

TRAUMA MATTERS

Volume 2, Issue 3

Winter/Spring 2005

A publication produced by The CT Women's Consortium and the CT Department of Mental Health and Addiction Services in support of the CT Trauma Initiative.

Carol Huckaby, Editor

Editorial Board

- Donna Brooks
- Marijane Carey
- Cara Hood
- Valerie Leal
- Marshall Rosier

Connecticut Continues Trauma Initiative with Grant from The Center for Substance Abuse Treatment (CSAT)

To further the work of its trauma and recovery initiatives, the Connecticut Department of Mental Health & Addiction Services (DMHAS), through a competitive and rigorous review process, selected the Northwest Mental Health Authority (NWMHA) located in Torrington as the Trauma Center of Excellence. The primary purpose for establishing a Trauma Center of Excellence is to continue supporting and enhancing the trauma initiative that began several years ago. The Northwest Mental Health Authority, along with its sister agencies in Waterbury and Danbury through the Western Connecticut Mental Health Network, offers a diverse array of programs and services that assist individuals in the northwest region of the state who are working toward recovery from mental illness. The mission of the Western Connecticut Mental Health Network is to develop, provide and manage a coordinated, comprehensive system of care that supports recovery from mental illness. Culturally sensitive services, that allow for client choice and build upon the strengths of the individual, are delivered in a compassionate, flexible and respectful manner.

Services provided by the Northwest Mental Health Authority include an Access Center, an Assertive Community Treatment Team (ACTT), case management services, an Office of Consumer Affairs, recovery and wellness programs and services for young adults up to the age of 25. Services offered by affiliate agencies funded by and working with the Northwest Mental Health Authority are available at Northwest Center for Family Services and Mental Health; Prime Time House, a psychosocial clubhouse and vocational program; Help Inc which runs Benhamm Place and Wynwood Group Home; the Center for Human Development-Connecticut Outreach West; Charlotte Hungerford Hospital; Education Connection which provides vocational services and TRED a transportation service for clients of NWMHA and its affiliates; Mental Health Associates of Connecticut, which offers residential case management specializing in 24-hour supported housing and transitional housing and Fish Shelter which offers case management to shelter residents.

With funding from CSAT, Connecticut's trauma initiative is being supplemented with input from a national consultant. Dr. Roger Fallot, from Community Connections in Washington, DC, has been retained to provide consultation to the Trauma Center of Excellence. He is Director of Research and Evaluation at Community Connections and is also currently Principal Investigator on the District of Columbia Trauma Collaboration Study, a federally funded research project examining the effectiveness of integrated services for women trauma survivors with mental health and substance abuse problems. Dr. Fallot will provide assistance in assessing current system practices, determining how to achieve standardization of promising practices and how to replicate efforts throughout Connecticut's mental health and substance abuse delivery systems.

The Department of Mental Health & Addiction Services has established a Trauma Center of Excellence Advisory Committee consisting of representatives from DMHAS, the Northwest Mental Health Authority, Connecticut Renaissance, an addiction treatment provider, and the Connecticut Women's Consortium. The committee will collaborate with staff members and consultants in developing an integrated action plan for statewide implementation of a trauma informed model that is recovery focused and gender-responsive with the overall goal of influencing state policy that reflects a focus on trauma, recovery and person-centered treatment.

For more information on the Trauma Center of Excellence, contact Colette Anderson, Director of the Northwest Mental Health Authority at 860-496-3700 or sending an e-mail to colette.anderson@po.state.ct.us.

Post Traumatic Stress Disorder: DSM-4 TR definition

Post Traumatic Stress Disorder (PTSD) is an anxiety disorder that occurs as a result of direct exposure to a traumatic event(s) such as violence, assault, warfare or natural disaster.

The DSM-4 TR identifies several diagnostic criteria for the assessment and diagnosis of PTSD.

