

TRAUMA MATTERS

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SAFEPLACE

A TREATMENT PROGRAM FOR CO-OCCURRING SUBSTANCE ABUSE AND TRAUMA

SAFEPLACE is a treatment curriculum for individuals who are trying to cope with both substance abuse and traumatic life experiences. The connections between substance abuse and trauma are emphasized, so that treatment is integrated and concurrent. We provide a safe place, where group members can experience caring, validating professional relationships and work on serious problems. The program is a small healing community, where people learn to trust and to be respectful and responsible with each other. We provide a combination of psychotherapy, psycho-education, and recovery tools that give the best results possible. The treatment outcomes that participants make progress toward are:

- Stable recovery from substance addiction and abuse
- Relief from major trauma/PTSD symptoms
- A more healthy, satisfying, and freely chosen way of life.

The SAFEPLACE curriculum has been integrated into several of the substance abuse treatment programs at MidState Behavioral Health System in Middletown, CT. In the curriculum, we utilize a mixture of elements from the 3 trauma treatment models endorsed by the Connecticut Trauma Initiative: Julian Ford's Target model, Maxine Harris' TREM model, and Lisa Najavits' Seeking Safety model. We also incorporate approaches from other clinicians (e.g. Herman, Van der Kolk, and Miller), including methods for reprocessing the past.

Trauma: Past, Present, and Future

Dealing with the past—especially a traumatic past—is always a challenge. People vary widely in their ability to process or gain insight into past experience. Some individuals get stuck in the past in unproductive ways, while others are not able to get sufficiently into the past in a way that they can re-process or come to terms with it. We have repeatedly found that therapeutic attention needs to be given to the actual traumatic event(s) that has/have occurred and that at least some reprocessing of traumatic experience must occur. Only when clear and emotionally felt connections are made between past experience and the present, will a person become able to truly live a healthy, satisfying, and freely chosen life. Thus, our program provides a balance among past, present, and future time orientations. We talk about, but do not get stuck in, the past. We explore and re-process the past in order to bring clarity to the present and hope for the future. Many program elements focus on overcoming (or coping with) present day symptoms and dilemmas, as well as skill building to prepare for a successful future. We carefully watch for signs and symptoms of emotional flooding, dissociation, relapse, and de-compensation. We then adjust an individual's treatment accordingly.

Approach to Substance Abuse

Perceptual Control Theory, developed by Michael Gigliotti, Ph.D., is the unifying philosophy for substance abuse treatment. The three main components of PCT are emancipation, redefinition of purpose, and elimination of poverty. They are utilized because they apply so well to both addiction and trauma treatment. A number of methods are utilized to bring this philosophy to fruition. These methods emphasize robust 12-step involvement, motivational enhancement, and psycho-education, as well as cognitive, solution-focused, psychodynamic, and existential therapies. (continued on page 4)

CEDARCREST HOSPITAL TRAUMA INITIATIVE UPDATE

Cedarcrest Hospital is a 148-bed psychiatric and substance abuse facility with two sites: Cedar Ridge Mental Health Services in Newington and Blue Hills Substance Abuse Services in Hartford. The mission of Cedarcrest is to provide high quality psychiatric and substance abuse care to adults in Connecticut with priority given to those who do not have the means to obtain these services elsewhere. Cedarcrest believes in **HOPE** - Healing Opportunities for Personal Evolution. Clinical services are comprehensive and include, psychiatric, nursing, medical, psychological, social work, rehabilitative needs that are attended to by a dedicated, professional staff. Specialized units provide young adult services, Dialectic Behavior Therapy, Co-Occurring Disorders treatment and medically managed detoxification and rehabilitation from all substances.

Cedarcrest developed their own trauma initiative policy that established a commitment for both sites to deliver trauma sensitive services for all clients. This included basic trauma training for all staff and more intense training for those staff members that would be running groups with clients. Training in the "Seeking Safety" trauma model was completed in September 2002 and four gender-specific Seeking Safety trauma/PTSD groups are being conducted. The groups have been renamed "*Strength through Safety*". This model emphasizes the self-empowering nature of intervention in the acquisition of safe coping skills. Patients at Blue Hills Substance Abuse Services get screened and oriented to the groups during their stay on the Acute Unit, and upon transfer into the Intermediate Rehabilitative unit, they begin participation in either the men's or women's group. At Cedar Ridge, patients attend a hospital-wide "*Strength through Safety*" group. Staff with a wide array of skill levels and disciplines provides these interventions for clients.

