The Connecticut Women's Consortium

Trauma Matters

Winter 2024

A quarterly publication dedicated to the dissemination of information on trauma and best-practices in trauma-informed care

INSIDE THIS ISSUE:

Page 1-2
Reflecting on Re-Humanize

Page 2
Understanding and Supporting Children Through Trauma: Importance and Strategies

Page 2
Addressing the Opioid Crisis in Long Term Care Facilities

Page 3-5
Ask the Experts: An Interview with Brian Hatch

Page 5-6
Introducing Treatment Atlas

Page 6
Featured Resource: It's Not All About You! by Daniel Cohen

Page 6
Who's Been Reading Trauma Matters?

Editor:
Alana Valdez, MA

Editorial Board:
- Colette Anderson, LCSW, CWC
- Carl Bordeaux, CPRP, CARC
- Eva Michelle Bryant, LMSW
- Kimberly Karanda, PhD, LCSW, DMHAS
- Eileen M. Russo, MA, LADC
- Tammy Sneed, DCF
- Laura Williamson, MA

A PDF version of this publication with a full list of references and resources is available for download at our website.

www.womensconsortium.org

Reflecting on Re-Humanize

by Marlee Liss

The following is an excerpt from the second edition of *Re-Humanize*, written by Marlee Liss and published by the Awakened Press:

Trauma itself is a global earthquake
Relentless hands that shake your world
And when the shaking stops, it has only just begun
Because you look around and become lost in the damage:
The home of your body, it has been destroyed
Your openness to trust collapsed and your sense of safety demolished
It will take us months to count the losses
Everyday you find a new reason to grieve

So ignore them when they tell you to pick up your chin
For they are choosing ignorance in the face of the aftermath
Tell them it is not so easy to move forward
When your entire world is unrecognizable

**

The day after I was raped, I picked up a pen and started writing. Journaling had been a lifetime practice of mine, but my thoughts were too jumbled to write full coherent entries. Instead, I wrote short excerpts. I wrote words that were so destructive in my head and yet so creative on paper. And the outcome was this book, which is synonymous with my survival. This project became my lifeline; it forced me to learn, it allowed me to communicate what I was going through with (some) family and friends, and it helped me turn harmful thoughts into creations to be proud of. Through this experience, I have realized how uncomfortable people are in discussing sexual assault and how rape is treated like a curse word. But this is a real problem and we cannot fix a problem without gaining compassion and understanding. A week after my trauma, in a brave moment, I shared a post on social media "outing" myself as a sexual assault victim. I wanted to spark conversation and challenge the idea that silence is the exception. I wanted to teach people how to hold space for trauma and to create a new narrative of an "Empowered Victim". The response was overwhelming—from those who wanted to support and from those who needed support. I realized quickly (with the help of numerous panic attacks) that it was unrealistic for me to jump from victim to activist in a week. So I combined my activism with my healing and I kept writing: a combination of poems and facilitated questions that I hoped would one day inspire change, compassion, human connection and collective healing.

Discussion question themes include: Mental health, victim-blaming, anger, body shame, consent and more. The ties between individual trauma and cultural wounding are made clear, as the writing unpacks various issues rooted in objectification.

"Author Marlee Liss, who is well known for her groundbreaking restorative justice outcome following this sexual assault, grapples with her deeply held beliefs in

transformation and humanity amidst such pain. *Re-Humanize* takes readers on a journey, gently challenging individuals to deconstruct sources of suffering, combat shame and challenge silence surrounding rape culture and painful life experience. Each page serves as a reminder that our grief deserves to be held with love, our stories deserve reverence, and our transformation is within reach."

