

Demystifying Trauma: Sharing Pathways to Healing and Wellness

September 26, 2011



Archive

This training teleconference will be recorded. The PowerPoint presentation, PDF version, audio recording of the teleconference, and written transcript will be posted to the Substance Abuse and Mental Health Services Administration (SAMHSA) ADS Center Web site at <http://www.promoteacceptance.samhsa.gov/teleconferences/archive/default.aspx>.



Disclaimer

The views expressed in this training event do not necessarily represent the views, policies, and positions of the Center for Mental Health Services, SAMHSA, or the U.S. Department of Health and Human Services.



Questions

At the end of the speaker presentations, you will be able to ask questions. You may submit your question by pressing “*1” on your telephone keypad. You will enter a queue and be allowed to ask your question in the order in which it is received. On hearing the conference operator announce your first name, you may proceed with your question.



Healing Invisible Wounds

Richard F. Mollica, M.D., M.A.R.
Professor of Psychiatry
Harvard Medical School
Director

Harvard Program in Refugee Trauma
Massachusetts General Hospital





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The Universal Nature of Traumatic Life Experiences

- Every human being experiences tragedies in their lifetime.
- This is inescapable.
- A profound pain and fear enters us when we realize that one human being has intentionally hurt another.



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Major Instruments of Violence

- Humiliation
- Empathic Failure



Major Responses to Trauma

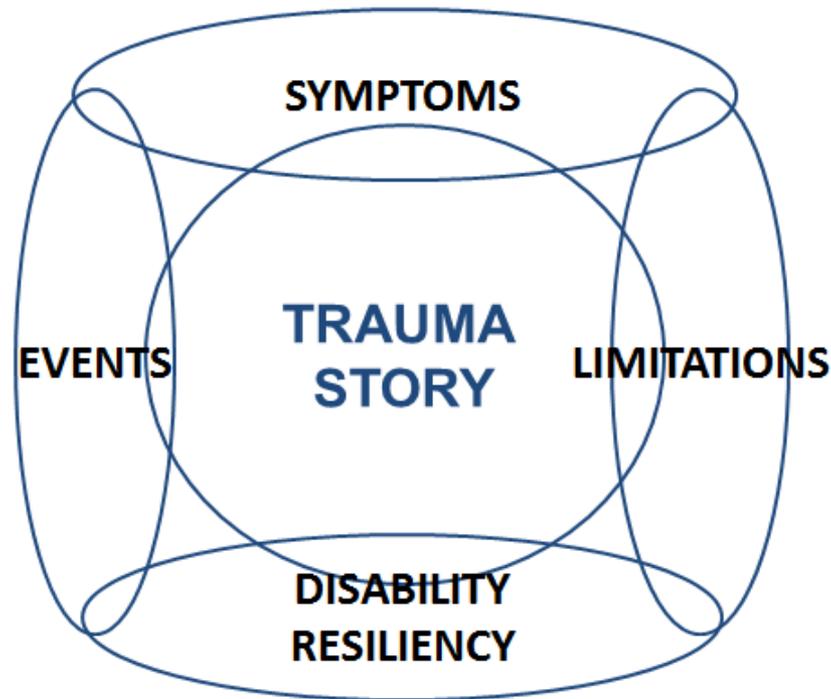
- The “Will to Deny”
 - Friends, family members, and *society actively* reject acknowledging the trauma story of the torture survivor and the impact of torture on the survivor.
- “Losing the World”
 - When visiting Philoctetes the Greek chorus immediately sings,
“I am a stranger in a strange land.”





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The Body, Mind, and Spirit are Imprinted by the Trauma Story.



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The Medical Impact of the Trauma Story is Short and Long Term.

- Significant association between traumatic life experiences and chronic disease
 - Diabetes, hypertension
 - Heart disease, stroke
 - Metabolic syndrome
 - Posttraumatic stress disorder, depression, anxiety
 - Chronic insomnia
 - Unremitting grief reaction



Three major national studies reveal the medical and emotional impact of trauma.

