

TRAUMA MATTERS

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GREETINGS FROM ALASKA

A conversation with Thom Blackbird

This past August, I (Eileen Russo) had the privilege and pleasure of providing some trauma related training for the staff of Homeward Bound in Anchorage, Alaska. Homeward Bound provides case management, outreach and residence to those who are homeless and alcohol dependent (<http://www.ruralcap.com/asd/>). During my week in Anchorage I heard rumors that Thom Blackbird, Outreach Supervisor, runs a "sweat" for clients on Friday nights. It was not until I was given a tour of the program that I realized that the sweat lodge is right in the back yard! To give the reader a visual, this particular lodge is built out of willow bough frame with blanket and canvas covers and is in the shape of an igloo. Not all sweat lodges are alike; you can find pictures of other types on the Internet if you choose. The ensuing conversation with Mr. Blackbird is one of the moments I re-visit over and over as I recall this special trip.

Eileen: Thom, I was asking Morgan about the sweat lodge, and she said you could tell me better than she. Is a sweat lodge something I could expect to see in many backyards in Alaska?

Thom: Actually, a sweat lodge is not indigenous to Alaska; it is much more common in the lower 48. My father is from the Eastern Cherokee Nation and my adopted mother was Yankton Dakota from Wagner, South Dakota. She took me back to South Dakota in 1976 and had the Hunka ceremony performed there. She made me her son and gave me the pipe that I have carried since that time. There are three groups: Dakota, Lakota and Nakota that are commonly known to others as the Sioux. I live the Lakota, Dakota, Nakota way of being and that is the tradition I have followed in building and running this lodge. Five years ago the residents came to me and requested that this type of sweat lodge be constructed for their use. At that time I was dancing at Cheyenne River at Green Grass under the direction of Leon Red Dog. I called Leon and asked him if it would be okay to build and run a sweat for the people here. He stated that it would be a good thing and to go ahead. I then visited the Eklutna Athabascan Chief Lee Stephan and asked his permission to conduct this ceremony on Athabascan land, since Anchorage is the traditional home of the Eklutna people. He granted my request and we have been holding ceremony here ever since. We normally sweat every Friday. Some weeks however, we will go in more than that. For example, if there are elders from down states visiting, or someone is sick or there is a death in someone's family. Recently the women have been requesting a women's lodge. So now we have a woman in the community that has graciously consented to run those lodges once a month and another resident and I act as fire keeper and carry the stones. You will see the fire pit outside of the sweat lodge. Hot rocks are removed from the fire brought into the lodge and adding water to the hot rocks creates steam.

Eileen: If a sweat lodge is not common in Alaska, how did you come to build this?

Thom: As with many of the programs and ideas here at Homeward Bound this was a client driven process. There had been some discussion about building a steam bath house or a sweat. Several of the residents here at that time had been to Indian Schools in the lower 48 and have been introduced to the sweat lodge. The clients decided that they wanted a sweat lodge ceremony.

Eileen: What is the purpose of participating in a "sweat"?

Thom: Well there are a few things. This is a sacred ceremony and the purpose is to purify physically, emotionally and spiritually. There are four rounds of prayer, with each round introducing new rocks to the lodge. Everything has meaning—even tending the fire is a special and honorable job. For many this is their first attempt at connecting or reconnecting with anything spiritual. It is often that first step into healing that part of their being. *(Continued on Page 2)*

GREETINGS FROM ALASKA (CONTINUED)

Eileen: The lodge seems small to me, how many people can fit inside?

Thom: We have had up to twenty people and actually this lodge is a bit bigger around and taller than most lodges. I have tried to lower the height of the lodge each time we have rebuilt it, but it seems that the Creator knows that many of the clients would find it harder to tolerate the smaller and lower space. I finally came to understand that this lodge needs to be that height so that people will be comfortable coming in.

Eileen: So this really is a trauma-sensitive lodge...

Thom: Yes, I also let clients leave the lodge whenever they feel uncomfortable. Traditionally everyone is asked to remain until four rounds are completed, but I really keep in mind the needs of the clients. Not everyone can stay that long, especially in the beginning of recovery.

Eileen: What do the clients think of the sweat lodge?

Thom: Well, to give you an idea, it is pouring rain right now and a couple of people just checked with me to make sure we can still have the sweat tonight!

Eileen: Thanks Thom for sharing this with me.

I wanted to share this conversation with the readers of *Trauma Matters* because I think it exemplifies how any practice can become trauma-informed. Thom intuitively used the trauma-informed principles of safety, trustworthiness, collaboration, choice and empowerment (Harris & Fallot, 2006) and the recovery principles of cultural competence and gender responsiveness in building and running the sweat lodge. By making a few minor changes, he is able to share a culturally significant and sacred ceremony while keeping in mind the difficulty trauma survivors may have with space and time.

I am often asked how the formal training that takes place in the break out room of the Holiday Inn, the conference rooms of our programs or in Lee Auditorium translates into our daily work practices and challenges. As I stood on the back porch of a program in Anchorage and watched the raindrops soak the fire pit, I had my answer. We move from the classroom to the reality of our client's lives by giving voice to our own intuition, giving action to the respect we vocalize, by looking beyond the paper policies and finding the greatness in our daily work.

Special thanks to Thom Cook, Ben Rhodd and Lou Redmond for their guidance in putting this article together and to Melinda Freeman, Anchorage Service Division Director, RurAL CAP/ Homeward Bound Program.