Learn more about the book at marleeliss.com/rehumanize

Marlee Liss (she/her) is a somatic educator, social worker, author and lesbian Jewish feminist. She made history in the justice system when her sexual assault case became the first in North America to conclude with restorative justice through the courts. Since then, she has supported thousands in learning trauma-informed pleasure and inclusive consent education. Marlee's work has been featured in Forbes, HuffPost, Buzzfeed, the Mel Robbins Show and more. As an award-winning speaker, she's delivered talks for: National Sexual Assault Conference, Vanderbilt University, University of Toronto, The Connecticut Women's Consortium Trauma & Recovery Conference, Women's Mental Health Conference at Yale and more. Marlee was 1 of 25 survivors on an elite panel for the National Action Plan to End Gender Based Violence informing federal policy and her story is currently being made into a documentary directed by Kelsey Darragh. Marlee is excited to deliver two trainings for the Connecticut Women's Consortium in Winter of 2024, including "Trauma-Informed & Restorative Justice Approaches to Sexual Harm" happening virtually on February 9th.

Understanding and Supporting Children Through Trauma: Importance and Strategies

By Eva Michelle Bryant, LMSW

We all encounter some form of trauma at least once in our lives. With an increase in various traumatic events locally and nationally, it's crucial to understand how different age groups are impacted. While it's relatively easy to recognize the emotional struggles of teenagers or adults stemming from trauma, deciphering the feelings of children under ten can be challenging. In the United States, twenty-six percent of children witness or experience a traumatic event before turning four. Young children might not outwardly express their emotions after such an event, but their actions can speak volumes. For example, they might regress by having accidents after being toilet trained or resorting to thumb-sucking. Comforting them might pose difficulties as they might resist bedtime or complain of stomachaches.

It's vital for adults to be vigilant about behavioral changes in children following a traumatic event and address them promptly. There are several ways to assist a child post-trauma. Reading children's books that address similar experiences can help them realize that other children go through similar emotions and teach them coping mechanisms. Establishing structured daily routines can also help alleviate fears. Continuing regular activities such as bath time and story time can restore a sense of normalcy. Creating a supportive and comfortable environment is crucial. This allows children to reduce stressors, express their worries, and feel secure.

Addressing the Opioid Crisis in Long Term Care Facilities: Overcoming Barriers, Enhancing Care, and Ensuring Accessibility

By Stephanie Baker, MHA, CPHQ

Stephanie Baker, MHA, CPHQ, is the Quality Improvement Manager at Healthcentric Advisors, a Rhode Island-based, nationally recognized nonprofit healthcare improvement organization dedicated to delivering education, technical assistance, research, analytical and project management services.

Opioid use disorder (OUD) affects people of all ages, races, ethnicities, income levels, and geographic regions. Long Term Care Facilities (LTCFs) across Connecticut and the nation are starting to see more residents with an OUD, many of whom may be on Medication for Opioid Use Disorder (MOUD). While LTCFs face challenges due to the need for additional training related to OUD, existing stigma surrounding OUD, and potentially encountering a younger population, there is an evolving understanding of how to better care for residents with OUD. These residents may need admission to an LTCF for treatment of another diagnosis (e.g., joint replacement, injury, heart disease).

As a result, the appropriate support to care for this population is now in greater demand. As with any other resident undergoing treatment for chronic diseases, residents with OUD should have access to medications, individually tailored counseling, support services, and disease management care plans. If an individual treated with methadone or buprenorphine misses a dose, he or she may begin to experience withdrawal symptoms. Residents on MOUD should have consistent connection with their prescribing physician, opioid treatment program (OTP), or office-based opioid treatment (OBOT) to ensure that their treatment continues without any interruptions.

Ensuring proper care for patients with OUD aligns with the Americans with Disabilities Act, highlighting the importance of inclusive and compassionate care. There's a significant opportunity to enhance the quality of care by providing extensive training for nursing staff, directors of nursing, medical directors, and frontline staff in managing residents with OUD. Data from the Massachusetts Department of Public Health reveals that currently, less than half of LTCFs accept patients with OUD; this statistic sheds light on the need for more training and the impact of associated stigma. This knowledge creates an opportunity to improve practices and foster a more welcoming environment for residents with OUD in various care facilities.