- Adverse Childhood Experiences (ACE) Study:
Bridging the gap between childhood trauma and negative consequences later in life
- National Comorbidity Survey-Replication (NCS-R)
- Canadian Community Health Survey Cycle



Centrality of the Trauma Story

The trauma story:

- Is the heart of the personal and clinical narrative of those who have experienced trauma
- Is key to medical and psychological diagnosis
- Teaches all of us about survival and healing
- Promotes healing
- Establishes trust
- Builds a strong therapeutic alliance
- Facilitates physical, emotional, and spiritual recovery
- Links personal healing to social healing and social justice



Scientific Evidence and the Therapeutic Power of the Trauma Story

- Dialog and empathic listening between survivor and therapist maximizes the benefits of emotional disclosure.



Elements of the Trauma Story (TSAT*)

- Factual accounting of events
- Cultural meaning of trauma
- Looking behind the curtain
 - (revelations from the trauma experience)
- Listener – storyteller relationship

**Trauma Story Assessment and Therapy (TSAT) Notebook: Therapist Journal for Field and Clinic*





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The Concept of Self-Healing

The healing of the emotional wounds inflicted on mind and spirit by severe violence is also a natural process. Mind and body are powerfully linked, from the molecular level up to the thoughts and social behaviors of a person. Mind and body are similarly interrelated in their potent curative influence. After violence occurs, a self-healing process is immediately activated, transforming, through physical and mental responses, the damage that has occurred to the psychological and social self.

-Mollica, Richard F. (2006). *Healing invisible wounds: Paths to hope and recovery in a violent world*. Nashville, TN: Vanderbilt University Press.



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Working with the Self-Healing Response (SHR)

- ALL torture survivors have an active SHR.
- The client/patient is the teacher.
- The clinician needs to build on SHR.
- Major social instruments of SHR are altruism, work, and spirituality.





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The Basic and Essential Self-Healing Questions Therapists and Trauma Survivors Need to Ask

- What traumatic events have happened?
- How are your body and mind repairing the injuries sustained from those events?
- What have you done in your daily life to help yourself recover?
- What justice do you require from society to support your personal healing?



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Resources

- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults; The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14, 245–258.
- Harvard Program in Refugee Trauma <http://hpert-cambridge.org/>
- Mollica, R. F. (2006). *Healing invisible wounds*. Nashville, TN: Vanderbilt University Press.
- Mollica, R. F. (2010). *Trauma Story Assessment and Therapy (TSAT) Notebook: Therapist Journal for Field and Clinic*.
- Sareen, J., Cox, B., Stein, M., Afifi, T., Fleet, C., & Asmundson, G. (2007). Physical and mental comorbidity, disability, and suicidal behavior associated with posttraumatic stress disorder in a large community sample. *Psychosomatic Medicine*, 69, 242–248.
- Sledjeski, E. M., Speisman, B., & Dierker, L. (2008). Does number of lifetime traumas explain a relationship between PTSD and chronic medical conditions? Answers from the National Comorbidity Survey-Replication (NCS-R). *Journal of Behavioral Medicine*, 31, 341–349.

Trauma-Informed Peer Support: Relationships of Healing and Hope

Beth Filson, CPS, M.F.A.
Private Consultant





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Defining Peer Support

- Peer support involves a nonprofessional/nontherapeutic relationship.
- Peer support is based on a common or shared experience.
- Having “been there” provides insight into living beyond mere survival.