- A. The person has been exposed to a traumatic event in which both of the following were present:
 - 1) the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others
 - 2) the person's response involved intense fear, helplessness, or horror.
- B. The traumatic event is persistently re-experienced by intrusive thoughts, distressing dreams, reliving traumatic episodes or psychological/physiological reactivity to internal or external cues that resemble the traumatic event.
- C. Persistent avoidance of stimuli or thoughts, feelings, activities, places or people associated with the trauma or inability to recall trauma and a numbing of general responsiveness indicated by diminished interest in activities, detachment, restricted affect range and sense of hopelessness.
- D. Persistent symptoms of increased arousal not present before the trauma such as difficulty sleeping, irritability, difficulty concentrating, and exaggerated startle response.
- E. Duration of the disturbance (symptoms in Criteria B, C, D) is more than 1 month.
- F. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

“THE BATON ROUGE CURE”

I left a job recently, after five years, but for none of the usual reasons – not because I did not like the job, not because I was unsuited for the job, not because I did the job badly, not because I had outgrown the job, and not because I was able to make more money elsewhere. I left because the boss was a bully; I had been her target for three years and could not bear the burden of this role for even one more day. In my case, leaving that job meant leaving Connecticut. Although I am in a one-year position similar to the one that I left, thankfully absent the bullying boss, I now live in Louisiana, Baton Rouge to be exact, 1300 miles away. From this distance, I have been able to gain some perspective on what happened to me, and I would like to share with you a few of my insights about the nature and the effects of workplace bullying.

First of all, workplace bullying is not a crime, even though it contributes to the creation of a hostile work environment and can involve forms of discrimination that are protected by state and federal law.* Secondly, bullying in the workplace has a character quite different from that which takes place in schools; most noticeably, workplace bullies are predominantly female, as are their targets. A friend speculates that this gendering results from “the bureaucratization of women” – women are not disordering workers, in my friend’s opinion, therefore turning into bullies when they get a little power, but they may overindulge or misdirect shows of power, she says, when they work in structures, like bureaucracies, where the rules tend to be selectively enforced and where the official language of the workplace is loose and ambiguous. The research that might support this speculation has not been done yet; however, any person living with a trauma history can imagine the potential risk of working in an environment characterized by such unpredictability and vagueness. Thirdly, workplace bullying is traumatic; as well, the process of being bullied frequently opens up wounds that, if you are like me, you might have thought healed and safely stored away in your repressed-memory bank. Well, surprise, there they are, all raw and like new again, keeping you up at night; causing anxiety, hypersensitivity, paranoia, or obsessive-compulsivity; silencing you and, at the same time, angering you; making you isolate or seek comfort in too much unhealthy socializing, thus setting your vulnerable self up for the hurt that inevitably follows. So you wake up one morning, overwhelmed by your stuff and wanting some help. Unable to figure out where to go, since workplace bullying is not a clinical specialty yet (although the prevalence suggests that it will be soon since 1 in 6 workers in the United States report directly experiencing destructive bullying in the past year), you do what everyone seems to do these days to find answers that they cannot find anywhere else: you turn on your computer and google “workplace bullying.” The fourth reference, <http://bullyinginstitute.org/>, The Workplace Bullying and Trauma Institute, an online resource compiled by Gary Namie, Ph.D., describes my former work situation to a tee. His advice: do what I did. Namie’s research indicates that, most often, bullying ends when the targeted person either quits or is terminated. Workplaces are not usually equipped to reprimand the bully, he explains, since others do not always see the bullying take place or are complicit. Leaving worked for me, but I knew that fix was temporary; I had suffered too much damage to fully trust my capacity for repression. A few friends encouraged me to get into counseling once I was settled in red stick country, which I have done. I expect to know more about myself, as a result; however, I am not convinced that I will be able to store this one away for good.

Carra Leah Hood
Visiting Assistant Professor, English LSU
CTC, Publications and Public Relations Director

Featured Resource

Resource: <http://www.nationalconsortium.org/>

Title: [The National Trauma Consortium](#)

Overview: The National Trauma Consortium (NTC) is an organization committed to the centrality of trauma in the treatment of people with mental health, substance use, and/or co-occurring disorders. The NTC recognizes that people are best served through integrated treatment and that people with trauma histories should be “full partners in all endeavors”. The activities of the NTC “help to develop and expand the capacity of communities to provide effective, integrated, trauma-informed, and trauma-specific services.” The primary goal of the NTC is to get trauma-informed research, materials, events and resources “in the hands of all the people who can use it”. The website provides several useful resources such as current statistics on the prevalence of trauma, upcoming events, and a whole host of recent publications that are available to be downloaded – free of charge. The website is very user friendly and has a wealth of information that is relevant and helpful for those interested in trauma-informed treatment.

