TRAUMA MATTERS

Winter 2007

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.

CORE PRINCIPLES OF TRAUMA INFORMED CARE

In the Summer 2006 issue of *Trauma Matters*, we promised an expansion on each of the core principles (domains) of trauma informed care (Fallot & Harris, 2006). Beginning with this issue and continuing for the next few issues we will offer some practical suggestions on how to apply each of the principles. These ideas have been gathered from a variety of sources over the past few years, including survivors/consumers, direct care workers, written "lessons learned," and researchers.

Domain #1a- **Safety**- Ensuring Physical and Emotional Safety

Because trauma inherently involves a physical or emotional threat to one's sense of self, survivors are often especially attuned to signals of possible danger. It is essential then, that service organizations prioritize safety as a guiding principle in order to become more hospitable for trauma survivors and to avoid inadvertently re-traumatizing people who come for services. Agencies can begin this process by reviewing each activity and setting that consumers are likely to encounter and asking: ***"How can services be modified to ensure physical and emotional safety more effectively and consistently?"*** (Fallot & Harris, 2006). Among the more specific questions that have emerged in these discussions are the following:

- When a consumer is seeking services from your agency, is the phone answered in a pleasant manner?
- Are consumers given directions that include things such as where to park, where the bus will drop them off, how far they will have to walk and how to enter the building?
- Are consumers and visitors told about any security measures such as uniformed security guards and metal detectors?
- Does the waiting area have adequate space? Are the seating arrangements comfortable? Do seats allow for personal space (e.g., individual chairs) or do they require shared seating (e.g., sofas)?
- Are restrooms clearly marked?
- Does the front desk staff look up when answering questions or checking clients in?
- Are things explained in a manner that can be easily understood?
- Are consumers asked to read and sign things in small increments?
- Is trauma history/PTSD viewed as legitimate or is it viewed as one more way a client can be noncompliant or disruptive?
- Are clients given choices about where to sit, leaving the office door open/closed and the right of refusal to answer certain questions?
- Do staff members also feel physically and emotionally safe? If they feel unsafe, is there a mechanism for staff to report the circumstances, receive support, and seek necessary changes?

These are just a few questions agencies and practitioners can ask when evaluating the level of a trauma-informed environment. Consumer/survivors have also mentioned ensuring staff members do not use any form of touch such as hugging without permission. Crowded waiting areas and chairs that share a common arm and therefore cannot be moved can trigger anxiety and irritation. A trauma-informed approach does not need to be an expensive, complicated process –it only needs to be one that is shaped by the understanding of the impact of trauma.

Submitted by:
Eileen Russo, MA
Roger Fallot, PhD

TRAUMA AND THE DISABLED

Individuals with disabilities deserve the right to a life free from violence and abuse. A healthy and fulfilling relationship with a partner or caregiver is based upon respect, honesty, accountability, equality, trust and support. Although many individuals with disabilities experience satisfactory intimate relationships and receive exemplary personal care, many also endure sexual, physical, emotional and financial abuse, neglect or exploitation perpetrated by a partner, family member or caregiver.

Research shows that individuals with disabilities face increased risks of sexual abuse and family violence compared to persons without disabilities (Sobsey, 1994). Current statistics indicate that people with mental illness are:

- 7 times more likely to be a victim of any crime;
- 9 times more likely to be a victim of a violent crime; and
- 24 times more likely to be a victim of rape.

There are a variety of reasons for these increased risks. For instance, a person with a physical disability may rely on a partner, spouse or caregiver for help with bathing; preparation for performing sexual acts; preparing, cooking and ingesting food; administering medications; and maintaining medical equipment and/or adaptive devices. The nature of some of these tasks is highly personal and therefore may contribute to the vulnerability of the individual with a disability. The individual may have multiple caregivers (i.e., peers, family members, spouses or partners, paid or unpaid personal care attendants, medical professionals, therapists) involved in day-to-day activities, and this fact may also contribute to being more vulnerable to abuse.

On the individual's side, seeking and obtaining help is difficult at best. On the provider side, it can be difficult as well. In addition to communication issues which may be present, there is also reluctance on the victim's behalf to disclose due to the uncertainty of replacing the perpetrator/caregiver/family member. As we learn the reality for the disabled, it becomes critical that service organizations and disability service provider's work together in order to make a positive impact – reduce risks to people with disabilities.