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We Heal in Relationships – Not in Isolation

- Trauma = disconnection
- Peer support = reconnection



Characteristics of Peer Support

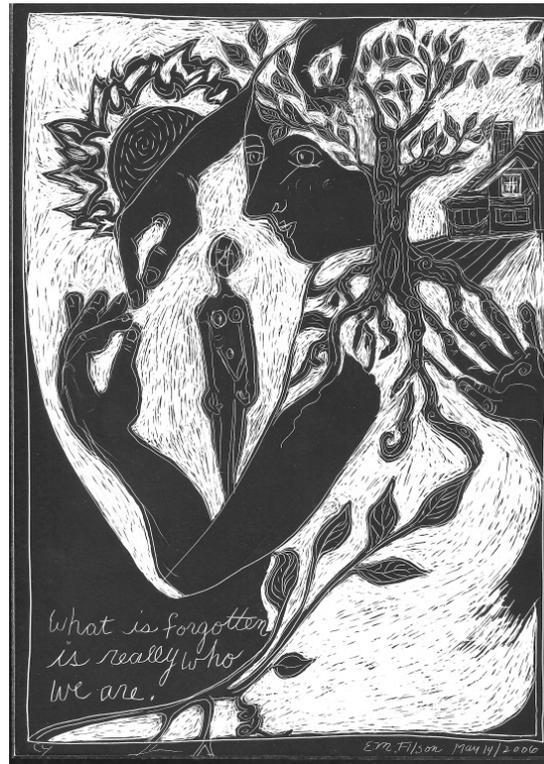
- Peer support involves a process of mutuality.
- Focus is on the relationship.
- Peer support uses a non-clinical lens.
- It relies on the language of human experience.
- Change occurs relationally.





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Why Are Our Stories Important?



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From “What’s Wrong with You?” to “What Happened to You?”

From people with many symptoms...
...to people with many stories.



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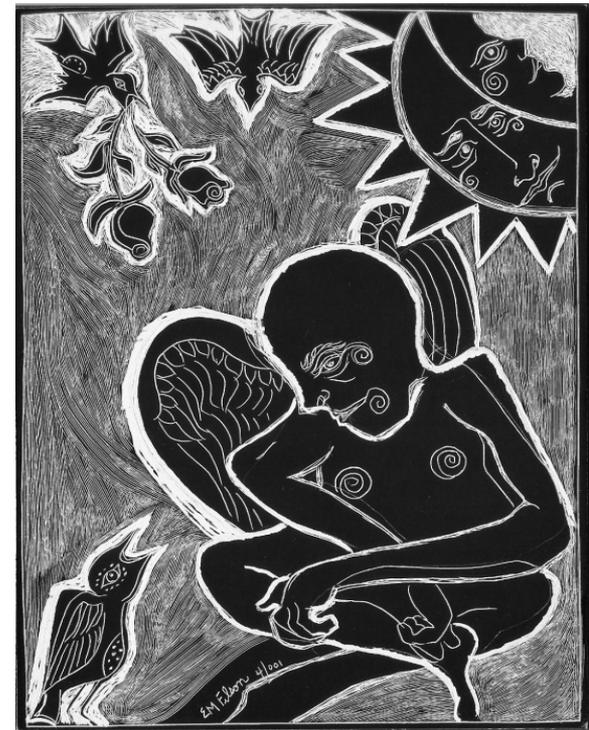
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The Listener-Storyteller Relationship

- Is not static
- Maintains equality and shared power
- Is what both people are doing



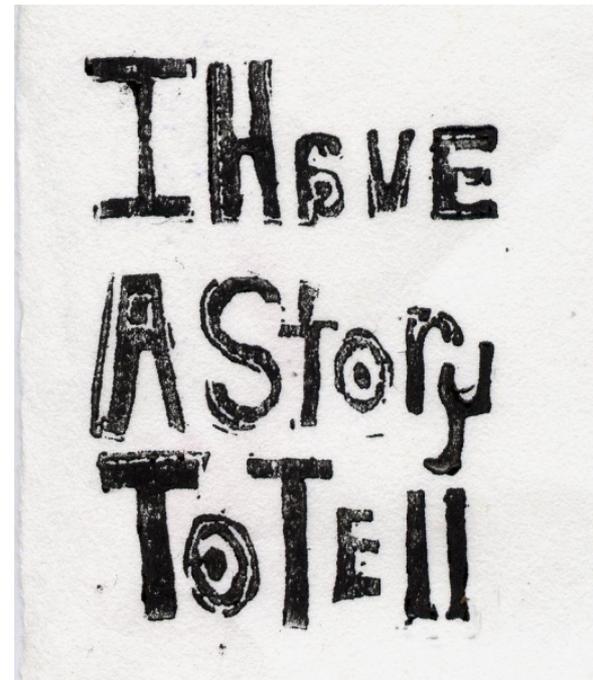
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Listener-Storyteller Relationship continued

Three dimensions of the trauma story:

- Event – What happened?
- Impact – How has this affected you?
- Meaning – How do you make sense out of what has taken place?



