

Trauma Matters

Special Edition: Trauma & The Arts, Summer 2023

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

INSIDE THIS ISSUE:

TURNING PAIN INTO PURPOSE

(PG. 1-2)

FEATURED RESOURCE: YIN YOGA AND MENTAL HEALTH BY TRACEY MEYERS (PG. 2)

SPOKEN WORK ARTIST; BRANDON LEAKE (PG. 2)

ASK THE EXPERTS: AN INTERVIEW WITH WEDNESDAE REIM IFRACH (THEY/THEM) REAT, ATR-BC, ATCS, LPC, NCC, CLAT, LCMHC, LPCC (PG. 3-5)

WHY IMAGES MATTER: USING ART THERAPY IN A TRAUMA-INFORMED SETTING (PG. 5-6)

WHO'S BEEN READING TRAUMA MATTERS? (PG. 6)

Interim Editor:

Kay Warchol, MSW

Editorial Board:

- Colette Anderson, LCSW, CWC
- Steve Bistran, MA
- Carl Bordeaux, CPRP, CARC
- Kimberly Karanda, PhD, LCSW, DMHAS
- Eileen M. Russo, MA, LADC
- Tammy Sneed, DCF

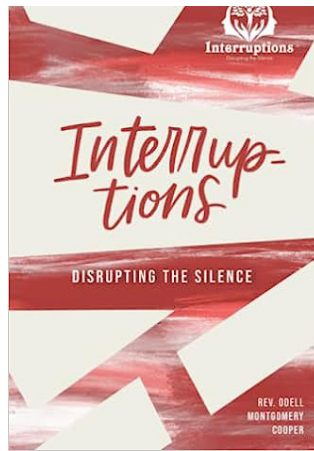
A PDF version of this publication with a full list of references is available for download at:

www.womensconsortium.org

Turning Pain Into Purpose

by Lucy Gellman

In a warm, quiet room off New Haven's Edgewood Avenue, close to a dozen



people stood in a circle, listening as Rev. Odell Montgomery Cooper described the worst year of her life. In April 2016, her 25-year-old son was shot and killed in New Haven while

driving home from a night of celebration. A year later, on what would have been his 26th birthday, she suffered a brain aneurysm that nearly ended her life.

She promised herself that if she lived, she would find another way to cope. She didn't know that she would transform the lives of thousands of fellow bereaved parents, siblings, and children in the process.

Cooper is the author, playwright, and educator behind "Interruptions: Disrupting The Silence," a book, play, and multi-part curriculum that seeks to address trauma and grief through artmaking, therapy, and peer-to-peer discussion. In New Haven and beyond, it is one of the ways that the arts are helping community members heal from multiple kinds of trauma, one brush-stroke, conversation, piece of theater and podcast at a time.

One might start with Cooper, who since 2018 has worked with fellow artists, faith leaders, and mental health professionals to help tell the story of her own trauma and healing. In 2018, Cooper connected with music educator Dr. Jonathan Berryman,

a teacher in New Haven's Public Schools who for years has also helped the Heritage Chorale of New Haven (HCNH). When he heard her story, Berryman encouraged her to find a way to share it with a wider audience.

For Cooper, who was dealing with deep grief and Post-Traumatic Stress Disorder (PTSD), it took a year. But by mid-2019, she and Berryman had started working on a stage play that told the story, and included space for talkbacks and trauma-informed discussion. In the years since—and despite the impact of a global pandemic that pushed the work temporarily online—she has continued to grow that work with partners from Bregamos Community Theatre to the Connecticut Violence Intervention Program (CT VIP) in an attempt to help others navigate loss, grief, trauma, and healing.

In New Haven, there are multiple such examples, from theater that tackles PTSD and emotional burnout to spoken word poetry that amplifies Black joy and resistance. Prior to its move to itinerancy last year, Long Wharf Theatre ran several iterations of the New Haven Play Project that focused on transformative and sometimes trauma-informed storytelling. Nowhere, perhaps, was this clearer than in a 2019 partnership with Integrated Refugee and Immigrant Services (IRIS), the Connecticut Mental Health Center (CMHC), Tower One Tower East, and Youth Continuum.