With training provided to the LTCFs, they'll be able to demonstrate the knowledge necessary to care for and increase admissions of residents with OUD. To do this, we need to address and remove barriers for LTCFs to be better equipped to care for residents diagnosed with OUD, and to address timely coordination of care among OTPs, OBOTs, hospitals, and relevant community resources.

Several resources available to address the needs of nursing centers and other care settings regarding OUD are available in PDF format by scanning the QR code below or visiting womensconsortium.org/traumamatters.

Resources include Technical Assistance, Toolkits, Screening Resources, and Data Resources. To browse additional resources, visit https://qi-library.ipro.org.

Scan the QR Code to browse resources regarding OUD

Ask the Experts: An Interview with Brian Hatch

By Dr. Kimberly Karanda, LCSW, Section Chief, Statewide Services Division for the Department of Mental Health and Addiction Services (DMHAS)

Brian Hatch is the creator and host of *All In: The Addicted Gambler's Podcast*, co-creator and co-host of *The Bet Free Life* video series, co-creator and producer of *Fall In: The Problem Gambling Podcast for Military Service Members and Veterans*. Brian is a strong and passionate advocate and voice nationally, and in our community, around problem gambling.

DR. KARANDA: Brian, can you share a bit about how you came into your current role? You have a very forward-facing presence in Connecticut related to problem gambling and your recovery journey. You also produce podcasts, and I'm really interested in hearing about the evolution of that endeavor. Can you share some personal details of your journey?

BRIAN HATCH: Sure. I started gambling when I was 18. I was a freshman in college, and some friends wanted to go to our local tribal casino; you could be 18 at the time. These were friends from high school, and we were all scattered at different colleges. We decided to meet up at this local casino and play blackjack. And I had never done that before, and it sounded like fun, so we tried it. Quickly I won that night and I realized how much I liked it. The next time I went, I was the only one there. I was alone gambling and that continued. I would go two to three times a week. Throughout my freshman year of college, I was put on academic probation because I wasn't going to class, I was out late gambling.

Then, I turned 19 and could gamble in Canada. I was in Michigan at the time but would go to Canada to gamble. Three months into my gambling, I called the helpline because I realized that this was becoming a problem and was distracting me from life. I didn't do anything with the information I gained from calling the helpline. That's as far as I took it and I continued to gamble and eventually was academically dismissed from college after my freshman year.

That gambling then continued throughout my 20s until I was 24. I was at the casino with a friend of mine, a rare occasion where I went with someone else. Walking out of the casino that night, after I had lost all my money and then gambled some of his money as well, he looked at me and said "You have a problem, and you need to get help." Nobody had ever said that to me before, nobody had pointed it out to me. I knew I had a problem, but I thought I was hiding it well. My friend saw it and so I went to my first Gamblers Anonymous meeting at the age of 24. Unfortunately, that meeting didn't sit well with me. It was an awkward circumstance. I was about 20-25 years younger than the other three people in that meeting. It was in a cold church basement. It was just not a welcoming environment. So unfortunately, I didn't go to my second meeting for another year and a half, and in that year and a half, I continued to gamble.

Then, at 26, I went to my second meeting and found a room that I liked—that agreed with me—and had caring people in it. At that point, I didn't gamble for another two and a half years. I got complacent in my recovery two and half years in. I decided one night that I wasn't going to go to the meeting and then the following week came, and I thought, "That was kind of nice not having to go to the meeting that night. I'm going to do that again and stay home," and that would be the last time I went to GA for a while.

I thought I could do it on my own, but I couldn't, I relapsed. I got into a lot more debt, ended up moving back in with my parents. I went back to GA and was good for another two years until my father died suddenly and through the grief, I gambled. I tried to hold out, I went to a GA meeting the day he died. But unfortunately, the grief was just too much, and I went on a yearlong relapse recurrence. I placed my last bet on July 23rd of 2014. And that was because I had completely run out of money, accrued a lot of debt, and got to a point where the damage was too much.

