ICF MACRO
R2R 2011 TRAUMA SHOW

(Music) The Substance Abuse and Mental Health Services Administration presents the Road to Recovery. This programming aims to raise awareness about substance use and mental health problems, highlight the effectiveness of treatment and that people can and do recover. Today's program is: Trauma and Justice: Treatment and Recovery Through the Delivery of Behavioral Health Services

Torres: Hello, I'm Ivette Torres, and welcome to another edition of the *Road to Recovery*. Today we'll be talking about trauma and justice issues and the delivery of services through behavioral health settings. Joining us in our panel today are Dr. Joan Gillece, project director and principle trainer, SAMHSA National Center for Trauma-Informed Care, Rockville, MD; Tonier Cain, team leader and director of peer/consumer involvement, SAMHSA Promoting Alternatives to Seclusion and Restraint through Trauma-Informed Practice, Rockville, MD; Dr. H. Westley Clark, director, Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, Rockville, MD; Dr. Maxine Harris, CEO and co-founder, Community Connections, Washington, DC. Dr. Clark, what is trauma and how do we define trauma?

Clark: The definition of trauma is a little ambiguous, but it's tied to specific adverse events that a person may

experience or a community may experience, including disasters, physical or sexual abuse, or witnessing the above-mentioned incidents of that nature. It could be psychological as well as physical, and there are a wide range of issues associated with the definition.

Torres: Dr. Gillece, basically how is trauma closely tied with substance use and mental health issues?

Gillece: Well, we believe that symptoms are adaptations and frequently the way people cope with their trauma is through using. It's oftentimes through self-inflicted violence. It's oftentimes with other self-protective issues that people are involved in to protect themselves against the trauma. In mental health we see a lot of diagnoses that are actually trauma related. Clearly the posttraumatic stress disorder is one, but a lot of affective disorders are oftentimes really trauma based. A lot of the issues with people with the Axis II or the personality disorders, the people that are labeled borderline personality, we oftentimes see a untreated early experience of physical, sexual abuse, abandonment, neglect, or the witnessing of violence.

Torres: Ms. Cain, you're working now as a peer-to-peer counselor in our center. Talk to us about, what was your initial experience with trauma?

Cain: Well, all of my life I've been traumatized. I grew up in a household where I was sexually abused by men in the community that used to visit my mother. And I think I really vivid, a lot of the flashbacks at age 9, I'm pretty, probably happened earlier, but a lot of that comes from age 9 is when I realized that, oh my goodness this is not how it's supposed to be, and I started drinking as a result because I couldn't cope with it.

Torres: At that early age?

Cain: At age 9, I drank every day. At age 9 because it helped me to numb out what was going on in my life. So, after being in a household of sexual, verbal, and physical abuse, I ended up in foster care and then placed with a family member, only for my mother to come back to get me and to be exposed to even more trauma. Married at a very young age who my husband beat me and verbally, physically, horrible, horrible abuser. And so the cycle just continued, and at around age 19 because I created a belief system—I am nothing I'll never amount to anything because I thought that these things were supposed to happen to me. So, when

someone came to me at age 19 and said "try this," it was crack cocaine; it was the answer to all of my problems. I never had to feel anything ever again. I could just numb out. So, my trauma started very early, and it continued through the system only to be put into services where I was being retraumatized by those that were providing services for me.

Torres: And Dr. Harris, is that typical? Is that a typical scenario of some of the folks that experience trauma?

Harris: Well, I think what happens is that trauma breaks out of the normal expected life trajectory, and you're kind of going along and you don't expect the men who come to your house to rape you. You don't expect your mother to go out on a drunk binge and leave you alone. What you think is "normal life" just doesn't happen to you. So you adapt. And you adapt by drinking. You adapt by getting into relationships that may be destructive. You adapt by finding some way to physically or psychologically run away.

Torres: And Dr. Clark, I suspect that because of this dynamic there are an awful lot of people that end up in our jail systems, that end up in our justice system. Is that correct?