It's one of many theaters doing that work. For over half a decade, Elm Shakespeare Company has been collaborating with Ice The Beef, a youth-centered non-profit that uses after-school and extra-curricular arts learning to break a cycle of gun violence. In the past three years, they together have produced runs of Romeo &

Juliet and Hamlet that seek to address an epidemic of gun violence in New Haven, allow space for public grieving, and suggest new and discussion-based forms of conflict resolution.

That work extends to the streets. Three years ago, as 2020 laid bare the parallel and excruciating pandemics of Covid-19 and white supremacy, it was the arts that became part of that healing. In New Haven, dance, song, and poetry often accompanied protest, inviting participation as people marched literally for their lives. Much more recently, All Together Healing Inc. launched a program meant to help kids navigate trauma and emotional exhaustion with a different art medium every Friday.

These merely scratch the surface of the work taking place in New Haven and the Greater New Haven region. For more on each of these examples, check out the Arts Paper at <https://www.newhavenarts.org/arts-paper/articles>. To learn more about the Arts Paper, you can also email the editor, Lucy Gellman, at lucy@newhavenarts.org

Lucy Gellman (she/her/hers) is the Editor of the Arts Paper. Lucy is a lapsed art historian who loves wordplay almost as much as community building. Prior to her time at The Arts Paper she was a reporter at the New Haven Independent and station manager at WNHH Community Radio, where she still produces and hosts Kitchen Sync, a show about food and New Haven.

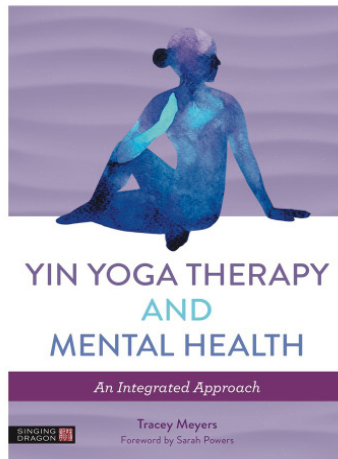
Featured Resource: Yin Yoga and Mental Health by Tracey Meyers, Psy. D.

By Colette Anderson

Let me start by saying this book is more than a manual about yoga. Tracey shares firsthand accounts of how yoga and meditation can transform the lives of clients she has served who have severe mental illness. She takes an integrative approach and combines it with her ability to do psychoeducation. She deeply believes and demonstrated how holistic practices can ease anxiety, depression, and even schizophrenia.

In her work as a psychologist, she uti-

lized her love and belief in the power of yoga and meditation. She knows how to teach and now has written the knowledge for those of us who desire to learn. From teaching to pictures and lived experiences with individuals in deep despair and hopelessness, she bridges the gap.



She shares what she has seen in many clients with PTSD and complex trauma. Tracey has witnessed them finding peace and joy in their lives and the healing power of yoga and mindfulness. A great book to add to your collection.

Colette Anderson, LCSW, is the Executive Director of The Connecticut Women's Consortium (CWC). She has spent over 30 years working in behavioral health. Her expertise is in trauma-informed system change and she spearheads multiple groups and initiatives across the state to promote trauma-informed, gender responsive care. She also trains and presents on a number of topics including trauma, gender, staff care, and healing arts for diverse audiences and agencies. In October 2016, Colette was awarded the National Association of Social Workers – Connecticut Chapter Social Worker of the Year Award.

Spoken Word Artist; Brandon Leake

By Eileen M. Russo

I don't like poetry much. In fact, as much as I loved reading for my English classes, I was afraid of poetry. I wasn't sure if I understood the author's message and as a teenager thought that meant I was

less than smart. I do, however, love the television show - America's Got Talent. I have been successful in choosing several winners, usually people who has a unique talent and everyone else said would never win. One of these winners was Brandon Leake, who won the million-dollar prize in September 2020. Why am I writing about this as a resource?

