

Blueprint for Action

Building Trauma-Informed Mental Health Service Systems

State Accomplishments, Activities and Resources

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Introduction

“Blueprint for Action: Building Trauma-Informed Mental Health Systems” describes current state mental health system and organizational activities contributing to the development of trauma-informed mental health systems and the implementation of emerging best practices in trauma-specific services. Information on trauma-related activities, programs, services, written documents and resources is organized by state within a series of 16 Criteria for Building a Trauma-Informed Mental Health Service System (see pages). The 16 criteria were developed by State Mental Health Commissioners and national trauma experts as part of several “Trauma Expert Meetings” convened by NASMHPD since 2001. They provide guidelines for state mental health systems in their efforts to meet the needs of recipients of mental health services with histories of abuse and trauma. The criteria have been updated in keeping with the goals of the President’s New Freedom Commission on Mental Health.

This document is an update of the original “Trauma Services Implementation Toolkit for State Mental Health Agencies”, developed in 2002 and published by NASMHPD as a Appendix to “The Damaging Consequences of Violence and Trauma”. Its expansion from 38 to over 140 pages and from 15 to 30 involved states is indicative of the burgeoning recognition of trauma as central to the lives, treatment and recovery of persons with serious and persistent mental health problems.

Although there are many other resources that may be helpful to recipients of mental health services who have histories of trauma, the majority of the activities, programs and resources described in this document specifically and explicitly address trauma.

Many of the materials cited in this document are available electronically and many of them can be obtained by contacting the individuals listed at the end of this document in the Contacts section. Other resources used by states may need to be obtained from publishers or authors.

For further information about the trauma-informed and trauma-specific emerging best practice models implemented in several public mental health service systems and identified in this document, see the NASMHPD technical report: “Models for Developing Trauma-Informed Behavioral Health Systems and Trauma-Specific Services”.

This is a continually updated, working document.

Criteria for Building a Trauma-Informed Mental Health Service System

The following elements should be in place in any public mental health system committed to meeting the needs of clients who have histories of trauma. Trauma is defined here as interpersonal violence, over the life span, including sexual abuse, physical abuse, severe neglect, loss, and/or the witnessing of violence.

Administrative Policies/Guidelines Regarding The System

- 1. Trauma function and focus in state mental health department.** A single, high-level, clearly identified point of responsibility should exist within the state administrative structure charged with implementing trauma-informed service systems and use of evidence-based and emerging best practices in trauma throughout state supported services. This could be a senior staff, a unit or office within the department, and/or ongoing, high-visibility leadership on the part of the agency director.
- 2. State trauma policy or position paper.** A written statewide policy or position statement should be adopted and endorsed. This document should include a definition of interpersonal violence and trauma, make a clear statement about the relationship between trauma, mental health and recovery, and publicly declare trauma to be a priority health and mental health issue. Ideally, the position statement should commit the state to meeting the essential elements of a trauma-informed service system, and a trauma-specific clinical system. The *NASMHPD Position Statement on Services and Supports to Trauma Survivors* serves as a model of such a position paper.
- 3. Workforce orientation, training, support, competencies and job standards related to trauma.** All human resource development activities should reflect understanding of and sensitivity to issues of violence, trauma and coercion; incorporate relevant skill sets and job standards; and address prevalence and impact of traumatic events. All employees should receive basic education about the traumatic impacts of sexual and physical abuse and other interpersonal violence, to increase sensitization to trauma-related dynamics and the avoidance of retraumatization. Direct care and clinical staff should be educated in a trauma-informed understanding of unusual or difficult behaviors, in the maintenance of personal and professional boundaries, in evidence-based and emerging best practices in the treatment of trauma, and in vicarious traumatization and self-care. Those whose clinical work includes assessment and treatment should be required to attend ongoing advanced trauma training. (*Goal 5.3, 5.4: President's New Freedom Commission on Mental Health Final Report*)

- 4. Linkages with higher education to promote education of professionals in trauma.** Formal, ongoing efforts should be made to collaborate with institutions of higher education to create new trauma-based curriculum, revise existing curricula, ensure the teaching of evidence-based and emerging best practices in trauma, include consumer/survivors as trainers, and incorporate trauma and violence as a core part of the training of all future behavioral health care workers in all disciplines. *(Goal 5.3: President’s New Freedom Commission on Mental Health Final Report)*
- 5. Consumer/Trauma Survivor/Recovering person involvement and trauma-informed rights.** The voice and participation of consumers, including those who identify themselves as trauma survivors, should be at the core of all systems activities, from policy and financing to training and services. Trauma-informed individualized plans of care should be developed with every adult and child receiving mental health system services. Consumers with trauma histories should be significantly involved and play a lead role in the creation of State Mental Health Plans, the improvement of access and accountability for mental health services, and in orienting the mental health system toward trauma and recovery. Special attention should also be paid to the rights of people with trauma histories (e.g. right to trauma treatment, freedom from re-traumatization) and to the ways in which these rights may be systematically violated. *(Goals 2.1, 2.2, 2.3, 2.4, 2.5: President’s New Freedom Commission on Mental Health Final Report)*
- 6. Trauma policies and services that respect culture, race, ethnicity, gender, age, sexual orientation, disability, and socio-economic status.** A commitment to all forms of diversity should be the bedrock on which trauma-informed systems of care are built. Cultural issues regarding trauma should be addressed for all populations, including refugees, racial and ethnic minorities, and rural populations. *(Goals 3.1, 3.2: President’s New Freedom Commission on Mental Health Final Report)*
- 7. Systems integration/coordination between and among systems of care serving persons with trauma histories, and including life-span perspective.** Because abuse trauma may result in multiple vulnerabilities and affect many aspects of a survivor’s life, coordination across systems is essential. Integration of trauma, mental health and substance abuse is absolutely critical. Systems integration should also include the health care system, educational system, criminal justice, social services, and the full range of human services. *(Goals 4.2, 4.3, 4.4: President’s New Freedom Commission on Mental Health Final Report)*
- 8. Trauma-informed disaster planning and terrorism response.** Disaster planning should include clinical expertise on short and long-term trauma impacts. Mental health, trauma experts and disaster response workers should work as a coordinated team in emergency support and ongoing interventions in the aftermath of disasters. All workers should be trained and knowledgeable about mental health trauma issues from the initial assessment through the intervention

process, including skills of recognizing and coping with trauma reactions. Clinicians should be trained in longer term interventions for recognizing, diagnosing and treating those who develop PTSD or other stress responses and those whose existing history of abuse and trauma is further exacerbated by current disaster. *(Goals 5.2, 5.3: President's New Freedom Commission on Mental Health Final Report)*

Administrative Policies/Guidelines Regarding Services

- 9. Financing criteria and mechanisms to pay for best practice trauma treatment models and services.** Funding strategies for trauma-specific services should be clearly identified, and should eliminate disparities in mental health services by improving access to evidence-based and emerging best practices in trauma treatment. Existing exclusions and barriers to reimbursement should be eliminated. Although new funds are not necessarily critical to developing a trauma-informed system, the development of sufficient trauma-specific services to meet the treatment needs of the high percentage of clients with histories of unaddressed sexual and/or physical abuse and trauma may require creative fiscal reimbursement strategies. Attention to reimbursement and funding issues is key to a successful change strategy. *(Goal 3: President's New Freedom Commission on Mental Health Final Report)*
- 10. Clinical practice guidelines for working with people with trauma histories.** Findings from studies, including SAMHSA's Women, Co-Occurring Disorders, and Violence study, provide evidence that trauma treatment is effective. Several clinical approaches have been manualized and guidelines have been developed. Clinical approaches to trauma treatment should clearly identify trauma as the issue being treated, promote recovery, allow for survivors to tell their stories, include trauma-sensitive training and supervision, address secondary trauma and self-care for the caregiver, and be experienced as empowering by consumer/survivors.
- 11. Procedures to avoid retraumatization and reduce impacts of trauma.** A statewide effort should be made to reduce or eliminate any potentially retraumatizing practices such as seclusion and restraint, involuntary medication, etc. Training should cover dynamics of retraumatization and how practice can mimic original sexual and physical abuse experiences, trigger trauma responses, and cause further harm to the person. Specific policies should be in place to create safety, acknowledge and minimize the potential for retraumatization, assess trauma history, address trauma history in treatment and discharge plans, respect gender differences, and provide immediate intervention to mitigate effects should interpersonal violence occur in care settings.
- 12. Rules, regulations and standards to support access to evidence-based and emerging best practices in trauma treatment.** Licensing, regulations, certification, and contracting mechanisms should all reflect a consistent focus on

trauma. They should be modified periodically to conform to developments in knowledge of evidence-based and emerging best practice and to promote provision of and access to trauma-informed and trauma-specific services. (*Goal 3: President's New Freedom Commission on Mental Health Final Report*)

- 13. Research, needs assessments, surveys, data to explore prevalence and impacts of trauma, assess status of services, and support more rapid implementation of evidence-based and emerging best practice trauma treatment models.** Data on interpersonal abuse trauma prevalence and impacts, service utilization and need, trauma treatment intervention outcomes related to recovery and resilience, and satisfaction with trauma services should be regularly collected and should be used as part of ongoing quality improvement and planning processes. (*Goals 5.1, 5.4: President's New Freedom Commission on Mental Health Final Report*)

