TRAUMA MATTERS

Volume 5, Issue 3 Spring 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

This is a continuation of the series discussing each of the core principles (domains) of trauma informed care. The development of the domains are the work of Fallot & Harris (2006) with implementation ideas gathered from a variety of sources during the past few years, including survivors/consumers, direct care workers, written "lessons" learned, and researchers.

Domain #1b- Trustworthiness

A key lesson learned by the survivor of trauma is that there is a violation of boundaries resulting in a justified inability to trust others; especially those in power and authority. Service providers are often surprised when clients exhibit behavior that indicates they do not trust the service system. However, when providers see anxious vigilance and the reluctance or inability to trust as adaptations to trauma; they are able to ask: *"How can services be modified to earn the trust of consumers by ensuring task clarity and consistent staff-consumer boundaries?"* (Fallot& Harris, 2006). Some of the specific questions that have emerged in these discussions are the following:

- Does the agency have clear policies and an expectation of practice that establishes the parameters of self-disclosure? (the sharing of personal information from staff to consumer)
- Are clients forced to self-disclose or are they given the option to answers questions at a later time or not at all?
- Are there clear parameters established to govern how expected or unexpected contacts outside of the professional role are to be handled?
- Does an agency or practitioner do as they say and say as they do? (How often are clients asked to "understand" forgotten appointments, calls that are not returned, excessive waiting, lost paperwork or unavailable services?)
- Does an agency or practitioner explain why you do what you do? (an aspect of true informed consent)
- Are consumers expected to keep the secrets of staff who are violating policies? (Harris & Fallot, 2001) For example: covering for the residential counselor who has visitors while on duty or being an unintended accomplice in groups that are dismissed early?
- Are alleged violations of boundaries taken seriously and investigated thoroughly?
- Do all staff (not just clinical staff) receive training on ethics, boundaries, and expected behavior?

A trauma-informed approach does not need to be an expensive, complicated process-it only needs to be one that is shaped by an understanding of the impact of trauma. Peter Rockholz, Deputy Commissioner of DMHAS, stated in an address to providers on January 26. 29007 that "*he has heard consistently from consumers that provider self-care is directly related to the level of trust and confidence consumers have in services*". Trustworthiness is one of the domains that challenges agencies and practitioners to ask tough questions and to be vigilant about expecting each person to uphold policy not only by word but also by action.

Submitted by:
Eileen M. Russo, MA, LADC
Roger Fallot, PhD

PEER SUPERVISION

Most practitioners would agree that it is critical to participate in ongoing clinical supervision when working with trauma survivors. Supervision provides professional support, guidance and a forum to identify countertransference, vicarious trauma and other issues that have the potential to impact client care. As an adjunct to formal individual supervision, some agencies and practitioners have established peer supervision groups as a way to ensure regularity of clinical supervision and foster professional support and growth. Peer supervision is often seen as less threatening or anxiety inducing than receiving supervision from the same person who completes formal performance appraisals. Some resources to explore this topic further are: www.peer-supervision.com, www.thebodyworker.com/peer_supervision.htm and www.ericdigests.org/1995-1/peer.htm - *"Peer Consultation as a Form of Supervision"*

Submitted by:
Eileen M. Russo, MA, LADC

THOUGHTS ON STAFF CARE

I have been facilitating training addressing the importance of self-care in the helping profession for several years. There has been an evolution regarding how I have come to view self-care. The latest version of this includes a "layered approach" that has resulted in the replacement of the title of self care with one that is less catchy at the moment- "Staff Care". The layered approach looks like this:

- The first layer= the staff member/practitioner as a person. This layer provides the foundation to client care. The ongoing strength of this foundation is either strengthened or weakened by ongoing attention or inattention to striving for a balanced lifestyle that is supported by the same skills and values imparted to clients.
- The second layer=the staff member/practitioner as a professional. The professional who gives and receives professional support, engages in ongoing learning activities and has a solution focused approach to workplace problems/clinical care becomes a valuable member of the treatment team.
- The third layer= the work environment itself. *Mental health and productivity in the workplace* (Kahn, Langlieb, 2003) discusses the elements of a toxic v. healthy work culture. Two of these are having the resources necessary to do the job and feeling cared about as a person by the agency/supervisor. The caution here is to refrain from attributing responsibility for employee morale and health entirely to the environment/employer. The most pleasant, supportive and resource-rich workplace will not ameliorate the destructive impact of someone in a helping role who does not have a solid foundation as described in the first layer.

