

Drivers in trauma informed design

BY JEFF GOODALE

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Efforts to combat the overcrowding and recidivism that has plagued the correctional system for decades are venturing into the realm of wellness and rehabilitation. One of the manifestations of this approach is trauma-informed design, which seeks to heal the deeply rooted trauma of youth and life events that cultivate addiction and violence through a built environment that supports recovery.

Leaders in criminal justice are aiming to talk about rehabilitation and healing because a majority of inmates/patients are suffering with some sort of trauma-based pathology. It could be PTSD from abuse, drug addiction or schizophrenia triggered by drug use. Many of these issues can, in part, be supported through facility planning and design.

Here are key considerations and insight.

A safe place

The inmates/patients need to be dealt with in a safe place, even if they are there only for a short time. When they first arrive, they may be high or under extreme anxiety and may act out in dangerous ways.

The trend in jail planning is early identification and classification at intake. Newly arrived inmates/patients

need to be in a safe environment where they can be accessed to evaluate whether they will stay in jail or go to a treatment facility. Every detail of the facility promotes the advancement of treatment, and the management structure supports a physical and tactile environment that is less institutional and more healing.

One of the challenges to this design strategy lies in convincing traditionalists who are not interested in a treatment-based program that these innovations will actually be helpful. Showing examples of successful facilities in action and data about patients who have gone through treatment can help persuade those who are slow to adopt change.

Identification and classification

Even prior to arrest, there is a call for police to do an evaluation at the crime scene to determine whether the suspect needs to go to a hospital. If they go to jail, a pre-booking assessment is done to screen for mental and physical health issues, drugs and arrest history. A judge then helps decide whether they will be booked or released. In some cases, if a suspect commits to a treatment program, the charges will be dropped. This approach is working very well at some facilities in Nashville and

Indianapolis.

The 50% to 60% for whom treatment alone is not an option will be put in jail. After they detox from drugs, they might have some physical problems. In the treatment facilities, medical staff can observe them closely in an area with many cameras and robust furnishings that is hygienic and easily cleaned. The staff can decide if the inmates can be placed in a segregated unit for violent offenders or in the general population.

The goal is to try and divert them from jail into a treatment facility, if possible. Moving patients who overdose into jail detox units, screenings and classifications early in the process



Photos courtesy Angie McMonigal Photography, LLC

have led to more appropriate placements and reductions in crowding for the general population. This has resulted in about a 20% decrease in the bed count in the jails.

Ideally, there needs to be a comprehensive reevaluation of the whole system when leaders are considering an expansion or update. If there are systemic issues—such as a staffing shortage—simply adding on could just exacerbate those on a larger scale. This was seen in an example project in Oklahoma City, where a team put an addition onto a dysfunctional existing facility, which just made matters worse. Ultimately, they had to start over and improve operations in the original facility before contemplating expansion.

Insight

Direct supervision is one of the organizational initiatives that has had success recently. Indirect supervision from a remote post has historically been favored but issues like budget cuts and staffing shortages have necessitated the direct approach, which has actually turned out to be more successful than indirect supervision from a safety standpoint.

When supervision is indirect, inmates get the feeling that staff are remote and superior and may become resentful and act out. With supervisors physically removed, inmates can end up “running the jail themselves” in a way. When staff are embedded with the inmates, there is an opportunity to build mutual respect and develop relationships and trust that make management seamless.

One example project in the southeastern U.S. illustrates some of the challenges and solutions. The facility was poorly built, loud and chaotic, with a remote supervision model that clearly wasn’t working effectively.

While planning a new facility, the leaders and consultants toured an overcrowded, understaffed jail that was nonetheless having great success with direct supervision — 128 men were being supervised by one woman. The environment was quiet and controlled. At this same facility, 35 people successfully completed an intensive addiction counseling program with no recidivism. Despite the limited resources at this jail, they had a great attitude and were able to use the program effectively and achieve a great outcome.

The causes underlying the explosion of inmates with drug addiction and mental health issues are not going

away. Widespread use of manufactured drugs, such as meth, is wreaking havoc on communities and creating a lot of lost souls. Drugs like these are highly addictive and change brain chemistry, making people violent. The addicts lose their jobs and turn to crime to maintain their habit. Increased availability of drugs leads to more addiction, more crime and higher prison populations. This is why the prison system needs to shift its focus from punitive designs to trauma-informed designs that help people get better.

Every detail of the facility needs to be right to help advance the treatment. For example, in a new central US facility, a team wanted to install carpet to make it seem less like a prison, but it didn’t work out because the edges were not sealed so the inmates ripped it up. The traditionalists criticized this design choice, but it was really the haphazard implementation, not the design itself. Another example facility in northcentral U.S. used aluminum window frames and thermal glass for energy conservation, but this didn’t work with the patients, so they had to go back to traditional materials. Good management of the facility despite staffing problems will prevent some of these problems with botched innovations.

With the right mindset and a consistent approach, correctional facilities can play a critical role in improving the lives and well-being of some of society’s most troubled individuals. The trauma that leads to drug abuse and crime often starts in childhood, with children growing up in dysfunctional homes with abusive, neglectful parents who are poor role models or absent altogether. By the time these people reach adulthood, there is a lot of damage to undo, but a prison system that approaches them with compassion could be a turning point in their troubled lives.

Most people don’t want to be a victim to their addiction or mental health challenges, most want to be helped but they don’t know where to turn. When they find themselves in prison, help can find them through trauma-informed design.



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