Clark: That is true. There are a lot of people as a result, as Miss Cain indicated. You start using drugs that are

illegal, and as a result of that you wind up getting arrested, and as a result of that you wind up in jail and then, depending upon the situation, as a result of using drugs you may become violent and you wind up in jail because of that situation, or as a result of numbing out you wind up engaging in "illegal acts" and you wind up in jail. So, a large number of people who are in jail or in prison are there for possession of drugs or for criminal acts associated with drug use and drug abuse. And that is one of the concerns that we have, particularly when many of these individuals have previously been traumatized.

Torres: Dr. Gillece?

Gillece: I think it's just overwhelming, the number of individuals that are traumatized in these systems. And what we're trying to do is to really develop programs where we start to address what happened to you versus what's wrong, so we can start to kind of chisel away at what happened so we can start to build people back up with strength-based kind of programming.

Torres: And, when we come back, I really want to focus more on children, youth, and families in trauma. We'll be right back.

Male VO: For more information on ***National Recovery Month***, to find out how to get involved or to locate an event near you, visit the ***Recovery Month*** Web site at recoverymonth.gov.

Male VO: Maxine Harris Ph. D., CEO of Community Connections in Washington, D.C., Talks about her organization and the population they serve.

Harris: Community Connections is the largest not-for-profit mental health agency in the District of Columbia. We serve probably about 3,500 women, children, and men who are frequently dually diagnosed, have histories of homelessness, and have histories of traumatic victimization.

Male VO: Renee Robertson, Project Director for the Sisters Empowering Sisters Program at Community Connections, talks about the mission of the Organization.

Robertson: The mission of Community Connections, first of all, is mental health, making everybody whole, of the people who have suffered from trauma, people who have substance abuse to give you the tools to be able to manage your mental health and issues and your trauma issues such as PTSD, to

make you to be able to function on the outside in public despite what things have happened to you.

Male VO: Maxine Harris continues.

Harris: Being able to feel heard and understood is something that restores hope to people. The future can be different.

Torres: Dr. Harris, let's focus a little bit on issues of trauma for children and youth. You've worked with families, you've worked with children and youth. What has been the typical experience within your center?

Harris: One of the things that's very interesting is, we see about 500 children a year and almost every child we see has a mother who is also in services, a mother who has been abused, who has been diagnosed with mental illness, or who is currently abusing substances. So, our children are at least second-generation, sometimes third-generation trauma survivors.

Torres: And that's called generational trauma, correct?

Harris: It is a transgenerational phenomena where the traumatic experience is tragically passed from one generation to another, sometimes because mothers who themselves have been

victimized do not know how to protect their sons and daughters from the same victimization that befell them.

Torres: And Dr. Clark, let's get into the issue of race and ethnicity. This has happened more poignantly within the Native American and African American communities in terms of the same phenomena.

Clark: Well, I think trauma happens in every community. We want to make that clear. Now, with regard to the Native American community, you've got the concomitant issue of historic trauma, the similar phenomenon in the African American community. And that gives us intergenerational phenomena where you've got abuse, you've got sexual abuse, etc., but the American Indian and Alaska Native communities point to historical trauma as something that needs to be addressed. And, without addressing it, then you wind up essentially blaming the whole community for some of the consequences but, in fact, the community wants to deal with violence against women, incest, these transgenerational traumatic experiences that almost guarantee the next generation is going to have similar experiences.

Torres: You've got children, Miss Cain, and have they received treatment with you in terms of working out some of the issues that you've experienced?