As part of the Department of Mental Health and Addiction Services' trauma initiative, Cedarcrest is also engaged in weekly consultations with Dr. Martha Schmitz. During the original consultation format, meetings were being held weekly by telephone contact or in person. These consultation sessions were instrumental in building confidence and providing supervision in running the "*Strength through Safety*" groups. Topics included, dissociation, selective attention, flashbacks, grounding, self-disclosure and counter-transference.

On February 20, 2003 Dr. Martha Schmitz began providing monthly, didactic presentations on a wide array of topics related to trauma including dissociation, selective attention, flashbacks, grounding, self-disclosure and counter-transference. Cedarcrest recently invited colleagues from Capitol Region Mental Health Center and Alcohol and Drug Rehabilitation Centers in Hartford to participate in the monthly sessions. Cedarcrest serves breakfast at the monthly sessions, and everyone has benefited from constructive feedback and sharing of experiences in using the "Seeking Safety" model.

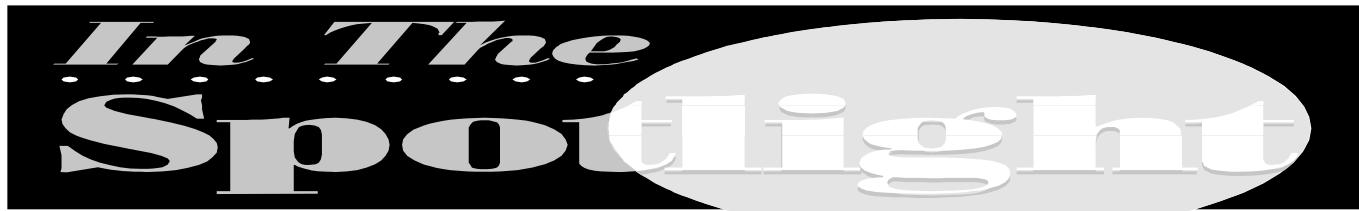
In addition to the trauma groups and consultation services, student interns in psychology and social work with guidance from some of the facilitators developed a Resource Guide to Community Services that link clients with vital services once they are discharged. This resource guide provides clients with linkages to services that include advocacy, detox facilities and programs, mental health services, domestic violence, education, basic needs, job training, legal services, parenting skills, medical/health insurance, support groups, trauma groups and spirituality throughout the state of Connecticut.

One of the Trauma Consultation Team Members at BHSAS, Liane Flynn, MSW when asked about the impact of "*Strength through Safety*" on clients, said, "*We have observed dramatic results using the Seeking Safety method. It has provided an intervention that addresses PTSD and substance abuse simultaneously. This has afforded the clients immediate observable results to their efforts and increases their sense of self-efficacy*". She quotes one of the men in the group: "*In all the times I have been in treatment, no one has ever listened to my concerns about my PTSD symptoms. They have always said I have to focus on my substance abuse first, and later I can do something about that. Later never came for me because I couldn't deal with my nightmares and flashbacks and how it all made me feel. For the first time, I feel heard. This treatment has given me hope and I plan to continue with it. I feel sure I am going to be able to do it this time. I have never felt that way before.*"

For more information on the Cedarcrest Trauma Initiative please feel free to contact either Brenda Thorington 860-666-7610 or Richard Stillson at 860-666-7645.

TRAUMA LEADERSHIP GROUP

Since January of this year, agencies that are developing trauma services have been meeting on a quarterly basis with DMHAS and the Women's Consortium to discuss clinical and administrative issues, share information, and develop ways to sustain training opportunities. Program directors/supervisors, lead staff and administrators are working together to find creative ways to integrate trauma management skill into ongoing clinical services as well as to develop trauma-specific group and individual treatments. Trauma consultants representing the three trauma models being used in Connecticut (TREM, Seeking Safety, and TARGET) have also been invited to these meetings to advise on implementation of services.



SEEKING SAFETY TRAUMA TREATMENT MODEL

"Seeking Safety" was developed by Lisa M. Najavits, PhD at Harvard Medical School/McLean Hospital beginning in 1992, under a grant from the National Institute on Drug Abuse. Seeking Safety is a present-focused therapy to help people attain safety from both trauma/posttraumatic stress disorder (PTSD) and substance abuse. Seeking Safety has been published as a treatment manual for substance abuse and PTSD (Najavits, 2002), providing both clinician guides and client handouts.