Submitted by:
Valerie Leal
Department of Mental Health and Addiction Services

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A Safety Awareness Program of Safe Place (ASAP),
San Antonio, TX – Celia Hughes, MPA)

"NO MORE SECRETS" VIDEO AND GUIDEBOOK

In October 2000, the Connecticut Department of Mental Health & Addiction Services (DMHAS) produced a video entitled "*Trauma: No More Secrets*". This is a documentary film based on the lives of four women who have experienced trauma and were introduced to the behavioral health system through their addiction and mental health issues. These inspiring women offer a frank discussion of their personal histories of childhood and adult trauma; their means of coping; their experience with substance abuse and mental health treatment providers; and their progress in recovery from a place of despair to one of hope.

The "*Trauma: No More Secrets*" video and guidebook are now available upon request from the CT Women's Consortium for a fee of $16.50 to cover reproduction and mailing costs. For a copy of the video and guide, please send a check/money order payable to The CT Women's Consortium. Mail to **The CT Women's Consortium, 205 Whitney Avenue, New Haven, CT 06511**. For more information please contact Joyce Crutchfield @ 203-498-4184, Ext. 33.

PERSPECTIVES OF A TRAUMA SURVIVOR

Clinician: **Which treatment model does your agency use for trauma groups?**

Client: *In the Women in Healing group… we use the TARGET Model.*

- The acronym TARGET stands for: Trauma Affect Regulation: Guide for Education and Treatment. This model was developed by Julian Ford, Ph.D., a clinical psychologist and Associate Professor of Psychiatry at the University of Connecticut Health Center. It is a strengths-based approach to education and therapy for trauma survivors who are looking for a practical approach to recovery. The overarching goal of TARGET is to help survivors understand how trauma changes the body and brain's normal stress response into an extreme survival-based alarm response which can result in post traumatic stress disorder (PTSD). Clients in the TARGET model program learn a practical 7-step approach, FREEDOM, to changing the PTSD alarm response into personal and relational empowerment that promotes real and lasting recovery from trauma. The acronym FREEDOM stands for Focus, Recognize Triggers, Emotion Awareness, Evaluate Thoughts, Define Goals, Options, and Make a Contribution.

Clinician: **How is this model or treatment different from any other models you have experienced?**

Client: *The TARGET model is a lot different. I've struggled with alcohol and drug problems for most of my life and was in a really abusive relationship for a long time. I've been to Prudence Crandall to participate in a domestic violence treatment group… I've completed Intensive Outpatient treatment (IOP) at the Wheeler Clinic and IOP at the Bristol Counseling Center for drug and alcohol recovery. I've even completed inpatient treatment at Stonehaven for a 30 day- detox and residential treatment for my alcohol and drug problems. Individual therapy really helped, but I never felt that the 12-step programs or any of the other programs truly helped because they never helped me to address my underlying issues, like PTSD and dysfunctional family patterns. In fact, until I came to this group, I didn't even know that I had PTSD. Just learning about the causes and symptoms of PTSD has helped me tremendously. I feel that I can relate better to others in this group because we all have something in common.*

- The TARGET model teaches the client about the causes and symptoms of PTSD, and shifts the primary focus away from their trauma. It focuses the client's attention on regaining a sense of personal control and meaning by re-processing current or past experiences involving trauma. Clients are not forbidden to speak of their prior traumatic experiences in a TARGET group, but the goal of the group facilitator is to help the client stay present-focused so that they can learn to manage symptoms most effectively.

Clinician: **Are you currently in a trauma group now?**

Client: *Yes – I've been in the Women in Healing group for about 4 months.*

Clinician: **How many people are in the group?**

Client: *It depends…we have about 6-8 women on any given day.*

- Most TARGET groups are done either with females or males but rarely in integrated groups. This approach provides a safe place for group members who may have experienced trauma perpetrated by members of the opposite sex and allows them to work on gender-specific issues in a sensitive manner.

Clinician: **Without mentioning anyone's names or going into too much detail, can you tell me what it's like being part of a trauma group?**

Client: *I feel like we've formed a bond… some women have children… I don't, but I can relate to their lives before they had children… being molested, experiencing trauma… age doesn't matter… we can all relate to one another… this group feels like a family to me. Even though we've all cried and gotten upset during the group at times, I've always felt better afterward. Each week I feel closer to the other women and feel that we can all learn from one another.*

- As with any form of group psychotherapy, the TARGET model provides a safe environment for clients to explore their feelings. One of the main goals of the TARGET model is to enable individuals to recognize PTSD triggers that may result in maladaptive coping strategies. Once the client gains the insight of being able to recognize their triggers, the facilitator works with the client to identify alternative and healthier coping mechanisms.

