Trauma Matters

SPECIAL EDITION: 15th Anniversary Spring 2017

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

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Letter from the Editor

First, I would like to wish a very happy anniversary to the *Trauma Matters* newsletter as 2017 marks its 15th year of publication. I want to thank Colette Anderson, the executive director of The Connecticut Women's Consortium, as well as the members of the editorial board for giving me the opportunity to serve as editor of *Trauma Matters*. I am honored to follow the previous editors, Carol Huckaby and Aili Arisco, whose vision and dedication have pushed the newsletter to lead in the dissemination of innovative information on trauma and trauma-informed care. Furthermore, I express my gratitude to all those who have worked on this dynamic publication since it began in 2002 for their commitment to the trauma field.

I recently reread the first article published in *Trauma Matters*, "Why Trauma Matters ...." It caused me to think about the many changes in trauma treatment and how the world has seen trauma over the past 15 years, and yet, there is more work to be done. Citing one of America's greatest tragedies, the devastating terror attacks on the Twin Towers on September 11, 2001, the article asserts that there had never before been a time during which the subject of trauma was so relevant. Still, even now, unaddressed trauma remains one of the single greatest behavioral health obstacles. It is my hope that the continued efforts of experts in trauma-informed and gender-responsive care across the globe will inspire others to lead on innovative and dynamic trauma treatment, ultimately bringing trauma to the forefront of behavioral health care nationally.

Trauma Matters is uniquely positioned within the realm of behavioral health newsletters due to its dedication solely to trauma in its many forms. Through its ability to disseminate a variety of information on trauma and trauma-informed care in an easily digestible and brief way, thousands of readers are able to stay up-to-date on the latest in innovative, evidence-based trauma treatments as well as the effects trauma has on a variety of populations and cohorts. Should even one person change their perception of trauma or be inspired to dedicate his or her career to survivors of trauma because of *Trauma Matters*, we will have met our goal. Cheers to 15 more years!

We are seeking new Trauma Matters contributors!

Think you have a great article for publication?
Submit articles for review to:
Shannon Perkins, LMSW, at Sperkins@womensconsortium.org

Looking Back at the History of Trauma-Informed and Gender-Responsive Care in Connecticut

According to the Department of Mental Health and Addiction Services (DMHAS), trauma refers to extreme stress that overwhelms an individual's ability to cope. Traumatic experiences include violence, sexual violence, natural disasters, and verbal abuse. Psychological trauma directly influences the brain and impacts mood, memory, judgment, and relationships. Trauma can also lead to prolonged feelings of fear, helplessness, and detachment while simultaneously impacting individuals' perception of themselves, others, and the world (CT DMHAS Trauma Services Policy, 2010).

Little more than 15 years ago, providers in Connecticut and across the United States lacked comprehensive awareness of the effects of trauma on individuals. However, Connecticut has become a driving force in evidence-based trauma treatment as well as trauma-informed and gender-responsive systems of care. Together, The Connecticut Women's Consortium (CWC) and DMHAS have provided thousands of behavioral health clinicians with trainings on trauma-specific services and trauma-informed and gender-responsive care, resulting in changes in client treatment and increased recognition that the majority of those seeking behavioral health services have experienced trauma. Regular trainings on staff care and vicarious traumatization have improved staff well-being and therefore client outcomes as well.

Next Steps

The CWC and DMHAS continue to work in partnership to further promote a recovery-oriented system of behavioral health care that is trauma-informed and gender-responsive. Currently, Trauma and Gender Practice Improvement Collaborative (TAG Initiative) Guide team meetings are held monthly and open to all TAG Initiative agencies. However, to continue our work in trauma-informed and gender-responsive system-wide care, the CWC and DMHAS are looking to move to a regional trauma collaborative model. This new model will allow each region of the state to work together toward becoming trauma-informed and gender-responsive while developing sustainable practices that work for them. Quarterly meetings for the TAG Initiative will continue to focus on the clinical aspects of trauma-informed and gender-responsive care. The Women's Services Practice Improvement Collaborative (WSPIC), which follows a similar format to the TAG Initiative, continues to meet quarterly and inform care being provided to women and their children across the state.

What Is the Trauma and Gender Initiative?

The TAG Initiative is a collaboration between DMHAS, the CWC, and behavioral health providers. It aims to promote trauma-informed, gender-responsive behavioral health care throughout Connecticut by providing best practices, recommendations, tools, and trainings. Due to their success, many of the trauma-specific and gender-specific models included in the TAG Initiative have become part of the biannual training catalog produced by the CWC.

