

TRAUMA MATTERS

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History of Trauma Treatment at The Center of Excellence

Northwest Mental Health Authority (NWMHA) inaugurated trauma treatment in the fall of 2002 as part of the State of Connecticut Department of Mental Health and Addiction Services' (DMHAS) Trauma Initiative. Northwest Mental Health Authority is the local mental health authority located in Torrington, CT which along with the Greater Danbury and Greater Waterbury Mental Health Authorities, comprises the Western Connecticut Mental Health Network. Western Connecticut Mental Health Network selected the Trauma Adaptive Recovery Group Education and Therapy (TARGET) model of trauma treatment developed by Julian Ford, Ph.D. at the University of Connecticut Medical Center. TARGET shifts the focus of treatment from discussion of past traumatizing experiences

and focuses to teaching a sequence of practical skills to enable trauma survivors to safely process stressful experiences. The staff received weekly training and consultation from Eileen Russo, M.S., who is currently employed at CT Renaissance Inc. The first nine-week TARGET Group (TARGET-9) which began with six women in January, 2003; focused on learning the seven basic skills of the model.

Since completion of the first TARGET-9 Group, additional groups have been offered approximately every thirteen weeks with four to six women participating: some are new members, some are individuals who may have dropped out during a previous TARGET-9 group and some are individuals who have completed TARGET-9 but wanted to repeat it before moving on to TARGET Group-26, a 26-week more intensive group. The first TARGET-26 which focuses on continued learning, understanding, practicing and implementing the seven basic skills began during the summer of 2003, and has been repeated numerous times since. The completion of TARGET-9 is the only pre-requisite for the TARGET-26 group and both groups can be repeated as many times as the client finds helpful. TARGET-26 is "open-ended" which means that upon completion of TARGET-9, clients can join the group at any stage.

Early in 2004, Northwest Mental Health Authority was designated by DMHAS as a Trauma Center of Excellence and continued to develop additional TARGET groups to meet the continuing needs of clients. For example, a group of women who participated in TARGET-26 three consecutive times, requested and participated in developing a TARGET aftercare group which they named "Next Steps." The TARGET skills are reviewed and practiced in this group, but the main focus is developing insight, providing peer support and practicing transfer of skills to many different life situations in order to thrive rather than "just survive" as the members say. This is accomplished through multi-media approaches such as mindfulness exercises, readings, painting, writing, and discussion.

After several not quite successful attempts, the first TARGET-9 for Men began in May, 2005. It has been "wildly successful" and is now offered every 13 weeks. TARGET-26 for Men began in August, 2005. The men also elected to keep their TARGET-26 "open-ended". Currently four Northwest Mental Health Authority staff members conduct trauma treatment groups and more staff are to be trained. Some client comments: "The best thing in my life today in my recovery is the TARGET Group" (female); "An eye opener, you really grow from it; the best group I have ever taken" (male).

Colette Anderson, Director
Northwest Mental Health Authority

HEALING & TRAUMA: A SOUL APPROACH

Words have remarkable power. They often impact us emotionally before our mind has even a chance to sort everything out. To begin a reflection on “trauma” we should appreciate the power of that word. It connotes the most serious of experiences. Many dictionaries include two ideas: physical and emotional injury. Interestingly, many dictionaries include the word ‘wound’ when referencing ‘emotional’ trauma. Wounds have spiritual implications. When I was in second grade a teacher, probably having a bad day, scolded me in class in front of my classmates. Somehow that felt like the kind of injury that we might call a ‘wound’. It stayed with me as an important memory all my life. The wound sort of ‘lives’ today through my memory. Why does it still live on? What is its purpose? What is its cure?

For many people, the wounds of their life are met with significant pain (physical, emotional, and spiritual) and the correlating specialties are employed (MD, mental health professional, or clergy). Unfortunately, if the goal is ‘relief’ by the extraction of the wound or finding a ‘cure’ - we will likely end up frustrated. Have you spoken to a counselor lately and they tried, with good intentions, to ‘advise’ you to ‘do’ things that will fix the problem, or possibly ‘get beyond’ the stuck place. Another approach to dealing with wounds, which is very ancient, allows us to shift our thinking to see ourselves as *wounded healers* – that is, we can find a way to use our wounds to keep us in touch with hearing others who have wounds even if the wounds are different.