Brandon Leake writes poetry and is a spoken word artist. His words touched my soul and I believe the souls of all who listen. Trauma is often spoken about in clinical terms by describing events and offering a diagnosis. It can be easy to miss the depth of loss, the depth of fear, and the depth of pain. In his opening piece in 2020, Leake, shares with the listener his grief over the death of his sister and in so doing, we touch our own grief. In the second piece, Leake describes the fear of all mothers and then moves us to feel the fear of mothers of black and brown boys. And finally, we journey with Leake through the complicated relationship with his father.

I offer Brandon Leake's poetry as a resource to serve as a reminder of the humanity of trauma, a possible resource for a writing group, or perhaps a healing group.



For a compilation of some of his poetry go to: <https://www.youtube.com/watch?v=SaPXcg7lLfg>

Eileen Russo, MA, LADC, is a licensed addiction counselor, a certified clinical supervisor, and an advanced certified alcohol and drug counselor (substance use and co-occurring disorders) who has worked in the addiction and mental health field for the past 37 years. Ms. Russo also holds credentials as a relapse prevention specialist and a compassion fatigue educator. For the past 17 years, she has served as a trainer/consultant with the CT Women's Consortium, DMHAS, private agencies, and several states beyond Connecticut.

Ask the Experts: An Interview with Wednesdae Reim Ifrach, REAT, ATR-BC, ATCS, LPC, NCC, CLAT, LCMHC, LPCCaN

By Kay Warchol, MSW



Wednesdae Reim Ifrach (they/them) holds a Masters in Art Therapy from Albertus Magnus College. They currently serve as a Board Member with Project HEAL, the Nations only Eating Disorder Treatment Equity Access based Non-profit. They previously served on CT DCF LGBTQ+ Youth Advisory Board as well as being the former President of the Connecticut Art Therapy Association. Their current specialties include gender affirming care, fat and body activism, intersectional social justice, complex trauma and eating disorder treatment. They also founded Walden Behavioral Care's Rainbow Road, the countries first 2sLGBTQIA+ IOP/PHP for Eating Disorders.

KAY WARCHOL: How does art assist in the treatment and healing of complex trauma?

WEDNESDAE REIM IFRACH: This is actually a really complicated one, but I love it. So, if we start off with like the basic, most rudimentary understanding, it's essentially that talking about trauma re-traumatization people. Lots of people that have done a ton of talk therapy, maybe throughout many, many years and have

gotten something out of it. Often, we'll find there's a stopping point that they can't move past, right, and that's when we usually recommend things like EMDR, or ART. I think those are incredibly valid and incredibly important and not everyone can tolerate those. So, the other option we can offer clients is this idea if you make art and you allow your body to get it out of your body, you don't hold on to it anymore. At the basic level art helps us get things outside of ourselves. Then, in therapy, if you're doing art therapy right, we can examine what that externalization looks like. What symbols, patterns, colors, themes are coming. Then for art therapists that do a lot of art assessment, there are different things we can look for to kind of assess what's going on. I'm not an art therapist that does a lot of assessment just because that's not what my calling was. On a bigger level, there's a lot of really great research on how your parasympathetic nervous system responds to art making and how art making actually calms your nervous system down enough to be able to process. And art in lots of situations, including things like traumatic brain injuries, have actually been used to rewire the brain. We know art making can actually rewire parts of your brain and calm your nervous system and when you think about what trauma does to someone, right, your brain and your body are on fire. Every time you go into a session, you're on fire. Now we're at least cooling that down enough that we can figure out the next step. The next step might be a deeper art process. The next step might be to do this in conjunction with EMDR, and I know art therapists that actually also do EMDR. They bring them together. Again, different for each person. But it's a really incredible process to watch someone that kind of feels like they keep hitting a brick wall. Then they start making art and the brick wall kind of disappears.

KAY WARCHOL: What are the advantages of art therapy over conventional psychotherapy? Is there anything that you would typically do in conjunction with art therapy as a practitioner?

