

# TRAUMA MATTERS

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## CORE PRINCIPLES OF TRAUMA INFORMED CARE (PART 3)

This is a continuation of the series discussing each of the core principles (domains) of trauma informed care. The development of the domains are the work of Fallot & Harris (2006) with implementation ideas gathered from a variety of sources during the past few years, including survivors/consumers, direct care workers, written "lessons" learned, and researchers.

### Domain #1C- Choice

In *Trauma and Recovery*, Dr. Judith Herman (1992, 1997) states that trauma occurs because actions to prevent or escape the traumatic event are of "no avail". The element of choice has been stripped away from the victim/survivor. Survivors are left with the belief that their choices and preferences are of no importance, particularly to those in power. Service providers often have mixed responses when clients ask questions, provide input, and demonstrate with behavior that they would do things differently. The responses can range from labeling a client as "uncooperative" and "manipulative" to giving lip service to the client's suggestions. In a trauma-informed environment, clients are encouraged and provided opportunities to exercise choice. When providers see that exercising choice is part of the healing and recovery process from psychological trauma, they are able to ask: "How can services be modified to ensure that consumer experiences of choice and control are maximized?" (Fallot & Harris, 2006)

Some of the specific questions that have emerged in these discussions are the following:

- To what extent is informed consent truly informed? (Is the "permission to treat" process one that is rushed and is little more than a "read and sign" exercise?)

- Do clients have to "prove" that they are worthy of other services such as a desired group, individual counseling or case management?
- Are the limits of choice explained? It is well understood by service providers that we operate our services within funding, licensing and contractual requirements—do consumers understand that sometimes choice is limited as a result?
- To what extent are consumers/clients offered choice and control over service times, locations, and types of services?
- Are treatment plans written in the words and language of the consumer?
- In residential and inpatient programs, are there spaces for privacy as well as common areas? Are clients' preferences regarding food, room selection, and visiting honored (to the extent possible)?
- Are policies that limit choice examined and revised to ensure that practices are not based on arbitrary standards? (We do what we have always done because we always do it that way.)
- If a client exercises choice, are there negative consequences— such as hostility from service providers?
- Do all staff (not just clinical staff) receive training on person-centered care?

A trauma-informed approach does not need to be an expensive, complicated process; it only needs to be one that is shaped by an understanding of the impact of trauma. Behavioral health and medical services have come from a historical position of expert superiority. Choice is one of the domains that challenge agencies and practitioners to view clients/consumers as experts in their own care.

Submitted by:  
Eileen M. Russo, MA, LADC  
Roger Fallot, PhD

## TRAUMA RECOVERY IS A PRIORITY AT GREATER WATERBURY MENTAL HEALTH Authority

Greater Waterbury Mental Health Authority (GWMHA) is continuing its goal of providing trauma-informed and trauma-specific services for all clients. To enhance the effort, the organization has trained staff to lead trauma groups in the following models: TARGET (Trauma Affect Regulation: Guide for Education and Therapy-17 staff trained), IDDT (Integrated Dual Diagnosis Treatment-25 staff trained) and DBT (Dialectical Behavior Therapy-11 staff trained). Realizing that training is only useful if it is put into practice, the organization has provided trauma groups in DBT, TARGET, IDDT and several anger management groups for over 100 clients. In addition to these groups, the agency has begun to offer WRAP (Wellness Recovery Action Plan) groups, which are client led, and address trauma recovery by teaching grounding and safety techniques for clients.

During the intake and assessment process, all clients are screened for trauma and are asked if they wish to address current or past trauma as part of their treatment. If the client acknowledges past or current trauma and wants to address it in a group setting, a referral is made to a group the client and clinician feel is appropriate based on the client's needs and anticipated comfort level. If the client does not reveal a trauma history or is not ready to address the issue, the clinician does not press the matter but rather waits until the client is ready to reveal this to others in the course of treatment. Our trauma sensitive case managers gather data on an on-going basis and often as a client begins to build trust, he or she will disclose more information that may lead to a referral. Referrals to our groups can occur at any point during treatment and groups are advertised on posters in the lobby, hallways and in our Drop-In Center.

In an effort to make the agency more trauma sensitive and informed for clients from the minute they walk in the door until the day they are discharged, we have expanded our intake rooms to assure we are able to accommodate additional people if the client wishes to have the support of a friend or family member during the interview. Client treatment plans are geared to the goals the client wishes to achieve and are updated every three months to reflect client growth and movement toward recovery. Our current client survey asks for input and guidance from our clients in this regard and we do our best to facilitate their needs.

Anyone interested in joining a trauma focused group should contact his or her case worker and we will do our best to get them started on the path to recovery and coping with trauma through group sessions. For more information contact Maire Greene at 203-805-5324 or e-mail [Maire.Greene@po.state.ct.us](mailto:Maire.Greene@po.state.ct.us).

Submitted by:  
Maire Greene, MS, A.P.R.N.  
Supervisor of Clinical Services  
Greater Waterbury Mental Health Authority

## HELP WANTED!!

***Is your agency doing an outstanding job providing trauma informed services for clients? Are you really proud of your achievements and want to share them with others in Connecticut and around the country?***

The *Trauma Matters* editorial board is in need of articles for the 2007/2008 fall and winter editions. The theme for the fall edition is war-related trauma and PTSD. Articles can be written by providers, administrators or consumers and should be about trauma services, trauma treatment, trauma models or trauma groups. All articles should be written in MS Word format and be 200 words or less.

