

TRAUMA MATTERS

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MESSAGE FROM DMHAS

Dear Readers,

Since September 11th we have collectively expanded our definition of the ways in which trauma may affect us, our families, our neighbors, and the people who come to us for help. Now, in addition to thinking about childhood abuse, domestic and community violence, and natural disasters, we have added threats of terrorist attack and bioterrorism. Fortunately, researchers and clinicians in the field of traumatology have made significant gains in understanding the acute and long-term effects of traumatic stress and developed more effective methods of treatment. And survivors have taught us the importance of sensitivity to culture, gender, and spirituality in healing. This broad base of information and expertise has been invaluable as we have wrestled with the issue of moving from understanding the impact of trauma to taking action that will lead to repair and recovery. Our primary goal in the Trauma Initiative has been to provide trauma services to clients in the DMHAS behavioral health system. Although on the surface this sounds straightforward, reaching the point of actually providing treatment services has been a process that has taken many months of planning and has involved change at three levels:

1—Trauma-informed Services: In order to affect a system, an infrastructure and platform for action needs to be developed. This requires a review of preferred practices and thinking through a theoretical perspective. From these initial ideas policy is developed to guide decision-making. This all happens in the context of working with providers and consumers who can contribute to the process from both a professional and personal perspective. The end result of this sometimes confusing and messy process was a trauma recovery mission and policy statement, a number of community events

designed to raise awareness of trauma as a public health problem, a video introduction to trauma and recovery for women, a statewide women's conference, and this newsletter.

2—Trauma Survivor Safety Net: Tools that are accessible and suitable for use by providers and peer advocates alike serve to demystify trauma and empower those who are looking for accurate information. So far these tools include a Trauma Directory of statewide resources, a Trauma Toolkit, a *Trauma Matters* (www.traumamatters.org) website, four days of training for staff statewide, and help in accessing services through the Women's Behavioral Health Consultants in each region.

3—Trauma Recovery Services: The center point for change is agency commitment to staff development. DMHAS facilities and private non-profit agencies have made a real and significant commitment to take on the responsibility of staff development and the provision of services to clients who have experienced traumatic loss and betrayal. DMHAS has assumed responsibility for supporting these agencies by dedicating funding for training and year-long consultation in trauma treatment. Each agency is encouraged to select one of three treatment models, Seeking Safety, TARGET, or TREM. These models were chosen based on demonstrated feasibility, ongoing research evaluation of their effectiveness, and consumer acceptability. Once a model has been selected, the training and consultation process begins.

By the end of the 2002-2003 fiscal year, 26 agencies and the two state psychiatric hospitals, Cedarcrest and Connecticut Valley Hospital, will have been trained and will be providing services. You will be hearing more about the models, the experts who developed them, and the agencies involved in training in future issues of *Trauma Matters*. For now, we can be proud that so many people in this state are working together to ensure that help is available for those among us who have survived extremely stressful experiences.

Judy Ford, Director of Women's Services

WHO'S DOING WHAT

TRAUMA TRAINING—Below is a list of DMHAS funded agencies participating in trauma training and services.

- Alcohol & Drug Recovery Centers, Inc. (Hartford)
- APT Foundation (New Haven)
- The Birmingham Group (Ansonia)
- Bridges, A Community Support System (Milford)
- Capitol Region Mental Health (Hartford)
- Cedarcrest Hospital (Newington)
- Community Mental Health Affiliates (New Britain)
- Connecticut Counseling Centers (Middlebury)
- Connecticut Mental Health Center (New Haven)
- Connecticut Renaissance (Norwalk)
- Connecticut Valley Hospital (Middletown)
- The Connection, Inc. (Middletown)
- Coordinating Council for Children in Crisis (New Haven)
- Family & Children's Agency (Norwalk)
- Harbor Health Services, Inc. (Branford)
- Inter-Community Mental Health Group, Inc. (East Hartford)
- LMG Programs (Stamford)
- Mid-State Behavioral Health System (Meriden)
- Morris Foundation, Inc. (Waterbury)
- North Central Counseling Services, Inc. (Windsor)
- River Valley Services (Middletown)
- Rushford Center (Middletown)
- South West Mental Health Authority
 Franklin S. Dubois Center (Stamford)
 Greater Bridgeport Mental Health Center
- Southeastern Mental Health Authority (Norwich)
- United Services (Dayville)
- Western Connecticut Mental Health Network (Waterbury)
- Wheeler Clinic (Plainville)

Trauma Directory

A directory of trauma services throughout Connecticut has been compiled and published by DMHAS with the assistance of the regional Women's Behavioral Health Consultants. You can access an electronic version of the Trauma Directory at www.dmhas.state.ct.us; www.traumamatters.org or www.womensconsortium.org.