Cain: I have five kids. Four of my kids were taken away from me because of the way that I dealt with my trauma, the substance abuse, the convictions, and all the things that were just symptoms of my trauma, the homelessness of 19 years. So, for four of my kids, as I was giving birth to them—and they were born as a result of rapes and prostitution—were taken away from me. So I ended up in a program. Finally, I was imprisoned for violation of parole and I was pregnant again, and I was terrified I was about to lose another baby, and then I found out about this program called Tamar Children, and Dr. Gillece is one of the founders of this program. And they said it helps you work on your trauma. I didn't know what trauma was. I figured I had it. I had everything else, your addiction, your mental health, and your recovery. I had a substance abuse problem. They kept diagnosing me with all these mental health illnesses, so a perfect program, and I was able to keep my baby. And this program was also a program based on how to create and develop a secure attachment with your children, because if you don't know, you don't know. If you don't know how to be nurturing and loving, you come from an abusive household, it takes work sometimes not to be abusive.

Torres: And Dr. Harris, another sector of society that also suffers tremendously is the gay and lesbian, the LGBT community, in particular now with some of the incidents that we have seen on television or violence against them. Are there particular efforts in place to really address those issues?

Harris: We have a program at Community Connections specifically for lesbian and transgendered folks. And it focuses in on the additional feeling of disaffiliation, of stigma that people experienced when they tried to come out to family members. There are very few communities, regrettably, where you are easily embraced when you reveal an alternate lifestyle, so that you may have been traumatized physically or sexually as a child but then, as you come to identify yourself more fully as a person, you're traumatized all over again for your honesty.

Torres: And we get into also, the whole bullying aspect within the schools, you know, not only against LGBT youth that are experimenting and really haven't made up their minds as to their sexuality, but on top of that, then you lay the layer of the trauma in school. Correct, Dr. Clark?

Clark: Well, yes. That's part of the kind of traumatic experience that Dr. Harris was talking about. And again, working with different agencies, we're trying to educate providers and

educators as well as family members about the experiences of LGBT youth so that we can minimize bullying and offer young people an opportunity to figure out how they want to identify themselves. But the key issue is that a person should be able to make that decision without fear of social retribution, whether it's physical or psychological retribution or essentially being banished. So, as Dr. Harris pointed out, not only your peer group, but also your family members, and so you're definitely isolated. And it puts you at greater risk because we find a number of LGBT youth are running away, living on the streets, and being the victims of pedophiles and sexual predators, which just makes life really miserable. So, now they're not dealing with sexual orientation. They're basically dealing with sexual trauma.

Torres: When we come back I want to focus on now solutions, and how do we solve the problem? We'll be right back.

Torres: Dr. Clark, what is trauma-informed care?

Clark: What we'll do is listen to Dr. Harris and Dr. Gillece, but the most important thing is care that takes into consideration the traumatic experiences that a person may have had. It is care that recognizes that trauma is a very

real possibility. When you take a look at the statistics and you find a lot of people who present for treatment, whether it's traditional mental health treatment or substance abuse treatment or a combination, or people who enter the criminal justice system, a significant number have had traumatic experiences. So, if we're going to intervene in a positive way, we have to take into consideration, and the various strategies that allow us to take into consideration. But the most important part of it is the beginning, acknowledging the trauma that could have happened in that person's life.

Torres: And Dr. Gillece, how do we screen for that?

Gillece: Well, I think when you do trauma-informed care, I think what's really important too is to create environments of care that do no more harm. There are many different screenings that we can use for trauma that are excellent for use. In addition to the screening, I think what's so important is then, what do we do about it? How do we train the staff to recognize what is a flashback? What are the symptoms of trauma? How someone who's self-injuring really is not manipulative attention seeking but is really relief seeking, solution seeking. How do we help staff understand, again, that those symptoms are adaptations?

Torres: And, Dr. Harris, what is it that we need to do in terms of children who have experienced trauma to help them lead a more healthy life?

Harris: In terms of assessing children and adults, it's just not that complicated. We ask about four or five questions and we assess 40 to 60 people every single week. The questions are quite direct. Have you ever been hit? Has anybody ever touched you in a way that made you uncomfortable? And those questions do not retraumatize people. In fact, they're very glad to answer them if they're asked in a nonthreatening way.