Downloads: Several downloads, free of charge

Featured Download:

Enhancing Substance Abuse Recovery Through Integrated Trauma Treatment
<http://www.nationaltraumaconsortium.org/documents/IntegratedTrauma.pdf>

This comprehensive and concise review of trauma-informed approaches to addiction treatment is a wonderful synopsis of the relevant theory, research and current treatment approaches. The paper outlines several basic principles of trauma-informed services, and offers a succinct review of several integrated treatment models such as Atrium, Helping Women Recover, Seeking Safety, TREM and Triad. Special attention is paid to choosing and implementing trauma curriculum into service delivery

Editorial note: The Trauma Matter’s Editorial Board understands the importance of sharing resources and is committed to supporting the efforts of organizations or agencies that empower women in their journey of recovery. Each newsletter will feature one or more featured resources that the Editorial Board feels exemplifies a strong commitment to trauma-informed treatment, research and policy. If you know of a resource that you feel should be featured such as a website, book, or organization, please submit it to CHuckaby@womensconsortium.org

“Dare to Act Conference”

Dare to Act Conference: Trauma Survivors, Practitioners, Researchers and Policymakers Creating a Blueprint for Change was held November 29–December 3, 2004, in Baltimore, Maryland. Over three hundred trauma survivors, practitioners, researchers, service providers and policy makers from across the country gathered to participate in a forum to discuss significant developments and findings in the area of interpersonal trauma with an emphasis on early childhood physical and sexual abuse, and to share the collective vision of this work.

The objectives of the conference were to identify how to support trauma-informed knowledge applications, promote the use of trauma-informed programs, policies and practices and to mobilize a broad based and effective trauma-informed learning community. The goal was to develop a detailed plan of action to engage communities in actions to reduce trauma and its consequences by expanding trauma-informed community-based services with the potential to transform the environments in which trauma can occur and recovery must happen (e.g., where people live and work). The conference was designed by The Substance Abuse and Mental Health Services Administration’s Center for Mental Health Services and the National Trauma Consortium.

Becoming a trauma-informed organization requires a substantial commitment by both the administration and direct care staff. Staff training and education in trauma is often an initial step, along with changes in hiring practices to recruit trauma-informed staff. At the service level, instituting screening for trauma and providing or linking to trauma-specific services is important. Finally, review and revision of all of an organization’s policies and procedures to be certain that they incorporate an understanding of the impact of violence and victimization on both clients and staff is necessary.

SAFETY TIPS	CONFERENCES & TRAININGS
<p>With winter season, there are many safety issues other than ice and snow. The following Safety Tips can keep you out of harms way!!!</p> <ul style="list-style-type: none"> • Safety First: Make sure your tires have enough tread and are inflated properly. • Remember to leave at least two car lengths between you and the car ahead. Ice and snow increase the distance needed for stopping a car. • Charge your cell phone daily and keep a car phone charger in your car. • Even in populated areas, it is possible to be stuck in your automobile for hours in bad weather. Keep your gas tank as close to full as possible, and leave a warm blanket, snacks, bottled water and a first aid kit in your car for emergencies. 	<p style="text-align: center;"><u>OFFERING SAFE CHOICES</u></p> <p>The Institute for Health and Recovery will present a conference on Integrating Services for Substance Abuse, Domestic Violence and Mental Health”, April 28-29, 2005 at the Holiday Inn in Worcester, Massachusetts. There will be workshops on services for Latinos, African Americans, Homeless, Gay/Lesbian/Bisexual/Transgender, perpetrators and rural populations. For more information contact Vanessa Aluia at 617-661-3991 or vanessaaluia@healthrecovery.org.</p> <hr/> <p style="text-align: center;"><u>CONSORTIUM TRAINING CALENDAR</u></p> <p>The CT Women’s Consortium Winter/Spring Training Calendar is completed and available at www.womensconsortium.org. Some of the new sessions expand the scope of basic core issues such as gender responsiveness and trauma sensitivity and others target new areas such as problem gambling, the impact of stigma and women with disabilities. All of the trainings listed in the calendar further the goals of the CT Department of Mental Health and Addiction Services (DMHAS) Recovery Initiative and its new Women’s Services Practice Improvement Collaborative, designed to create a best practice system of care for women, supported by system level policies and standards and program level practices.</p>

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 “Trauma Matters” editor Carol Huckaby at 203.498.4184, x25 or e-mail her at chuckaby@womensconsortium.org.





The CT Women's Consortium
 205 Whitney Avenue
 New Haven, CT 06511