Clinician: **Thinking of the TARGET model, has it helped you to recover?**

Client: *Yes, I've been here about four months and I've tried to use a lot of the techniques that we've learned, like deep breathing and relaxation techniques. Listening to others' problems in the group and thinking about them helps me to feel that I can make it through… I used to feel very angry and aggressive towards others, but I've learned ways to cope with it… I've learned to forgive others and myself.*

Clinician: **If so, what worked best or did not work well?**

Client: *This group has helped me to learn how to deal with my family members in a calmer manner. I've learned to walk away from angry family members and to recognize and stay away from triggers that upset me. I've also learned to be less controlling of others and their problems. For example, I used to have a lot of guilt if I didn't help others, but I don't let my family members make me feel guilty anymore… I focus more on myself now. I think I'm less co-dependent now, too. I used to bail out my family members by paying their bills, doing their laundry, taking care of their children. This group has helped me to learn how to set boundaries for myself that are healthy.*

Clinician: **What are the positive things that help you to stay focused or cope on a daily basis?**

Client: *I read a daily meditation book each morning and I thank God for my life now. I attend church every Sunday and I've learned to be grateful for the things that I do have. Thinking of others' problems helps me to realize that my problems aren't really all that bad at this point in my life. I also try to stay focused on the present.*

- One of the core FREEDOM steps is to help the client focus by slowing down her thought processes, orienting to the specific situation, and doing a self-check about how they are truly feeling in the moment.

Clinician: **What things help you to manage your feelings such as artwork, writing, cooking, or hobbies?**

Client: *I like to read novels. Actually I like to read a wide range of books such as fiction, inspirational books, and biographies. Writing in a journal has also helped me to get my feelings out. I feel that it really has helped me in so many ways. I go back and look at the pages from the beginning when I first started treatment and notice the progress. I also like to be outdoors… taking walks to help clear my mind. In addition, I like to go out to dinner… go to a movie. There are still times, though, when I isolate myself from the rest of the world. I know it's not really healthy so I try to use what I've learned in this group to motivate me… it's definitely a struggle sometimes.*

- The TARGET model teaches clients to identify alternative coping mechanisms in place of maladaptive coping strategies.

Clinician: **What do you do with your free time? Are you employed or do you attend school?**

Client: *I love to spend time with my three nieces and nephew and my great niece. I like to take the younger ones to the park and to shop and talk with the older ones; because I don't have any of my own children, I love to spend time with them. They give me a fresh perspective on life.*

Clinician: **Do you prefer groups or one-on-one counseling?**

Client: *One on one was really helpful, but this group is better because I get a lot more feedback and perspectives from the other group members. I was reluctant at first to participate in this group, but have learned that the other members participate and help one another. I don't like the groups that people are court appointed to because the people sometimes just go through the motions. This group is different though… people seem to want to be here to really help one another… they really open up to one another…*

Clinician: **Based on what you've told us and the questions I have asked, I may have missed something of importance to you. Is there anything else you would like to share about your experience that may help others… anything else about your treatment, the TARGET model, or your hobbies, etc?**

Client: *I think that you have to come and be a part of this group for at least four weeks in order to get some benefit. You have to form a bond and share honestly about how you're feeling and give and participate to the group facilitators and other group members. I always leave here feeling better as though I've gained something from the group… hearing other people's stories… helps me not to look at my life as badly… I've learned to utilize the skills that I can take responsibility for my life and not give in to old patterns of behavior that are destructive.*

Clinician: **Is there anything else that you want to say/emphasize concerning your trauma group and treatment that you think would be helpful to either clients or clinicians?**

Client: *I think this group is really good at helping you to balance yourself… rather than living a lifestyle that's black or white, it teaches you to sort of live in the grey area. Participants need to be open and honest with one another, though if they are to really get anything out of the group. I think the group facilitators do a good job at keeping us focused… my focus is to help myself, but also to help others.*

Another one of the core freedom steps deals with making a contribution to society. Once the client has learned to identify and effectively manage her triggers, it is suggested that he/she give back to the community by making the world a better place. The TARGET model offers the client a list of suggestions, which include activities, such as reaching out to another without being asked, taking the time to really listen to another's story, and befriending someone who is alone. The intention of this strategy is to enable the trauma survivor the opportunity to continue practicing the FREEDOM steps long after they have graduated from the TARGET program and allows them to feel as though they are making a difference in the world. Reaching out to others helps the client to make sense of their past and to give meaning to the pain they have endured.