Submitted by:
Eileen M. Russo, MA, LADC

EILEEN RUSSO JOINS CT WOMEN'S CONSORTIUM

Eileen Russo, MA, LADC has joined The Connecticut Women's Consortium as Director of Trauma Services. She will continue to collaborate with the Department of Mental Health and Addiction Service (DMHAS) and Roger Fallot on the Connecticut Trauma Initiative to improve trauma sensitive services across the state.

Eileen has worked in the addiction and mental health field for the past 21 years. She is a licensed addiction counselor, a certified clinical supervisor and a certified co-occurring disorder professional. Her experience includes developing and serving as the clinical director for programs that serve clients with mental health and/or substance use disorders. She has been involved with the Department of Mental Health and Addiction Services' Connecticut Trauma Initiative for the past 6 years as a clinical consultant and trainer specializing in the TARGET model protocol. She is also the trainer and consultant for the Trauma Center of Excellence and the DMHAS Trauma Expansion Initiative. Ms Russo is an adjunct faculty member for University of Bridgeport and Gateway Community College in New Haven, Connecticut.

FEATURED TRAUMA RESOURCE

INSTITUTE OF LIVING'S PROFESSIONALS PROGRAM

The Professionals' Program at The Institute of Living is unique in that it allows professionals to be evaluated and/or treated with their peers for emotional, psychiatric, and addiction recovery issues. Treatment is designed to improve interpersonal relationships, work performance, and overall functioning. The program provides opportunities for professionals to obtain treatment with fellow patients and staff members who understand the concerns they face.

Problems addressed in the Professional Program:

- depression
- alcoholism
- bipolar disorder
- bereavement
- gender issues
- stress management
- burnout
- drug dependence
- personality disorders
- life transition
- assertiveness
- marital/family issues
- licensure and legal issues

Treatment settings available in the Professionals' Program:

- intensive outpatient
- inpatient
- residential

Treatment:

Following a treatment management model, patients may continue to see their own individual psychotherapists, or develop a therapeutic relationship with one of The Institute of Living's specialists. In the Professionals' Program, treatment is largely based on group psychotherapy.

Living Arrangements:

If not living in their own homes, patients have the following options:

- Supervised and independent living in nearby Institute of Living residential programs
- Independent living in the community, located with assistance from the Professionals' Program
- Settings for clergy and settings for women's religious groups

Information and Referrals:

Lee Albert, L.C.S.W., L.A.D.C., Program Manager: (860) 545-7061

Or

The Institute of Living Assessment Center: (860) 545-7200; (800) 673-2411

Printed with Permission
The Institute of Living (Hartford, CT)
Submitted by
Richard Stillson, PhD

SUPPORT FOR PROFESSIONALS AT BLUE HILLS SUBSTANCE ABUSE SERVICES

A few years ago I was approached by colleagues at BHSAS to assist in the formation of a new support for staff. Liane Flynn, LCSW recognized and described the need for staff to process their own countertransference. We saw reactions coming up by staff to the influx of co-occurring patients with personality problems. Staff were feeling overwhelmed and at times starting to experience re-traumatization through hearing the chronic histories of survivors. The success of this intervention can be attributable to several factors. First, it was initiated by those who saw the need for it. It was not another program imposed from above. The participants were personally motivated to be involved. We also developed our own group guidelines. We developed safe parameters for the process which included who it felt safe to have in the room and who was discouraged from attending. The first month was spent reiterating and refining the boundaries and guidelines for this special group.

The group is providing an outlet for many of us to process thoughts and feelings that come up for us. When asked what the group does for her, Liane Flynn stated, " *It is a unique opportunity to talk about things which I don't feel comfortable talking about anywhere else. It provides support and validation on certain issues. It also helps me to better connect with colleagues*". For more information on the formation of a peer support group contact either Liane Flynn at (860) 293-6472 or Richard Stillson at (860) 666-7645.

Submitted by:
Richard Stillson, PhD

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.

The CT Women's Consortium
205 Whitney Avenue
New Haven, CT 06511

Nonprofit Organization
U.S. Postage Paid
New Haven, CT
Permit No. 118