

# TRAUMA MATTERS

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## BIRMINGHAM GROUP REPORTS SUCCESS!

Birmingham Group Health Services (BGHS) of Ansonia Connecticut is a non-profit, human services organization that provides quality mental health, substance abuse, domestic violence, and HIV/AIDS prevention, education, rehabilitation, and treatment services for the Lower Naugatuck Valley. The organization is well known throughout the state for its integrated, client-centered approach to care, its proactive approach in identifying best practices, and its capacity to pilot new models of treatment.

In an effort to respond to growing numbers of clients who have experienced trauma in their lives, BGHS has made a commitment to adopting a trauma sensitive policy and providing specialized training and consultation for staff. As part of this effort, BGHS has implemented a treatment model known as TARGET (Trauma Adaptive and Recovery Group Education and Therapy), which lends itself to one of the fundamental tenets of the organization's trauma program: an integrated approach to trauma relief and recovery. The TARGET model was developed in 1999 by Dr. Julian Ford of the University of Connecticut Health Center's Department of Psychiatry.

Staff at the Birmingham Group currently conducts trauma groups for female survivors to enable them to gain control of PTSD and other trauma symptoms in their daily lives. Comments by the women in the TARGET group have been very positive, placing emphasis on the psycho-educational information and the SOS and FREEDOM skills. Group members are experiencing additional healing methods that incorporate meditation, visualization and relaxation techniques, and the attainment of positive cognitive and behavioral skills.

Comments made by women attending trauma groups have been enthusiastic. They include "This is the first time I've ever felt understood", " My life finally makes sense to me", "I am able to use my S.O.S skills- and they work!", " Why doesn't everyone know about this?", and "This is the best thing that has happened to me". These simple words reinforce our belief in the importance of trauma sensitive work and the Birmingham Group will continue its commitment to providing these services to those clients whose lives have been affected by trauma.

Susan DeLeon  
MaryAnn Hennessey

During observation of a substance abuse treatment group, Eileen Russo, Clinical Director at the Morris Foundation in Waterbury, Connecticut, reports the following:

I had never met any of the clients before, and the discussion centered on relapse, feelings, etc. The group leader called upon one man who was relatively quiet to share because he had 16 months sobriety.

The basic question was: "How are you maintaining sobriety? Are there things you would share with the group?" The reply was that he went through a PTSD program that taught him 7 steps to use. When asked for more info- he said that he relaxes first and he looks at each situation in detail, including his feelings. *After group I asked him what program he was referring to, and he said the Trauma Group here and that he keeps a condensed version of the Freedom Steps around his neck on beads and he reads them every day!*

## Project SAFE: *Comprehensive Evaluation and Program Description*

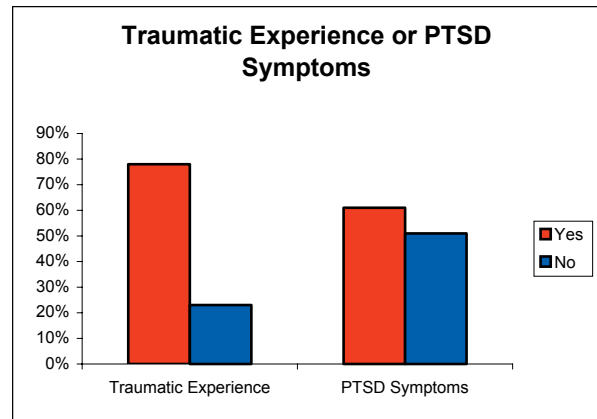
### Overview of Project SAFE

Project SAFE (Substance Abuse Family Evaluation) is a collaboration between Department of Mental Health, and Addiction Services (DMHAS), Department of Children and Families (DCF), and Advanced Behavioral Health (ABH) that provides priority access to substance evaluations and treatment to parents whose children are involved in the DCF child welfare system. DCF began collaborating with DMHAS in October 1999 in order to more effectively identify and address substance abuse issues and to coordinate and blend state, federal, and private resources to meet the needs of these populations. Through a contract with Advanced Behavioral Health, Project SAFE provides priority access to drug screening, substance abuse evaluations and outpatient treatment services and has a 1-800 number to process referrals for services 24 hours per day 365 days per year. A major goal of Project Safe is improved show rates for evaluations and treatment, client engagement, retention and completion of treatment, child safety and family functioning.

