

TRAUMA MATTERS

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Electronic Version of the "Trauma Matters" Newsletter is available at www.traumamatters.org or www.womensconsortium.org

A DECADE OF PROGRESS IN CONNECTICUT

Over the past decade, we have made significant progress to ensure that the delivery of behavioral healthcare is responsive to the needs of those who have experienced trauma. As we resume publication of the Trauma Matters newsletter — produced by The Connecticut Women's Consortium (CWC) and the Connecticut Department of Mental Health and Addiction Services (DMHAS) in support of the Connecticut Trauma Initiative — we want to thank and recognize those supporters who are no longer with us but were very instrumental in laying the groundwork for this initiative and building a framework for us to follow. We present this timeline to give existing friends and new supporters an overview of how this progress happened.

A guiding principle of the Trauma Initiative is that people who have survived trauma can and do recover when offered treatment and services that are sensitive to their needs. We now know the importance of gender-specific and culturally-sensitive services, as well as consistent and accurate data collection and evaluation. We know that trauma services must have scientific, clinical, cultural, and contain a humanistic understanding of the impact of traumatic stress. We know the work of clinical, support, and agency staff are vital. Above all, we know and are daily inspired by the persistence, courage, and creativity of our clients.

"A strategy takes shape"

2000 The first phase for the Trauma Initiative was the development of the Trauma Advisory Committee and Trauma Council, established as forums for communication between state agencies, the public, and trauma survivors.

Department of Mental Health and Addiction Services (DMHAS) sponsors four statewide one-day trainings on trauma sensitivity and cultural issues for substance abuse, mental health providers, and consumers on the relationship of trauma to other behavioral health disorders, treatment approaches, and the role of cultural issues in recovery.

CWC and DMHAS sponsor a series of speak-outs and focus groups to address the topic of women's trauma, called "**From the Heart: Women Speak Out About Trauma,**" to better understand trauma in the lives of women with behavioral health needs and use this information to help design a more effective system of care.

"Trauma: No More Secrets," a key element in the training model for clinicians; a training film based on the lives of four women in recovery who were willing to share their experiences to help others. Two years later, a complementary guidebook is produced.

DMHAS creates draft policy on trauma-sensitive services. The guiding principle is that persons who have survived psychological trauma, in particular interpersonal trauma, can and do recover when provided services that are sensitive to their special needs.

2001 Regional forums held entitled "From Testimony into Practice: Creating Trauma Sensitive Services."

CWC and DMHAS sponsor a two-day statewide trauma conference entitled, "Defining A Vision for Behavioral Healthcare."

DMHAS and the University of Connecticut Health Center conduct an intensive interview assessment of community mental healthcare utilization; results from the study are reported at national and international meetings, and are used to determine criteria for the selection of trauma treatment models.