Torres: So, Dr. Clark, once we have established that the children have had some type of trauma based on the questions that we've asked, how do we try to begin the intervention with them?

Clark: Well, I think they, one of the most important things is, especially if we're dealing with youth, is creating an environment where they feel safe, and I think that's what Dr. Gillece was pointing at, and so it's a lot easier for the person to talk in that environment. And there are strategies, various treatment-oriented strategies that are geared to functionally allowing the person to disclose, reaffirming that safety is ubiquitous at least in the

environment where they're being cared for, and also making it clear that they are not to blame. So that this whole issue of self-loathing that Miss Cain talked about, in terms of not believing that you're entitled to anything else, goes away so the person then can start to believe that they can recover, and this is from the notion of resiliency. Resiliency needs to be essentially unleashed as opposed to bottled up.

Torres: And resiliency really, Miss Cain, needs to start with the parents in terms of how they interact with that child, correct?

Cain: Well, yeah. I mean, children have learned behaviors. And I just wanted to just quickly speak about assessments. These questions have been asked always. We always asked those questions. I've always been asked, "Have you ever been a victim of sexual abuse?" Have you ever been a victim of … They always were checked, and we talk about assessment forms, and that's great. Yes, we need to be able to assess. But we need to be prepared to hear the answers. You can ask these questions all you want, but if you're not prepared to hear the answers, you're going to create more harm in this individual.

And so, that's what we're talking about in trauma-informed care. You ask these questions and then what? It's preparing to hear the answer, putting into place plans for individuals, treating them as an individual according to their own individualized trauma because, believe me, the person that assaulted me probably didn't assault somebody else that's in the group. We have different predators, so we have different things we remember. That means our triggers are different. If that's the case, then our warning signs are going to be different. And, if that's the case, the plan put into place to help us to self-manage should be different. nd the people that are asking the questions, how do we know that they have not been traumatized? Just because we have these letters behind our names and we become, doesn't mean that they have not experienced some trauma, untreated trauma, and could be triggered. I mean, I can't tell you how many providers email me and come up to me and say, "That happened to me and every day I make decisions based on what happened to me for another individual."

Torres: Dr. Harris?

Harris: Even though I totally agree that things need to be individualized, there are some things that we know that are general for all people. I need to know how to comfort myself. And the way I gain comfort may be different from the way you gain comfort. But in order for me to cope with the things that happened in my life, it's really quite simple. I need strategies for comforting myself. And those strategies cannot be using drugs, prostituting, or sleeping all day because that's often what people try because they're sort of easy and sometimes readily at hand. I need healthy ways to comfort myself.

Torres: And when we come back we're going to continue to talk a little bit about what we can tell parents to do in order to help their children deal with trauma. We'll be right back.

Female VO: Before, addiction and depression kept me from living my life. Now, every step I take in recovery benefits everyone. Join the voices for recovery. For information and treatment referral for you or someone you love, call 1-800-662-HELP. That's 1-800-662-4357. Brought to you by the U.S. Department of Health and Human Services.

Torres: Dr. Harris, what can parents do if their child has experienced trauma, whether it be bullying or some other type of trauma?

Harris: I think the first thing that a mother or father needs to do certainly is to be willing to listen, but not to feel that this is a problem that needs to stay within the family and be solved within the family. Parents should reach out for help. Don't sit with the pain of what you've heard and feel that it is only on your shoulders to solve it. I think the other thing, especially for moms, that's really important is you have to read your own reaction to hearing what your child is telling you. Your child's story may remind you of an unrevealed story of your own. So, if you start to remember things as you hear your child talk, the first thing you need to do is to get some help for your child because a mother who herself is damaged and injured cannot help her child.

Torres: Dr. Clark, what other types of actions should parents be taking in a different scenario?