WEDNESDAE REIM IFRACH: A lot of my art therapy work has been in the eating disorder field, I've learned how to use DBT and art therapy together, which I have found has been really successful. We don't talk in this field about how eating disorders

are just another version of trauma, right? Our bodies are traumatized, over and over and over, eating disorders are a result and an example of that. When you have an eating disorder, you've got to learn how to be mindful. You've got to distress tolerate. You've got to learn how to be in the moment and communicate with people. And so that's where DBT is great. However, again, because this is trauma, I always tell my clients, you can't just "both-and" and "DBT it away". When it's in your body, when it's your eating, when it's how you feel about your body and how you are in the world. We've got to do more. I've kind of figured out how to incorporate art therapy into the different kind of parts of DBT, so that there's the kind of traditional DBT component and the art therapy component that does the same thing, so that we're getting both experiences at the same time. So we're tapping into that brain in that parasympathetic nervous system and we're also learning the concrete skills that kind of help us in the world. Because we don't live in a world where people can just stop and make art. I wish that we did. I feel like the world would be a better place, but sometimes you're going to need those concrete skills. Often my clients will even make art cards or things that they can carry with them. We do a lot of transitional object making, especially when clients leave treatment and they now have to remember how to do all of this without a therapist. We create things where when they're not with us in session, they can still remember what to do with those things that they've actually made out of art. Which, I have found just feels more meaningful in general. You know, it's cool to have a client come back to a session with their transitional object and say I use these skills this day because it reminded me. I was able to eat at this meal because I was able to touch that thing in my pocket that reminded me of the work we're doing. And so, in that sense, you know, maybe it's, I don't know, some people think it sounds like woo woo or hippie and, maybe it is, but I don't think that that's a bad thing. I think that every human being is different and let's face it. Talking can be such a cerebral experience if you're never in your body and who wants to be in their body in the world right now, especially folks with eating disorders, a lot of the queer and trans clients I work with, right. Art is a really safe way to experience your body

without feeling the lack of safety that they might feel everywhere else in the world right now.

KAY WARCHOL: You talked about transitional objects and trying to have people be “in their body”. Can trauma affect people and have them go into an almost dissociative state, especially when it comes to being connected to one’s body as someone who is queer or trans?

WEDNESDAE REIM IFRACH: Oh, yeah, I mean what choice do you have right now? Depending upon where you are, even in our own state, but in the world will depend upon how safe you feel. And how can you be in your body when you're looking around at signs and bills and new articles and everything that keeps saying that like you. Or identity isn't real or valid or should exist and there are people that think that you should be killed just based on your identity, and then it's like, hey, but be in your body and come talk to me. When you look at it that way, it's really unrealistic and it's been unrealistic for a really long time for lots of different marginalized people. And so I think we've all in the therapy field, even if people aren't art therapists, had to think creatively outside the box of how we can help people that are in these states in a way that won't be harmful while also honoring that, right now is just so painfully difficult for so many people for so many reasons. That I don't know, if we talk about this enough, I'm just not gonna feel better.

KAY WARCHOL: What are some common misconceptions regarding art therapy?

WEDNESDAE REIM IFRACH: My favorite ones have been that people think I only work with small children and I'm not saying art therapy isn't for small children. However, I work with adults, I've almost always worked with teens and adults, so I think it's this idea that art is only for kids. Which really speaks to, I think, some of the damage in our culture just around art and creativity, that magically when we grow up, we're not allowed to create anymore. Which is unhealthy, I think all of us need to do something creative or a hobby or something that makes people feel like they're creating something in the world. I think another really big misconception is that anyone can do what we do, that they can just kind of pull out some colored pencils in a session, and magically you're

doing art therapy. I'm not saying that drawing or mandalas or coloring sheets aren't therapeutic. There are studies that say they are. What we are trained to do is to look at what someone is dealing with and figure out with those issues and diagnosis what materials are most appropriate to not trigger somebody, but to also help them drop into the thing we're trying to do. We call them directives. Other people call them activities. What directives are most appropriate for that person in those diagnosis? Do we wanna do art in session versus on our own as therapy homework. If we're doing telehealth, do we want to do collaborative digital art versus the kinesthetic making of art. I think there's a lot of things that people just don't realize, like there's a lot of studies on how certain art materials for people that have experienced sexual abuse actually trigger them back to that moment. And I've worked with therapists in the substance use field that have used materials that actually in a closed office with no ventilation, simulate getting high. And then, that actually triggers a relapse. I feel like people don't always realize there's some technicalities here, that we spend three years getting an art therapy degree. Your master's degree is a little longer because you learn how to be a talk therapist and an art therapist. The other most common misconception is that people kind of expect all of us, and I do fit into the weirdo artist camp, but most of the art therapists I know are not like the queer weirdo theater kids. They're very professional, there are even CEOs of companies that have this training. Just like in any other field, there is a range of human beings that do this work. I think you say art and magically people kind of have their own stereotype in their head. Some of us are that stereotype and some of us aren't, but it can be frustrating to watch your whole field kind of be judged based on that one stereotype.