Services

- 14. Trauma screening and assessment.** All adults and children who enter the system of care, regardless of which “door” they enter, should be screened for abuse and trauma at or close to admission. People with a positive response to the screen should have a trauma assessment as an integral part of the clinical picture, to be revisited periodically and used as a part of all treatment, rehabilitation, and discharge planning. Clients with trauma histories should be informed about and referred to quality, trauma-informed and trauma specific services and supports.
- 15. Trauma-informed services and service systems.** A “trauma-informed” service system and/or organization is one in which all components of the system have been reconsidered and evaluated in the light of a basic understanding of the role that violence plays in the lives of people seeking mental health and addictions services. A “trauma-informed” organizational environment is capable of supporting and sustaining “trauma-specific” services as they develop. A basic understanding of trauma and trauma dynamics, including that caused by childhood or adult sexual and/or physical abuse, should be held by all staff and should be used to design systems of services in a manner that accommodates the vulnerabilities of trauma survivors and allow services to be delivered in a way that will avoid retraumatization and facilitate consumer participation in treatment. (*Trauma-informed service systems increase capacity to address Goals 2, 3, 4 and 5 in the President's New Freedom Commission on Mental Health Final Report*)
- 16. Trauma-specific services, including evidence-based and emerging best practice treatment models.** Services designed specifically to treat the actual sequelae of sexual or physical abuse and other psychological trauma should be available in adequate numbers to serve the population and should be accessible to all consumers. As part of recent research studies including the SAMHSA *Women, Co-Occurring Disorders, and Violence* study, several emerging best

practice trauma treatment models applicable in public sector service systems, have been manualized and proven to be both cost effective and effective in reducing symptoms. These best practice models should be implemented by state mental health systems to treat trauma. Health technology and telehealth should be used to make these programs accessible for individuals in remote areas or in underserved populations. Although program models may vary widely, all should be recovery-oriented, emphasize consumer voice and consumer choice, and be fully trauma-informed. In addition, because of the numbers of trauma survivors with co-occurring disorders, and given significant positive findings from recent studies such as the WCDVS, trauma treatment programs should provide integrated trauma, mental health and substance abuse services. Further, as part of a comprehensive treatment program, providers should offer integrated counseling services that are specifically designed to address all three issues (trauma, mental health, and substance use) simultaneously. (*Goals 2.1; 3; 4.3; 5.2; 6.1 President's New Freedom Commission on Mental Health Final Report*)

State Accomplishments, Activities and Resources

1. Trauma function and focus in state mental health department.

A single, high-level, clearly identified point of responsibility should exist within the state administrative structure charged with implementing trauma-informed service systems and use of evidence-based and emerging best practices in trauma throughout state supported services. This could be a senior staff, a unit or office within the department, and/or ongoing, high-visibility leadership on the part of the agency director.

Connecticut

Department of Mental Health and Addiction Services

- Director of Women's Services is designated responsibility for the development and implementation of trauma services for adult men and women throughout the state mental health and substance abuse system and its contracted agencies.

Department of Children and Families

- Department of Children and Families hired trauma specialist designated full-time responsibility for working with trauma experts (Herman, Ford) on the impact of trauma on children and the treatment of children in the child protective service system. Trauma Specialist to develop a policy paper on creating trauma-informed and trauma-responsive systems of care for all child protective services. Reports to Chief Operating Officer.

Hawaii

- Hawaii has established a statewide point of responsibility for trauma services at the Division level. This responsibility was assigned to the Division Disaster Coordinator.

Maine

- The Associate Commissioner of the Department of Behavioral and Developmental Services is responsible for the system-wide implementation of trauma-informed and trauma-specific services.
- A Trauma Services Implementation Team meets quarterly to develop a statewide trauma-informed service system based on the Falloot monograph "Using Trauma Theory to Design Service Systems." Team members: Associate Commissioner; senior staff of the Offices of Mental Health and of Substance Abuse and three Regional Offices; representatives from the Office of Consumer Affairs; the state Sexual Assault and Domestic Violence coalitions; and program directors at the trauma-informed pilot project at the Rumford Tri-County Mental Health Center.

Maryland

- The Department of Health and Mental Hygiene's Mental Hygiene Administration appointed a senior staff, full-time director both of trauma services and of disaster mental health services. This position reports directly to the Director of the Division of Special Populations.

Massachusetts

- The Bureau of Substance Abuse Services funds a part-time training and systems position to integrate trauma treatment into substance abuse services.

Missouri

- Department of Mental Health Director designated senior staff in the Division of Alcohol and Drug Abuse responsibility for implementation of trauma-informed services in mental health, substance abuse, and mental retardation services. Chairs Trauma Workgroup.
- Trauma Workgroup advises and coordinates activities and makes recommendations regarding policy, training, and services to the Department and Division directors. Members of the Workgroup include: Divisions of Comprehensive Psychiatric Services, Mental Retardation and Developmental Disabilities, and Alcohol and Drug Abuse; treatment providers in all three areas; consumers; and representatives from the University of Missouri.

New Jersey

- The Assistant to the Director of the New Jersey Division of Mental Health Services is responsible for addressing trauma and making it a priority in the state system.
- The Director of the New Jersey Division of Mental Health Services, along with other executive level staff, is working in collaboration with key stakeholders to form a Workgroup whose primary function will be to raise the level of awareness about the serious nature and the prevalence of trauma among persons with serious mental illnesses in New Jersey. The Workgroup will also specifically address the effects of trauma on the lives of consumers as well as the implications of moving towards the provision of trauma-informed care in state hospitals and the community.

New York

- Director, Trauma Unit, facilitates the OMH's integration of screening, assessment, treatment and support for recipients of mental health services with PTSD or trauma-based disorders. The Trauma Unit works in four arenas: statewide policy and programs, state psychiatric centers, local mental health programs, training and technical assistance.

Oklahoma

- The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) is, by state statute, the official authority for mental health, substance abuse, and domestic violence/sexual assault services in the state. The Commissioner and the Leadership Team of ODMHSAS currently promote the implementation of trauma concepts in the continuum of care provided by ODMHSAS. The Leadership Team consists of the commissioner, Chief Operating Officer, and the Deputy Commissioners of Mental Health Services, Substance Abuse Services, and Domestic Violence/Sexual Assault Services. The Leadership Team is a cohesive group that meets formally twice weekly to discuss issues related to statewide policies around the implementation, coordination, and development of programs and services. Informally, daily contact exists between Leadership team members.

Oregon

- State Medical Director responsible for leadership in implementing trauma-informed practice throughout the system. Director has a clinical and policy leadership role.
- Trauma Policy Advisory Committee examines state trauma policy and makes recommendations on its implementation.

South Carolina

- Director of South Carolina Department of Mental Health's Trauma Initiative has full-time responsibility for addressing trauma throughout the state service system.

Vermont

- State Mental Health Commissioner chairs Trauma Policy Cluster consisting of state Departments of Medicaid, Social Welfare, Corrections, Health, Mental Health, Substance Abuse, Juvenile Services, Disaster Planning. In addition: three consumer representatives and two clinicians and provider representatives serve on the committee. Trauma Policy Cluster responsible for policy and planning of trauma initiative. Is developing an overall trauma screening tool.
- Assistant Director of Mental Health Services responsible for implementing the trauma initiative across the state service system.

Wisconsin

- Designated state position works half time on trauma-related issues and half time on homelessness.

2. State trauma policy or position paper

A written statewide policy or position statement should be adopted and endorsed. This document should include a definition of interpersonal violence and trauma, make a clear statement about the relationship between trauma, mental health and recovery, and publicly declare trauma to be a priority health and mental health issue. Ideally, the position statement should commit the state to meeting the essential elements of a trauma-informed service system, and a trauma-specific clinical system. The *NASMHPD Position Statement on Services and Supports to Trauma Survivors* serves as a model of such a position paper.

Alabama

- Department Mental Health/Mental Retardation Trauma Policy Statement will be finalized by May 2004.

California

- Trauma Position Paper under draft by California Women's Mental Health Council.

Connecticut

Department of Mental Health and Addiction Services

- Department of Mental Health and Addiction Services Policy on Trauma Sensitive Services. Includes mission statement, definition and effects of trauma, meaning of recovery, value statement, value base, and governing principles.

Indiana

■ Criteria for Building a Trauma-Informed Mental Health Service System: With Definitions (June 2004). Available.

Maine

- Department of Behavioral and Developmental Services Plan for Improving Behavioral Health Services for Persons with Histories of Trauma

Massachusetts

- Commissioner Monograph of March 10, 1999, summarizes key policy points and providing guidelines regarding treatment of Department of Mental Health clients with a history of trauma www.mass.gov/dmh.
- State Department of Public Health Bureau of Substance Abuse Services stipulates in its 2004 Request for Response Terms and Conditions and Standards of Care for Alcohol and Other Drugs Service System that all contracted programs must be trauma-informed and provide access to trauma-specific services.

Missouri

- Department of Mental Health Position Statement on Services and Supports for Trauma Survivors. All divisions of DMH: mental retardation, mental health, alcohol and drug abuse, come under this policy.