I have a sensitive ear for those who are wounded – in part due to the awareness of my own woundedness. We are sobered into knowing we are not perfect, we are scarred, vulnerable people, all in some way touched by painful events, disappointing experiences and even traumatic, life-threatening occurrences. Spirituality can, if we allow, take the approach of staying with (the original idea behind ‘cure’) the soul of a person suffering. Listening. Praying. Supporting. But not always curing. It may feel less heroic but it requires reasonable insight into being present when the rest of the world feels helpless unless they can solve the problem. We may wish to find retribution or find practical steps to move life ahead, or discover how God can remove pain. That is great. Maybe all those moves are important in response to trauma. But do you have a resource to hold the uninvited wound when nothing else helps?

I would find ways to celebrate the great spiritual stories of those who we know or read about in sacred texts – people who seem to be defined by how they managed their pilgrimage, their losses, their wounds. So many have helped teach me of the word ‘caring’ in a deeper sense – when the spiritual tools of compassion and comfort take on everlasting meaning. Then the wounds, painful as they are, drive me to a deeper faith reliant not on clever cures, but on the subtleness of faith, God and those around me who silently stand alongside.

Reverend Marcus M. McKinney, D.Min., LPC
Saint Francis Hospital and Medical Center

Dr. Marcus M. McKinney is Director of Pastoral Counseling at Saint Francis Hospital and Medical Center where he has worked for over 21 years. He is an Assistant Professor in Psychiatry at the University of Connecticut School of Medicine in Farmington and Adjunct Professor at Hartford Seminary. Most of his work involves teaching and research. His mentor is Thomas Moore, author of the best selling “Care of the Soul”. He lives with his wife and children in South Windsor, CT. He will be conducting a training for the CT Women’s Consortium on “Women, Spirituality and Trauma” on February 24, 2006 at ACES in Hamden. For more information on the training and registration form, please go to www.womensconsortium.org.

2006 TRAUMA TRAININGS

The focus of the winter/spring trainings being offered by the CT Women’s Consortium is on treating trauma and includes, based on numerous requests, training in the three treatment models of DMHAS’ Trauma Initiative -- TARGET, TREM, and Seeking Safety. We are offering two-day trainings that will be supplemented with five half-day consultation sessions designed to assist with implementing the model and developing trauma groups. The cost for a two-day workshop and the five follow up consultation sessions is \$125 per person per agency and \$75 per person for two or more people per agency. The pricing is designed to encourage two or more people to attend in order to create a team effort. Information on the dates and locations of these trainings is as follows:

- TARGET (*Trauma Affect Regulation: Guide for Education and Therapy*) on February 7 & 8 in Hartford by Eileen Russo, MA,LADC;
- TREM (*Trauma Recovery & Empowerment Model*) on March 8 & 9 in Hartford by Lori Beyer, MA; and
- Seeking Safety on April 17 & 18 in Hartford by Martha Schmitz, PhD.

More information about these workshops and the other winter/spring sessions are in the training catalog that will be available shortly. If you would like to register for TARGET training, contact the Consortium at 203 498-4184 ext. 30.

“REVERSE BURNOUT”

I have conducted a good deal of training over the last few years that I title “Self-Care for the Caregivers”. Drawing on the definitions of vicarious traumatization (Saakvitne & Pearlman, 1996), compassion fatigue (Figley, 2002) and general concepts of burn-out (Skovholt, 2001) I warn counselors, case managers, social workers and other caregivers of the hazards of working with clients who have trauma history and/or PTSD. Signs that the work we are doing is having a negative impact on our mind, body and spirit include; nightmares, cynicism, disconnection from loved ones, intrusive imagery and shifts in our cognitive schema (Saakvitne & Pearlman, 1996), work-related PTSD symptoms (Figley, 2002), exhaustion and feeling ineffective (Skovholt, 2001).