KAY WARCHOL: As we are talking, something that came up for me was during the pandemic we saw a lot of people start to enjoy more creative outlets, simply because they now had the time. Have you seen any shifts within the field where people are taking art therapy more seriously because of their own renewed interest in art as self-care?

WEDNESDAE REIM IFRACH: I've seen a lot more people ask for art therapists for their clients as referrals, which has been really cool to watch. I think that in general, because Connecticut's a smaller community and we have a local art therapy program, people generally kind of know to ask and what to ask for. But I have noticed in the pandemic clients are more open to digital art making. Clients are more open to wanting to make art while on camera. I never did telehealth art therapy until the pandemic, so there was also a learning curve for some of us. Other people have been doing telehealth like that for years. I think a lot of people that were newer clients for me, reached out because they wanted an art therapist so they could learn how to incorporate those things they've already been doing at home into their own therapy. And so, a lot of people would show up and be like I've been painting a lot and crying a lot. And I'm like, “Well, A, it is the pandemic we are all crying a lot, it's ok”, but B is you're crying while you're painting, it's bringing something up. Can you bring that painting to the screen? Let's talk about what's happening, and that has really, I think, opened a lot of people's eyes to the power that art therapy has. Frankly, how much our culture has robbed adults, specifically of the ability to be creative. I think about how I used to drive an hour to work. I would be there for eight hours. I would drive an hour home, right? That's already ten hours of your day. We're supposed to sleep for eighthours, so 18 hours total. So, you've got six hours



in your day to do laundry, make three meals, take care of your kids, walk your dog. People got time back, when they got time back they started to experience the things that they were missing, and now people don't want to miss that anymore. So now people are realizing if they come to art therapy, they can actually keep that process that they were doing on their own and create something deeper. I know art therapists that have gone back to being in person because that feels safe and comfortable for them. And there are lots (cont.) of people that do that, but all of my clients continue to do this process virtually, which is incredible.



KAY WARCHOL: On the flip side, what are your thoughts and experiences with the increased commercialization of art therapy, and how commodified it has become? Have you experienced any issues with clients that expect their session to be a certain way?

WEDNESDAE REIM IFRACH: So, I haven't had any clients that showed up expecting something, which I mean, I think I'm just lucky. I'm sure if I talked to all of my colleagues, that wouldn't be true for everybody. What I have always found frustrating is things like going to Barnes and Noble and there being an art therapy stand by the checkout and it's just coloring books. And I'm like, "that is so dangerous". First of all, it's just a coloring book, call it a coloring book. We want to have adult coloring books and kid coloring books, totally fine, but as a bookstore, you cannot offer anybody therapy by selling things. Sometimes that creates this weird divide that I've experienced at times with our colleagues. It puts clients and colleagues in this really awkward position of almost feeling like we have to offer up a buzzword when the buzzword is a long-standing profession....(cont. on podcast)

This interview has been abridged for length and clarity. To listen to the full version, visit:

www.womensconsortium.org/podcasts

Looking Back at Fall 2016:

Why Images Matter: Using Art Therapy in a Trauma-Informed Setting

By Monique Proto, LPC, ATR, and Tracy Starbird, LPC, ATR

The old saying "a picture is worth a thousand words" rings true powerfully today. Images on the news, social media, television commercials, and billboards sustain a lasting impact, with many sharing in the humor of Super Bowl commercials, the horror of the 9/11 attacks on the World Trade Center, and the devastation that New Orleans suffered from Hurricane Katrina in 2005.