New Hampshire

- State Mental Health Plan. Objectives include comprehensive trauma assessment, best practices for trauma treatment, continuing education and peer education, and minimizing restrictive/coercive measures that have traumatic effects on consumers.

New York

- Improving Services for Trauma Survivors Implementation Plan currently under revision.

Oklahoma

- Oklahoma Department of Mental Health and Substance Abuse Services trauma position paper is in development.

Oregon

- Department of Human Services, Health Services, Mental Health and Addiction Services Trauma Policy. (Updated 2004). Includes Policy statement, definition of psychological trauma, background information and implementation plan.
- Seclusion and Restraint Mission Statement.

South Carolina

- DMH Position Statement Services for Trauma Survivors in South Carolina.
- DMH Definition document on Trauma, Sanctuary Trauma and Sanctuary Harm.
- All documents available at <http://www.mentalhealth-recovery.com/welcome.htm>.

Vermont

- Report to the Vermont General Assembly on Psychological Trauma: Impact on Vermont Citizens and Recommendations for Public Policy (November 13, 2000). Includes definition of psychological trauma, impact of trauma, impact of incomplete diagnosis, psychological trauma services in Vermont, recommended support and treatment services, and Commission recommendations. Available at <http://www.ddmhs.state.vt.us/docs/dept/pubs-dept.html>.

Wisconsin

- Trauma Workgroup Report by the Bureau of Mental Health and Substance Abuse Services was submitted to the Secretary of the State Department of Health and Family Services on May 11, 2004. Report contains set of recommendations for the state to adopt.

Wyoming

- Policy regarding trauma embedded in Consumer Rights Policy Statement.
- Trauma-Informed Seclusion and Restraint Policy available including data and training information.

3. Workforce orientation, training, support, competencies and job standards related to trauma:

All human resource development activities should reflect understanding of and sensitivity to issues of violence, trauma and coercion; incorporate relevant skill sets and job standards; and address prevalence and impact of traumatic events. All employees should receive basic education about the traumatic impacts of sexual and physical abuse and other interpersonal violence, to increase sensitization to trauma-related dynamics and the avoidance of retraumatization. Direct care and clinical staff should be educated in a trauma-informed understanding of unusual or difficult behaviors, in the maintenance of personal and professional boundaries, in evidence-based and emerging best practices in the treatment of trauma, and in vicarious traumatization and self-care. Those whose clinical work includes assessment and treatment should be required to attend ongoing advanced trauma training. (Goal 5.3, 5.4: President's New Freedom Commission on Mental Health Final Report)

Alabama

- Three-day, G-TREM training for staff at adolescent residential treatment program.

Alaska

- Southeast Alaska Regional Health Consortium has introduced TREM training to clinicians.
- Statewide and regional specific training provided to all state-supported, behavioral health treatment providers for TBI Assessments and all aspects of cognitive/ behavioral effects resulting from traumatic brain injury.
- TAPA/GAINS Trauma Assessment and Treatment training provided to all Community Care Alternatives Project staff.
- Children's Justice Act grant funding for "Child Maltreatment Symposium" (FY04). Training on Trauma and Its Impact on Child Development incorporated into the standing curriculum for residential care centers (FY05).

California

Los Angeles:

- The Los Angeles County Department of Mental Health and Department of Alcohol and Drug Abuse have implemented a staff development plan to include trauma training. Plan is available.
- Statewide Annual Conferences on Co-occurring Disorders have theme of trauma throughout. Conference Brochures available.
- State Co-Occurring Disorders Workgroup Final Report (2004). Emphasizes that trauma must be considered a key component in training and in treatment of co-occurring disorders.

PROTOTYPES

- Provides Integrated Training on Trauma, Substance Abuse, Mental Illness and Health Issues to counties statewide. Presents four models used in Women Co-occurring Disorders and Violence Study (WCDVS): Seeking Safety, TREM, ATRIUM, and TRIAD. Curriculum available Jan 2005.
- Orientation and continual updated training of all agency staff to work with co-occurring disorder and trauma. Orientation curriculum and DVD of training available December 2004.

San Joaquin County Mental Health Services and Office of Substance Abuse

- A multi-disciplinary task force (Dual Diagnosis Task Force) that advocates that trauma must be considered a key component in training and in treatment of co-occurring disorders. Key clinicians and substance abuse counselors are trained in Seeking Safety and TREM models. Trauma/co-occurring integrate services are CORE and cost effective.

Colorado

Metropolitan Denver

- Arapahoe House New Directions for Families and Female Substance Abusing Offender Programs employ clinicians who have been trained in TREM and Seeking Safety. In addition, they can provide training in trauma-informed services to community agencies.

Connecticut

Department of Mental Health and Addiction Services provides trauma training statewide at beginning, intermediate, and advanced levels. Emphasis on treating PTSD and co-occurring disorders with emerging best practice models: TREM (Harris), Seeking Safety (Najavits), and TARGET (Ford).

- Twenty-eight, state-operated and private non-profit agencies (and their affiliates) and two state hospitals have received year-long, on-site training and supervision on delivering trauma-specific services.
- Statewide Trauma conferences with expert speakers from a variety of behavioral health perspectives. List of speakers, biographies, and conference brochures available:
 - 2001:** Women's Conference: Defining A Vision for Behavioral Health Care
 - 2002:** Psychological Trauma: Myths and Realities
 - 2003:** Cultural, Biological and Psychological Foundations of Trauma
- Training in TARGET, Seeking Safety, and TREM offered yearly statewide. Basic training in Trauma 101 offered statewide on a quarterly basis.
- Behavioral Management Strategies (BMS) training program has incorporated a unit on trauma. This is provided annually to all employees who participate in patient care.

Department of Children and Families:

- Treatment of Youngsters with Histories of Trauma and Aggressive Disorders Statewide conference to look at management and interventions from a trauma perspective. Fall 2004.
- Trauma awareness and education training for child protective workers conducted by University of Connecticut Department of Psychiatry. PowerPoint available.

District of Columbia

- Department of Mental Health staff receive 1 ½ day orientation to trauma issues conducted by Community Connections

Community Connections:

- All potential employees are asked question regarding their knowledge and experience in working with trauma issues
- All new staff receive introductory orientation in trauma.
- Trauma ACT team staff are trained in trauma-specific interventions (e.g. mindfulness; grounding) to assist clients in managing trauma symptoms. Training for ACT Team is drawn from several models including Risking Connection, DBT, TREM. Ongoing support and individual and group supervision is emphasized.

- Project Hope provides trauma training to school counselors in 16 different schools in the DC area who work with young girls with histories of violent victimization, including physical, sexual or emotional abuse, and/or witnessing violence.

Florida

- Substance Abuse and Mental Health Agencies in three counties: Polk, Highlands, Hardee, staff and consumers are trained to co-facilitate TRIAD Women's Group model, addressing substance abuse and mental health psycho-educational skills and trauma issues.

Hawaii

- Hawaii County Jail Diversion Program implemented Gender and Trauma-Specific Services Training for all staff. Hawaii selected to pilot training program developed by GAINS Center.

Illinois

Chicago Metropolitan Area:

- Chicago Department of Public Health (CDPH), Division of Mental Health Centers of Excellence Pilot Project's (See Section 16) three pilot sites receive extensive initial training and ongoing, onsite consultation and trainings on trauma and domestic violence through the Domestic Violence & Mental Health Policy Initiative (DVMHPI).
- Illinois Department of Human Services/Department of Mental Health Child IDHS-DMH and Adolescent Network: Four sites are trained to field test several trauma assessment tools, with additional trainings to be conducted over next two years by DVMHPI.
- Two core competency curricula on trauma and domestic violence are being developed and piloted for both adult and child providers at the CDPH/partner DV program and IDHS-DMH sites (Child Trauma Core Competency Curriculum and DV-version of Risking Connection, in conjunction with the Sidran Foundation and the original authors.)
- Domestic Violence and Mental Health Policy Initiative (DVMHPI) sponsored Conference providing basic domestic violence and mental health cross-training and introducing a culturally informed trauma perspective to 300 staffers from 55 Chicago agencies, and city and state domestic violence and mental health administrators.
- DVMHPI Intensive Trauma Training and Implementation Program provided staff teams from 10 domestic violence programs and nine mental health agencies with intensive trauma training, (Risking Connection,

TREM, TREP, Trauma-Informed Service and Shelter from the Storm) followed by participation in clinical consultations, critical-issue workgroups, and evaluation. This training program addressed adult and child trauma issues.

- Child trauma curriculum (see above) developed in collaboration with the Early Trauma Treatment Network (National Child Traumatic Stress Network.) Will address: core child development, attachment and trauma issues, child therapy, parenting, and treatment.

Indiana

- The ACT Center of the University of Indiana Department of Psychology conducted a statewide survey of 251 clinicians serving people with severe mental illness in 30 Community Mental Health Centers, to identify barriers to diagnosis and treatment of PTSD and other trauma-related problems. Most clinicians did not feel competent to treat these problems. Adult and Child service providers requested in-service training related to assessment of trauma and PTSD in adults with serious mental illness. Training is being provided quarterly. Curriculum, Published Paper and full final report of needs assessment available.

