FROM HANDCUFFS TO HANDSHAKES
WORKING WITH JUSTICE INVOLVED INDIVIDUALS

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From Handcuffs to Handshakes: Working with Criminal Justice Involved Individuals

**SETTING THE STAGE: JUSTICE-INVOLVED JUVENILES**

- Pre-Trial
  - Supervised
  - Unsupervised
- Convicted
  - Prison
  - Parole
  - Probation
    - Supervised
    - Unsupervised
  - Treatment Courts
  - Tribal Courts
- Other
  - CFS
  - Custody Disputes

**SETTING THE STAGE: JUSTICE-INVOLVED ADULTS**
Addiction and Mental Health

- 85% of incarcerated individuals have a diagnosed SUD
- One-third of incarcerated individuals are diagnosed with ASPD
- Incarcerated people have an average of at least five traumatic childhood experiences
- 97% of inmates have at least one traumatic childhood experience compared to 60% of adults in general population
- 17.8% of male inmates have PTSD while 40.1% of female inmates have that diagnosis

Why is this happening???
DEVELOPMENTAL STRUCTURES & STAGES

Trauma
Erikson’s Stages of Psychosocial Development
Anti-Social Personality Disorder
Substance Use Disorder

The Connection Between Trauma and Addiction

Trauma is an event or series of circumstances that has lasting effects on your mental, emotional, physical, social and spiritual well-being.

Trauma is not limited
ERIKSON’S STAGES OF PSYCHOSOCIAL DEVELOPMENT

- Early Childhood: autonomy vs. shame and doubt
- Preschool: initiative vs. guilt
- Infancy: trust vs. mistrust
- School Age: industry vs. inferiority
- Maturity: ego integrity vs. despair
- Adolescence: identity vs. role confusion
- Middle Adulthood: generativity vs. stagnation
- Young Adulthood: intimacy vs. isolation

DEFINING ANTI-SOCIAL PERSONALITY DISORDER
The General Criteria DSM-V Definition
- Essential features of personality disorder diagnosis are impairments in personality functioning and pathological personality traits. Including the following criteria:
  - Significant impairments in self
  - One or more pathological personality traits
  - Impairments are consistent across time
  - The impairments are not normal given the environment and stage of development
  - The impairments are not a direct result of substance abuse or a medical condition

Independent Summary of APA’s DSM-V
STAGES OF ANTISOCIAL IDENTITY DEVELOPMENT
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POWER & CONTROL

DEBUNKING MYTHS →
FACING FEARS →
CHALLENGING STIGMAS

- CRIMINAL MINDSET
- CRIMINAL THINKING
<table>
<thead>
<tr>
<th>MYTHS</th>
<th>FACTS</th>
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</thead>
<tbody>
<tr>
<td>1. ASPD is untreatable</td>
<td>1. Treatment for ASPD is difficult, but can be effective</td>
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<tr>
<td>2. ASPD and avoidant personality disorder are the same</td>
<td>2. ASPD and avoidant personality disorder are two different personality disorders</td>
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<td>3. ASPD is an excuse for poor behavior</td>
<td>3. Individuals with ASPD know the difference between right and wrong.</td>
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<td>4. Individuals with ASPD are psychopaths</td>
<td>4. A person with ASPD can be described as a sociopath; however, psychopathy and sociopathy are not psychiatric diagnoses</td>
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<td>5. ASPD cannot be prevented</td>
<td>5. Early identification of antisocial behaviors can lead to intervention and possible prevention of ASPD in some individuals</td>
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**DEBUNKING MYTHS →**