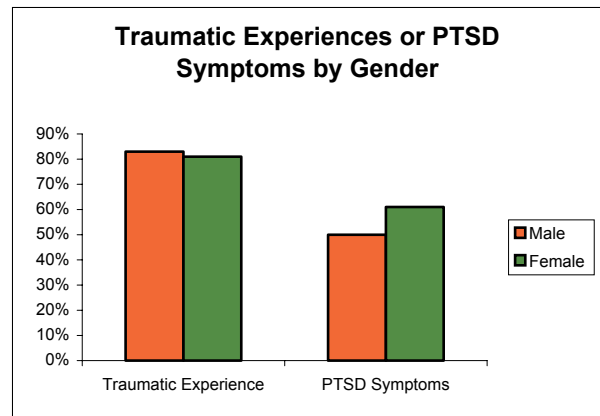
### Comprehensive Evaluation Pilot

Last year Project SAFE developed a new comprehensive substance abuse evaluation tool to address a wider range of issues such as family relationships, co-occurring mental health issues, spirituality, and trauma for Project SAFE clients. The tool is a 14-page form, which is used at 10 different provider agencies across all five DCF regions in Connecticut. This questionnaire was piloted starting in March 2002 and ABH collected data from 524 client assessments to identify the types of problems parents in the child welfare system are reporting. The charts at the right show the prevalence of exposure to traumatic events and Post Traumatic Stress Disorder symptoms in this population. Since a pattern of exposure to traumatic events is correlated to abuse of alcohol and other drugs, this information has significance for treatment providers who are serving Project SAFE clients. Currently, Project SAFE agencies are being trained to provide trauma sensitive services to parents/caregivers who are trauma survivors.

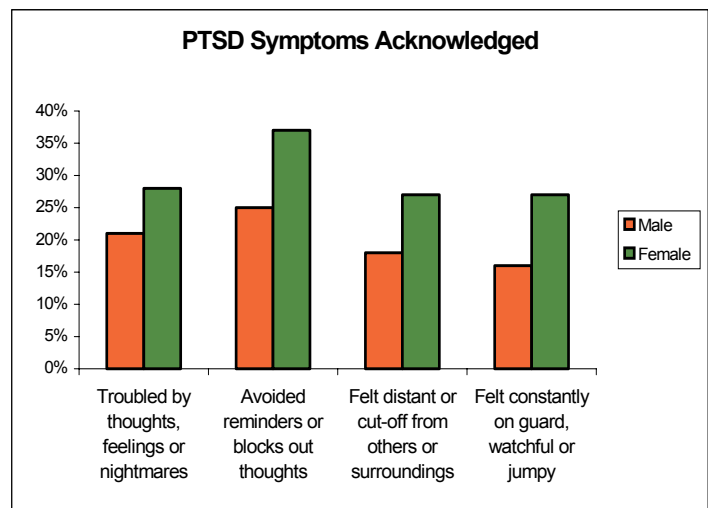
For more information on Project SAFE, please call Karen Ohrenberger @ 860-418-6900; Tere Foley (DCF) 860-550-6534 or Christopher Rigling (ABH) 860-638-5313.



This chart demonstrates the percentage of clients who acknowledge at least one of the symptoms associated with trauma exposure.



This chart demonstrates the percentage of clients separated by gender who acknowledge a history of traumatic experience or a history of symptoms related to trauma.



This chart demonstrates the percentage of clients separated by gender who acknowledge one of the four symptoms related to trauma. (Note that women consistently acknowledge symptoms at a higher rate than men).



## TREM TRAUMA TREATMENT

Community Connections, a provider of mental health, substance abuse and trauma services in Washington, DC, has been actively addressing trauma-related concerns of survivors for nearly ten years. Dr. Maxine Harris and the Community Connections Trauma Work Group, along with considerable input from consumers, initially developed the Trauma Recovery and Empowerment Model (TREM) of group work with women, and then developed variations for men (M-TREM) and for adolescent girls (G-TREM). TREM has been published as a fully manualized leader's guide (The Free Press, 1998), in a self-help workbook format entitled "Healing the Trauma of Abuse" (by Mary Ellen Copeland and Maxine Harris, New Harbinger, 2000) and men's and adolescent leaders' manuals. TREM uses a psycho-educational focus and skill-building approach, emphasizes survivor empowerment and peer support, and teaches techniques for self-soothing, boundary maintenance, and current problem solving. The women's module, originally 33 sessions is also available in a 24-session format and a companion 4 session introduction to trauma for women on short-stay units. The men's module is 24 sessions and the adolescent module 16 sessions. TREM is designed to address issues of sexual, physical, and emotional abuse in the lives of survivors who have been economically and socially marginalized and for whom traditional recovery work has been unavailable or ineffective.