Maine

- BDS Competency Model: Trauma identified as Core Competency area required of all BDS employees. Describes learning objectives that must be met under seven competency areas of trauma. Used in performance management process and in supervision, to identify training needs, and in the design of training programs and curriculums. Available at: <http://muskie.usm.maine.edu/cfl/Competencies/MH.html>.
- Risking Connection Training Program: a five-module trauma curriculum for use in public mental health, substance abuse and human service field, has been offered regularly across the state to all levels of direct care staff in a variety of disciplines and treatment and support settings. It provides a basic framework and context for understanding and responding helpfully to clients with histories of trauma. Trainings are provided regularly through the Muskie School of Public Service's Center For Learning to mental health and substance abuse staff statewide, including clinical staff and their supervisors.
- Risking Connection Train-The-Trainer Program for selected clinicians to provide in-services consultation and Risking Connection trainings for agencies throughout the state. These trainers are regularly surveyed and continued coaching and support is provided when needed.

- Statewide Trauma Clinical Training Conferences: Summer, 2000 Trauma in Childhood and Adolescence; Fall 2001 Trauma, Substance Abuse and Mental Health; Spring 2003 Integrating Trauma, Substance Abuse and Mental Health. National keynotes and multiple workshops bring evidence-based and emerging best practice models to providers in private and public service sectors. Conference brochures, all topics and presenter information.
- TREM (Women’s Trauma Recovery and Empowerment Model) Training Programs conducted by Community Connection staff in all Regions of the state and cross-training in 2003 for mental health, substance abuse and sexual assault service providers. Three-day trainings in facilitation of psycho-educational groups for women trauma survivors with serious persistent mental health and/or substance abuse problems. Published facilitators manual and materials
- MTREM (Men’s Trauma Recovery and Empowerment Model) Training Programs. Conducted by Community Connection staff statewide. Two-day trainings of mental health and substance abuse clinicians to facilitate psycho-educational groups for male trauma survivors with serious persistent mental health and/or substance abuse problems. Published facilitators manual and materials
- A Trauma-Informed Approach to Human Services. Training of senior staff and administration of four mental health agencies; self-assessment to determine if, where and how they are currently providing trauma-informed services and development of implementation work plan based on assessment. Training by Community Connections and Tri-County Rumford staff and consumers who took part in Trauma-Informed Pilot Project. Training curriculum and materials available, including self-assessment tool.
- USM Muskie School Institute for Public Sector Innovation: Department of Human Services collaborated with the Child Welfare Training Institute to conduct two trainings: one for foster parents on Trauma and Triumph: Parenting Abused and Neglected Children and one for child protective service staff on trauma as core competency.
- Tri-County Mental Health Services, Rumford, Maine, pilot project on implementing trauma-informed service system. Provides internal training and consultation to Tri-County Mental Health Center staff and to agencies statewide. Trauma-Informed Systems Change Tri-County Mental Health Services Rumford Pilot Project PowerPoint available; Tri-County Mental Health, Rumford Unit, Trauma-Informed Philosophy Statement, available; Trauma-Informed Screening/Intake form; available. Audio Tape “And They Are Listening” of Consumer Advisory Team members available.

- Department sponsored Law, Refugee Trauma, Addictions Recovery, Culture and Law Enforcement Conference in December 2003.
- Department sponsored Evidence Based Practices Symposium in May 2004. Symposium included trauma-informed services as a promising practice.
- The Maine Sheriffs Association and NAMI Maine will operate Project TRAUMA (Trauma-Recognition-and-Understanding-Maine Alliance). Project Trauma will train a group of specialized law enforcement/correctional officers to (1) understand the impact and histories of violence on female inmates, (2) assess in-jail internal policies and procedures as they relate to recognizing and responding to trauma and (3) understand and be able to assist in the implementation of state-of-the-art trauma-based, in-jail programs for female inmates who are victims of violence.
- Project TRAUMA will establish three TRAUMA teams – one for each Department region of the state. Once these specialized teams have been selected and trained, they will be deployed to help three Maine jails to implement improved policies and procedures for identifying and responding to incarcerated women who have been victims of violence. Each in-jail pilot project will (1) identify correctional officers to receive specialized training in best practices, (2) utilize the TRAUMA team (consisting of Project TRAUMA staff, local trained volunteers, NAMI Maine, jail staff, and the jail administrator) to provide ongoing oversight, technical assistance, and trouble shooting for the development of an in-jail best practice response to female inmates who are victims of violence.

Maryland:

- Statewide Training Conferences:
 - Trauma and It's Impact on Parenting: Helping mothers with histories of abuse provide their children with more supportive mothering than they experienced.
 - Within the Walls of Change: Trauma Treatment in Correctional Settings. Interventions for managing traumatized inmates, reducing re-traumatization, basic trauma understanding and responses, affect on workers.
 - Sisters Surviving Trauma: Treatment needs of and delivering culturally sensitive services to women of color who are survivors of trauma
 - Trauma, Parenting and Attachment: trained 40 state agencies and private nonprofits in trauma-informed services for pregnant, substance abusing incarcerated women
 - Trauma, Disaster and Resiliency

- Putting the Pieces Back Together: treatment for people in Criminal Justice System who have co-occurring disorders and histories of trauma.
 - Brochures and Speaker information available.
- Working with Borderline Personality Disorder/Crisis Management for Survivors. (Sidran)
- Growing Beyond Survival: Trauma Symptom Management Training 1-day training of corrections staff, clinical staff, community mental health providers. Manual (Sidran)
- The Essence of Being Real: training on group dynamics and structuring peer support groups for trauma survivors. Manual and curriculum. (Sidran)
- Trauma Training In Corrections: Understanding Traumatic Stress 1-day trainings: Frederick County Detention Center, Frederick Maryland, and the Dorchester County Detention Center, Cambridge, Maryland. Provided general training information for providers at every level. Manual (Sidren)
- Managing Traumatized Inmates, half-day training for corrections officers. Baltimore County Corrections
- Risking Connection: Curriculum for Working with Survivors of Childhood Abuse. Three day training for clinical staff, health department workers and administrative staff. Baltimore County Corrections
- Risking Connection: Master Trainer Program: three-day train the trainer model. Manual Relational Teaching, Experiential Learning with PowerPoint available. (Sidran) Baltimore County Corrections
- Baltimore County Mental Health System trainings:
 - TREM (Trauma, Recovery and Empowerment Model),
 - G-TREM (Girls Trauma Recovery and Empowerment Model),
 - TREP (use of Trauma Recovery and Empowerment Profile), and
 - Introduction to Trauma Issues for Women on Inpatient or Short-Stay Units: a four-session group treatment intervention
- Addressing Vicarious Traumatization and Burnout in Trauma Care. one-day training. Personal and workplace-based strategies for addressing and preventing vicarious traumatization and managing burnout; explores aspects of VT that create risks for retraumatizing clients. (Sidran)

- Understanding Trauma. One-day training conducted throughout the State for Parole and Probation Officers, Police Officers, and Department of Juvenile Justice staff.

Massachusetts

- Child-oriented trauma training provided to the Child and Adolescent Acute and Continuing Care inpatient and intensive residential program providers by Glenn Saxe, MD. Funded through SAMHSA grant provided by National Center for Child Traumatic Stress Studies.
- ASAP (Assaulted Staff Assistance Program) offers immediate telephone and on-site crisis intervention and support to staff victims of assault.
- The Child and Adolescent Restraint Reduction Initiative (Sept. 2000 – present) includes all acute (licensed) and continuing care (state-operated and contracted) and intensive residential treatment programs serving children and adolescents in Massachusetts. Providers receiving statewide trauma training on development of collaborative strength based models of care.
- Wellness Recovery Action Plan (WRAP) training for peer facilitators offered statewide
- Men's Trauma, Recovery and Empowerment (MTREM) training to facilitate psychoeducational groups for men with histories of abuse and substance abuse and/or mental health problems. three-day training for Boston Public Health Commission.
- Harvard Medical School, two-day addictions conference with several workshops on trauma. March 2004.

Institute for Health and Recovery (IHR) has conducted and sponsored five years of statewide trainings on trauma and trauma related topics, for providers statewide. Many trainings evolved from IHR's participation as a site of the WCDVS in the WELL (Women Embracing Life and Living) Project. Trainings and consultations on the following: see www.healthrecovery.org.