Acute stress and secondary or vicarious trauma are virtually unavoidable today. Economic crisis, racism and segregation, hate crimes and violence, mass shootings, raging wars, - and technology allows the world to be a firsthand witness. These images remain imprinted in the minds of many, much more so than benign topics such as the day's weather forecast. Repeated exposure to traumatic imagery can have short and longer-lasting impact on the brain.

Although images have potential to be disturbing, they also can act as aids in several areas. Visualization, vision boards, and guided imagery are techniques that can be used to assist individuals in meeting goals and managing relaxation, stress, and pain. As art therapy professionals, we collaborate with individuals to create images using art media. This creative process and the resulting artwork are used to explore feelings, foster self-awareness, reduce anxiety, and increase self-esteem.

Many people experience a traumatic event but do not develop Post Traumatic Stress Disorder (PTSD), as a result of the event (Howard & Crandall, 2007). The brain areas implicated in the stress response include the amygdala, the hippocampus, and the medial prefrontal cortex. Acute and traumatic or chronic stress is associated with changes in these areas primarily due to increased cortisol and norepinephrine responses to stressors. In a nutshell, the brain is on continuous "high alert."

Individuals with PTSD may experience increased feelings of anxiety, fear, dissociation, distress, and substance use disorders due to the lasting impact on the brain (Howard & Crandall, 2007). Art therapy and the use of simple artistic activities can soothe the lower regions of the brain that are affected and can be of benefit to anyone who may experience acute or chronic stress or have symptoms associated with PTSD.

Art expression is a useful tool in re-connecting implicit (sensory) and explicit (declarative) memories of trauma and in the treatment of PTSD (Malchiodi, 2012). Some examples of this include drawing, clay work, and painting. Using art therapy techniques to create images is a form of cognition and facilitates reconnection with the image-based part of the brain. According to Siegel (2010), when images and sensations of experience take shape in "implicitly" forms, they remain in unassembled neural disarray, lacking connection to accounts of the past. Such implicit-only memories continue to unconsciously affect subjective feelings in the present and the sense of self.

Art therapy constructs the implicit pieces of the puzzle into explicit forms to help people recognize the impact of these memories on their lives (Siegel, 2010). This allows for reflection and the processing of these experiences.

According to Cathy Malchiodi there are five components of Trauma-Informed Art Therapy:

- Art serves as a "neurosequential approach" that stabilizes the body's alarm responses.
- It identifies the body's reactions to stressful events and memories through trauma-informed evaluation and sensory based activities.
- It responds to the body's reactions through somatic and sensory approaches to self-regulation.
- It reinforces a sense of safety through reconnection, positive attachment, and self-soothing.
- It builds strengths by using the arts to normalize and enhance resilience. (Malchiodi, 2008, 2011)

ion is identified as a way of helping stabilize the body's responses to stressful or traumatic events. By using creative expression as an outlet for healing, a person can reconnect memories and events to their senses, cognition, and feelings. Their words then can be connected for continued work on personal recovery and resil-

ience (Malchiodi, 2003, 2012).

Traditional verbal or talk therapy has limitations for many. Art therapy, on the other hand, helps to connect the left and right hemispheres of the brain to allow for more complete awareness and processing. Art-making can assist in expressing the emotions and effects of a trauma. This can include exploring a better understanding of one's self and supporting personal empowerment and growth.

A person who has experienced trauma may be consciously incapable of or, consciously or unconsciously, resistant to talking about the incident. Siegel stated: "one form of impaired integration and self-regulation can be seen within the minds of those individuals with unresolved trauma or grief. In this situation, we can propose, the mind has been unable to integrate various aspects of the overwhelming experiences of trauma or loss. With this unresolved condition, an adult's mind may be vulnerable to entering "altered states" in interaction with others, especially with children." (2001, p. 87). Through art therapy, words are not necessary for beginning effective healing.

Art therapy allows the client and the therapist to collaborate and move from traditional verbal dialogue to a process of dialogue through creativity and self-exploration (GoodTherapy.org). Creating art can be less intimidating than putting words together, which often is an inadequate vehicle of expression. Art provides connection with the inner self and can serve as a form of expression for feelings, thoughts, and memories that may not be identified and put into words easily.