Submitted by:
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FEATURED TRAUMA RESOURCES

Using "Roadmap to Restraint and Seclusion Free Mental Health Systems"

We are finding this resource extremely valuable at Cedarcrest Hospital. Our Restraint/Seclusion Committee began to review each module for its appropriateness for our facility's mission of becoming restraint/seclusion free. This module on trauma was extremely beneficial. It led to a discussion of how we assess trauma at our facility and how we can be more trauma-sensitive with survivors. Each module has both a PowerPoint presentation and an instructional manual for how to facilitate an educational offering within your own facilities. The link for the trauma module is: http://download.ncadi.samhsa.gov/ken/pdf/SMA06-4055/Manual_Module2.pdf

Submitted by:
Richard Stillson, Ph.D.
Cedarcrest Hospital

Listen

When I ask you to listen to me and
You start giving me advice,
You have not done what I have asked.
When I ask you to listen to me and
You begin to tell me why I shouldn't feel that way,
You are trampling on my feelings.
When I ask you to listen to me and
You feel you have to do something
to solve my problem,
You have failed me. Strange as that may seem.
Listen: All that I ask you to do is listen.
Not talk or do—just hear me.
When you do something for me
That I can and need to do for myself
You contribute to my fear and inadequacy.
But when you accept as a simple fact
That I feel what I feel, no matter how irrational
Then I can quit trying to convince you
And get about this business of understanding what's behind them.
So please listen and just hear me.
And, if you want to talk, wait a minute for your turn
And I'll listen to you.

Anonymous
Roadmap to Seclusion and Restraint Free Mental Health Services

A Survey of Gay, Lesbian, Bisexual and Transgender Affirming Therapists

We have developed a survey for therapists and clinicians who are affirming of gay, lesbian, bisexual and transgender clients. The survey will be used to catalogue clinicians in a state-wide referral directory of multi-disciplinary affirming professionals. We hope to include LMFTs, LCSWs, MDs, APRNs, PhDs, PsyDs and LPCs who self-identify as affirming of GLBT people. If you or a colleague have not yet completed the survey, which takes about 10 minutes to complete on-line, please do so today by logging on to this link: http://www.surveymonkey.com/s.asp?u=132882202320.

Submitted by:
Kathy McCloskey, PhD, PsyD, ABPP
Gay, Lesbian, Bisexual and Transgender Task Force of the CT Psychological Association

Winter Safety Tips

What To Do If You Get Stranded

Staying in your vehicle when stranded is often the safest choice if winter storms create poor visibility or if roadways are ice covered. These steps will increase your safety when stranded:

- Keep bottled water, blankets or quilts, a change of dry clothes and crackers or other snacks in your trunk.
- If you have a cell phone, keep it charged and minimize use.
- Pay attention to where you are on the highway or roads (exits, street signs, etc.) so you can call for help.
- Tie a brightly colored cloth to the antenna as a signal to rescuers and raise the hood of the car (if it is not snowing).
- Move anything you need from the trunk into the passenger area.
- Wrap your entire body, including your head, in extra clothing, blankets, or newspapers.
- Stay awake. You will be less vulnerable to cold-related health problems.
- Run the motor (and heater) for about 10 minutes per hour, opening one window slightly to let in air. Make sure that snow is not blocking the exhaust pipe—this will reduce the risk of carbon monoxide poisoning.
- As you sit, keep moving your arms and legs to improve your circulation and stay warm.
- Do not eat unmelted snow because it will lower your body temperature.
- Huddle with other people for warmth.

Centers for Disease Control
www.cdc.gov

Getting into Trauma Matters

- You can access an electronic version of the "*Trauma Matters*" Newsletter at www.traumamatters.org; www.dmhas.state.ct.us; or www.womensconsortium.org
- Do you want to be placed on our mailing list or is there an event or topic you would like covered in this newsletter? Please call "*Trauma Matters*" editor Carol Huckaby at 203.498.4184, x25 or e-mail her at chuckaby@womensconsortium.org.

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