We would also like to invite our readers to become part of our editorial board. As a board member, you will be asked to solicit or write articles for the newsletter, determine themes for each edition and approve and edit articles that are submitted for publication. Being a member of the *Trauma Matters* editorial board requires a one year commitment of approximately four to six hours per quarter. This time commitment includes writing and or editing articles via e-mail and a quarterly planning meeting held at the Women's Consortium.

To submit an article, or join the editorial board, please contact Carol Huckaby at 203-498-4184 ext. 25 or e-mail her at [chuckaby@womensconsortium.org](mailto:chuckaby@womensconsortium.org).

## JOANNA'S STORY

Even though I had signs of DID (Disassociative Identify Disorder) due to trauma, it was originally misdiagnosed. I had endured years of satanic abuse and developed negative coping skills and behaviors such as self-injury, cutting, drinking and burning. I did not realize that these behaviors were symptoms of a serious psychiatric disorder. In my efforts to forget the horrors of the abuse, I suppressed them and as a result developed separate personalities. During the continuing chaos that became a part of my life, I found a group that helped me; TARGET (Trauma Affect Regulation: Guide for Education and Therapy).

Becoming part of a TARGET group has helped me to learn more adaptive ways to solve my problems rather than alternatives that are unsafe, dysfunctional, unhealthy, and sometimes even life threatening. The group has taught me not to deny my feelings but to allow myself to feel and control them. I am also learning to develop positive relationships and understand that being in a relationship doesn't mean it has to be controlling or abusive. I realize that I am not alone and that there are safe and trustworthy people in the world I can use as my support system and that I can be with my partner and still feel safe.

Knowing and using all the tools and coping skills I have learned in the TARGET group allows me to feel comfortable in knowing that I can take them with me wherever I go and as a result continually work on my recovery. I still have days that are a struggle and feel it is often difficult to move on; but what I have been through has allowed me to find what is most important to me – *my voice*. I am grateful for that and now I can share my story and help other trauma survivors so they can also find their voices. Since I have been in recovery, I have become a peer helper and a co-facilitator of a TARGET group.

Submitted by:  
Joanna

## FEATURED RESOURCE

### Dental Tips for Individuals Sexually Abused as Children

*Dental Tips for Survivors* (Hays, K.F & Stanley, S.F, 1996) is a free tip sheet for trauma survivors. Written especially for consumers, this tip sheet is full of practical information such as asking the dentist or hygienist to explain what will be done and how, how to use self-talk and asking a friend along for moral support and safety. The tip sheet also includes a section on what dental care providers can do to increase the level of safety and control of survivors, i.e., offering a body cover. As important as these practical suggestions are, of equal importance is the validation this tip sheet provides. Many people have “dentist anxiety”; however, to the survivor of childhood sexual abuse, going to the dentist can be another trauma.

“What is the connection between these symptoms of dental anxiety and childhood sexual abuse? There are a number of symbolic parallels: being alone with a person (often male) more powerful than oneself; being placed in a horizontal position; being touched; having objects put into one's mouth; being unable to swallow; and anticipation of or experiencing pain.” (Hays, K.F & Stanley, S.F, 1996)

To find this tip sheet and other resources available to trauma survivors, loved ones and professionals working with survivors go to: [www.sidran.org](http://www.sidran.org) and click on the tab labeled “resources”.

Submitted by:  
Eileen M. Russo, MA,LADC

## SUMMER SAFETY TIPS

Summer is in full swing and there are things you can do to assure you will continue to enjoy the HOT weather and still be safe. Warm weather means activities and fun under the sun! Whether you love putting on shorts and feeling the warm outdoors, or find it hot and sticky, everyone must be careful not to let a heat-related illness spoil the day.

- **Dress for the heat.** Wear lightweight, light-colored clothing. Light colors will reflect away some of the sun's energy. It is also a good idea to wear hats or to use an umbrella.
- **Drink water.** Carry water or juice with you and drink continuously even if you do not feel thirsty. Avoid alcohol and caffeine, which dehydrate the body.
- **Eat small meals and eat more often.** Avoid foods that are high in protein which increase metabolic heat.
- **Avoid using salt tablets unless directed to do so by a physician.**
- **Slow down.** Avoid strenuous activity. If you must do strenuous activity, do it during the coolest part of the day, which is usually in the morning between 4:00 a.m. and 7:00 a.m.
- **Stay indoors when possible** and use air conditioning and regular or ceiling fans to cool your house/office.
- **Take regular breaks** when engaged in physical activity on warm days. Take time out to find a cool place. If you recognize that you, or someone else, is showing the signs of a heat-related illness, stop activity and find a cool place. Remember, have fun, but stay cool!

For more information on staying safe during boating, swimming, cycling and other outdoor activities, go to [www.redcross.org/services/hss/sumsafety](http://www.redcross.org/services/hss/sumsafety)

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### Getting into Trauma Matters

- You can access an electronic version of the "Trauma Matters" Newsletter at [www.traumamatters.org](http://www.traumamatters.org); [www.dmhas.state.ct.us](http://www.dmhas.state.ct.us); 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).
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The CT Women's Consortium  
205 Whitney Avenue  
New Haven, CT 06511