I ended up filing for bankruptcy because of my gambling, but I needed to fix my brain, fix my mind. I needed to talk about my addiction, but I had no money for therapy because all the money went to gambling. So that's how the podcast started. The same friend who told me I had a problem, I called him up and said "Would you come on a podcast and talk about my gambling addiction with me? For the foreseeable future?" and he did. We ran through my whole story of gambling in 10 episodes. When my story ran out, we started getting emails from other people who were willing to share their story. And from there, the podcast took off and people have continued to share their story on it. I've talked to people with lived experience. I've talked to people who are advocates, people who work at different state councils to help people with gambling addiction, I've talked to clinicians, had a judge on. It's been a good ride for the podcast in 345 episodes.

DR. KARANDA: Well, first of all, thank you so much for sharing your story. One of the things that strikes me is your experience of starting gambling when you were a young adult in college. What do you think is important for young adults to know about sports betting and online betting?

BRIAN: When I started, I was a kid who gambled occasionally, whether it was playing cards with friends or even family; we played cards in my family. There were low stakes, nothing crazy, but I did have experience with gambling prior to being a teen. I remember when I turned 18, I bought a couple of lotto tickets and that was as far as it had gotten. I bought a couple and probably bought a few more after that, but I didn't even occur to me that I could go to the casino until a friend pointed it out. Once I realized I could get in, all bets were off. I was there all the time.

And that was without the current atmosphere of ads that we have today, telling people to gamble all the time. There were some radio ads occasionally that would say, "Come on up to Mount Pleasant, MI and gamble at Soaring Eagle Casino," but it wasn't like it is today, where it's just everywhere in your face. So, I think mine at the time was a rare case of somebody getting into gambling at a young age.

Now I don't see how people don't get into gambling with the amount of ads that are out there and the accessibility that they have when it's on your phone and in your pocket and with you 24/7. It's very easy to fall victim to the addiction. I don't know that I would have been able to stop in the current atmosphere if I was that age and trying to get money and gamble. The only thing that ever stopped me from gambling was running out of money. I would be late to work, I would skip work, I would call in sick, I would ignore friends to go gamble. But the only thing that stopped me

was running out of money.

Whereas today, I don't know how people would be able to stop if they're carrying it with them on their person all day long on a device that they're already addicted to. And there are ways to get around the money problem, you can take out loans, you can max out your credit cards. There are ways to get more money and people are very good at hiding this addiction. It's called the hidden addiction for a reason.

People can hide their finances away from people because finances are very personal until you enter into a relationship with somebody and then they see it. But for the most part, you can hide it pretty well. You can take out loans without anybody knowing, you can get a payday loan without anybody knowing. And so, again, I don't know how people today are going to be able to stop as easily. The idea is to keep them gambling, keep them addicted.

DR. KARANDA: You mention that gambling is a "hidden addiction", yet, you had a close friend talk to you about needing help. At the time, did you believe that you were keeping your gambling from other people or did you find out later that others were concerned about you?

BRIAN: A friend of mine later said, "I had no idea that you were gambling to the amount of harm that you were gambling to." He had no idea because, again, I wasn't asking people to go with me. I was going alone. I was hiding it from people, so they didn't know that I was going. I was near Detroit and Detroit had three public casinos, and I went to what I deemed the dirtiest of the three casinos because I thought "There's no way that I'll run into somebody I know here, they're going to the fancier casinos, not this casino."

So, I did my best to hide it and I did a pretty good job of it. Nobody knew, even when I would ask family members for money, because I would lie about the reason for needing the money. I would say that I paid too many bills or, everything was fine, but I needed some extra groceries. Lying kept my addiction afloat. I don't blame anybody for not realizing that I had this addiction, because there's no way they would have known because I was good at hiding it.

DR. KARANDA: Brian, you mentioned that your recovery journey started with Gamblers Anonymous (GA). You also said that initially when you went to a GA room, it wasn't right for you, and you found another room. Can you talk about the idea of "fit" and why it's important not to feel discouraged if the fit doesn't seem right in your first meeting? Can you also talk a bit about the GA community and meetings that are happening in Connecticut?