Architecture of the Trauma Story

- Factual accounting of events
- Cultural meaning of trauma
- Mind/body healing
- Revelations from the trauma experience
- Both people as teachers



Resources and Acknowledgements

- Blanch, A., Filson, B., & Penney, D. *Engaging women trauma survivors in peer support: A guidebook*. Product of the National Center for Trauma-Informed Care under contract with the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services. Not yet released.
- Mead, S., & MacNeil, C. (2006). Peer support: What makes it unique? *International Journal of Psychosocial Rehabilitation*, 10(2), 29–37.
- Mead, S. (2005–2008). Intentional Peer Support: An Alternative Approach. <http://www.mentalhealthpeers.com>.
- Mollica, R. F. (2006). *Healing invisible wounds: Paths to hope and recovery in a violent world*. Orlando, FL: Harcourt, Inc.
- Thanks to Christine Young, CPS, Wichita State University Center for Community Support and Research, for use of her ampersand tattoo representing connection.
- Original black and white etchings on clay board are the sole property of Beth Filson. Do not duplicate without permission of the author.





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Employed by the University of Wisconsin - Madison

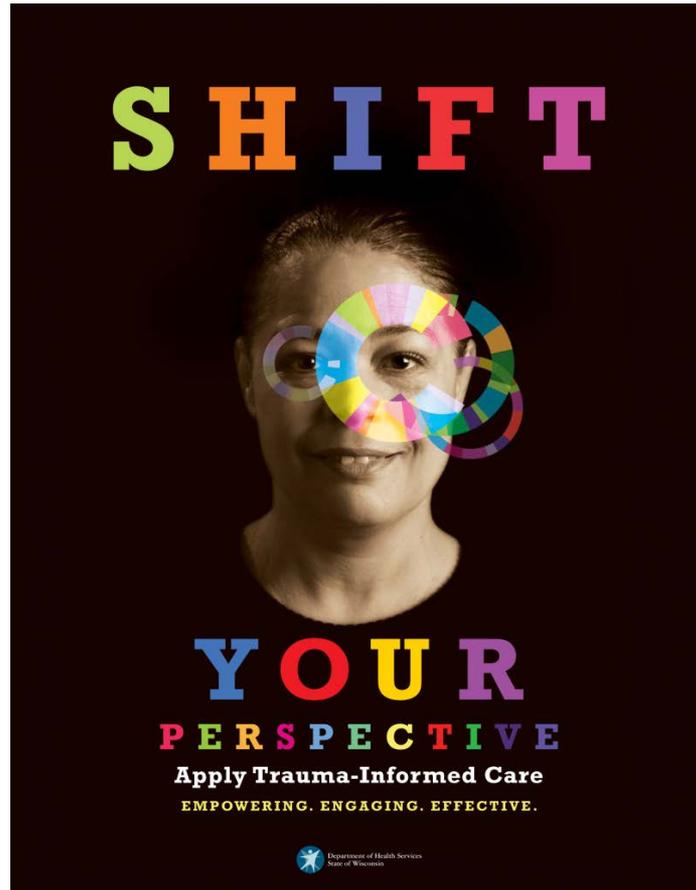


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Trauma-Informed Care (TIC) in Wisconsin

Wisconsin DHS
leadership

Consumer leadership and
involvement

Culture change
(vs. “interventions”)



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Engage Diverse Stakeholders

- Universality of trauma's ***prevalence and impact***
- Understanding of trauma, which ignites ***passion***
- Universality of TIC ***values***
- TIC philosophy and practice, which “***even the playing field***”
- ***Cost-effectiveness***