- 2001** Rushford and Morris Foundation, Inc. were the first agencies selected by the Trauma Collaborative Task Force to pilot the Trauma Adaptive Recovery Group Education and Therapy (TARGET) model of trauma treatment.
- 2002 -2004** Creation of first trauma directory containing limited services information. (In 2011, the list expands to a web-based user-friendly tool containing a plethora of resources for services that address psychological trauma, including childhood abuse, sexual assault, domestic violence/intimate partner violence, and combat trauma. The directory can be accessed at www.dmhas.state.ct.us, www.traumamatters.org, and www.womensconsortium.org.
The Trauma Advisory Committee establishes criteria for the trauma treatment models, resulting in the selection of three treatment models for training: Trauma Adaptive Recovery Group Education and Therapy (TARGET), Trauma Recovery and Empowerment (TREM), and Seeking Safety.
CWC offers first trainings for female trauma survivors on “Cultural, Biological and Psychological Foundations of Trauma.”
First seasonal training calendar and Trauma Matters newsletter produced and distributed to state, private, and non-profit agencies – a collaborative effort between DMHAS and CWC.
- 2004-2005** First Request For Qualifications (RFQ) created to select a Trauma Center of Excellence. Western Connecticut Mental Health Network (WCMHN), Torrington area (formally Northwest Mental Health Authority) selected as the Trauma Center of Excellence.
A workgroup was established to review trauma informed systems of care. The group recognized that trauma-specific services cannot meet all of the needs of service agencies. In reviewing current literature on trauma, the workgroup found it is necessary to transition to a trauma-informed system of care that provides an environment based on safety, trustworthiness, choice, collaboration and empowerment, reducing and/or eliminating re-traumatization.
Intensive trainings begin for DMHAS-funded agencies. Initial trainings were Understanding Trauma, Importance of Staff Care, Train the Trainers, Supervision and Supervisor Competencies.
- 2006-2007** Intensive training begins at Western Connecticut Mental Health Network in Danbury and Waterbury.
The workgroup transitions to form the Trauma Guide Team taking learnings from the Trauma Center of Excellence and expanding the work statewide. Development of statewide policy promoting trauma-informed care, creating sustainability of the trauma treatment models, and providing technical assistance and support to participating agencies.
Second RFQ results in the selection of APT Foundation, Birmingham Group Health Services (BGHS), and Community Prevention and Addiction Services (CPAS) for expansion of trauma-informed care.
Expansion of trauma-informed care to Hartford, including: Capitol Region Mental Health Center (CRMHC), Blue Hills Substance Abuse Services (BHSAS), and other local agencies.
- 2009** Catholic Charities/Archdiocese of Hartford (AOH) selected to participate in trauma-informed care initiative.
RFQ redesigned to incorporate Trauma-informed, Gender-responsive care (TiGr). Four agencies were selected to participate: Alcohol and Drug Recovery Centers (ADRC), Morris Foundation, APT Residential Services, and Crossroads.
- 2010** The draft policy on trauma prepared in 2000 was rewritten, approved, and became the first adopted trauma policy for the state of Connecticut. The guiding principle remained in effect.
- 2011** First quarter data on state-wide trauma services concludes with ten agencies reporting:
◆ 36 groups supported // 692 served in group // 211 clients served in individual treatment
Fourth RFQ results in the selection of Wheeler Clinic and Recovery Network of Programs (RNP) out of a total of 8 applicants to integrate a Trauma-informed and Gender-responsive System of Care.
Trauma Guide Team and Women’s Services Practice Improvement Collaborative (WSPIC) meet monthly. The groups are comprised of DMHAS, CWC and non-profit providers of women’s specialty services.

Come join us at the Legislative Office Building in Hartford on Tuesday, February 28, 2012
Trauma Day: “From Surviving to Thriving”
 An advocacy day organized to create public awareness for trauma work in Connecticut (9:00 am to 2:00 pm)
 For more information call 203-909-6888 ext. 25

SENSORY MODULATION ROOMS



GOT COMFORT? The S.T.A.R. Program and several other treatment units at Connecticut Valley Hospital (CVH) do, and as Martha Stewart would say, “it’s a good thing.” These sensory modulation rooms offer a nurturing, person-centered, sensory-supportive environment. They are used to improve and practice coping skills during stressful events, to decrease anxiety, to control one’s emotions and self-regulate, to provide stimulation, and to promote relaxation.

Thanks to the hard work, dedication, and expertise of Pam Brown, O.T.R./L and Colleen Mahoney, C.O.T.A., the implementation of comfort rooms in the S.T.A.R. Program has been a huge success. Each comfort room in the program has a soft, stuffed loveseat and matching rocker/glider. One wall is covered with a beautiful beach scene. The overhead light is covered with a ‘sky panel’ resembling a blue sky with white puffy clouds. There is also a bubbling fountain, C.D.s with tranquil music and/or guided imagery/mindfulness instruction, inspirational books, fidget stress balls, and a plant or two.