The TREM intervention is based on four core assumptions:

- ◆ Some current problem behaviors and/or symptoms may have originated as legitimate coping responses to trauma.
- ◆ Those who experienced repeated trauma in childhood were deprived of the opportunity to develop certain skills necessary for adult coping.
- ◆ Trauma severs core connections to one's family, one's community, and ultimately to oneself.
- ◆ Women who have been abused repeatedly feel powerless and unable to advocate for themselves while men fail to develop the emotional vocabulary necessary for successful interpersonal coping.

TREM is divided into four sections. In Part I, women focus on empowerment, addressing issues of self-protection, self-soothing, self-esteem, and establishing healthy emotional and physical boundaries, while men focus on developing a shared vocabulary of emotional and relational life. In Part II of TREM and M-TREM, survivors address the long-term impact of sexual, physical and emotional abuse. The focus in this part of the group is on addressing the impact of abuse and developing ways to cope with lingering symptoms, not on remembering or reliving the abuse experience itself. In Part III, TREM and M-TREM group members solidify new learning about how to communicate, establish healthy relationships and make good decisions. While the men's model closes with Part III, the women's model includes three sessions for self-assessment and saying goodbye. During Part IV, women are encouraged to plan for their continued healing either on their own or as part of a community of other survivors.

TREM is being used in a number of programs throughout the country, in places such as Boston, Philadelphia, Chicago, and Denver. TREM groups are being led in residential and outpatient substance abuse treatment programs, outpatient mental health programs, correctional facilities, and more abbreviated components of TREM are being used in homeless and domestic violence shelters. Pilot data from four different clinical sites suggests TREM's effectiveness in areas such as significant symptom reduction, service utilization reduction, and higher consumer satisfaction for women participants. TREM's effectiveness is currently being examined as part of a multi-site study supported by SAMHSA.

In Connecticut, through the Department of Mental Health and Addiction Services' Trauma Initiative, Greater Bridgeport Mental Health Center, CT Mental Health Center in New Haven, and River Valley Services in Middletown have chosen the TREM model and are planning to complete the training with Community Connections' trainers in the coming months. For more information on the TREM model, please contact Rebecca Wolfson Berley, MSW, Director of Trauma Education at

*No one can go back and make a brand new start.  
Anyone can start from now and make a brand new ending.*

## DMHAS & CCADV TRAUMA COLLABORATION

The Connecticut Coalition Against Domestic Violence, Inc. (CCADV) is pleased to be in partnership with the Department of Mental Health and Addiction Services (DMHAS) and the Connecticut Women's Consortium to adapt trauma training for domestic violence advocates in our eighteen domestic violence shelter programs. CCADV's membership is made up of the 18 domestic violence shelter programs located throughout the state. All of these programs provide shelter for battered women and their children, counseling and support services for non-sheltered victims, and court-based victim advocacy.

The Coalition acts as a vehicle for our domestic violence shelter programs to provide statewide public policy advocacy, legislative reform, and education on the issue of domestic violence. CCADV's member programs raised the issue of advocating for clients who have substance abuse and mental health issues and asked for help from DMHAS. Judith Ford and Valerie Leal of DMHAS and Carol Huckaby of the Women's Consortium have met with CCADV on several occasions to discuss trauma training and its applicability to the shelter programs.

We look forward to this partnership and to strengthening our efforts to effectively and competently address the needs of domestic violence victims and their children.

Lisa Holden, Connecticut Coalition Against Domestic Violence

### Getting into Trauma Matters

- You can access an electronic version of the "Trauma Matters" Newsletter at [www.traumamatters.org](http://www.traumamatters.org) or [www.womensconsortium.org](http://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 *Trauma Matters* Editor Carol Huckaby at 203.498.4184, x25 or e-mail her at [chuckaby@womensconsortium.org](mailto:chuckaby@womensconsortium.org).

