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RECOVERY TIMES

Healthy People, Healthy Communities. Let's Make It Happen!
State of Connecticut Department of Mental Health and Addiction Services
Thomas A. Kirk, Jr., Ph.D., Commissioner

Emphasis On: Gender and/or Trauma-Informed Services/Approaches

**NEW FUNDS TO DIVERT VETERANS
WITH POST-TRAUMATIC STRESS
DISORDERS (PTSD) FROM
JAILS/PRISONS**

DMHAS has received a \$2 million federal grant to divert veterans with PTSD from the criminal justice system into specialized trauma treatment and recovery services. The new program will be implemented at DMHAS' Southeastern Mental Health Authority, serving Norwich and surrounding communities. SMHA plans to build upon its existing Jail Diversion and Crisis Intervention Teams. Using the grant funds, SMHA will screen, divert whenever possible, and treat veterans with PTSD and other trauma-related disorders who become involved in the criminal justice system after committing minor crimes.

The *CT Diversion/Trauma Recovery Program for Veterans* is a partnership among the DMHAS, the Departments of Veteran Affairs (DVA), Correction (DOC), Social Services (DSS), and the Judicial Branch, and the Veteran CT Healthcare System. The grant funds were awarded by the federal Center for Mental Health Services (CMHS) and will cover a five-year project period.

For more information, contact Jim.Tackett@po.state.ct.us or 860-418-6779.

**NATIONAL TREATMENT STANDARDS
FOR WOMEN WITH SUBSTANCE USE
DISORDERS**

Research clearly demonstrates that women face unique barriers to treatment as compared with men (Bloom, Owen, & Covington, 2004; Brady & Ashley, 2005; Greenfield, 2006). Women face both personal and system barriers that keep them from treatment. Personal barriers that women

face include, but are not limited to, fear of reprisal from significant others and family members, fear of not being able to care for children or the loss of custody, fear about confidentiality and the fear of making life changes. Women face systemic barriers such as lack of money or insurance, lack of linguistic/culturally accessible services, waiting lists, lack of treatment for pregnant women, absence of child care, lack of transportation, inability to find sustaining employment and need for time to address demands of other systems, such as child welfare and Temporary Aid for Needy Families (TANF) requirements.

The National Association of State Alcohol/Drug Abuse Directors (NASADAD) partnered with Federal and State stakeholders to develop treatment standards for women with substance use disorders (SUDs). As a result, *Guidance to States: Treatment Standards for Women with Substance Use Disorder* was recently published. This document's primary objective is to help States in creating their own treatment standards for women with SUDs.

The recommendations and sample standards that make up the bulk of this document are based on research, expert input and standards that have been adopted by various States. Connecticut has been recognized as a model state for development of its own guidelines and for its collaborative approach in achieving desired outcomes. The document, as a resource tool, addresses the delivery of a continuum of services to meet the unique needs and barriers to treatment for women with SUDs. These guidelines are meant to assist States in moving towards a vision that all women receive individualized, high-quality, evidence-based

treatment for SUDs that also cultivates the healthy development of children and families.

The document provides guidance to States on appropriate policy options to implement standards and how to build on their State's strengths to improve women's services. The standards included in this guidance document address the full continuum of treatment services, including clinical treatment, clinical and community supports. The guidance standards seek to address the multiple needs and pathways to recovery for women and recommend that the services provided be culturally fluent, woman specific and family centered. These standards recommend treatment methods that are individualized, nonjudgmental, trauma sensitive, respectful and based on an individual's unique strengths as well as her needs, preferences, experiences and age. Finally, these standards consider the special (internal and external) barriers that women face when seeking treatment for SUDs.

For more information, contact Valerie.Leal@po.state.ct.us or 860-418-6802.

TRAUMA PRACTICE ENHANCEMENT INITIATIVE

In partnership with the CT Women's Consortium, DMHAS recently released a Request for Qualifications (RFQ) inviting agencies the opportunity to participate in DMHAS' Trauma Practice Enhancement Initiative. This initiative will offer training and consultation services to agencies within the DMHAS behavioral health care network serving both men and women with co-occurring substance use, mental health, post-traumatic stress disorder (PTSD) and other long term effects of trauma.

Many adults seeking behavioral health care, whether for mental health or addictions, are highly likely to be survivors of childhood sexual abuse, domestic or community violence or combat-related violence. The prevalence across age, gender, race and social economic status is 60% of all adults (Kessler, et al., 1995) and 50% of all children (Boney, McCoy & Finkelhor, 1995) in the US. For persons in recovery, research indicates that among those with chronic

mental illness, 99% report a history of trauma with 43% diagnosed with PTSD (Mueser, et al, 1998). Among individuals in addiction recovery, 90% report traumatic histories.