- Gender-specific treatment: Training emphasize special needs of women for treatment that is comprehensive, trauma-informed, empowering, strengths-based, and includes a focus on relationships, including parenting and children
- Relational Model and Treatment. Understanding and utilizing principles of model
- Feminist approaches to substance abuse: treatment based on relational model of women's development and the empowerment approach

- Treatment for women with co-occurring disorders: on complex and multi-directional relationships connecting substance abuse, mental illness and trauma
- Trauma-informed and trauma-specific treatment: training explicates principles underlying such treatment and how to implement them. Includes list of curricula
- Overcoming barriers to integrated care for domestic violence, substance abuse and mental illness: Linkages among the three issues, barriers and ways to address barriers to providing services
- Systems change strategies for women with co-occurring disorders and trauma/victimization: training on strategies for addressing common barriers and moving toward an integrated system of care
- Working with children affected by substance abuse, mental illness and violence: training on effective trauma-informed treatment and service coordination for children whose mothers are affected by co-occurring disorders
- Promoting resiliency in children: how resiliency traits get nurtured, review of the literature and implications for treatment
- Psycho-educational groups for children whose mothers have co-occurring disorders: presentation of an effective resiliency, promoting, trauma-informed group intervention for children
- Children who witness domestic violence: considers symptoms and treatment of children who witness such violence
- Effects of substance abuse and violence on parenting and the parent-child relationship: teach providers how to promote successful nurturing relationships within families
- Nurturing families through recovery (Curriculum-based Parenting program): training addresses effects of co-occurring disorders and trauma on parenting and the parent-child relationship
- Designing Trauma-Informed Services Systems for Women and Children (Community Connections)
- TREM (Trauma Recovery Empowerment Model) Three-day training. (Community Connections)
- WELL Recovery: training describes model for peer-led self/mutual help groups for women with substance abuse and mental health problems and histories of trauma, including information necessary to conduct such groups

Descriptions of all trainings are available

Western Massachusetts Training Consortium, Inc

- ATRIUM (Addictions and Trauma Recovery Integration Model) (Miller). Peer co-facilitators are trained and supervised by Dr. Miller or an experienced group facilitator to conduct ATRIUM groups with male and female trauma survivors, Latinos, in battered women's shelters, and in prisons.

- WRAP (Wellness, Recovery, Action Program) (Copeland). Training of peer facilitators at sites throughout Massachusetts including Survivor's Project in Greenfield and Turners Falls Women's Resource Center in Montague.

Boston Consortium of Services for Women in Recovery, substance abuse treatment programs (outpatient and residential), multiple TREM trainings and ongoing consultation

Minnesota

- Training to address vicarious traumatization of staff that work with trauma survivors to prevent burnout. Partially based on Perlman and Saakvitne's Trauma and the Therapist.

Missouri

- Missouri Institute of Mental Health with the state Department of Mental Health has developed a presentation on trauma for distance education via CETV, Continuing Education TV, with a question and answer format. Support from the University of Missouri and cross agency collaboration at the state level. Description available
- Annual Spring Training Institute offered by the state to more than 800 front line staff. In 2004, Seeking Safety training was offered, as was disaster response training.

Nebraska

- Statewide 1-day 7-module trainings on Women, Substance Abuse and Trauma: Trauma signs and symptoms, screening for complex trauma using Complex Trauma Screen, response if trauma history is indicated. Representatives from every publicly funded behavioral health provider have received this training. Curriculum and Screening tool available
- Core Competencies for gender specific treatment apply statewide for providers working with women. Document available
- Policy Summit bringing together State Senators, representatives from Provider Groups and Consumer Groups to focus on policy to shape a trauma-informed system. Will feature national speakers on Women's Issues and creating a Coercion and Trauma Free Environment

New Hampshire

- New Hampshire Division of Behavioral Health has sponsored a number of presentations, including NHH Grand Rounds, on the topic of trauma, post-traumatic disorder, and their treatment, including the problem of trauma treatment for clients with primary Serious Mental Illness diagnoses..

- All Mental Health Centers were surveyed to determine current knowledge and practice regarding trauma, and perceived educational needs.
- Statewide Conference on Trauma : Cognitive Behavioral Therapy for Post-Traumatic Stress Disorder in Severe Mental Illness (1/13/04)
- Dartmouth Psychiatric Research Center provided two statewide trainings for clinicians: one on group-based interventions for PTSD; one oriented toward early intervention, and treatment through carefully controlled trials. Trainings have been for clinicians to work with people with serious mental illness and PTSD. Training model consists of 1 to 2 days of training, weekly supervision, and work with experienced clinicians over 6 month period of time.

New Jersey

- Trauma and Trauma-Informed Care Conference planned for 2005
- Catholic Charities and Greater Trenton Behavioral Healthcare staff trained in TREM model.

New York

Office of Mental Health

- In 2001, OMH sponsored three train-the-trainer sessions in Risking Connection. Since that time, trained trainers provide training to state and local mental health staff and recipients.
- Mental health staff who work in juvenile justice programs are Risking Connection trained trainers and provide training to direct care staff.
- OMH Core Curriculum, which is mandatory for all state staff, includes a module on trauma treatment as one of six clinical modules
- Satellite Grand Rounds and Dual Disorders teleconference programs feature trauma issues among other topics.
- Since 1995, OMH has conducted and/or supported clinical training in trauma-related topics at statewide training programs, local programs, and state facility based training programs.
- OMH supports consultations by trauma experts to facility programs upon request.
- Policy on staff trauma requires that staff injured on the job receive support and assistance with physical treatment and referral to supportive counseling as needed. (Copies of policy available from OMH Bureau of Policy, Regulation and Legislation, 518-473-7945).
- Transcending Trauma: Evidence-Based and Promising Practices Symposium, July 12,13, 2004, will provide training for state and local staff. Following the symposium, information on evidence-based and promising practices will be available at the OMH website: www.omh.state.ny.us

Other New York trainings:

- Rockland Children’s Psychiatric Center, an OMH psychiatric center, offered Growing Beyond Survival: Trauma Symptom Management for Children & Adolescents: a one-day training
- Rockland Children’s Psychiatric Center offered Risking Connection Master Training Program, a three-day training to its frontline mental health workers, residential treatment staff, and therapy staff.
- Palladia, formerly a WCDVS site, provided comprehensive trauma trainings for domestic violence and shelter programs. Trauma Training Curriculum available

Ohio

- Statewide Training: Trauma-informed care for PATH (homeless outreach) providers. Summer, 2004.
- Crisis Intervention Training (CIT): Provided to all inpatient staff. CIT staff will be revising the CIT training manual to incorporate NTAC teachings.
- Statewide Training by NTAC Staff : Creating Violence Free and Coercion Free Mental Health Treatment Environments provided to staff representative of licensed children’s residential programs, private psychiatric hospital programs and state inpatient facilities. Each agency sent teams to be trained, including clinical and administrative leaders, training officers, and security personnel.
- State operated hospitals are implementing staff training procedures and guidelines that focus on injury free resolutions when clients are experiencing difficulty, and focusing on decreased physical contact. One hospital recently published “Safety Guidelines for Injury Free Management of Patients in Pre-Crisis and Crisis Situations” provides guidelines but also sets “greater expectations” of staff.

Oklahoma

- One-day workshop offered in 2002 by Dr. Laurie Markoff, addressing services to women with a history of substance abuse, violence, and trauma.
- The ODMHSAS Spring 2004 Children’s Conference: “Weaving Effective and Evidence-Based Practices into a System of Care” included:
 - Two days of workshops by William Steele, MSW, PsyD, of the National Institute of Trauma and Loss in Children, on distinguishing the differences between grief and trauma as well as “Structured Sensory Intervention.”

- One-day workshop by Robert Geffner, PhD., of the Family Violence and Sexual Assault Institute, focused on working with children exposed to domestic violence or abuse.
- Presentation by Sandra Bloom, MD, on “Creating Sanctuary for Children and Adolescents.”
- William Steele is scheduled to conduct a five-day Train the Trainer workshop for clinicians to become trauma specialists.
- ODMHSAS Oklahoma Youth Center (child and adolescent inpatient): facility level training of frontline staff to increase awareness and sensitivity to trauma-related dynamics, avoidance of retraumatization, and vicarious traumatization.
- ODMHSAS Oklahoma Youth Center: Training scheduled for Fall 2004 with Joe Benamati, Director of Albany, N.Y.’s Parsons Child Trauma Study Center, will include incorporation of trauma-sensitive language and goals into treatment plans and employee appraisals.
- One-year and five-year training strategies are in development for all children’s behavioral health services. Training will be designed to ensure a trauma-informed behavioral health work force.
- June-September 2004: Stages of Health: Recovery for Survivors of Domestic Violence – identifying psychological and physiological effects of trauma from domestic violence survivors, stages of healing/recovery, approaching survivors from a strengths-based perspective. A series of statewide trainings targeting staff in domestic violence/sexual assault services program, mental health services agencies, and substance abuse services agencies.
- Stephanie Covington consult and training regarding incorporating trauma-screening, assessment, and counseling into substance abuse services to women who have a history of interpersonal violence over their lifespan.

