

TRAUMA MATTERS

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Editor

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CT Women's Consortium

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CELEBRATING 10 YEARS OF HOPE & RECOVERY FOR TRAUMA SURVIVORS IN CONNECTICUT

Trauma refers to extreme stress that overwhelms an individual's ability to cope. Trauma involves events or experiences that confront the person directly or as a witness to areal or perceive threat of death, human suffering, severe bodily harm or injury, coercive exploitation or harassment, sexual violation, violence motivated by ethno cultural prejudice, gender, sexual orientation or politically based. Psychological trauma has a direct impact on the brain through associated physical, neurological and stress response systems. The psychobiological impact of trauma leads to a sense of fear, helplessness, horror, detachment and/or confusion." (CT Department of Mental Health and Addiction Services (DMHAS) Trauma Services Policy 04/15/2010)

Ten years ago, many providers both nationally and in Connecticut were not fully aware of psychological trauma or the effects on individuals in the mental health and substance abuse system. Since then, Connecticut has become a leader in trauma treatment, trauma informed services, trauma informed delivery systems and gender issues and is one of only four states that has an official trauma policy for clients in the behavioral health system. Department of Mental Health and Addiction Services (DMHAS) and the Connecticut Women's Consortium have provided trainings in trauma specific services and trauma informed care to over 6,000 clinicians, case managers, substance abuse providers and other staff. These trainings have resulted in changes in client treatment and recognition that the majority of individuals seeking mental health and substance abuse services have at one point in their life experienced trauma. Changes such as screening

clients for trauma, integrating trauma informed and sensitive services into treatment and client groups and training on trauma specific models have improved the level of services and helped clients to move forward to lead and manage productive lives. Trainings in staff care and vicarious traumatization have assisted providers in managing their own trauma and improved their reactions to clients. *The following are quotes from trauma survivors and providers involved in Connecticut's trauma initiative:*

Mark S. (May 2004)

"The group has been an integral part of the substantial growth and development I have experienced in the past year, as well as gaining overwhelming peace and understanding of my emotional well-being. I will sincerely miss the other members of our family, who have put aside all pretenses for the good of the group and all of its members, for the greater good of each individuals needs. But, I am also looking forward to the start of this group again, to begin the process again so I may learn how to give back. Because of this group, I have come to experience for the first time in my life true peace, happiness and contentment with the man who is becoming." Mark S.

Northwest Mental Health Authority Clients (2006)

"I never understood why my anger controlled my life. Now I know. I also know how to somewhat control the anger. I know the difference between "short loop and long loop." It's a brain thing. By recognizing my triggers and using my skills I can stay in long loop, I can stay in the present and not be consumed by the past. I am now able to focus enough to work. I've been working at the same place for over a year now."

"In the beginning I thought this was just another skill building group. I was wrong. This group helped me to get back on my spiritual path. It reminded me that I do have values and beliefs. I am beginning to live true to these values and beliefs."

Providers (2006)

"Trauma groups are the highlight of my week. I am energized by the strength of these men and women; it never ceases to amaze me. It gives me purpose and meaning." Rosanna Arpaia, Northwest Mental Health Authority

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CELEBRATING 10 YEARS OF HOPE & RECOVERY FOR TRAUMA SURVIVORS IN CONNECTICUT (CONTINUED)

"Working with trauma survivors has given me an opportunity to take my academic research and theories to the real experts, the survivors themselves. This has helped me to adapt the technical knowledge and treatments that I have learned as a mental health professional to reflect the courage and wisdom of survivors and their families." Julian Ford, UConn Health Center

"I feel blessed to have this as my career. Every time I am in a room with a woman who shows strength, I feel honored to witness this and I draw strength." Karen Mahoney, UConn Health Center

"Being witness to the extraordinary growth, strength and wisdom that members of the groups exhibit helps me to remember why I came into the field. It puts me in touch with my heart." Catherine Marzullo, Northwest Mental Health Authority

"Becoming trauma informed has been an important development in my career. At times it is difficult work, but trauma informed care disciplines me to look for the strengths and positive aspects of any client I am working with. It helps me to focus on how clients have survived, and gives me the opportunity to help them develop survival skills in a self affirming manner rather than a self destructive one." Ned Pitkin, Connecticut Renaissance

