

TRAUMA INFORMED CARE IN A JAIL SETTING

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The purpose of this study was to explore how correctional officers experienced the impact of individual and systemic factors on mental health and trauma treatment, work burnout in a jail setting and how training on mental health was conducted.

Literature Review

Detainees in the criminal justice system experience higher rates of trauma than the overall population (Tosson, Wheeler, Butcher & Kretschmar, 2018; Maschi, Gibson, Zgoba & Morgen, 2011).

Within correctional facilities, major depressive disorder (MDD), bipolar I, schizophrenia, and PTSD are the most common diagnoses (Allen, 2008; Proctor, Hoffman & Raggio, 2018).

Experiencing victimization and childhood trauma puts individuals at an increased risk of new victimization in a correctional setting. Jail itself can also be re-traumatizing (Maschi et al. 2011).

Correctional officers may have to handle mental health issues and day-to-day complications associated with mental illness if there are no mental health staff available to assist (Kolodziejczak & Sinclair, 2018; Segal et al., 2018).

Jails are the prime area of intervention for those entering the criminal justice system, and has been acknowledged that, separate from the mental health screening typically used, there needs to be a screening system, a unique form of treatment and an increase in trauma informed practices among jail and prison populations (Dierkhising & Branson, 2016; Toman et al., 2018).

Staff interviewed in a jail setting indicated that they felt they did not receive enough training, or that incomplete training was presented as being a comprehensive review of mental health difficulties detainees experience (Belknap et al., 2016).

Burned out correctional officers have shown to have less ability to deal with traumatic experiences and negative safety outcomes compared to their peers (Finney et al., 2013).

Discussion

Trauma informed care may not be sufficient on its own to address the systemic and individual factors that are causing difficulties within the jail system.

It appears there is a disconnect between those in a supervisory role who are implementing policy versus the correctional officers these policies directly affect. The aim of mental health policies may be to benefit correctional officers and detainees both, but it does not appear to be working.

As has been noted in other studies, systemic factors pose a major barrier to increasing awareness of trauma and mental health needs in correctional officers and detainees. Mental health promotion may be improved by increasing supervisory training, knowledge about services offered, frequent mental health training and as has already occurred in this jail, as well as leadership from a sheriff who supports mental health treatment. However, issues with budgeting and time may prevent these from being easily implemented.

The disconnection between the correctional mindset and a trauma informed setting may need to be a topic in future correctional officer training, as this appeared to be difficult for some officers to process.

Methods

This is a phenomenological study in which four correctional officers from a county jail near Chicago, IL were interviewed. Participants were recruited through email. They were interviewed over the phone and asked questions about their opinions regarding topics such as trauma care, mental health treatment, training on mental health, sources of stress among officers and how officers handle job related stress. Interviews were then transcribed by hand and uploaded to the software program NVIVO for coding. A description-focused style of coding was used with six research questions as anchor codes. Once all codes were developed, the presumptive based coding strategy was used to sort codes into themes.

Results

Fourteen themes were developed in three different categories:

Detainees with Mental Health Disorders:

1. Serious Mental Illness is not able to be properly treated in the jail system.
2. Sufficient mental health care is offered within the jail for detainees.

Correctional Officers:

3. Officers appear to struggle with the balance between the custodial mindset and mental health needs.
4. Officers struggle to recognize their emotional states and how it impacts their jobs.
5. Officers deal with stress by creating emotional distance and using distraction techniques.
6. Despite admitting negative stories and other stressors on the job have an impact, officers still deny they feel stress or are affected by situations.
7. Some mental health services are offered for officers, but there may not be enough knowledge about services offered.
8. The "in group" mentality affects officers seeking mental health services.
9. Confidentiality and stigma surrounding mental health prevent detainees and correctional officers both from seeking mental health services.

Institutional Support:

10. Mental health staff are willing to assist CO's who are engaged with detainees.
11. Mental health staff are in high demand and are short staffed.
12. More training is needed for staff, but there may need to be incentives for some officers to attend.
13. Supervisors are a main source of stress and burnout among officers.
14. The sheriff is promoting an increase in mental health awareness.

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