Oregon

- Trauma focused trainings, forums and conferences (two hours to two days). Trainings are statewide, multi-agency, culturally diverse, and for the full age range. Brochures, handouts and overheads available for all of the following trainings and conferences.
- Trauma training programs have introduced providers of public mental health services to the following models for understanding and responding to trauma:

1. Risking Connection: A Training Curriculum for Working with Survivors of Childhood Abuse; (Sidran)
 2. TREM: Trauma Recovery and Empowerment Model for Working with Women in Groups (Harris)
 3. MTREM: Trauma Recovery and Empowerment Model for Working with Men in Groups (Harris,Fallot)
 4. Seeking Safety: Model for working with trauma and addiction (Najavitz)
 5. Dialectical Behavior Therapy (Linehan)
- Conferences
 - Beyond Sensitivity and Awareness: Improving Mental Health Services to Diverse Communities: Statewide Conference.
 - Recovery Model Services for Trauma Vicitms: Learning from the Oregon Experience. North Sound Regional Support Network.
 - Psychological Trauma Policy: Statewide Regional Forums
 - Trauma Awareness and Responsive Mental Health Services: Oregon HMOs.
 - Trauma and Transformation. Trauma Relief Services of the Northwest
 - Risking Connection: Working with Survivors of Childhood Abuse: 3-day training in trauma-informed care framework including a clinical understanding of trauma and its effects, attachment and therapeutic alliances, and vicarious traumatization. Clinical tools and intervention techniques. (Sidran)
 - Addressing Vicarious Traumatization and Burnout in Trauma Care offered to staff at Mid-Valley Behavioral Care Network
 - SAFE, Inc., Oregon's only entirely consumer/survivor owned and operated drop-in centre, has presented trauma-informed workshops across the state and in Vancouver, B.C., including a multi-media presentation entitled Art and Healing at SAFE, Inc., Feminist Visions of Mental Health Care and Trauma and Re-traumatization, using the SAFE Trauma Handbook , SAFE Guidelines for Implementing: he Client-Focused Oregon Trauma Policy as a text. SAFE offers trauma-informed consumer advocacy training. SAFE's website is <http://members.efn.org/~safe>.
 - Staff at Project Network and Northeast Portland Oregon Treatment Community on post-traumatic slave syndrome conducted by Dr. Joy Leary of Portland State University.

Pennsylvania

- Drexel University Behavioral Healthcare Education program is funded by the State Office of Mental Health and Substance Abuse Services to train

about 12,000 practitioners a year. One goal is to train teams of people as trainers so that the entire spectrum of providers and professional specialties are trained in trauma. Multiple courses range from Posttraumatic Stress Disorder (PTSD) Across the Life Span to Adults with Mental Illness and Histories of Abuse in Childhood to Addictions and Trauma – Co-existence.

- First trauma conference held Fall 2003 at Drexel University, Trauma Through the Life Cycle. Brochure. Brochures and Speaker lists available.
- Second trauma conference on Complex Psychological Trauma. Brochure and Presenter lists available.

Philadelphia:

- Behavioral Health Training and Education Network (funded by the Philadelphia Office of Behavioral Health) coordinates The Behavioral Health Trauma Training Initiative. Since 1998, this initiative has provided multiple level training to inform behavioral health and other human services provider staff about the impact and nature of trauma/interpersonal violence and way to begin to address these issues. As of June 2004, more than 2,500 staff have been trained through this initiative in the following areas:
 - Cycles of Violence Series: eight-10 full day training workshops on trauma-related topics.
 - Interventions Training, developed by Maxine Harris at Community Connections, Washington, DC.
 - Recovery Model Training for Consumers/Trauma Survivors/Recovering Persons, Peers and Staff.
 - Symposia offering opportunities for administrators and practitioners to learn about various topics in depth and to be exposed to a variety of intervention techniques:
 - Cycles of Violence and Welfare Reform: Past, Present and Future –2001
 - Second Annual Trauma and Behavioral Health Symposium, 2002
 - Understanding the Impact of Trauma and Neglect Across the Lifespan: Toward Reframing Behavioral Health Practice, 2003
 - The Sanctuary Model of Organizational Change, 2004.

Luzerne County

- Luzerne County Domestic Violence Task Force sponsored SAGE (Safety, Affect Management, Grief, Empathy) Model training for over 350 social service professionals. From Sanctuary Model (Bloom)
- Public mental health organizations sponsored a series of trainings in SAGE and Sanctuary model (Bloom)

Rhode Island

- Kent Center staff receive regular training from the Sexual Assault and Trauma Resource Center through a reciprocal agreement with the Center. Staff are trained in DBT and EMDR to work with trauma survivors.
- Crisis Prevention and Intervention (CPI) trains staff in alternative dispute resolution.
- Trauma-Informed Model training provided for agency staff by Community Connections of Washington, D.C. Open to the public.
- CARR (Coalition for Abuse Recognition and Recovery) Continue to work with the guidelines for consumer friendly programs and have been training clinical and non-clinical staff in becoming informed.

South Carolina

- State Department of Mental Health provides on-going basic training for staff throughout the system of services, including staff at all 17 of the Department's mental health centers. This training includes statewide use of interactive TV and provides a core competency level of skill in screening for trauma and responding effectively when trauma is disclosed as well as generally to consumers with trauma histories.
- Trauma training initiative has evolved from one in which each Community Mental Health Center was approached individually and seven of 17 Centers provided training on trauma sensitivity, assessment and treatments tailored to each organization's interest and need, to one in which all Centers are now required from the Commissioner's level to develop capacity to address trauma in both children and adult services and are being held accountable for doing so. Policy document available.
- Trainings are conducted based on a treatment model, Cognitive-Behavioral Treatment for PTSD Among People with Severe Mental Illness: developed by B. Christopher Frueh, Ph.D., and colleagues (see Frueh et al., 2004). Model will be manualized by Fall 2004.
- Trauma-Sensitivity Training for All Inpatient Staff offered in five state hospitals. Training was videotaped for use with new inpatient staff who are required to watch video and take a pre- and post- test. Video is titled Trauma Awareness for Inpatient Staff.
- ETV series for child clinicians on addressing trauma-related symptoms using cognitive-behavioral therapy in children statewide. Each session is two hours with 15 minutes allotted for questions, total of 10 hours of training. Videotapes provided to all centers for use with new staff that did not participate in ETV event.
- ETV series for adult clinicians on using PTSD using cognitive-behavioral therapy. Adult clinicians participated in a four-part series, two hours a

session, on addressing trauma-related symptoms in adults. Mandatory at some centers.

- Statewide Trauma Conference. April 2002. Attended by over 200 staff from Department of Mental Health and every Mental Health Center. Brochure, speaker lists available.
- Trauma liaisons will, as part of their responsibilities, provide on-going assessment of training needs and access to training programs. Liaisons will be established in all 17 mental health centers by June 2004. Liaison definition document available.

Vermont

- Training and consultation for Agency of Human Service (AHS) department managers re: Trauma Informed Service Systems. 150 AHS department senior managers received ½ day of orientation from Maxine Harris and Roger Fallot of Community Connections, plus ½ day of consultation for each department concerning planning for improving trauma sensitivity within the department. Model described in published monograph Using Trauma Theory to Design Service Systems by Harris and Fallot.
- AHS developed and piloted a trauma-orientations training for human service providers – direct care and direct care supervisors at a local level. Includes Housing Services, Vocational Rehab services, Welfare, Juvenile Services, Corrections, Public Health, Mental Health, Substance Abuse. Training also being developed for disaster response team.

Washington

North Sound Mental Health Administration

- Trauma trainings are conducted for staff and consumers

Wisconsin

- Three models for in-service training of Department employees and staff of 72 county mental health service systems are included in the Wisconsin Trauma Workgroup recommendations to the Bureau of Community Mental Health and the Bureau of Substance Abuse: 1. Risking Connections; 2. a trauma curriculum and materials developed as a result of the Women and Violence project, 3) a Consumer Curriculum, New Partnerships for Women Consumer Curriculum, developed by consumers and providers. Consumer curriculum available.
- The Wisconsin Coalition for Advocacy received a Violence Against Women Act Grant for cross systems trainings between six sexual assault and domestic violence organizations and disability organizations. Six trainings were held statewide. Violence Against Women with Disabilities

Project Cross Training Workbook and Accessibility Guide for Domestic Violence and Sexual Assault Service Providers available through WCA website: <http://www.w-c-a.org>.

- Department of Health and Family Services contracted with Sidran Institute to address traumatic stress in homeless population and elders. Trainings included:
 - One-day training on Identifying and Managing Symptoms of Traumatic Stress Among the Homeless, Mentally Ill in La Crosse and Appleton for frontline practitioners at shelters and treatment programs for homeless individuals and families;
 - One-day training on Trauma and Seniors: Treatment Perspectives: for all frontline staff at treatment centers, hospitals, nursing homes, home health care providers for seniors
- Growing Beyond Survival: Trauma Symptom Management: a one-day training offered to consumers, frontline county healthcare providers, mental health and substance abuse staff, with discussion and demonstration of specific trauma interventions. Training conceptualizes trauma symptoms as adaptations to be understood in context before being addressed in treatment. Based on Growing Beyond Survival: A Self-Help Toolkit for Managing Traumatic Stress (Sidran)
- Addressing Vicarious Traumatization and Burnout in Trauma Care: Working With Boundaries. Training for clinicians who work with trauma survivors
- Risking Connections Master Trainer Program . 3-day train-the-trainer model for individuals and systems Madison, WI who went through the Risking Connection training and now want to teach it to others within their service systems. Manual and Powerpoint available
- Risking Connection: Curriculum for Working with Survivors of Childhood Abuse. 3-day training for State and County substance abuse workers, frontline and therapists.
- Risking Connection: Using A Trauma Framework to Support Survivors with Developmental Disabilities. Wisconsin Council on Developmental Disabilities worked with Sidran to adapt the Risking Connections training to apply to staff working with those with developmental disabilities. Trainings held in Appleton and LaCrosse for frontline Developmental Disabilities workers, families and consumers

Wyoming

- Staff Certification and Re-Certification procedures incorporate understanding and sensitivity to trauma.