Providers 2010

"I am constantly amazed at the resiliency of the trauma survivors that we work with here at WCMHN. It is amazing to watch the transformation that happens as they move through treatment and on with their lives, dreams and aspirations." Colette Anderson, Northwest Mental Health Authority

Next Steps

The Connecticut Women's Consortium (CWC) and the State of Connecticut, Department of Mental Health and Addiction Services (DMHAS) have joined in partnership in order to further promote a recovery-oriented system of behavioral health care that is gender-responsive and trauma-informed for adults in Connecticut. Over the past several years, the Consortium has worked with DMHAS in implementing a comprehensive statewide initiative designed to assist mental health and addiction services in becoming trauma-informed and to introduce a complete clinical system revision. There has also been a multi-year initiative with the women's specialty programs to create gender-responsive services (the Women's Services Practice Improvement Collaborative...WSPIC).

Trauma and Gender Initiative

This new initiative is an extension of the previous work cited above and provides an opportunity to enhance services by integrating gender-responsive and trauma-informed practices. The goal of the trauma-informed, gender-responsive (TiGr) initiative is to help agencies enhance their services for people with substance use disorders and co-occurring disorders including the long and short-term effects of psychological trauma. Training and consultation will have several foci: 1) to develop policies, procedures, programs and services that support a gender-responsive, trauma-informed approach to care; 2) to provide at a minimum introductory training on the principles and practice of gender-responsive services for men and women, 3) to provide at a minimum introductory training on "Understanding Trauma" and "Staff Care/Support;" 4) develop supervision competencies related to gender and trauma; and 5) provide on-going consultation and technical assistance in order to implement agency-wide culture change. Through an RFP process, four agencies have been selected to undergo intensive training in delivering trauma and gender informed services and the importance of staff care. There is also a mechanism for consumer involvement through anonymous surveys and focus groups that will measure the impact of the training. DMHAS has designed an evaluation component that will include qualitative and quantitative data-gathering through surveys and focus groups with agency staff and consumers. The trainers chosen for the initiative are Roger D. Fallot, PhD, Stephanie Covington, PhD, LCSW and Eileen M. Russo, MA, LADC. Together, this remarkable group brings their expertise in trauma, trauma theory, spirituality, women and recovery from addiction, substance abuse issues for women, co-occurring disorders, mental health and domestic violence.

The commitment of DMHAS and the Women's Consortium to provide quality services and to maximize recovery throughout the DMHAS delivery system to men and women who have been exposed to traumatic stress is evident in the success of the past ten years and this new initiative.

FIVE CORE PRINCIPLES OF TRAUMA INFORMED CARE

According to Dr. Roger Fallot, “trauma-informed approaches are built on what we know about common responses to physical, sexual, and emotional abuse. For instance, because trauma survivors have been particularly sensitized to potential signs of danger, ensuring emotional and physical safety in the service context is a top priority. Because trauma so often involves the abuse of power in relationships that were supposed to be caring ones, the trauma-informed system prioritizes collaboration, shared decision-making and clear roles and boundaries in the services relationship. Because traumatic stress is part of so many individuals’ lives, including many providers’, and because vicarious or secondary traumatization is a real risk, a trauma-informed system also emphasizes the safety and support needs of service providers”. Reliable evidence currently exists suggesting that individuals who have experienced trauma may be re-traumatized by the very service systems from which they seek assistance. Five basic principles are being highlighted as areas for focus when establishing a Trauma Informed Service System. Dr. Fallot cites these core principles as safety, trustworthiness, choice, collaboration and empowerment. Examples of the principles in action are:

1. If your world has been or is dangerous and unpredictable, **SAFETY** becomes a top priority)
2. If people have betrayed you, taken advantage of you or harmed you, **TRUSTWORTHINESS** becomes a top priority
3. If the circumstances of your life have been literally forced upon you and your voice has not been heard, **CHOICE** becomes a top priority.
4. If your relationships have been one up/one down, **COLLABORATION** and share power become a top priority.
5. If you have often felt helpless and powerless to do anything about these painful realities, then **EMPOWERMENT** becomes a top priority.