BRIAN: It's hard when you're young because gamblers anonymous tends to skew to an older population. When you're in your early 20s and you walk into this room and everyone's 20-30 years older than you, it's hard to relate and the opposite of addiction is connection. It's hard to connect to people that you don't have commonality with. That's what happened in that first room, I just didn't feel welcomed. I didn't know what to expect. All I knew of Twelve-step rooms was what I had seen on television.

I was sitting in a GA room one time, and we had a new person. The new person was going through their story. Another individual got up and gave a hug to this new person, and another member snapped at her and said "That's not what we do here." I was floored. My jaw was dropped, I thought we were here to help our fellow human. There are just some stringent rules in GA that I've always had trouble wrapping my head around. Now, that being said, I think it's the finest organization to help somebody with a gambling addiction. You're going to find other people who are just like you. You're going to find out that you're not alone. You're going to find out that you can work on the components of character that made you gamble, and you can lead a better life through recovery. GA is a big part of that.

The nice thing now is that there's other ways that you can recover. GA isn't the only way; you can absolutely listen to a podcast and hear what other people have gone through and see if it's similar to you and listen to what they did to stop gambling. Then you can follow those similar footsteps and a lot of those footsteps do lead to GA rooms. I tell people that they should go to GA and give it a try, but I absolutely understand that if you're a young person or a female who walks into a room full of older men, it's hard to relate and it's hard to feel comfortable. Luckily, the second room I went to, I felt very comfortable even though I was still the youngest one by 8 or 9 years. I still felt very comfortable there because everyone was so inviting.

So, if I talk to people in Connecticut—I can't speak for every meeting—but the meeting that I really like, I tell people to go because I know the people in there and I know that they're going to be comforting and welcoming and tell you how it's going to go and what you can expect. Another good part of my podcast is we sort of take away the mystery of GA. We say, "Here's what you're going to expect. And if you walk into a room and you don't feel comfortable, don't let that be a reflection on Gamblers Anonymous. Try another room before you call it quits on GA."

You know, it's hard to not just be abstinent. You have to enter into recovery to better yourself, so you feel better. So, you don't want to gamble? Stopping gambling is very hard, but it is doable. But living by stopping gambling is the hard part, because when grief or depression or loneliness kicks in you're looking for something to fix that, and that was gambling for me. So, if you don't gamble, what else can you do? We'll want to work on what makes you feel lonely or depressed. So, working on your mental health is a big part of it, and that is recovery and Gamblers Anonymous is a great way to recover from gambling.

DR. KARANDA: You mentioned earlier that you talk to people from different walks of life, different professions. You've talked to clinicians, you've referenced therapy, you talk to advocates. So, what it sounds like you're saying is, the podcast in some ways also lays out the various pathways that people might decide to take to recover, because they can hear about the personal experiences of what it might be like in that recovery. You also refer to the importance of working on mental health. Can you speak to some of the mental health challenges you have faced in your recovery journey and have shared with others?

BRIAN: Gambling has the highest rate of suicidality than any other addiction. Almost 1 in 5 or 17 to 20% will attempt suicide and 50% or more will have ideations of suicide. When I was gambling, I often thought about suicide, but I didn't have any real notion to attempt suicide. For me, I didn't get truly suicidal until way after my gambling. I was married, I had a child. I was a stay-at-home Dad and it happened during COVID. I stayed at home for a year and then COVID extended my staying at home by another year because we didn't want to put my daughter in daycare or daycares were closed. So, I got very depressed. I think I'd always had some sort of depression. I never was diagnosed with anything. I never addressed my mental health, even during my gambling. I had been to some therapy, but never truly addressed my mental health until I was suicidal back in 2021.