**FACING FEARS →**

**CHALLENGING STIGMAS**

- PERPETRATOR
- CRIMINAL
DEBUNKING MYTHS →
FACING FEARS →
CHALLENGING STIGMAS

- VIOLENT

DEBUNKING MYTHS →
FACING FEARS →
CHALLENGING STIGMAS

- MANIPULATIVE
- IN DENIAL
PROS & CONS OF MANIPULATION

DEBUNKING MYTHS → FACING FEARS → CHALLENGING STIGMAS

- RESISTANT TO CHANGE
SELF-INQUIRY

1. How do I manipulate? (Examples of ways that you manipulate)
2. What am I looking for when I manipulate? (Examples of what I am seeking to get or experience)
3. What is the fear that drives me to manipulate? (Another way to ask this question is: “What is it that I am afraid of losing or not getting if I don’t manipulate?”)
4. What are the prices I pay for manipulating? (What are the negative consequences to you and your relationships?)
5. What would be required of me to stop manipulating? (What risks would you have to be willing to take in order to break this habit?)
6. What kind of support will be useful to me in my efforts to break the habit of manipulation?
7. Who are the people whom I can count on to support me in this process?

CLINICAL CONSIDERATIONS & RECOMMENDATIONS

Safety First
Assessment for level of care
Training
  Treating Trauma
  Understanding ASPD
  Grief & Loss
  CBT/MRT

Peer Support/Case Management
  Recreational Activities
  Hobbies
  Career/Work
  Healthcare/Insurance
  Awareness of personal biases
  Communication
ISOLATED FROM SOCIETY

INSTITUTIONALIZED

- Coming from a highly structured environment
- Significant trauma
- State of helplessness, hopelessness
- Brain has adapted to surviving incarceration
- Saboteurs to success: inside & outside the wire
TOO MANY CHOICES
TOO QUICKLY
= OVERWHELMED, OVERLOADED, LOST, UNSUPPORTED

HEALTHY VERSUS UNHEALTHY BEHAVIORS & RELATIONSHIPS

Healthy
A healthy relationship means both you and your partner are:
- Communicating
- Respectful
- Trusting
- Honest
- Equal
- Enjoying personal time away from each other
- Making mutual choices
- Economic/financial partners

Unhealthy
You may be in an unhealthy relationship if your partner is:
- Not communicating
- Disrespectful
- Not trusting
- Dishonest
- Trying to take control
- Only spending time together
- Pressure into activities
- Unequal economically

Abusive
Abuse is occurring in a relationship when one partner is:
- Communicating in a hurtful or threatening way
- MISTREATING
- Accusing the other of cheating when it’s untrue
- Denying their actions are abusive
- Controlling
- Isolating their partner from others
SABOTEURS ~ INFLUENCERS

- Criminal Justice System & Politics
- Probation – Parole
- Family & Friends
- Sober Living Environment
- Drugs and Alcohol/Relapse

STAGES OF CHANGE
DIMENSIONS OF WELLNESS

- ENVIRONMENTAL: Good health by occupying pleasant, stimulating environments that support well-being.
- EMOTIONAL: Coping effectively with life and creating satisfying relationships.
- INTELLECTUAL: Recognizing creative abilities and finding ways to expand knowledge and skills.
- PHYSICAL: Recognizing the need for physical activity, diet, sleep and nutrition.
- OCCUPATIONAL: Personal satisfaction and enrichment derived from one's work.
- SPIRITUAL: Expanding our sense of purpose and meaning in life.
- SOCIAL: Developing a sense of connection, belonging and a well-developed support system.
- FINANCIAL: Satisfaction with current and future financial situations.

DIMENSIONS OF SELF-CARE

- Diet
- Sleep
- Stress
- Hormones
- Genetics
- Toxins
- Exercise
- Medications and Supplements
OVERARCHING GOALS

- You can choose to succeed even when the whole world is failing around you.
- You can find fulfillment.
- Hope is real. You deserve to feel hopeful.
- You are not who you used to be.
- You can be who you envision yourself to be – with help.

THANK YOU FOR ATTENDING!!
QUESTIONS??

Hope is being able to see that there is light despite all of the darkness.

Desmond Tutu
REFERENCES


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- Image Source: https://www.researchgate.net/figure/Early-maturation-domains-and-indicators_fig1_349691929