

# TRAUMA MATTERS

Volume 8, Issue 2

Fall 2009

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.

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## A PIONEER FOR WOMEN'S SERVICES

This issue of Trauma Matters is dedicated to the memory and legacy of Valerie Leal, former Administrator of Women's Services for Statewide Services for the Connecticut Department of Mental Health and Addiction Services (DMHAS). She believed in the strength recovery brings as one searches for it and her message to clients, providers and clinicians was one of positive hope, resilience and perseverance. Spirituality was an important part of her life and she was mindful of the spiritual needs of those in recovery. Her passing is difficult for many of us who worked very closely with Val for many years and we miss her.

Valerie was one of the early pioneers in Connecticut that worked diligently to improve behavioral health services for women. Her understanding of the barriers facing women who sought substance abuse services spurred her and others in the provider system to develop the Coalition for Addiction Recovery and Education for women and children (CARE). The original purpose of CARE was to promote family-centered substance abuse treatment and recovery for women, their children and partners by (1) educating the general public, clinicians, legislators and policy makers about the need for comprehensive services for women with substance use disorders, their children and partners; (2) advocating for quality services and financial viability for comprehensive addiction treatment models for women and (3) to collect and disseminate data which supports funding, education, advocacy and demonstrates the effectiveness of treatment. Through CARE, Valerie and her cohorts developed statewide substance abuse treatment programs for women and children that are

a model for others in the country.

Valerie was also dedicated to improving, increasing and integrating trauma treatment and trauma informed care within the DMHAS and non-profit service system. She was committed to and passionate about being a loud voice for those who have experienced trauma and could not speak for themselves. As one of the stars in the film "No More Secrets", she leaves us an enduring legacy that will continue to inform and educate the next generation of providers on trauma issues. Valerie also served on many committees and collaborated with providers on criminal justice issues, gambling, trauma and gender issues in the mental health and substance abuse field.

## Remembering Val

*On a personal note, I would call on Val when I needed centering, when I needed calm, spiritual presence to guide me forward. I also knew her as someone to share sweet potato fries, compare QVC shopping notes and show off new shoes to once we both recovered from knee and foot problems.*

Eileen Russo, CT Women's Consortium

*It is difficult to say everything that I want to say about Val in a few short sentences. She was a breath of fresh air and whenever I saw her, I couldn't help but smile. I feel blessed to have known such a kind and genuine soul.*

Marie Santopietro, Morris Foundation

*I remember attending a workshop she facilitated many years ago on counseling and religion for the Women's Consortium. I thought that her presentation was magical - she was an incredible presenter. It takes a very special talent to actually practice what you preach - she was a role model to all of us.*

Susan Deleon, Birmingham Group

*Val lived her mission. She advocated for women in her role as Women's Administrator at DMHAS and outside of work through her work as a Minister helping women and families in the community. In addition, she worked tirelessly as a volunteer for Cairos, an organization who helps women in prison find their spiritual self through community. Her passion for life and what was important - inspired us all. Val you are gone but will never be forgotten....*

Terry Nowakowski, LCSW, DMHAS

## SPIRITUALITY AND RELIGION IN TREATMENT

Those of you who are regular readers of *Trauma Matters* know that each issue is dedicated to a particular theme or topic. The editorial board generally meets a few times per year to outline areas of interest for upcoming issues. At our meeting in April we drifted into a discussion about the role of spirituality and religion in the healing process for many women and men. I am not sure how we arrived at this place, perhaps it was because we were remembering Val Leal and her ministry, but we ended up having a lively discussion about those in the helping profession and the reluctance to mention words like religion, spirituality, God or prayer as part of our professional roles – even if it is clear that this is important to our clients. We decided to bring spirituality out of the closet for the next two issues as a way to honor the memory of Val and to generate a larger discussion.