(Roger Fallot, PhD—Dare to Transform Conference, 2008)

A MESSAGE OF HOPE

In the midst of great pain you may stumble upon something that looks like safety. It will be your lifeline for a while, the only thing that helps you survive when you are dying inside. But make no mistake, it is an illusion. Later, when freedom is at your fingertips you will find that you no longer know how to live without it. You may not even know it yet, but the very thing that kept you alive for so long is now taking the very breath out of you. When that revelation hits you, when you are laying face down in the gravel with the wind knocked out of you, you will know it is time to chase a new kind of freedom. From that moment on you will have to fight like hell for your own life, because as it turns out, giving in is actually easier than giving up. But rest assured my friend, you will overcome, you’ve been to hell and back, you are a survivor, accepting defeat is not in your nature.

But here’s the glitch, you can’t do it alone. A will to LIVE must replace sheer survival instinct. You will have to put your walls down and trust someone. Learning to trust again may very well be the hardest part of your journey. You will find that you will have to relearn a lot of things along the way. A word of advice, start with breathing. It’s a big unknown world you are entering. Unlike the familiar ways you have grown accustomed to. Prepare yourself; you are going to be scared out of your mind. Every newborn comes into this world screaming. You will likely have to crawl for a while before you learn to walk with relative certainty that you won’t fall. And that’s perfectly ok, lean on the one you have grown to trust. And here comes that corny saying...nurture your inner child. Care and look out for her, surround her with love, shield her from danger, talk to her kindly, be patient with her and treat her gently. A new world, far better than the one you knew will slowly take shape. Word like peace, joy, hope, faith, strength, and freedom will take on new definitions. It will be as though you are hearing them for the very first time. Embrace the glimmers of life-affirming experiences that trickle in at the beginning. They could come in the form of an encouraging smile, a delicate flower you noticed peaking out of a crack in the sidewalk, or the first positive thought you remember having in ages. Open your mind and your heart to the idea of a better more abundant life, and the possibilities are endless. You will taste true freedom. Above all else remember... NEVER, NEVER, give up, YOU ARE WORTH IT!

Amy (client)

“NO MORE SECRETS” VIDEO & GUIDEBOOK

In October 2000, the Connecticut Department of Mental Health & Addiction Services (DMHAS) produced the video entitled “Trauma: No More Secrets”. This is a documentary film based on the lives of four women who have experienced trauma and were introduced to the behavioral health system through their addiction and mental health issues. These inspiring women offer a frank discussion of their personal histories of childhood and adult trauma, their means of coping, their experience with substance abuse and mental health treatment providers, and their progress in recovery from a place of despair to one of hope. This moving film, along with a panel discussion with two of the women featured, has become a key element in the training of clinicians and case managers in Connecticut and other states.

The video and guidebook are now available upon request from the CT Women’s Consortium for a fee of \$16.50 to cover reproduction and mailing costs. For more information please call 203-909-6888 Ext. 30 or 33.

NEW TRAUMA RESOURCE

“8 Keys to Safe Trauma Recovery: Take Charge Strategies to Empower Your Healing”

Rothschild, Babette.

Pub. Date: January 2010. Publisher: Norton, W. W. & Company, Inc.

ISBN-13: 9780393706055 ISBN: 0393706052

This book was written for survivors who would like to take charge of their own trauma recovery, but the author concedes that professionals may read this as well. This simply written and straightforward book answers the most common questions related to trauma recovery; “When should trauma memories be explored in detail?”, “Do these memories need exploration”? , “How can flashbacks be managed?”, and “What are the skills I need to be safe?” Ms. Rothschild includes a chapter on shame and forgiveness- two topics that are not easily reconciled in short-term treatment approaches. The first chapter is titled: “Plot Your Course with Mindfulness” and does an excellent job of defining mindfulness, providing the rationale for mindfulness and offering some practice exercises. The tone of the book is one of gentleness and collaboration and has quickly become my new favorite book. I recommend this reading to anyone who is a survivor or is providing services to a survivor.

Submitted by:

Getting into Trauma Matters

- You can access an electronic version of the “*Trauma Matters*” Newsletter at www.traumamatters.org; www.dmhas.state.ct.us; or www.womensconsortium.org
- Do you want to be placed on our mailing list or is there an event or topic you would like covered in this newsletter? Please call Cinda Cash at 203.909-6888, x32 or e-mail her at ccash@womensconsortium.org.



The Connecticut Women's Consortium
 2321 Whitney Avenue Suite 401
 Hamden, CT 06518

Nonprofit Organization
 U.S. Postage Paid
 New Haven, CT 06511
 Permit No. 118