TRAUMA VIDEO AND PANEL PRESENTATION

Over the past five months, the video "No More Secrets" and a panel presentation by trauma survivors have been shared with several organizations as part of the year-long trauma training initiative. This film, as discussed in the previous edition of *Trauma Matters*, documents the lives of four women who have experienced trauma and were introduced to the behavioral health system through their addiction and mental health issues.

After a viewing of the video, India McCoy and Elizabeth A. Rodrigues, two of the survivors from the film, participate in these presentations by discussing with clinicians the key points in their personal journey to recovery. Both women have graciously and courageously shared their lives and thoughts in ways that have been eye-opening for some and certainly inspiring to all. Each in their own way have

illustrated the concerns and difficulties women encounter when seeking services from systems of care that have generally overlooked their gender and the associated issues. The strong bond of motherhood, issues of identity and acceptance as well as a deep-seated sense of spirituality have been powerful underpinnings for both India and Elizabeth. These motivations have propelled them forward and empowered them to become extremely important spokespersons for our work. Strong lives truly are motivated by dynamic purposes. Elizabeth and India have discovered that purpose and are walking in it boldly and we are all the better for it.

Valerie Leal
Women's Services (DMHAS)

"Strong lives are motivated by dynamic purposes"
Hildebrand Kennet

Getting into Trauma Matters

- You can access an electronic version of the "Trauma Matters" Newsletter at www.dmhas.state.ct.us; www.traumamatters.org 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 *Trauma Matters* Editor Carol Huckaby at 203.498.4184, x25 or e-mail her at chuckaby@womensconsortium.org. For more information, visit www.traumamatters.org



TARGET TRAUMA TREATMENT MODEL

TARGET (Trauma Adaptive Recovery Group Education and Therapy) was developed by Dr. Julian Ford in 1999, and has been revised over the past 3 years based on input from consumers and providers. The theoretical base of this model is: Recovery from trauma is possible when a person is able to shift from living in “survival” mode to focusing on personal growth and effectiveness in intimate, family, friendship, and work relationships. Recovery is **not** based on getting “through” or becoming “desensitized” to trauma memories, but on having access to a support system and a way of making fully-informed life decisions that fundamentally shift a person’s bodily processes and mindset from surviving trauma to personal growth and development. Recovery is unique for each gender and each individual, but always involves three basic changes that occur gradually. Isolation, betrayal, and abandonment gradually change to trust, mutuality and engagement within safe, reliable, and emotionally sustaining relationships. Terror, hyper-vigilance, dissociation, and powerlessness gradually change to a realistic sense of personal effectiveness with a clear focus on immediate emotions, thoughts, and goals in each experience. Emotional numbing, spiritual alienation, and hopelessness gradually shift to involvement, self-esteem, faith, and hope as the person becomes able to recognize how she or he actually is living according to her/his true values and making a unique contribution to the safety and well-being of other people.