Coincidentally when I (Eileen Russo) arrived home the same evening of our *Trauma Matters* board meeting, there was a brochure in my mailbox advertising a workshop on spirituality and religion in recovery. A month later the front cover of the July issue of *Counseling Today* read: *Working With Religious Clients*. (By the way I do not believe in coincidences). Below are some excerpts from an article titled *Crossing the great divide* by Jonathan Rollins. (July 2009)

The following article was originally published in *Counseling Today*, the monthly magazine of the American Counseling Association ([www.counseling.org](http://www.counseling.org)) and is reprinted here with permission. This reprint is selected excerpts only.

Jill D. Duba has long been interested in where issues of religion and faith fit into the counseling process, sparked in part by her own developing faith and the questions she wrestled with along the way. "A person's faith development is such a journey," says Duba, an assistant professor in the Department of Counseling and Student Affairs at Western Kentucky University. "I often found myself thinking, 'It would be nice if there was a mental health professional whom I could bounce my personal reflections off of,' but there really wasn't." That point was further driven home to Duba when she sought counseling while going through a divorce. It was important to Duba to filter what was happening in her life through her faith perspective, so she tried to broach the subject. "I brought up my faith as bait for the therapist in session, but she never took it. It was very frustrating for me, so I stopped going to see her," says Duba, a member of the American Counseling Association, the International Association of Marriage and Family Counselors, the Association for Counselor Education and Supervision and other professional counseling organizations. "You know, I'm an informed client, so when she avoided talking about religious issues, I was able to say to myself, 'She's the one with the problem, not me.' But most clients aren't going to be able to reframe that."

Even when religious clients don't sense any hostility toward their beliefs, they may question whether a secular counselor can truly grasp what drives their life. "Religion is about the transcendent, while in counseling, the approach is more humanistic," explains ACA member Kenneth Anich, an associate professor of psychology at Divine Word College and a member of the Society of the Divine Word, an international congregation of Catholic missionary priests. "When the client is devout – whether the client is Muslim, Roman Catholic, Protestant or some other religion – for them, life is about a personal relationship with a higher power they identify with and not just about being a 'good guy.' The question for these clients is will the counselor respect that as a guiding force in their life?"

In the opinion of those interviewed by *Counseling Today*, counselors who avoid bringing up issues of faith and religion are actually doing their clients a disservice. "In looking at treating the whole person, I believe that if an individual comes in with a strong religious foundation, that aspect of their lives should at least be investigated," says Jackson-Cherry, chair of the Department of Counseling and director of the community and pastoral counseling program at Marymount University. "I think religion is a very heavy cultural component. Their religion is part of their identity, and we should have the desire to learn about their religious beliefs. Counselors inviting clients to express who they are in *all* areas is important."

"To me, a counselor would be acting unprofessionally to say, 'I just don't discuss these issues.' They're on the spectrum of multicultural and diversity issues," says Michael Kocet, incoming president of the Association for Lesbian, Gay, Bisexual and Transgender Issues in Counseling and past chair of the ACA Ethics Revision Task Force. "I don't think counselors have to specialize in spirituality issues, but they should be open to working on them if that's important to their clients." But counselors who disagree with certain religious viewpoints may assume that it's fine to simply refer these clients on to another professional. "In some cases, it's absolutely ethical for a counselor to refer, but it can be unethical if it's simply a matter of perpetuating our own prejudices and bigotry as counselors," says Kocet, chair of the

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## SPIRITUALITY AND RELIGION IN TREATMENT (CONTINUED)

Department of Counselor Education at Bridgewater State College. "It's at least bordering on unethical conduct if we refer when we actually have the necessary competency to work with them. Referrals should not be automatic, and the ethical step doesn't end at the referral. We have to identify what's blocking us from working effectively with that client."

"If you want to work with this population, you have to develop competency for it," says LaVerne Stevens, a counselor and protestant minister who works for Chestnut Health Systems training clinicians to do substance abuse assessments and treatment planning using the Global Appraisal of Individual Needs. She encourages counselors to talk with clergy and other spiritual leaders. Taking that step will help counselors learn more about their clients' belief systems while simultaneously allowing them to market themselves and develop relationships with spiritual leaders for possible consultation later, she says. "The only way to develop that bond of trust is to spend time talking with various religious leaders," says Stevens.