- State patient advocate training on how to conduct an investigation into an allegation of mistreatment against a state employee without retraumatizing the consumer.

4. Linkages with higher education to promote education of professionals in trauma

Formal, ongoing efforts should be made to collaborate with institutions of higher education to create new trauma-based curriculum, revise existing curricula, ensure the teaching of evidence-based and emerging best practices in trauma, include consumer/survivors as trainers, and incorporate trauma and violence as a core part of the training of all future behavioral health care workers in all disciplines. (*Goal 5.3: President's New Freedom Commission on Mental Health Final Report*)

Alabama

- University of the Pacific and ERT: on-going Trauma Workgroup consisting of Department Chairs from the Educational Psychology and Psychology Departments.

California

- University of California Los Angeles (UCLA) offers inter-disciplinary training in child abuse and neglect. Collaboration of Medical, Social Work, Law School, Dental, and School of Public Health.

Connecticut

- University of Connecticut (U Conn) Health Center Department of Psychiatry participates in DMHAS grant applications to integrate trauma into all federally funded projects.
- UConn Health Center is also a partner on the Trauma Initiative.
- UConn and Yale University established the DMHAS-funded Center for Trauma Response, Recovery, and Preparedness (CTRP) in 2002.
www.CTRP.org

District of Columbia

- Fifteen social work students per year: field placement at Community Connections agency. All students exposed to trauma-informed model via placement and supervision. Staff present "What is Trauma" lecture at three university Schools of Social Work.

Illinois

- UIC International Center for Responses to Catastrophes: Primary mission is to promote multidisciplinary research and scholarship that contributes to

improved helping efforts for those affected by social catastrophes. The Center is highly multidisciplinary in approach with university faculty from collaborating departments and colleges, representing mental health and health services, humanities, and social services.

Maine

- Mental Health Rehabilitation Technician (MHRT) Certification Program requires 10 Associate Degree level courses, including one on trauma. (See MHRT Trauma Competencies). Certification necessary for a variety of direct care positions including community support workers and crisis workers.
- Collaboration between the state Department of Behavioral and Developmental Services and the University of Maine on current university curriculums and programs as well as continuing education programs. Focus areas: evidence-based practices and emerging best practices on trauma.

Maryland

- University of Maryland, School of Social Work, has developed a Trauma Certificate Program, in collaboration with the Mental Hygiene Administration
- University of Baltimore, Maryland State Victim Assistance Academy, sponsors Risking Connection training curriculum

Minnesota

- Ananda Project/Dialectical Behavior Therapy program has linkages with the Director of the Department of Psychiatry at University of Minnesota, and the Chair for Women's Health Studies. Links public mental health with residency training and women's health-related issues.

New Hampshire

- The Psychiatric Research Center at Dartmouth is conducting research at two regional mental health centers to develop and evaluate the effectiveness of a trauma model of intervention and treatment.

New Jersey

- University of Medicine and Dentistry of New Jersey (UMDNJ) and Center for Excellence in Psychiatry implementing IRM: Illness Management and Recovery at pilot sites. Training begins July 1. Includes supervision and auditors who follow up with fidelity criteria of model.
- UMDNJ: TEAM Solutions illness management and wellness program, teaches coping mechanisms and self-care to people with histories of

trauma. Staff nurse, dietician and program coordinator being hired to focus on healthy eating habits, self-esteem, and other self-care behaviors.

New York

- OMH's New York State Psychiatric Institute, a research institute, is linked with Columbia University College of Physicians and Surgeons. The OMH Trauma Initiative and Project Liberty both collaborate and receive clinical consultation from Randall Marshall, MD, Director, Anxiety Disorders Clinic, as well as his staff.
- New York State Nathan Kline Institute, a research institute, is linked with the New York University Child Study Center.
- New York has two trauma programs at institutes of higher education; information is shared between these two programs and the OMH Trauma Unit regularly:
 - State University of New York at Buffalo, School of Social Work, Trauma Certificate Program, Nancy Smyth, PhD.
 - New York University, Trauma Studies Program, Jack Saul, PhD.

Ohio

- The Ohio Coordinating Center of Excellence in MI/MRDD Dual Diagnosis: in process of developing a training module addressing core competencies for working with persons with MI/MR and their higher vulnerability to trauma.
- Block grant funding: ODMH has approved use of some block grant funds to work collaboratively with a community coalition formed by the Ohio Department of Health to develop a plan to convince professional schools to include trauma-informed care in their curricula.

Oklahoma

- Oklahoma Department of Mental Health and Substance Abuse Services (DMHSAS) links with the Center for Child Abuse & Neglect/Child Study Center at the University of Oklahoma Health Sciences Center to:
 - Conduct assessments of children in domestic violence shelters for trauma, Safety First.
 - Development of curriculum for clinicians who work with traumatized children in domestic violence and child advocacy settings.
- ODMHSAS Oklahoma Youth Center through the National Child Trauma Stress Network (NCTSN) is connected with research conducted at the Center for Child Abuse & Neglect/Child Study Center of the University of Oklahoma Health Sciences Center, which is a category II (Intervention Development and Evaluation Center) site within the NCTSN.

Pennsylvania

University of Pennsylvania:

- The University of Pennsylvania School of Social Work hosts a bi-annual conference on family violence aimed at training service providers and advocates who work with perpetrators and survivors of intimate violence and trauma. The 2004 conference, “Finding New Directions for Responding to Intimate Violence,” was co-sponsored by the Philadelphia Mayor’s Taskforce on Domestic Violence and received funding from the Pennsylvania Department of Aging. Brochure and speaker list available.
- Beginning in 2005, the Penn School of Social Work will offer two certificate programs on trauma interventions, both under the direction of Dr. Sandra Bloom. The Certificate Program in Trauma Therapy will train professionals to work with adult survivors of abuse and trauma. The Certificate Program in Organizational Trauma will provide training on assessing and responding to trauma in organizations.
- The Penn Social Work Professional Continuing Education Program offers a variety of courses related to trauma to human service professionals, including: Handling the Impact of Trauma in the Family Context (6 hours); Abuse in Intimate Relationships (6 hours); Creating Sanctuary (from the Sanctuary Model, Bloom, 6 hours); Tragedy, Trauma, Loss, Grief, and Resiliency (6 hours); Assisting in the Aftermath of Disasters and Other Crises (6 hours); Forensic Assessment of Adult Sex Offenders (6 hours); Child Abuse and Child Welfare (6 hours); Elder Abuse (6 hours).
- Penn also offers a credit-bearing course in the MSW program taught by Dr. Sandra Bloom (The Sanctuary Model) on creating and sustaining trauma-informed social systems in mental health settings, schools, shelters, other social service settings, and the community-as-a-whole. COURSE TITLE: SW 799-001 Creating Sanctuary: Sustaining Safe Environments for Social Learning (Free Elective) INSTRUCTOR: Sandra Bloom, MD., President, Community Works, Inc.

Bryn Mawr School of Social Work

- During the 203-2004 academic year, Bryn Mawr School of Social Work offered two, six-hour courses by Dr. Sandra Bloom in trauma theory and trauma-informed treatment.
- State Department of Mental Health and Substance Services has an agreement with Drexel University on Behavioral Healthcare Education. 12,000 people per year trained from entry-level case managers to seasoned

professionals who need updates on new research findings. Drexel also hosts annual conference on Trauma Through the Life Cycle.

Rhode Island

- Rhode Island Council of Community Mental Health Organizations Case Management Certification program, sponsored and funded by the Department of Mental Health and Mental Retardation, includes a trauma assessment treatment module.

South Carolina

- University of South Carolina involved in collaborative trauma research and training with state Department of Mental Health. Link between state DMH and Medical College at the University of South Carolina. University member of state Trauma Initiative Committee.

Vermont

- CMHJS Master's Program in Community Mental Health is incorporating trauma into its program.
- University of Southern New Hampshire adult learning model offers Masters in Community Mental Health via weekend program.

Wisconsin

- University of Wisconsin offering cross-disciplinary seminar on women and violence via Schools of Social Work, Medicine, and Nursing.

5. Consumer/Trauma Survivor/Recovering person involvement and trauma-informed rights

The voice and participation of consumers, including those who identify themselves as trauma survivors, should be at the core of all systems activities, from policy and financing to training and services. Trauma-informed individualized plans of care should be developed with every adult and child receiving mental health system services. Consumers with trauma histories should be significantly involved and play a lead role in the creation of State Mental Health Plans, the improvement of access and accountability for mental health services, and in orienting the mental health system toward trauma and recovery. Special attention should also be paid to the rights of people with trauma histories (e.g. right to trauma treatment, freedom from re-traumatization) and to the ways in which these rights may be systematically violated. (Goals 2.1, 2.2, 2.3, 2.4, 2.5: President's New Freedom Commission on Mental Health Final Report)

Alabama

- First Office of Consumer Relations in the country. Consumers involved in developing policies; 32-self-help groups operated through office.

Alaska

- Consumer involvement is required on the boards of all behavioral health grantee agencies and on State Planning Boards.