Women in the program enjoy using this quiet space to journal, write letters, make a collage, or to just ‘be’ with themselves. Clients are encouraged to fill out a simple self-rating tool to measure their emotional state before and after using the room. Their choosing to do this assists them in increasing the attainment of mindfulness and self-awareness. It is also empowering, as they discover their natural ability to self-soothe and improve the moment. During a woman’s first week in the program, she is oriented and introduced to the comfort room through a 90 minute group session with Colleen Mahoney, who also administers a sensory modulation screen.

Whenever we are uncertain as to whether a new process or intervention is working, we can always count on the S.T.A.R. Program women to give accurate and plentiful feedback. A patient in the program stated, “The comfort room here at CVH is exactly what it’s named after: comforting, relaxing, and safe. We learn here that safety is the most important thing to take home with us. We’ve never been able to find safety, so the comfort room is the place where we can feel completely fearless...something we’ve never experienced before.” Another patient shared, “The comfort room has helped me develop a ‘me time’ where I can unwind and collect my thoughts for the day. It helps keep me grounded and centered by giving me a peaceful spot where I have some privacy to read, listen to music, journal, and write to loved ones.” Also, “since I’ve been here at the S.T.A.R. Program, I have found myself using comfort rooms a lot, they help more than a person does, for me anyways; especially when I am sad or upset about something or when I just simply want to connect with God!”

-Article submitted by Emily Wickman, LCSW, Director of the S.T.A.R. Program in Merritt Hall at CVH

REMEMBERING DR. RICHARD M. LOUGHEAD

It is with sincere regret that we announce the passing of a dear colleague Dr. Richard M. Loughead on Friday, August 5, 2011. Richard was a clinical psychologist at Connecticut Valley Hospital for the State of Connecticut. He shared the mission and the vision to improve behavioral healthcare services and was a member of the Trauma Guide Team. He was truly a behavioral health champion who was deeply dedicated to the trauma initiative and improving the lives of those affected by mental illness and substance abuse.

Roslyn Williams, Editor

Here at CVH, he was very instrumental in the Trauma Initiative and was part of a team that worked to implement trauma-sensitive practices at the hospital. I co-led an M-TREM group with Richard in the Forensic Division, and he clearly had a deep understanding about the effects of psychological trauma. Richard's personal and professional insights helped many CVH patients. Richard made a lasting impression on those he served and on those who were fortunate enough to work with him.

Maxine L. Varanko, PsyD

Richard was passionate about trauma and improving care for clients. He was on the committee to create a men and trauma video and volunteered to tell his story on the video as both a survivor and a psychologist; he really wanted the men and trauma video. Richard was passionate and willing to work on the difficult changes in our services system. He was open about his own history and as a psychologist was in a unique position to see both sides of the issue. Richard will be missed!

Eileen Russo, MA, LADC

FROM A CLIENT'S PERSPECTIVE...

THINGS THAT ARE IMPORTANT IN THE HEALING PROCESS

validation
 attentive listening
 unconditional acceptance
 clear boundaries and limits
 risk-taking
 allowing feelings to "just be," yet also giving
 yourself permission to "back off"
 healthy distractions
 non-judgmental stance
 grieving the loss of childhood and innocence
 developing a personal relationship and
 connection with a power outside of yourself
 acknowledging love/hate feelings towards
 abusers and self
 learning to have fun
 acceptance of self
 acknowledging when you do and don't have the skills
 to deal with trauma issues
 accepting personal and others' limitations
 treating yourself with respect
 support system: professional and from peers
 knowing that you are not alone
 and that it wasn't your fault
 learning to live in "grayness"
 healthy coping skills



faith
 learning to be alone without feeling lonely
 consistency
 structure
 finding things you like to do
 developing hope for the future
 having a "safe" place
 learning to re-parent yourself
 Flexibility

Anonymous

"While we have the gift of life, it seems to me the only tragedy is to allow a part of us to die—whether it is our spirit, our creativity or our glorious uniqueness" Gilda Radner

DMHAS
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 A Healthcare Service Agency

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