Submitted by:

Eileen M. Russo, MA, LADC Connecticut Renaissance
Thom Blackbird, Homeward Bound Program

FEATURED TRAUMA RESOURCE

Responding to Trauma among Homeless Women and Children

There are a few steps that programs serving homeless families can take to ensure that families are not traumatized again when entering a shelter.

Step 1: Be aware of the high rate of trauma among families.

Step 2: Have a mechanism in place so that all families are screened for victimization, creating trauma-informed environments and providing trauma-specific services.

For more information about trauma-informed environments and trauma-specific services, see **Facts on Trauma and Homeless children** by E.L. Bassuk & S.M. Friedman (2005) from the National Child Traumatic Stress Network, Homelessness and Extreme Poverty Working Group. Also available from the National Child Traumatic Stress Network at www.nctsnetwork.org

Submitted by

Colette Anderson, MSW
Director Greater Waterbury Mental Health

TRAUMA AND TRANSITION

Though a layperson in the realm of Psychiatry and founder and Director of the CT TransAdvocacy Coalition, I have listened and shared with many individuals seeking completeness in their gender identity through transition.

Gender Identity Disorder (GID) Standards of Care (SOC V6) diagnosis is routinely a gating factor for one's "Gender Transition" within society. Such diagnosis precedes the physical phases (triadic therapy) of transition. Yet no mention in the SOC is made regarding care for the pending trauma of gender transition. I can site many examples, though will simply state that at my first psychiatric visit my therapist stated that she "would cure me" and another stated matter-of-factly that "I had not read enough books (fiction no less) having sexual content". Once I was "clinically diagnosed GID", the medical community gave me the façade of approval to move forward. Sadly, and as my therapists learned, my gender identity was never a need for diagnosis; though my psychological ability to cope with such a minority status was literally non-existent! Fortunately today I live a full life within my inherent sex even though no mental health professional prepared me for the many, many years (and long days within) of trauma, depression, suicidal ideation and rejection that I suffered. And I can factually state that such roads are not uncommon within my community.

Gender transition is clearly a major life change that results in significant psychological injury and/or pain (trauma) to the Trans person. Yet sadly many, if not all, are rarely prepared to deal with the psychological impacts of this trauma. One's personal defiance of the social construct of sex results in such things as separation from children and loved ones or victimization that ranges from subtle forms of harassment and discrimination to blatant verbal, physical, and sexual assault, including beatings, rape and even homicide. A link between these experiences and mental health disorders such as Post Traumatic Stress Disorder (PTSD) is widely suspected, but has not been adequately documented.

As with sexual orientation, most psychological issues resulting from gender identification are not a result of one's identity though rather a direct result of society's inability to deal with the natural fluidity and unclear scientific determination of sex. I urge all mental health care providers to avoid the pitfalls of diagnosis, but rather focus on the issues of trauma associated with one's pending gender transition. The author may be reached at jerimarie@transadvocacy.com.

Submitted by
Jerimarie Liesegang, PhD
Director, Ct TransAdvocacy Coalition

HEALING FROM TRAUMA AFTER DISASTERS

[After the Crisis: Healing from Trauma after Disasters](#)

Four resource papers and accompanying issue briefs are now available in PDF format at www.witnessjustice.org. The papers provide an overview of important issues and recommendations as they relate to the mental health concerns experienced by survivors of disaster like Hurricane Katrina.

- "[Victims of Violence in Times of Disaster or Emergency](#)" by Helga West
- "[Trauma and Retraumatization](#)" by Nina Kammerer and Ruta Mazelis
- "[From Relief to Recovery: Peer Support by Consumers Relieves the Traumas of Disasters and Recovery from Mental Illness](#)" by Daniel Fisher, Kay Rote, LaVerne Miller, David Romprey, and Beth Filson
- "[Criminal Justice Systems Issues and Response in Times of Disaster](#)" by Angela McCown

The After the Crisis Initiative is Co-Sponsored by the National GAINS Center for Systemic Change for Justice-Involved Persons and the Center on Women, Violence and Trauma, through the Center for Mental Health Services at the U.S. Department of Health and Human Services.

FALL SAFETY TIPS

With fall comes daylight savings time and shorter daylight hours. The following safety tips can keep you and others out of harms way!!!

- Look around your car and the parking lot or driveway for strangers, strange vans, cars, etc. before approaching your automobile. If you see something that you think is amiss, do not approach your car, go back into a building/house and get assistance.
- Always have your car keys in your hand before you leave a building or home. Fumbling in your purse or knapsack for keys makes you a prime target for mugging or abduction.
- When you get in your car (at home or away) lock the doors immediately. Then start the engine, etc.
- Remember that dusk is the hardest time of the day to see; as darkness approaches, slow down and look for pedestrians (adults or children) who may be crossing the street.
- Caution, with the beautiful fall colors on the trees, we should keep in mind that fallen leaves and water on pavement create slippery road conditions for drivers.

WRITERS NEEDED

The *Trauma Matters* editorial board is in need of articles for the 2007 winter and spring editions. Articles can be written by providers, administrators or consumers and should be about trauma services, trauma treatment, trauma models or trauma groups. All articles should be written in MS Word format and be 200 words or less. We would also like to invite our readers to become part of our editorial board. As a board member, you will be asked to solicit or write articles for the newsletter, determine themes for each edition and approve and edit articles that are submitted for publication.

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

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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