- TARGET is strengths-based, explaining Post Traumatic Stress Disorder (PTSD) in terms of the body’s survival/alarm system and teaches a set of practical skills (FREEDOM steps) to enable participants to gain control of PTSD symptoms in their current daily lives. TARGET uses this self-regulatory skills approach and experiential exercises (e.g., creating a lifeline with collage, drawing, poetry, etc.) to address topics including self-esteem, anger, grief, shame, guilt, relationships, re-victimization, and spirituality.
- TARGET has versions of different lengths: 3-5 sessions (Orientation to Recovery), 9 sessions (AR—Addiction Recovery), and 26 sessions (RMI—Recovery from Mental Illness); and covers an ethnoculturally diverse population (*African-American, Caribbean, Latino/Latina, White, Women and Men ages 18-70+ and adolescents*) in public sector community mental health and addiction recovery services. In addition, the model has been adapted for deaf or hearing impaired clients, those with severe mental illness with or without co-occurring addiction and clients in addiction treatment.
- TARGET-RMI is in the 2nd phase of a qualitative evaluation at Capitol Region Mental Health Center, with groups ongoing for (a) hearing impaired women, (b) hearing women, (c) hearing impaired and hearing men. TARGET-AR is being evaluated in a 3-year randomized controlled trial (Linda Frisman, Ph.D., PI; Julian Ford, Ph.D., Co-PI) funded by SAMHSA with separate men’s & women’s groups at Morris Foundation, Rushford Foundation, and The Connection, Inc. (Middletown). Both versions of TARGET are being pilot tested by clinicians in Holland who were trained (April 2001) by Dr. Ford; a controlled clinical trial is scheduled to begin later this year.

Capitol Region Mental Health, Morris Foundation, and the Birmingham Group are among several Department of Mental Health and Addiction Services (DMHAS) funded agencies that have completed the 3-day training with Dr. Ford, are currently running trauma groups and are engaged in the yearlong consultation. Staff and clients at these agencies speak highly of the ability to become grounded using the FREEDOM steps. For more information on the TARGET model, please contact Julian Ford at 860-679-8778 or Carol Huckaby at 203-498-4184.

DMHAS Trauma Initiative Mission Statement

The Department of Mental Health and Addiction Services will deliver behavioral healthcare that is sensitive and responsive to the needs of trauma survivors.

Connecticut Women’s Consortium Mission Statement

To Improve Behavioral Health Care for Women & Their Children

A Guiding Principle of the CT Trauma Initiative

People who have survived psychological trauma, in particular interpersonal trauma, can and do recover when provided services that are sensitive to their special needs.

**University of Connecticut and Yale University
Center for Trauma Response/Recovery and Preparedness (CTRP)**

The Center for Trauma Response, Recovery, and Preparedness (CTRP) is a Center of Excellence established in November 2002 by the Department of Mental Health and Addiction Services and the Department of Children and Families in partnership with the University of Connecticut School of Medicine (Department of Psychiatry) and Yale University School of Medicine (Child Study Center and Department of Psychiatry). The CTRP's Mission is to provide clinical, educational, and scientific expertise to behavioral health providers (professionals, natural helpers, prevention specialists, agencies) and the general public in order to enhance the capacity of Connecticut's behavioral health system to promote the safety and recovery of people affected by current or future disasters and their continuing aftermath. The CTRP's educational and training resources can be accessed via website (www.ctrp.org) or by contacting the offices of the CTRP Administrators, Kathryn Dean at UConn (860-679-7949) or Joanne Goldblum at Yale (203-785-3318). The services provided by the CTRP include:

- **Specialized disaster counseling training and supervision:** CTRP has provided training to more than 800 behavioral health providers, 150 prevention specialists, and 50 consumer advocates. Training has covered guidelines for safe and effective response to acute post-traumatic stress and grief, ongoing services for affected children, adults, and families, and stress management for responders/recovery workers.
- **Network of Behavioral Health Crisis Response and Recovery Teams (CRTs):** CTRP is developing an organized network of behavioral health crisis response/recovery providers, and providing ongoing technical assistance to help local groups organize into teams within the framework of a regional coordination system established by DMHAS and DCF.
- **Enhancing current treatment and prevention services:** CTRP staff are working closely with national experts, Connecticut agencies, the DMHAS Trauma Initiative, and community groups to develop: (1) evidence-based screening for early identification of non/under-served affected people, through trauma exposure-risk screening (in collaboration with the Department of Public Health Behavioral Risk Factor Surveillance System), and (2) preventive education materials preparing people to proactively address expected reactions and prevent persistent problems through the use of natural support systems and existing services.
- **Evaluation/research studies:** Center academic experts are developing proposals for additional funding to evaluate interventions to increase stress tolerance of the various groups and to identify risk and protective factors in order to improve the coping skills and resilience of all citizens.