Submitted by:  
Eileen M. Russo, MA, LADC  
CT Women's Consortium

## IS SPIRITUALITY THE FORBIDDEN VOICE IN TREATMENT?

People who have strong religious affiliations and seek psychological treatment are sometimes discouraged by mental health providers from divulging their faith practices in therapeutic sessions. The therapist may be agnostic, atheist, of a different religious background or uncomfortable discussing religion in therapy. Unfortunately this paradox can cause a personal disconnection between the client and therapist, especially clients of color. Clinicians may misunderstand their clients' frame of reference and coping strategies as well as experience a level of inadequacy with their clients' religious and/or spiritual issues.

Clients with trauma and abuse histories who exercise their faith may pose daunting questions and engage the therapists in discussions about God, whereas the therapists may be agnostic or view religious beliefs and practices with disdain and minimize or dismiss the client's faith practices. This response by the therapist contributes to reluctance by clients to seek mental health services from licensed providers. Instead, the client may seek help for psychiatric problems from religious or lay leaders who may lack the clinical skills necessary to help identify and solve their problems. Prior to scheduling an appointment, people of color will often ask therapists about their religious practices and/or orientation. They want to know whether the therapists will understand and value their religious beliefs. Further, they want a therapist who can identify and share similar religious beliefs that represents a major source of support for them.

Assessing the client's religious life can be key to understanding the client's family life, coping mechanisms and provide essential information about how the client perceives stress and trauma. When taking a history from the client (i.e. family of origin, education, and psychosocial background), the therapist should also include a religious/spiritual history. Specifically, questions about the clients' religion might be general follow up questions such as: What is your faith? What church do you attend? What denomination do you belong? What religion do you practice? In addition to religious history taking, the therapists can ask the client for a spiritual timeline (homework) to identify and clarify what the religious practices are in detail and how the client exercise faith as a coping strategy. This provides the therapist with a better understanding of the client's strengths and areas of vulnerability. Consequently, taking this religious/spiritual history can significantly enhance treatment.

Many people of color come from a religious orientation and openly exercise their faith and religious beliefs. Therefore, it is a natural part of their lives to discuss their faith practices. To enter therapy is to forge a significant trust relationship and if the client can't openly express his/her religious beliefs and faith with the therapist, trust can't be established. Providing a variety of religious and spiritual materials along with other informative readings in the waiting room can give a positive unspoken message that religion is an acceptable and open topic in that therapeutic milieu. This powerful message can enhance mental health services in communities of color and send a message of acceptance to clients who have religious and/or spiritual affiliations.

Submitted by:  
Jan Owens-Lane, Ph.D.  
Clinical Psychologist,  
Hamden, CT

## PROBLEM GAMBLING AND SPIRITUALITY

For many individuals, particularly in these socially and economically difficult times, gambling may provide the illusion of benefits more genuinely found in spiritual practices. Gambling can offer the promise of hope, comfort, connection and a sense of worthiness. While the chance of winning may seem to provide the hope of salvation; financially, socially and emotionally, chasing this hope can contribute to serious gambling problems. Particularly those who may feel alienated, marginalized or who have experienced a loss of faith in other ways, may find a sense of belonging around the card table, at the race track or even at the counter at the convenience store scratching off lottery tickets. The sense of oblivion that problem gamblers report experiencing while sitting at slot machines substitutes for a sense of peace and comfort based in spiritual faith and practice.

However, as an individual's problem gambling progresses, hope dissolves; values are violated; comfort transforms into pain, guilt and anxiety; and the gambler becomes increasingly dissociated from self and others. A comprehensive recovery process helps individuals regain or develop a sense of spirituality by defining values, learning healthy and sustainable ways to find serenity and comfort, and through honesty and humility re-establish relationships, accept and forgive him/herself, and experience the hope of a meaningful and empowered life.

Submitted by:  
Lori Rugle, PhD  
Director, Problem Gambling Services, DMHAS

### 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 203.909-6888, x25 or e-mail her at [chuckaby@womensconsortium.org](mailto:chuckaby@womensconsortium.org).



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