It was a just a simple argument that you would have within a marriage that threw me over, and it wasn't anyone's fault. What I was going through in my head combined with depression and just feeling like there's nothing I could do. I was spiraling out of control. I had reached out for help. I put myself out there and didn't get any help back through a few different phone calls and through reaching out on social media. I don't think anyone really realized that I was very serious. The morning after this argument happened, I had taken my daughter to daycare, and I went home with the intention of harming myself.

I had a weapon to do that with and in preparing to use that weapon, I got scared of what I was about to do. I second guessed it, and I immediately went to the police station in West Hartford and asked for help, and they helped me. I expected that I would show up and ask for help and they would say, "Good job, citizen," and I would go about my business. They had other plans. They called an ambulance and sent me to the hospital. I went to Hartford Hospital and then I was in the psychiatric unit. I didn't know what I was waiting for, didn't know what was going on, but eventually they got me a bed at the Institute of Living. I spent two weeks there, and for the first time in my life my mental health was addressed through therapy, through medication, through groups, through just talking to the other people in there who were also in their suffering. So, it was a wonderful experience.

I wish it hadn't gotten to that point where I felt suicidal to get my mental health addressed. But since that time, I have not had that thought. It's hard because the thought is always there that you could take your own life, but I think through getting that help and addressing my mental health, I've learned to deal with those darker thoughts in a positive way and sort of pull myself out of the darkness. I remember the day it happened. I was in tears. My face was bloated, I think from all the crying I was doing. But I was very grateful that everybody in my life was very supportive.

When you come out and say, "I'm suicidal," you find out that other people you know are also suffering because they say, "Oh my gosh, I've been feeling this way." I talked about it on the podcast in an episode, and I got positive feedback about other people's experiences with suicide, and so it was a lousy experience at the beginning, but it turned into a very positive thing and I'm glad that I'm still here and I didn't go down that path.

DR. KARANDA: Thank you for sharing your very personal story, that was very impactful and I'm sure our readers and listeners will benefit tremendously from hearing it. Before we wrap up, I wanted to return to your podcast. Can you talk about the trajectory of your podcast, how it's evolved over time, and where you see it going in the future?

BRIAN: As I said earlier, it started with my story and my story ran out. I needed other people to hop on and tell their story, and the only reason the podcast still goes is because people are willing to tell their stories. I'm always grateful when somebody sends new e-mails and says they'd like to come on. I got an e-mail last week that was from a young person in Florida who said, "I started gambling when I was 20 and I'm 25 now. I would like to come and tell my story because I think it would help other people who are at my age and what I'm going through." That's what is needed, to see how other people who are similar to you deal with this and not everyone is similar to me.

A couple years in, I started meeting [other] people with a gambling addiction. My co-host, Jeff Wasserman—he's busy doing his own work with the Delaware Council on Problem Gambling so he doesn't always get to join as much anymore—he started a support group for gamblers. I was a part of that group and I met a lot of other people. I met two wonderful women who were good advocates and they started coming on the podcast to talk about gambling addiction and how it affects them and other women. Together we started a podcast called *Gambling Got the Girls*. They did that for a while, but unfortunately, life gets in the way and not everyone can continue to do a podcast. That podcast—I don't think is going anymore—is still out there and available and it's got good information.

Then another gentleman named Dave Yeager, who is a veteran and had a gambling addiction, wanted to concentrate on veterans. Same thing, I said, "Hey, here's a microphone. We'll do a podcast as long as you run it and get the guests. I'm happy to be a part of it and edit it for you." He's been doing that ever since. My podcast is called *All In: The Addicted Gambler's Podcast*. His is called *Fall In: The Problem Gambling Podcast for Military Service Members and Veterans* because we don't like short titles over here. We like nice long titles to make it harder to find. Dave has been doing great work and he actually wrote a book that should be out soon. It's about his story and his adventure as a veteran who was addicted to gambling.

I think specialized podcasts for different communities are important and I would happily do that with anybody else who wanted to do a podcast that concentrated on a population that is not me. I'm a white male, who's 41, who hasn't gambled in nine years. I'm not going to relate to everybody. And I understand that there's about 20 gambling addiction podcasts out there now. When I started my podcast, it was the only one that was out there. And now you can find, perhaps, somebody who you can relate to better than me. I wish you well in finding that person because whatever gets you to not gamble and to find recovery is the most important thing.