Clark: Well the most important thing, as Dr. Harris pointed out, you listen but you should also believe your child unless the evidence is overwhelmingly to the contrary, which means, as Dr. Harris points out, you are taking it outside

to explore, to get vindication. So, if it's bullying you are talking to the school. You're talking to the teacher. If it's sexual assault, you're bringing in the appropriate authorities to address that. If it's a family member, you are not keeping it a secret because you're afraid of embarrassing the family. The issue is that the child will suffer long-term consequences, and you too will suffer consequences because you are either a victim yourself based on the past or you're sitting there harboring this piece of information, which is going to have a destructive impact on you. So, you're getting the child help, your getting help for yourself, and your setting things in motion where you can mobilize resilience by dealing with the issue directly.

Torres: And, Miss Cain, you spoke of domestic violence, that you were a victim of domestic violence once upon your time. What do we tell women that are experiencing domestic violence? What should they be doing?

Cain: Well, getting to safety, and that's so easy for us to say, and it's so hard when you're living with somebody and you depend on them financially or whatever the case may be or it's your husband. But you need to get away because you don't deserve that. You're not a punching bag. You're so much more than that. And to get the help, find out what

some of the domestic violence shelters are. And one of the most important things that individual can do when they feel like they feel lost and alone and they're just in this all by themselves is seek a peer. Peer support is vital. It's invaluable, and it's one of the things that should be utilized not only in community programs, outreach centers, mental health correction, substance abuse, wherever, there are individuals that have trauma, they need a peer

Torres: Dr. Harris?

Harris: If I could talk just for a minute about domestic violence. I think that this is really a horror that affects somewhere around 30, 35 percent of women. And, while I absolutely agree with Ms. Cain that it is critical for women to get to safety, very, very few women leave the first time. And I think sometimes professionals don't understand that. And they are judgmental and start to think, "What's wrong with her? Maybe she likes that treatment." I just want to be clear: Nobody likes it but, as with a lot of terrible dynamics, they're hard to break right away. If they were easy, those of us in the health care business would be out of business. It takes people time, and we need to recognize that and not make women feel bad if they go back to a

violent situation a couple of times before they finally free themselves.

Torres: Very good point. And, Dr. Clark, let me go back to the whole notion of what SAMHSA is doing currently. Do you want to talk a little bit about that?

Clark: Well, we have eight strategic initiatives at SAMHSA. One of them is indeed trauma and justice, making it clear that we believe that we have to deal with trauma as an integral part of any behavioral health strategy to assist people in need of services. So the strategic initiative lead is Larke Huang, Dr. Larke Huang appointed to that role by Pamela Hyde, the Administrator of the Substance Abuse and Mental Health Services Administration, with the focus on working not only with issues of domestic violence but also working with the issues of the criminal justice system because, indeed, as I mentioned, it's not the abuse excuse, it is trying to break the cycle. We spend a lot of money reincarcerating individuals who have primary issues that have never dealt with. So especially in nonviolent situations, we wanted to break that cycle.

Torres: And the GAINS Center also has some training programs as well as other initiatives, correct?

Clark: Yes, we have a number of programs that address trauma, and one can access that from our Web site at wwww.samhsa.gov. But the key issue is, while we're not solely responsible for addressing these issues, we are working very aggressively.

Torres: And we are very glad that you have enlightened our audience related to this topic. I want to remind our audience that ***National Recovery Month*** is celebrated every September, and we're hoping that you engage and be visible and vocal during this month by hosting events and also be engaged, not only with the family, but with those that are in recovery. I want to thank you for being here, and it was a very good show. Thank you.

[Music]

Male VO: The *Road to Recovery* Television and Radio series educates the public about the benefits of treatment for substance use and mental health problems as well as recovery programs for individuals, families, and communities. Each program engages a panel of experts in a lively discussion of recovery issues and successful initiatives from across the country.

To view or listen to the *Road to Recovery* Television and

Radio Series from this season or previous seasons, visit recoverymonth.gov and click on the Multimedia tab.

END OF FILE