total	156	98

Personal characteristics of the participants are shown in Tables 2 and 3. As shown, the majority of men served were in the 35-54 age range. Also, a large proportion of the participants were non-White; almost 43% were African American and almost one-quarter "other" or multiracial. Most of the men who described themselves as multi-racial were also of Hispanic origin.

Table 2. Age of Participants

	N	%
Missing	2	2.04
18-25	9	9.18
26-34	21	21.4
35-54	51	52.04
55-64	14	14.29
65 or over	1	1.02

Table 3. Race and Ethnicity of Participants

Ethnicity:	N	%
Latino/Hispanic	18	18.34
Race:		
White	32	32.65
African American	42	42.86
Other/multiracial	23	23.47
Missing	1	1.02

C. Findings

1. Attendance

Most of the group facilitators provided attendance forms with comments. In general, attendance was very good, and most absences or early terminations were related to unavoidable circumstances (e.g., jobs, program discharges). Among program completers, the average number of sessions attended was 5.3 (of 6 sessions).

2. Knowledge and skills learned

Participants were asked three true-false questions; to name 5 steps that could be taken to resolve conflict, and 3 ways to have a healthy relationship. The maximum possible score on these questions was 11. As shown in Table 4, the average score increased significantly from pre- to post- intervention by 1.5 points.

3. Perceived Stress and Anger

Participants also experienced significant reductions in perceived stress and anger, as shown in Table 4. Not surprisingly, both the pre- and post-intervention scores of 21.0 and 18.4 on the PSS

are higher than community sample norms of 12.1 for men or 14.7 for African Americans (Cohen, 1994). Two items from the PSS, "In the past month, how often have you been able to control irritations in your life" (reverse-scored) and "In the past month, how often have you been angered because of things that were outside of your control?" were used as a sub-scale to measure level of anger. Norms for this subscale are not available since it was generated for this pilot study. However, the means for these combined items did change significantly and in a desirable direction, from 4.0 to 3.7.

Table 4. Pre- to Post-Intervention Outcomes

	Mean Pre (SD)	Mean Post (SD)	T value	Prob.
Knowledge/Skill	7.4 (2.5)	8.9 (2.8)	5.38	.000
Stress	21.0 (7.6)	18.4 (5.8)	3.3	.001
Anger	4.0 (1.3)	3.7 (1.3)	2.08	.040
Depression	27.1 (9.1)	24.5 (8.7)	3.44	.001
Anxiety	29.5 (10.1)	27.8 (9.2)	2.16	.033

The remaining scales on depression and anxiety are part of the Texas Christian University's assessment tools used mainly in criminal justice and addictions treatment studies. For that reason, norms are available for a very similar population to the participants in our *Exploring Trauma* sample. For both scales, the baseline means for the present study are higher (worse) than the national sample of 8,933 cases. For depression, the national mean was 25.5, and for anxiety, 28.4. In our sample, the average depression score moved from 27.1 to 24.5, and the average anxiety score moved from 29.5 to 27.8. Again, the improvements are statistically significant.

4. Participant Feedback

Participants were overwhelmingly positive about their experience with this model. Only one of the 98 individuals who completed the program said that he would not recommend it to others, with another 5 saying that "maybe" they would; all others said that they would. Many participants added that the group is very helpful. Other frequent comments were that it was informative, and that it could be applied to everyday life. In response to the question about what they liked most about the group, many men reported that they enjoyed sharing with other participants, being able to be open, learning of their similarity to other men; and talking about their traumatic experiences. Least liked aspects of the group focused on the need for additional time for discussion, but also that the 2-hour timeframe was very difficult; the participants were clear that the curriculum needed to be split up into more, but shorter sessions. A large proportion of the men (70%) had used the grounding/self-calming exercises outside of the group at some point between the first and final group session, and the comments about their experience with these techniques are particularly poignant. Several men had been in stressful situations that would have previously resulted in an argument or altercation, but they applied the grounding techniques to good effect.

5. Facilitator Feedback

Facilitators provided extensive comments on their groups, and a few helpful vignettes. Like the participants, they often noted how difficult it was to accomplish the material in each session, especially if a rich personal discussion began. They expressed surprise at how quickly the men in the groups began to trust each other and share their experiences, including telling others about their past traumatic experiences. Facilitators also reported that participants expressed their gratitude for the groups, and disappointment that it could not be continued at the end. A few facilitators were challenged by unusual group dynamics, such as one group being comprised of men who worked all day together, and then came to the group in the evening. This group did not ever develop the sharing that developed in other groups, but at the end seemed to tolerate each other better. Another facilitator described having a "nay-sayer" in the group, who liked to argue with the facilitator. Two facilitators said that certain group members probably should not have been included, one because of active delusions, and others because their traumas were too recent and "raw". Overall, these situations were rare, and the facilitators seemed to appreciate the opportunity to learn the model and to conduct these groups.

Sample facilitator comment: *This was a powerful group of men…All of us shared our experiences, fears, and challenges we face dealing with traumatic experiences. This group inspired all of us to take a look within and understand the root causes of our emotional pain. And we found that trauma played a huge role in it.*

Vignette*: Another gentleman made great, visible progress in group. During the entire first session he kept his hoodie on, made loud sighs throughout, like he was bored, aggravated, etc. I was not sure if he would return for session 2. He attended every session, was actually the first to arrive each week, and became one of the biggest contributors ("talkers") in the group. He said that it was very helpful and wished it was longer.*

6. Fidelity Assessments

A few groups were attended by a trained fidelity rater, who provided scores and comments. Overall, these comments rated the facilitators' skills highly. It was clear that facilitators need to be very prepared, organized, and on time for the groups for them to be carried out as intended. Perhaps the most common negative comment among these ratings was that the lecture material was not covered in its entirety. The ratings implied that there may be too much informational material for a 2-hour group.

IV. Conclusions

This initial test of the 6-session *Exploring Trauma* manualized intervention was quite successful. From first to the final session, participants showed significant improvement in every domain. Groups had generally good attendance and very active participation. Indeed, the participants so enjoyed discussion with their peers that it was difficult for the facilitators to present all of the didactic material. Although almost every participant said that he would recommend the group to others, there was general agreement that the number of sessions was too few, and that the two-hour framework was too long. The skills that the participants learned that

seemed to be most beneficial were self-soothing or grounding techniques, which most of the men practiced on their own.

Although this pilot study was of fairly limited scope, it provides preliminary evidence that *Exploring Trauma* is a beneficial group for men who have experienced trauma, including those in jail or prison, re-entry programs, and mental health or addiction treatment programs. Although some of the facilitators were clinicians, others were not, yet they conducted groups with good fidelity to the model. *Exploring Trauma* appears to be a very promising intervention that can be delivered successfully in a variety of settings.

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