Training and consultation for the TAG Initiative have had a variety of goals over the years:

1. to develop policies, procedures, programs, and services that support a gender-responsive, trauma-informed approach to care
2. to provide at a minimum introductory training on the principles and practice of gender-responsive services for men and women
3. to provide at a minimum introductory training on *Understanding Trauma and Gender* and *Staff Care/ Support*
4. to develop supervision competencies related to trauma and gender
5. to provide ongoing consultation and technical assistance to implement agency-wide culture change

Through a request for proposals process, several agencies were selected by leaders in the TAG Initiative and assigned to a cohort to complete the 2-years of intensive training in trauma-informed and gender-responsive services and the importance of staff care. A consumer development component has always been included in the process through anonymous surveys, focus groups, and peer walk throughs organized by Linda Lentini of Advocacy Unlimited. This initiative also involves an evaluation component that includes qualitative and quantitative data-gathering through surveys and focus groups with agency staff and consumers. The trainers and consultants chosen for the initiative over the years are Roger D. Fallot, PhD; Stephanie Covington, PhD, LCSW; Eileen M. Russo, MA, LADC; David Howe, LCSW; and Steve Bistran, MA. Together, this remarkable group brings their expertise in trauma, substance use and mental health disorders, holistic modalities, incarceration and community reintegration, and gender-responsivity.

Additionally, this October, the CWC will be wrapping up a 3-year Criminal Justice Trauma and Gender (CJ TAG) Initiative made possible through the Greater New Haven Community Foundation's Responsive Grant. The initiative followed a similar model to the original TAG Initiative but focused on agencies working with individuals re-entering the community following incarceration. With the criminal justice agencies included, more than 30 agencies across Connecticut have become trauma-informed and gender-responsive through the TAG Initiative over the years. The commitment of the CWC and DMHAS to provide quality services and to maximize recovery throughout the state for men and women who have been exposed to traumatic stress is evident in the success of the past 15 years.

Submitted by Kathleen Callahan, BA, and Shannon Perkins, LMSW

This article was originally published in 2010 and has since been adapted. To access the original: http://media.wix.com/ugd/8d6d78_ac0dd465e33b4e2c9d13a5b4ab562f22.pdf

Connecticut becomes Trauma-Informed & Gender-Responsive: A Timeline of Progress

On the heels of the 15th anniversary of Trauma Matters, we want to acknowledge the immense progress Connecticut has made in ensuring the delivery of behavioral health care that is responsive to the needs of those who have experienced trauma. We present this timeline to give existing friends and new supporters an overview of this progress.

Acronym KEY:

CWC - The Connecticut Women's Consortium
DMHAS - Department of Mental Health and Addiction Services
TAG - Trauma-Informed and Gender-Responsive
TARGET - Trauma Affect Regulation: Guide for Education and Therapy
TREM - Trauma Recovery and Empowerment Model
WCMHN - Western CT Mental Health Network
WSPIC - Women's Services Practice Improvement Collaborative

2000-2001

Trauma Advisory Committee and Trauma Council are established as forums of communication between state agencies, the public, and survivors of trauma

DMHAS creates draft of trauma-sensitive services policy

DMHAS and UConn Health conduct an interview assessment of community mental healthcare use; study results are used to determine trauma treatment model criteria selection

Two agencies selected to pilot TARGET, a new trauma treatment model: Rushford & Morris Foundation, Inc. treatment model

2002-2005

1st Trauma Services Directory is created

Trauma Advisory Committee establishes selection criteria for trauma treatment models & 3 treatment models are selected for training:
1. TARGET
2. TREM
3. Seeking Safety

1st Trauma Matters newsletter is published (a collaboration between the CWC and DMHAS)

1st Trauma Center of Excellence selected: WCMHN, Torrington area

DMHAS funded agencies begin receving training on trauma, staff care, supervision, and supervisory competencies

2006-2007

WCMHN (Danbury & Waterbury) receive training on trauma, staff care, supervision, and supervisory competencies

Trauma Advisory Committee becomes Trauma Guide Team, which disseminates lessons from the Trauma Center of Excellence statewide

WSPIC begins meeting monthly

Trauma-informed care training expands to additional agencies: Birmingham Group Health Services & Community Prevention, Addiction Services, Capital Region Mental Health Center, & Blue Hills Substance Abuse Services

2008-2010

The trauma training initiative is adapted to include gender-responsive care, now called the Trauma and Gender Practice Improvement Collaborative (TAG Initiative)

Additional agencies selected for TAG Initiative: Catholic Charities/Archdiocese of Hartford, Morris Foundation/ Wellmore Behavioral Health, APT Residential Services, Crossroads, and Alcohol and Drug Recovery Centers

Draft policy on trauma is re-written and becomes CT's 1st trauma services policy

2011-2013

1st quarter of data on statewide trauma services concludes: 36 groups, 692 clients served in groups, 211 individual clients in treatment