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What's Worked

- ✓ Designated staff person
- ✓ Consumer Champions
- ✓ Advisory Committee
- ✓ Conferences/regional and affinity groups
- ✓ Focus on ACE Study
- ✓ Dedication to the reduction of seclusion and restraint
- ✓ Wisconsin TIC listserv
- ✓ Collaboration with other State departments

A+



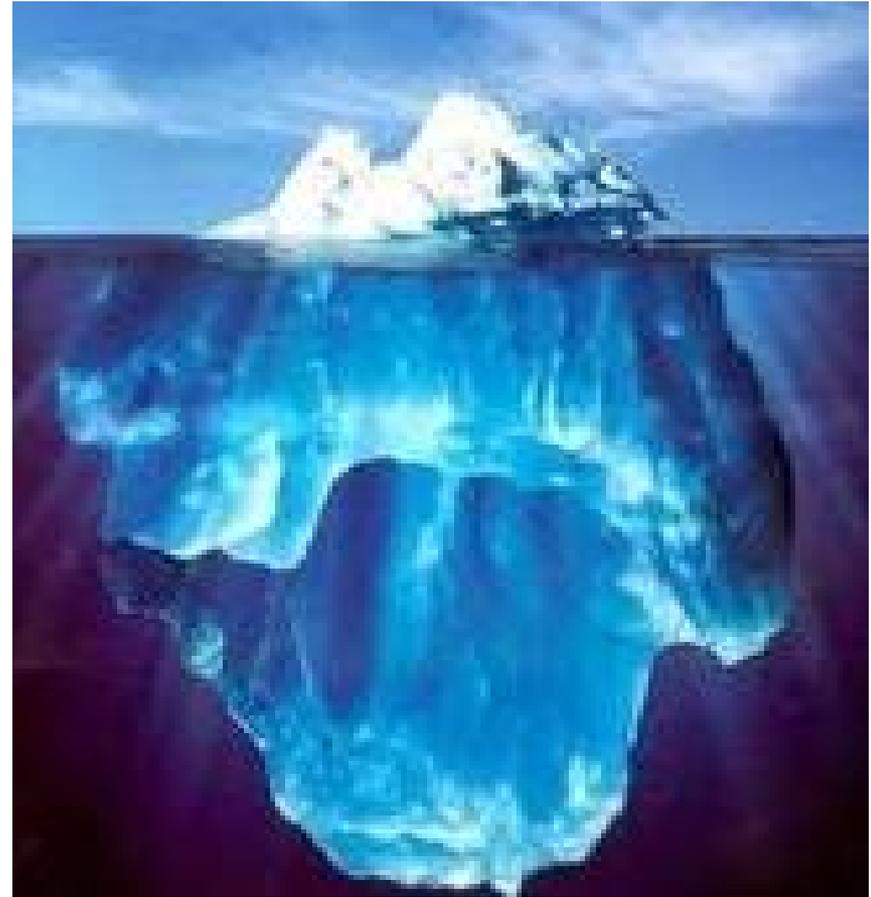


Value-Based Culture Change



Next Steps

- Engage in strategic planning in Oct. 2011
- Continue cross-departmental collaboration
- Increase number and specialization of Consumer Champions
- Increase targeted technical assistance
- Hold statewide discussion groups





Resources

- The Anna Institute <http://www.annafoundation.org/>
- Child Trauma Academy <http://www.childtrauma.org/>
- Coalition Addressing Trauma
<http://archive.constantcontact.com/fs064/1101376885042/archive/1105685234470.html>
- National Center for Posttraumatic Stress Disorder <http://www.ptsd.va.gov/>
- National Center for Trauma-Informed Care <http://mentalhealth.samhsa.gov/nctic/>
- National Child Traumatic Stress Network <http://www.nctsn.org>
- Risking Connection <http://www.riskingconnection.com/>
- The Sanctuary Model <http://www.sanctuaryweb.com/>
- Using Trauma Theory to Design Service Systems
<http://www.communityconnectionsdc.org/>





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What is Your Vision?