In our art therapy practice, we have seen through our work with clients that the simple act of creating shapes or using color can break down long-held defenses. Unexpressed thoughts about a traumatic experience can overwhelm many, and artistic expression offers a safe, comforting setting for sharing these thoughts and opening a collaborative dialogue that empowers the creator. It is imperative that individuals working through trauma are trusting of their environment and of the therapeutic relationship by being given choices throughout the process.

Art-making can be directed by the art therapist or self-directed by the individual. Art therapy directives facilitate a theme-based process and provide structure and direction to the session. Art materials are offered as they relate to

the directive. Self-directed art allows an individual to choose their own direction in treatment as the therapist stands alongside in support of their choice. The individual chooses the art materials he/she wishes to use in the self-directed session.

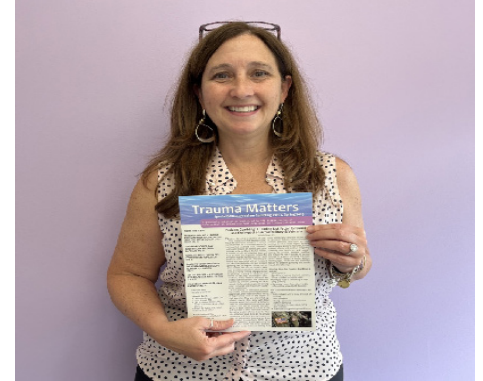
Art therapy can tap into unconscious thoughts and memories in a less threatening manner. Creative expression employs the right-brain hemisphere, which is where visual memories are stored. It stands to reason that the use of art therapy and its focus on creative expression has been successful in connecting and addressing the focus of unconscious imagery into present-day context. A client may engage in the creative process without a preconceived idea or directive and begin to acknowledge aspects of memories that were not previously prevalent. The creation of imagery can convey a message more immediately than words can articulate a meaning. With this approach, additional symptoms or feelings may be revealed that the client and art therapist then further explore and process. The imagery acts as a vehicle for the healing process and the anchor for continued growth.

Both the process and the created form of art are catalysts for taking a figurative step forward. We continue to be amazed by aha moments individuals experience when they gain insight and awareness of a particular issue through the process of art-making and the art they created. We have worked with individuals who have taken themselves on a journey of recovery that in part is evident in the progression of their artwork. Colors have varied, shapes have been transformed, and individuals' connections to themselves and their environment have stabilized and strengthened. Art can provide the vessel of expression for feelings that are shut down or locked away. Many symptoms may be in play among those who have experienced trauma and high levels of stress, and the simple act of drawing can help soothe and refocus energy to a place of positive thinking, safety, and repose.

By helping people reconnect to their inner strengths, expressive art therapy can increase self-esteem levels and foster empowerment. Art-making also fosters new experiences beyond recurrent and painful emotional patterns, promoting relaxation and decreased levels of stress. This translates into positive coping strategies and grounding skills in managing triggers or trauma-related experiences. Addressing symptoms of trauma and managing stress

effectively fosters an overall improvement of quality of life.

Who's Been Reading Trauma Matters? Alicia Feller!



Alicia Feller, Director of Programs for The Connecticut Women's Consortium, with Trauma Matters.

Alicia spent almost 30 years of her career at the Department of Mental Health and Addiction Services (DMHAS) where she last served as the Chief Executive Officer of the Southwestern CT Mental Health System. Alicia obtained her MSW from Southern CT State University and is an LCSW. She obtained a Masters in Arts in Integrated Health and Healing in 2019. As Director of Programs Alicia oversees and is responsible for the day-to-day operations of the department. Her favorite thing about working at the Consortium is the ability to create new training opportunities for the behavioral health professionals of CT and knowing that the work done at the Consortium helps create better care for the residents of CT. Alicia's favorite quote is by Maya Angelou – "I've learned that people will forget what you said, people will forget what you did, but people will never forget *how you made them feel.*"



The Connecticut Women's Consortium
2321 Whitney Avenue, Suite 401
Hamden, CT 06518