DR KARANDA: It's so interesting to hear you talk about the importance of attending to the needs of specialty populations. This sounds to me like an invitation for folks to be in touch and potentially open up another window, another podcast that could lead to a pathway toward recovery. Brian, I want to thank you for your time today. I so appreciate your expertise, your lived experience and your willingness to share your story and journey with others.

BRIAN: Well, thank you for having me and thank you for again bringing awareness to this important issue. We've normalized gambling, so we need to normalize a way to deal with that addiction so people will be able to reach out and get help. In Connecticut, there is good help available; it's one of the few states that has really good resources for treatment and recovery. I'm grateful for you having me on. So much thanks.

Learn more about Brian and his work including All In: The Addicted Gambler's Podcast at endgamblingharm.com.

Introducing Treatment Atlas

By Shatterproof

Finding treatment for substance use disorder shouldn't be overwhelming. Treatment Atlas helps you find and compare programs based on individualized needs.

On October 24th, 2023, the national nonprofit organization Shatterproof launched Treatment Atlas in Connecticut, putting this vital resource into the hands of over 400,000 Connecticut residents impacted by substance use disorder (SUD). Treatment Atlas is a free to use web-based treatment locator that is available to anyone seeking information on SUD treatment. The goal of Treatment Atlas is to transform the SUD treatment landscape using transparency and accountability. Employing Shatterproof's National Principles of Care—eight principles of evidence-based treatment derived from the 2016 Surgeon General's report—Treatment Atlas serves as a database of SUD providers within the state of Connecticut, providing insights into each facility's ability to offer high quality treatment based on their integration of these principles.

This information, paired with data provided directly from facilities regarding services offered, helps visitors to Treatment Atlas gain a well-rounded understanding of all that a facility has to offer. As of now, there are currently 119 providers across the state of Connecticut listed on *TreatmentAtlas.org*. For those in need of care, this is key—individuals, family members and anyone impacted by addiction can navigate to *TreatmentAtlas.org* with confidence, knowing that Treatment Atlas will help guide them to find and compare treatment that works best for them. For

providers, both those within the SUD space, and those working with individuals struggling with SUD, Treatment Atlas serves as a vital resource to find appropriate, high-quality care and services by using trustworthy information on standardized quality measures.

When you visit *TreatmentAtlas.org*, you can search for treatment in several different ways:

1. Treatment Atlas provides an optional, brief 10-question screening instrument, developed in partnership with the American Society of Addiction Medicine (ASAM), to provide an initial understanding of level of care needs, which can then be followed with a clinical assessment at a licensed facility.

2. Individuals may also search for treatment programs directly by name or view available programs within a designated vicinity. Utilizing Treatment Atlas' robust filters, individuals can personalize their search results by selecting needs, such as payment options and insurance accepted, to name a few.

3. Once an individual has selected a facility of interest, they can view detailed information about services offered, quality measures met, and different ways to contact the facility to begin accessing care, including a direct link from Treatment Atlas to the treatment program's website.

Apart from helping those on their quest to find treatment, Treatment Atlas also serves as a place for individuals to share their treatment experiences through the Atlas Patient Experience Survey (PES). This anonymous, 10-question survey allows individuals and family members to serve as proxy to provide insight into their time in treatment, with the goal of using this data to help others seeking care. Results from PES completions also help strengthen the treatment community, by providing treatment facilities with valuable feedback on their services.

Treatment Atlas is currently available in 14 states, including Connecticut. The website can be visited on all devices, is available in both English and Spanish, and includes educational content and links to additional resources.