Seeking Safety has 25 topics that can be conducted in any order, and each represents a "safe coping skill" relevant to both trauma and substance abuse. They are: Introduction/Case Management, Safety, PTSD: Taking Back Your Power, When Substances Control You, Honesty, Asking for Help, Setting Boundaries in Relationships, Getting Others to Support Your Recovery, Healthy Relationships, Community Resources, Compassion, Creating Meaning, Discovery, Integrating the Split Self, Recovery Thinking, Taking Good Care of Yourself, Commitment, Respecting Your Time, Coping with Triggers, Self-Nurturing, Red and Green Flags, Detaching from Emotional Pain (Grounding) Life Choices, and Termination.

The treatment has been conducted in group and individual format; for both women and men; adults and teens; using all topics or fewer topics; in a variety of settings (e.g., outpatient, inpatient, residential); and for both substance abuse and dependence. It has also been used with people who have a trauma history, but do not meet criteria for PTSD.

The principles of Seeking Safety are:

1. Safety as the major goal throughout the treatment. This means helping clients attain safety in their relationships, thinking, behavior, and emotions.
2. Integrated treatment: working on both PTSD and substance abuse at the same time.
3. A focus on ideals to counteract the loss of ideals in both PTSD and substance abuse.
4. Four content areas: cognitive, behavioral, interpersonal, and case management.
5. Attention to clinician processes, such as helping clinicians work on counter-transference, self-care, and other issues.

A typical Seeking Safety session begins with a check-in, then an inspiring quotation (to help clients feel emotionally engaged), a focus on the topic (one of the 25 named above), and a check-out. While the sessions are structured to make good use of time, they are also highly flexible. The idea is to let clients go wherever they need to go within the materials, and to allow the clinician to guide the work. There is also strong attention to language. The goal is simple, human language that honors clients' survival. Thus, the materials use words such as "respect", "healing", and "emotional pain", and avoid jargon or scientific-sounding words. The focus throughout is how clients can cope with their present life. The idea is not to delve into the past (e.g., telling the trauma story), which may be too upsetting for clients in early recovery. Rather, the goal is to build current coping strengths. The message is that no matter what happens in life, there is a way to cope safely.

"Seeking Safety" treatment modalities have shown positive results in six studies completed so far on outpatient women (Najavits et al., 1998); women in a community dual diagnosis program (Holdcraft et al., in press); women in prison (Zlotnick et al., in press); urban low-income women (Hien et al., under review); adolescent girls (Najavits et al., under review); and men (Najavits et al., under review). Two of these, the studies of urban low-income women and of adolescent girls, were randomized controlled trials. The treatment has also been used clinically in a variety of programs around the country, including residential treatment, jail, and inpatient settings.

A website, www.seekingsafety.org, provides description of the treatment, sample chapters from the Seeking Safety book, and articles . The book "Seeking Safety: A Treatment Manual for PTSD and Substance Abuse", Guilford Press (New York) is available through the website or from booksellers.

As part of its statewide "Trauma Initiative", the Connecticut Department of Mental Health and Addiction Services (DMHAS) has provided training in the Seeking Safety model for six of its funded agencies, Cedarcrest Hospital, CT Valley Hospital Addictions Division and individuals from various other agencies. These agencies have implemented the model, are running trauma groups and in the process of receiving weekly consultation for one year. For more information on Seeking Safety please contact Lisa Najavits 617-855-2305 (info@seekingsafety.org) or Carol Huckaby 203-498-4184.

SAFEPLACE A TREATMENT PROGRAM FOR CO-OCCURRING SUBSTANCE ABUSE AND TRAUMA

(Continued from Page 1)

The Treatment Program

Prior to entering the program, each person will be given a comprehensive clinical intake, including trauma history. We carefully assess the current level of symptom control, suicide risk, motivation, preferred learning style (and obstacles to learning), and ability to benefit from the program. Psychiatric evaluation to assess the usefulness of medication is available. A specific diagnosis of PTSD is not required for admission to the program. Program participants should be abstinent from drugs and alcohol and have already had at least some introduction to substance abuse recovery. In the initial intake, participants first experience acknowledgement and validation of their trauma experience and its effects. Further acknowledgement and validation is given throughout the program, serving as an antidote to denial, estrangement and alienation from self and others, and past invalidating experiences. Trauma and substance abuse change an individual's world—his or her emotional landscape—and his or her place in it. This program helps people begin to make sense of that world, again. Treatment proceeds in 3 phases, with different goals and treatment tools being utilized in each phase. We call the 3 phases: "Establishing Safety", "Becoming More Effective", and "Connecting With Others". For more information on SAFEPLACE, contact Clifford Briggie @ 203-630-5249

Submitted by
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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 Huckabee at 203.498.4184, x25 or e-mail her at chuckaby@womensconsortium.org.