TAG Guide team began monthly meeting schedule

WSPIC adopts Trauma Quarterly format, meeting 4 times annually

Trauma Services Directory expands and becomes a web-based tool (found at www.womensconsortium.org)

Additional agencies selected for TAG Initiative: Wheeler Clinic, Recovery Network of Programs, Intercommunity, Community Health Resources, and Reliance House

2014

CWC and MSW Program at Quinnipiac University (QU) host Jackson Katz, an internationally acclaimed theorist on gender violence, who presents "More than a Few Good Men: A Lecture on American Manhood and Violence Against Women"

Additional agencies selected for TAG Initiative: Columbus House, CT Mental Health Center, CT Valley Hospital, and Mental Health CT

Criminal Justice (CJ) TAG Initiative kicks off with Easter Seals Goodwill Industries and The Connection, Inc.

2015-2016

Additional agencies selected for TAG Initiative: CT Mental Health Affiliates, Central Naugatuck Valley Help, Coram Deo, and Southwest CT Mental Health System

CWC and MSW program at QU host "The Relationship of Adverse Childhood Experiences to Adult Well-being, Disease, and Premature Death" with Dr. Vincent Felitti, pioneer of the Adverse Childhood Experiences Study

CT Statewide Behavioral Health Integrative Medicine Collaborative presented the 1st annual Holistic Healing & Recovery through Integrative Medicine Conference

CJ TAG adds Family ReEntry and Career Resources, Inc.

2017

Trauma Matters celebrates 15th anniversary!

The TAG Initiative moves towards a new regional collaborative model

CWC seeks funding from community foundations to continue TAG Initiaitve in non-profit agencies statewide

CWC to host the bi-annual Covington Curriculum Conference, a trauma-informed & gender-responsive curriculum conference, in Groton, CT in June

WSPIC and Trauma Quarterly continue to meet 4 times annually. Both collaboratives provide updates on state initiatives and offer engaging presentations by experts in the field of behavioral health. For more information visit womensconsortium.org

A Word from the Derpartment of Children and Families (DCF)

Over the last decade, Connecticut has made significant investments in developing a trauma-informed system—applying a strategic and integrated approach to advancing positive outcomes for children, youth, and families. DCF joined with several key stakeholders including the Child Health and Development Institute and Yale, to advance these efforts, leading to the creation of a policy review process resulting in trauma-informed policies, trauma screens used across service systems, widespread workforce trauma training, and the dissemination of trauma-focused evidence-based practices (EBPs).

To effectively support and treat children exposed to trauma, professionals must be aware of its prevalence and impact. DCF uses the National Child Traumatic Stress Network's (NCTSN) Child Welfare Trauma Training Toolkit to train the child welfare workforce. The 5-year federal Connecticut Collaborative on Effective Practices for Trauma grant built on earlier work and supported the development of the Connecticut Trauma Screen that is used across systems to quickly and effectively identify children who may be suffering from exposure to trauma. Administering trauma-exposure screenings is now routine practice for most DCF-contracted behavioral health programs. Widespread screening, workforce training, and the dissemination of a continuum of EBP models has resulted in thousands of children receiving trauma-focused evidence-based treatment.

Submitted by Kristina Stevens, LCSW, Department of Children and Families

Submitted by Kathleen Callahan, BA, and Shannon Perkins, LMSW
This article was originally published in 2011 and has since been adapted. Access the original timeline here: http://media.wix.com/ugd/8d6d78_5900ec82b6904c199e4c0d9240c12287.pdf

A Word from the Department of Mental Health and Addiction Services

For the past 15 years, *Trauma Matters* has been an important informational resource for the provider community on issues related to gender and trauma. Many individuals who are living with mental illness or substance use disorders have experienced life circumstances that have exposed them to trauma, making trauma-informed care and trauma-specific treatment vital components of recovery. *Trauma Matters* is a professional vehicle for dissemination of information on best practices and relevant research, and it includes content from national and international experts. Collaborative efforts, such as the publication of *Trauma Matters*, promote professional development and foster a learning environment statewide. I appreciate the ongoing work of the contributors to the newsletter and thank the entire provider community for their dedication and commitment to professional development and to the provision of trauma-informed care and trauma-specific treatment. Here's to another 15 years!

Submitted by: Miriam Delphin-Rittmon, PhD
Commissioner, Department of Mental Health and Addiction Services

Ask the Experts: A Conversation with Stephanie Covington, PhD

Stephanie is the author of several trauma-informed and gender-responsive group curriculums. To learn more visit: www.CovingtonConference.com



1.How did you first get into trauma-informed and gender-responsive work? How has your work shifted since you entered the field?