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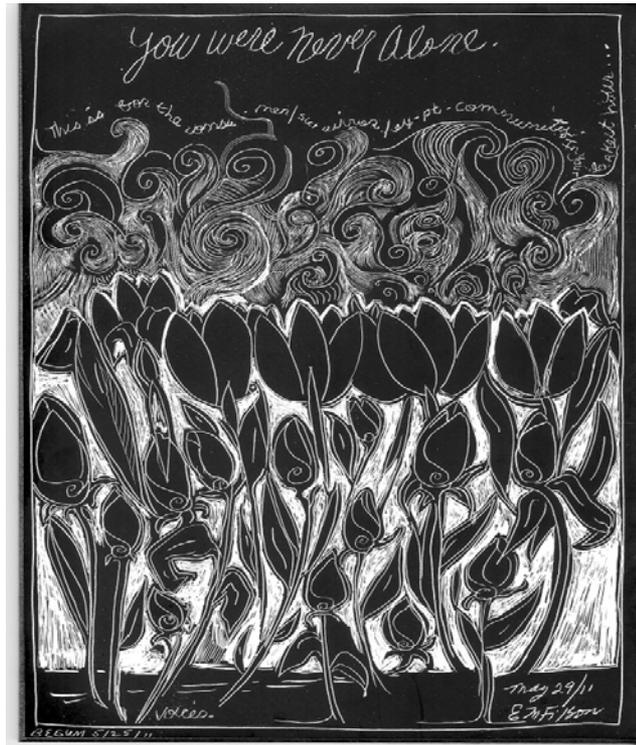
Dr. Mollica's Vision

Every human being suffers tragedy in their lives. This reality is unavoidable. The paradox is that while collectively we have an active “will to deny” the traumatic life experiences of others, trauma survivors are our greatest teachers. Listening, understanding, and deeply appreciating (LUDA) the trauma story is a foundation of all recovery. Building upon the inner self-healing forces activated within all traumatized persons is an essential part of the healing process.



Beth's Vision for the Peer Community

Telling our stories
is the natural outcome of
community.



Elizabeth's Vision

Wisconsin becomes a national leader in integrating trauma-informed care across every human service system resulting in individuals and communities experiencing the power of the statement:

Healing Happens in Healthy Relationships.



Additional Resources

- Gift from Within <http://www.giftfromwithin.org/>
- GlassBook Project <http://www.glassbookproject.org/>
- Healing Self-Injury <http://healingselfinjury.org/>
- Male Survivor <http://www.malesurvivor.org/>
- National Association of State Mental Health Program Directors' National Center for Trauma Informed Care <http://www.nasmhpd.org/NCTIC.cfm>
- National Coalition Against Domestic Violence <http://www.ncadv.org/>
- National Domestic Violence Hotline <http://www.thehotline.org/>
- Rape Abuse and Incest National Network <http://www.rainn.org/>



Additional Resources (cont.)

- Sidran Institute <http://www.sidran.org/>
- Survivors Art Foundation <http://www.survivorsartfoundation.org/>
- Trauma-Informed Organizational Toolkit: For Homeless Services
<http://www.familyhomelessness.org/media/90.pdf>
- U.S. Department of Justice, Office for Victims of Crime
<http://www.ojp.usdoj.gov/ovc/>
- U.S. Department of Justice, Office on Violence Against Women
<http://www.ovw.usdoj.gov/index.html>
- Witness Justice <http://www.witnessjustice.org/>



Questions

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For More Information, Contact

- Dr. Richard Mollica, rmollica@partners.org
- Beth Filson, bethfilson@gmail.com, 404-509-7911
- Elizabeth Hudson, Elizabeth.Hudson@wisconsin.gov, 608-266-2771



Speakers

Richard F. Mollica, M.D., M.A.R., is the Director of the Harvard Program in Refugee Trauma (HPRT) of Massachusetts General Hospital and Harvard Medical School. He received his medical degree from the University of New Mexico and completed his psychiatry residency at Yale Medical School. While at Yale he also trained in epidemiology and received a philosophy degree from the Divinity School. In 1981, Dr. Mollica co-founded the Indochinese Psychiatry Clinic (IPC). Over the past two decades HPRT and IPC have pioneered the mental health care of survivors of mass violence and torture. HPRT/IPC's clinical model has been replicated throughout the world.