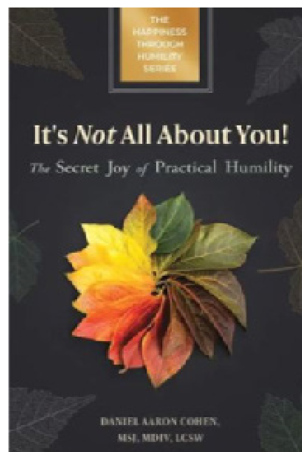
To learn more about Treatment Atlas and explore the site for yourself, visit [TreatmentAtlas.org.](TreatmentAtlas.org)

Featured Resource: It's Not All About You! The Secret Joy of Practical Humility by Daniel Cohen, MSJ, MDIV, LCSW

Review by Colette Anderson, LCSW

I found *It's Not All About You! The Secret Joy of Practical Humility* to be an incredibly thought-provoking read. Cohen argues that humility is a crucial yet often overlooked virtue in our society, and that practicing humility can lead to a more fulfilling and meaningful life. He provides numerous examples and anecdotes to illustrate the benefits of humility, and offers practical advice on how to cultivate this trait in our daily lives.

What I appreciated most about this book is that it doesn't preach or lecture, but rather invites readers to reflect on their own experiences and attitudes towards humility. Cohen's writing is clear and engaging, and his message is both inspiring and practical.



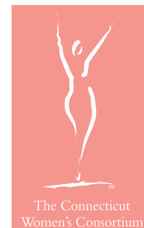
Overall, I highly recommend *It's Not All About You!* to anyone who wants to deepen their understanding of humility and its role in personal growth and relationships. It's a well-written book that has the potential to change the way we approach our lives and interactions with others. In *It's Not All About You!*, Daniel Cohen provides powerful personal examples to illustrate the importance of humility. Through his own experiences, he persuades us of the benefits of practicing humility in our daily lives. Cohen's clear and engaging writing style invites us to reflect on our own attitudes toward humility and inspires us to cultivate this trait for personal growth and deeper relationships with others. If you're looking for an insightful read that will help you develop your humility, then *It's Not All About You!* is a must read.

Who's Been Reading Trauma Matters?

Michael Askew!

Michael Askew poses with *Trauma Matters* at the 2023 Managing Opioid Use Disorder Treatment in CT Nursing Homes: Pathways to Best Practice Conference

Michael Askew is the Deputy Director of The Office of Recovery at the Substance Abuse & Mental Health Services Administration (SAMHSA). Previously, Mr. Askew served as the Director of the Center for African American Recovery Development (CAARD), providing national leadership in advancing the development of African American Recovery Organization in BIPOC communities. He was Director of Advocacy for Connecticut Community for Addiction Recovery (CCAR), where he directed advocacy efforts at the state legislature. Mr. Askew managed the Bridgeport Recovery Community Center (BRCC) since its inception in 2006 until 2017. He is a self-identified person in recovery and served on the DMHAS State Advisory Board as a regional substance abuse board member.



The Connecticut Women's Consortium
2321 Whitney Avenue, Suite 401
Hamden, CT 06518
www.womensconsortium.org

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

References and Resources

Resources

Brian Hatch: https://endgamblingharm.com

Healthcentric Ad https://healthcentricadvisors.org

Marlee Liss: https://marleeliss.com

Shatterproof Treatment Atlas: https://treatmentatlas.org

References

Nationwide Children's Hospital. "Helping Very Young Children Cope after a Trauma." Nationwide Children's Hospital, www.nationwidechildrens.org/family-resources-education/health-wellness-and-safety-resources/helping-hands/helping-very-young-children-cope-after-a-trauma.

NIMH. "Helping Children and Adolescents Cope With Traumatic Events." National Institute of Mental Health, U.S. Department of Health and Human Services, www.nimh.nih.gov/health/publications/helping-children-and-adolescents-cope-with-disasters-and-other-traumatic-events.

SAMHSA. "Helping Children and Youth Who Have Experienced Traumatic Events." Substance Abuse and Mental Health Services Administration, 3 May 2011, store.samhsa.gov/sites/default/files/sma11-4642.pdf.