I began my career as a clinician, specializing in working with women with addictive disorders. My dissertation was a comparison study of alcoholic and non-alcoholic women, with questions about their histories of trauma. It became very clear from both my research and my clinical work that trauma was a serious issue in women's lives, whether it resulted from physical, sexual, verbal, or emotional abuse or from experiencing or witnessing some other serious threat or injury. In the early 1980s I provided workshops and training on the importance of trauma in women's recovery. However, many people in the substance abuse field were unwilling to acknowledge the role that trauma played in women's addictions. Today, dealing with trauma in women's lives is a well-known factor in helping them to sustain their recovery. We also now acknowledge the importance of providing both gender-responsive and trauma-informed services for men. I have always said that if we could develop comprehensive and robust services for women, it would effect services for men. And it has.

2. What has been your most significant revelation in working with trauma?

There are multiple things: the pervasiveness of abuse and trauma in people's lives; variations in both risk and response among males and females; and the capacity to build resilience and heal. For example, although both young boys and girls are at risk for sexual, physical, and/or emotional abuse from family members and others known to them, this changes over the life span. In their teenage years, boys are at greater risk for abuse if they are young men of color or gay or gang members. Their risk comes from those who dislike them – their peers and/or the police. An adolescent girl's greatest risk still comes from her relationships -- from people who say they love her. In adult life, a man's greatest risk is from a crime committed by a stranger, while a woman's greatest risk is still from one of her relationships. Gender has a role in risk and also in response to trauma. Women tend to internalize the pain of trauma, and men to externalize it – to lash out. In addition, although I consider trauma to be a deep and serious wound, I am always amazed by the capacity of people heal from their wounds and grow **beyond the trauma.**

3. How would you say trauma-informed and gender-responsive work has changed across your career?

At the beginning of my career, we did not have those terms. Years ago, my colleague Barbara Bloom and I co-chaired a workgroup at a women's conference in which we all collaborated to describe the characteristics of what it meant to be "gender-responsive." From that, we crafted a definition: Creating an environment through site selection, staff selection, program development, content, and material that reflects an understanding of the lives of women and girls (or men and boys) and responds to their strengths and challenges. Today "gender-responsive" is common language in both community and criminal justice settings. The concept of being "trauma-informed" also has been embraced over the years, in part because of the work of Sandra Bloom, M.D.; Roger Fallot, Ph.D.; and Maxine Harris, Ph.D. People now understand that there are physiological and psychological reactions to trauma and that serious adverse or traumatic experiences often play an unrecognized role in subsequent physical and mental health problems (referred to as co-occurring disorders).

4. What would you say is the most important learning for trauma-focused clinicians?

I think it is time for behavioral health and primary care professionals to acknowledge that violence, adversity, and trauma are widespread public health problems. We can no longer treat these things as solely individual issues for some of our clients/patients. As with other public health issues, there are three levels of intervention: primary, secondary, and tertiary. Becoming trauma informed is primary; it is the fundamental knowledge base needed by everyone in our communities, as well as service providers. This includes understanding the effects of trauma (whatever the cause) on our society as well as on individuals and how both communities and individuals may behave in response to trauma. Second, it is essential to be trauma-responsive: to take what we know about trauma and adversity and to apply it to creating safe, supportive, and empowering environments (both physical and emotional) for clients and staff members. This means having policies and practices in place to minimize damage and maximize opportunity for human growth and development in service delivery and programs. Many people who seek help are re-traumatized by the policies and practices of the systems or agencies where they are seeking help. The third level of intervention is to provide trauma-specific services designed to address violence and trauma and the related symptoms and to facilitate healing and recovery. There are specific approaches and techniques that can best help people to understand the effects of trauma on their lives and help them to recover. The research-based programs for women, girls, and men that I have written are designed to help clients, service providers, and communities understand the pervasiveness of violence and other sources of trauma in society and the approaches that I believe will help people to heal.

Featured Resource:

A Woman's Way through the Twelve Steps by Stephanie Covington, PhD

A Woman's Way through the Twelve Steps is a comprehensive, integrated treatment program for women in residential and outpatient treatment programs, as well as mental health and criminal justice settings. This program is vailable in four components: paperback book, facilitator's guide, workbook, and program DVD. Each component may standalone; however, it is recommended all four components be used together to see the best results. The book is a compilation of stories from real women highlighting how women understand the Twelve Steps of Alcoholics Anonymous, how they traveled through the steps, and what did and didn't work for them. Through addressing the specific issues women face when moving through the Twelve Steps *A Woman's Way through the Twelve Steps* empowers women to own their recovery in a way that is unique to them. For more information on *A Woman's Way through the Twelve Steps* please visit www.stephaniecovington.com. This June at the 2017 Covington Curriculum Conference, the Connecticut Women's Consortium is hosting *A Women's Way through the Twelve Steps* event followed by a book signing; the event is free and open to the public. For more information and to register please visit: www.covingtonconference.com.

Submitted by Shannon Perkins, LMSW

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