This initiative is designed as a learning laboratory to help agencies enhance policies, procedures, assessment, care planning and interventions for people they serve. This opportunity is being offered to the DMHAS system-of-care mental health and addiction treatment providers who, independently or as part of a consortium, employ approximately fifty (50) or more individuals and are committed to enhancing services for men and women who have survived psychological trauma.

An information meeting was held with positive indications that many organizations will be applying to participate.

For more information, contact Valerie.Leal@po.state.ct.us or 860-418-6802.

TRAUMA RECOVERY & EMPOWERMENT (TREM)

-DMHAS' Southwest CT Mental Health System (SWCMHS). Research suggests that between 51% and 98% of individuals served in the public sector mental health system have lifetime traumatic experiences. In addition to mental health consequences, recent research known as the ACE Study (for Adverse Childhood Experiences) has demonstrated a strong relationship between adverse childhood experiences and a variety of adult physical health problems. Such research makes clear the importance that public mental health systems must place on identifying and helping people address the consequences of trauma, especially trauma that occurs during early childhood. SWCMHS has a long tradition of recognizing the relevance of trauma in the lives of individuals served.

More recently, SWCMHS staff was trained in TREM, a 30-session group treatment developed specifically for women with severe and persistent mental illness served by the public sector. TREM has been a meaningful and powerful experience, for both participants and group leaders. The Hispanic Team at the Greater Bridgeport Community Mental Health Center

(GBCMHC) has offered TREM in Spanish, providing women an opportunity to explore the psychological impact of trauma in their lives. The F.S. DuBois Center in Stamford offered TREM for women in English. For many women this group was the first time many of these women acknowledged their histories of trauma to anyone, including their clinicians.

Trauma-informed care thus involves both specific interventions, and an overall re-orientation to how clinicians conceive their role. A trauma-informed system of care embraces the fundamental idea of recovery. The task of providers is to create a flexible, safe, and empathic environment that maximizes individuals served and staff's capacities to collaborate in a continuously engaged state.

For more information on the above, contact Ellen.Nasper@po.state.ct.us or 203-551-7519. For more information on SWCMHS, contact James.Pisciotta@po.state.ct.us or 203-579-7368.

-DMHAS' Southeastern Mental Health Authority (SMHA). SMHA is currently developing and implementing trauma specific treatment and the more comprehensive framework referred to as trauma-informed care. One way SMHA is moving toward a trauma informed environment of care is making changes to the biopsychosocial assessment which is completed within 30 days of an individual's admission. Trauma-informed care suggests that providers build a relationship with an individual prior to asking about trauma history. Therefore, a more sensitive trauma screen that elicits information about an individual's current experience of trauma symptomatology rather than about the traumatic experience(s) is being incorporated. SMHA will continue to evaluate its services for compliance with a trauma sensitive framework as it strives to continue offering high quality, individualized services that foster alliances among individuals served and providers.

SMHA is providing trauma specific treatment utilizing the TREM model. In winter 2007, several clinical staff participated in the M-TREM (Men's Trauma Empowerment and Recovery) training and several more are slated

for the December 2008 M-TREM training. An M-TREM group was recently completed. Consistent client feedback indicated that they found the material meaningful and very applicable in their lives. More follow up is planned. Several clinical staff and clinical leaders participated in TREM training in March 2008 and a women's TREM group will be starting at SMHA this month.

For more information, contact Lori.Orend@po.state.ct.us or 860-859-4760.

NEXT STEPS TARGET GROUP: PROCESS PAINTING

In the spring of 2006, in keeping with its name, the "Next Steps" TARGET group at DMHAS' Western CT Mental Health Network (WCMHN), Torrington area agreed to incorporate "Process Painting," an innovative alternative to traditional trauma treatment, into its modules. "Process Painting" has been called the visual equivalent of journal writing. The source, however, is not the mind but the creative and healing stream that lies within each individual. WCMHN was introduced to "Process Painting" in 2004 and found that it provided a simple, yet powerfully restorative experience in keeping with the Recovery model and the five domains of the Trauma initiative.

The TARGET group facilitators had been following the work of Bessel van der Kolk and were interested in providing an innovative modality that addressed the need for less talk and more action. Van der Kolk states, "Fundamentally, words can't integrate the disorganized sensations and action patterns that form the core imprint of the trauma." Treatment needs to integrate the sensations and actions that have become stuck, so that people can regain a sense of familiarity and efficacy in their "organism."

The group had been meeting together for several years, initially in TARGET 9, then in TARGET 26 for two or more sessions. When the formal TARGET modules were completed the women requested that a new group be formed because they wanted a forum to continue to use and develop their skills and strengthen the relationships they had formed with each other.