Words such as “stressed”, “overwhelmed” and “burnout” are commonly used among helping professionals, so in some way we are all aware of the occupational hazards (Skovholt, 2001) of the work that we do- but what about the satisfaction? During a *Trauma Matters* board meeting Marshall Rosier (Connecticut Counseling) referred to this as “reverse burnout”. He mentioned often hearing clinicians talk excitedly about their work with trauma survivors.

What is reverse burnout? One simple way to answer this is to define the opposite of the symptoms listed above, for example the opposite of cynicism is faith, the opposite of disconnection is connection, and the opposite of exhaustion is exhilaration. I also asked a few people who do the work to define what this work means to them. This is what they said:

- *“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
- *“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

And as for me I am honored to stand side by side with the professionals who give their heart and soul to the work and as a result help the survivors thrive and live again.

Eileen M. Russo, MA, LADC
Consultant, Trauma Center of Excellence

References

- Figley, C., R., (Ed), Treating Compassion Fatigue, 2002, Brunner-Routledge
Saakvitne, K., & Pearlman, L, Transforming the Pain, 1996, W.W. Norton, Inc.
Skovholt, T., The Resilient Practitioner, 2001, Allyn & Bacon

FEATURED TRAUMA RESOURCE

The National Trauma Consortium

A quote from the website:

“Our goal at the NTC is to help get this information into the hands of all the people who can use it; recognize the damage that interpersonal violence does to individuals and to society, and want to do something about it, and are committed to working in partnership with people who have experienced trauma.”

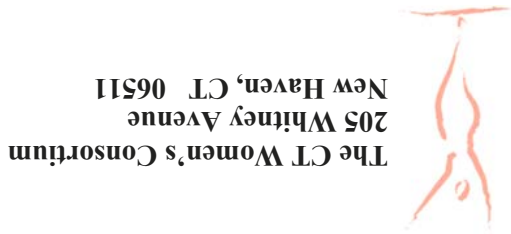
The National Trauma Consortium is committed to increasing public awareness about trauma and helping communities provide effective and integrated trauma-informed services. This simple, straightforward, and easy to use website is full of general information, fact sheets, links and resources. For example there is a free fact sheet on parenting issues and there was a free teleconference titled “Adapting Trauma Treatment for African American, Latina and Other Special Populations”. The website does not necessarily gear itself towards professionals, but rather to consumers and anyone who is interested in becoming more informed. For more information go to www.nationaltraumaconsortium.org.

| WINTER SAFETY TIPS |
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| <ul style="list-style-type: none"> • Make sure windshield reservoirs are filled to capacity to reduce ice, slush and back spray from the road on your windshield. • Have a qualified mechanic check your windshield wipers, tires, antifreeze, and car heater at least twice during the winter. • Keep blankets, water, and some food items (candy, granola bars, crackers, etc) in your car in case you are stranded during bad weather. • Make a mental or written note of where you park your car in parking garages/lots. • Keep your gas at one half to three quarters full at all times. • Keep cell phones fully charged and invest in a car charger to use when you are on the road. • Program I.C.E. (In Case of Emergency) phone numbers in your cell phone. If you are hurt and unable to speak responders will know who to contact. |

| TRAUMA VIDEOS |
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| <p>In 2004, the Connecticut Department of Mental Health and Addiction Services, the CT Women’s Consortium and the University of Connecticut Medical Health Center, produced training videos on trauma to be shown via the internet. They can be viewed on the DMHAS website at http://www.dmhas.state.ct.us/trauma.htm.</p> <p>The videos are:</p> <ul style="list-style-type: none"> • <u>Assessment Trauma Exposure-Starting Therapy</u>—Dr. Andy Morgan • <u>Socio-Cultural Aspects of Trauma</u>—Dr. Kenneth Hardy • <u>Socio-Cultural Aspects of Trauma: A Panel Discussion</u>—featuring Dr. Julian Ford (narrator), Dr Kenneth Hardy, Dr. Ellen Nasper, Robin Anderson, and Marisol Cruz-St. Juste • <u>Domestic Violence</u>—Lisa Holden, CCADV |

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.



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