Dr. Mollica has received numerous awards for his work and is the author of the newly published book [*Healing Invisible Wounds: Paths to Hope and Recovery in a Violent World*](#). In 1993, he received the Human Rights Award from the American Psychiatric Association. In 1996, the American Orthopsychiatry Association presented him with the Max Hayman Award. In 2000, he was awarded a visiting professorship to Waseda University, Tokyo, Japan, for his contributions during the Kobe earthquake. In 2001, he was selected as a Fulbright New Century scholar. Under Dr. Mollica's direction, HPRT conducts training, policy, and research activities for traumatized populations around the world. HPRT's screening instruments are considered a gold standard in the field and have been widely translated into over 30 languages. HPRT's scientific work has helped place mental health issues at the center of the recovery of post-conflict societies.

Dr. Mollica has published over 160 scientific articles. He and his team over the past 30 years have cared for over 10,000 survivors of extreme violence worldwide. Through his research, clinical work, and trainings he is recognized as a leader in the treatment and rehabilitation of traumatized people and their communities.



Speakers

Beth Filson, M.F.A., CPS, is a trainer and curriculum developer in trauma-informed peer support and peer workforce training and development. She is co-author of *Engaging Women Trauma Survivors in Peer Support: A Guidebook*, funded by SAMHSA and developed under SAMHSA's National Center for Trauma-Informed Care. Ms. Filson is a consultant for the Self-Inflicted Violence and Healing Project, an initiative of the Massachusetts Department of Mental Health (DMH) and the Transformation Center.

The project is cosponsored by DMH and the National Association of State Mental Health Program Directors. Ms. Filson also co-facilitates Intentional Peer Support with Shery Mead and Chris Hansen. She received her bachelor's degree from the University of Georgia and her master's degree in fine arts from the Writers Workshop at the University of Iowa. She is a self-taught artist. Beth resides in Western Massachusetts.



Speakers

Elizabeth Hudson, M.S.W., LCSW, is employed by the University of Wisconsin-Madison School of Medicine and Public Health. She partners with the Wisconsin Department of Health Services to integrate trauma-informed care into mental health and substance abuse systems, child welfare settings, school settings, homelessness services, and correctional settings. In 2009, Ms. Hudson and her supervisor, Marie Danforth, accepted the Wisconsin Association of Family & Children's Agencies' John R. Grace Outstanding Leadership Award on behalf of the Department of Health Services. The association made the award in recognition of the department's work in promoting trauma-informed care and the reduction of seclusion and restraint.

Ms. Hudson has worked in the field of trauma prevention and treatment for 20 years as an advocate, clinician, supervisor, and administrator. She received the National Association of Social Workers' Award for Distinguished Service while working as a child and family therapist specializing in trauma work with children younger than 8. Elizabeth is a founding member of the national organization Coalition Addressing Trauma and regularly participates in national discussions regarding the integration of trauma-informed care across multiple human service systems.



Survey

We value your suggestions. Within 24 hours of this teleconference, you will receive an e-mail request to participate in a short, anonymous online survey about today's training material which will take 5 minutes to complete. Survey results will be used to determine resources and topic areas to be addressed in future training events.

Survey participation requests will be sent to all registered event participants who provided e-mail addresses at the time of their registration. Each request message will contain a Web link to our survey tool. Please call **800-540-0320** if you have any difficulties filling out the survey online. Thank you for your feedback and cooperation.

Written comments may be sent to the SAMHSA ADS Center via e-mail at promoteacceptance@samhsa.hhs.gov.



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Also of Interest

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*The moderator for this call was **Mary Pat King.***



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