The group has participated in 3 eight-week sessions so far and will begin a fourth in mid September. A participant of the last three sessions shared, “My paintings became more expressive, each one was like a study of change. I feel process painting has helped me express myself better in relationships. I’m more imaginative, it woke me up to a different place, a different level of awareness about myself and my life.” Another participant stated, “I see myself differently now, I see more hope instead of all gloom and doom. I didn’t realize there was a glimmer of hope and process painting brought it out in me.”

For more information on the above, contact Catherine.Marzullo@po.state.ct.us/860-496-3765. For information on WCMHN, contact Colette.Anderson@po.state.ct.us /203-805-6400.

PILOTING GENDER RESPONSIVE TREATMENT GUIDELINES

DMHAS’ Western CT Mental Health Network (WCMHN) and Morris Foundation have agreed to pilot treatment guidelines developed by the Women’s Services Practice Improvement Collaborative. These guidelines “Gender Responsive Treatment of Women with Substance Use Disorders” present a series of guidelines to insure responsiveness to the particular characteristics and needs of women in treatment programs at all levels of care.

These guidelines are being piloted in two co-ed outpatient settings: One is a primary substance abuse provider (Morris Foundation) and one is a primary mental health provider (WCMHN). Both agencies held focus groups to decide on which elements to work on in the pilot and are developing action plans in the following areas:

1. Capacity to include and welcome children throughout the assessment process.
2. Programs to maintain preserve or re-build the woman’s relationship to her/his child(ren), and/or family being sensitive to the person’s choice.
3. Develop Gender-Specific Physical Health Screening in behavioral health settings.
4. Establish training for both agencies to increase staff’s understanding about the

psychological and emotional differences and similarities between men and women.

WCMHN & Morris Foundation continue to report on this pilot to the Women’s Services Practice Improvement Collaborative Guideteam.

For more information, contact Colette.Anderson@po.state.ct.us/203-805-6400 or Joan Pesce at jpesce@morris4change.org or 203-755-1143 Ext. 312.

WOMEN’S SERVICES PRACTICE IMPROVEMENT COLLABORATIVE (WSPIC)

WSPIC’s Best Practices Committee has been reconvened and has named Mary Painter, LCSW, Clinical Director of ADRC as Chairperson, and Nancy Legow, Ph.D of Family Services Agency as Co-chairperson. It was recommended that more providers and consumers/individuals in recovery be added to the Committee. Invitations to those recommended for future participation were sent after that meeting was held.

Felicia Griffin-Fennel, Ph.D., reported that the Technical Assistance (TA) project being conducted through DMHAS’ Research Unit at DMHAS, under Linda Frisman, Ph.D., was well underway. Michelle Williams, Ph.D., Director of Clinical Training and Stephanie Milan, Ph.D., Research/Teaching and Clinical Supervision at UCONN School of Social Work conducted 5 site visits as of the date of this meeting and will have met with all the providers by the end of August. The consultants reported that they had observed a significant amount of variability in terms of treatment approach throughout all the programs. Many positive elements in terms of gender-responsive programming had been observed. TA/training for supervisors is scheduled to be held on September 29th for the Women’s Specialty programs to demonstrate gender-responsive techniques within the treatment environment and to assist clinicians in their role as supervisors.

The following workgroups designed to address various issues related to implementing the Gender Responsive Treatment Guidelines were formed: 1) Child Care; and 2) Data.

Also, at the August 18th meeting, Advanced Behavioral Health (ABH) presented the following data:

- Data of the WSPIC Surveys which included in-take data, 30 and 90 days post discharge for FY 2007/2008;
- Utilization Management data for the Women and Children's Residential Programs for FY 2007/2008;
- 30-day post discharge survey data for the Women and Children's Residential programs FY 2007/2008; and
- Connect-to-care and readmission data for the Women and Children's Residential programs for calendar years 2005–2007.

At the September Best Practices meeting, it was agreed that the Committee would focus on strategic planning efforts by using the national document, *Guidance to States: Treatment Standards for Women with Substance Use*

Disorders as a base and determine what we need to focus on in Connecticut as we continue to improve practice efforts for women. The document covers many of the same areas that CT's Gender Responsive Treatment Guidelines cover, from Outreach and Engagement to Recovery and Community Support Services. Since there are 25 separate elements to be reviewed, Alison Johnson, consultant to the CT Women's Consortium will develop a survey to send to Committee members for them to select one or more elements to review and comment on. On November 13th a Strategic Planning Retreat will be held to develop a Strategic Plan outlining the goals and objectives as it relates to gender-responsive practice improvement efforts for FY 2008/09.

For more information, contact Terry.Nowakowski@po.state.ct.us or 860-418-6774.