California

- Mental health and substance abuse recipients of state services involved in planning, evaluation design, service delivery, and orientation for parents, and problem solving for barriers to accessing needed services.
- PROTOTYPES Agency: County-wide Local Expert Group focuses on co-occurring disorders and trauma made up of directors of mental health, substance abuse, social services, children's services, research providers and consumers with histories of abuse. Group functioning and change agent functions described in A Model for Changing Substance Abuse, Mental Health. In press in Alcohol Treatment Quarterly.

Colorado

- New Directions for Families program employs consumers in key positions. Peer case manager acts as a liaison between providers and current service recipients and participates in program planning. A consumer advisory council assists with redesigning program materials, advising administration, and managing recommended changes. A peer support group provides social support, links to community organizations, recreational activities, and peer counseling to women leaving the agency program. Job descriptions for peer case manager available. Written policy on dual role of employing clients available.

Connecticut

- Consumers had a key role in the advisory committee that was formed to develop a strategy for addressing the needs of trauma survivors in the state at the outset of the Trauma Initiative.
- Along with clinical training, each of the agencies involved in the Trauma Initiative participate in a training presented by consumers and based around a film developed by the Department entitled Trauma: No More Secrets. Videotape and guidebook are available.
- Consumers are currently participating in a multi-state study of service utilization by trauma victims, sponsored by the NASMHPD Research Institute and the Bristol Observatory.

District of Columbia

- Community Connections Agency Survivors Council meets regularly to advise on policies and procedures.
- Sisters Empowering Sisters: a leadership council where women are trained to be their own primary service deliverers, learning how to access vital services such as energy assistance programs and housing vouchers, and then help other women.
- Women's Empowerment Center: a drop-in center for women who are or have been homeless, substance abusers and suffering from mental illness, where the common thread is an extensive history of trauma and abuse. Consumer/survivors operate the Center, run educational groups and welcome new consumers, introducing them to opportunities for trauma recovery available at Community Connections.

Indiana

- WRAP (Wellness, Recovery and Action Program) used as part of the Office of Consumer Affairs Services.

Maine

- Consumer/trauma survivor staff of the state Department of Behavioral and Developmental Services Office of Consumer Affairs are members of the Department Trauma Services Implementation Team, responsible for trauma planning and implementing and overseeing the delivery and evaluation of trauma services. Described in A Plan for Improving Behavioral Health Services for Persons with Histories of Trauma and in two Updates.
- A large community mental health agency in the state, Tri-County Mental Health Services in Rumford, has implemented a trauma-informed model. Consumers serve on Trauma Services Implementation Team. Three different consumer advisory boards: one to children's case management services in Rumford and two to Bridgeton units.

Maryland

- Consumers are consulted at all aspects of planning, evaluation, and delivering trauma services for every project developed within the Mental Hygiene Administration. The Division of Special Populations has developed a position, Director of Advocacy Services, that oversees the development of peer support groups as well as the TAMAR Advocates Board, a group of consumers who meet monthly to discuss the delivery of trauma-informed services. Description documents available.

- TAMAR peer support groups link with On Our Own Maryland, a consumer organization, which networks with all the consumer-run organizations throughout the state. Trauma workshop included for the last six years at statewide conference presented by On Our Own Maryland. TAMAR advocates' group started peer support groups in counties. Groups using Growing Beyond Survival and The Essence of Being Real curriculums. Peer groups recommended steps for forming model peer support groups for consumers with histories of trauma. Document available.
- Department of Corrections offers groups within prison where formerly incarcerated women come back and offer peer support. Currently incarcerated women then volunteer to become trained peer supporters.

Massachusetts

- Wellness, Recovery Action Program offered by staff trained by the Department of Mental Health and held at different sites: clubhouses, women's resource centers, churches, survivor's projects. WELL Project, consumer led mutual support group, published manual.
- Peer-run, peer-driven groups were the focus of activities in the Franklin County Women and Violence site. Programs continue, and include writing groups, movement groups, Reikki training, and theatre groups. CDs available on songs and art. Groups also explore spirituality using Your Surviving Spirit as curriculum. Guidelines for Peer Run, Peer Driven Programs available.

Missouri

- Consumers represented on statewide Trauma Workgroup.

Nebraska

- NASMHPD National Association of Consumer/Survivor Mental Health Administrators, a group of directors of offices of consumer affairs in states, published The Roadmap to Restraint and Seclusion Free Environment. Pilot at Lincoln Regional Center, three-day staff training. Roadmap training kicked off by panel of consumers.
- Consumers were involved in reviewing the trauma-based training and toolkit material developed by the Women's Coalition.
- UNO program survey instrument contained section on consumer perspective on assessment of trauma.

New Hampshire

- Consumers discuss effects of trauma and how to overcome them. Videotape available.

New Jersey

- Consumers serve on Department, executive level Trauma Workgroup.

New York

- Forum on trauma issues, held in 1994, included testimony from service recipients, along with providers, family members, and researchers.
- Statewide Committee on Trauma, which advised OMH on the development of the Trauma Initiative, included significant service representation by recipients and self-help organizations.
- All statewide training programs have involved service recipients in planning and presenting; when programs require a fee, recipient scholarships have been available.
- Many state psychiatric centers involve service recipients on their trauma committees and in staff training on trauma topics.
- Many Risking Connection trained trainers are service recipients.
- OMH Bureau of Recipient Affairs is distributing Growing Beyond Survival.

Oklahoma

- DMHSAS has established a Consumer Affairs Division which links with consumer groups to provide feedback and recommendations.

Oregon

- MH Block Grant includes consumer input in application of trauma policy.
- A consumer/survivor group Springfield is creating a guide for how mental health providers can help trauma survivors.
- Consumers involved in Trauma Policy Advisory Committee and the Seclusion, Restraint Reduction Committee.

Rhode Island

- Coalition for Abuse Recognition and Recovery (CARR), a group of consumers and professionals, designed a system of care for Kent Center, established criteria for consumer friendly programs, performed community education and training on trauma issues. At least one-third of the members of the Kent Center Board of Directors are trauma survivors. Written documents available.

South Carolina

- The SCDMH Trauma Initiative Task Force is co-chaired by the Director of the Office of Consumer Affairs (OCA); all 17 of the system's self-identified Consumer Affairs Coordinators (CACs) also serve on the task force with the OCA Director and five of the 17 CACs taking a lead role. The Director of the Mental Health Association's consumer advisory group, CORE -- Consumers on the Road to Empowerment -- also participates on the trauma advisory committee and as a statewide speaker. Consumer speakers conduct sensitivity training at key statewide trainings and at individual mental health center staff meetings and trainings. Over the next fiscal year, the consumer component of the SCDMH Trauma Initiative will assist with meeting recently identified needs of the initiative: to increase awareness of clients' needs related to trauma by working through the local consumer advisory councils, center directors, and center trauma liaisons; to include trauma information in the Peer Support Certification Training in South Carolina; and to help create and distribute trauma awareness materials (brochures and posters) at the centers as a way to build greater demand for trauma services in the DMH system.

Vermont

- Consumers serve on Trauma Cluster representing mental health systems, recovery education, and Department of Corrections.

Washington

North Sound Mental Health Administration:

- Consumers are involved in all aspects of administration and services at the North Sound Mental Health Administration.
- The consumer and family member Advisory Board to NSMHA includes an acting committee on trauma

Wisconsin

- Promoting Partnerships with Consumers: An Experiential Report and "How To" Guide (Greenley, Barton, Hennings, Marquez, and Michaelis). Paper informing state system developed through The Women and Mental Health Study Site of Dane County.
- New Partnerships for Women Consumer curriculum; available through npw.@choiceonemail.com.

Wyoming

- Statewide consumer affairs association developed; have held three to four consumer conferences including discussion of trauma and traumatization. Peer-to-peer program in place where consumers are hired to provide peer counseling.

6. Trauma policies and services that respect culture, race, ethnicity, gender, age, sexual orientation disability, and socio-economic status.

A commitment to all forms of diversity should be the bedrock on which trauma-informed systems of care are built. Cultural issues regarding trauma should be addressed for all populations, including refugees, racial and ethnic minorities, and rural populations. (Goals 3.1, 3.2: President's New Freedom Commission on Mental Health Final Report)

Alaska

- The history, culture, and immediate experience of Native Alaskans is permeated and impacted by trauma. Three or four generations ago, Native Alaskans experienced what is known as the “Big Die Off” when 80 to 90 percent of the population died due to the introduction of European/American culture and diseases. This left the next generation of children with no parenting (nurturance, safety, examples and ways to live). They in turn became known as the “Walking Dead” whose children in turn were impacted by substance abuse. With this history, all health, mental health, and substance abuse programs are aware, sensitive, and knowledgeable about the dynamics of trauma.
- Cultural Assessment and Culturally Appropriate Services at www.state.ak.us/admin/vccb.

California

- PROTOTYPES agency: All programs and services for women receiving services are gender specific.

Connecticut

- Commissioner's Policy on Multi-Culturalism implemented throughout system. Policy statement available.
- Commissioner's Policy on Promoting a Recovery-Oriented Service System being adopted throughout the behavioral healthcare system. Policy statement available.
- Training films produced by DMHAS and available on Women's Consortium website, www.womensconsortium.org or www.traumamatters.org. Slides and handouts can be downloaded. Films include: Trauma and Culture: Oppression, Marginalization, and Stigma; Domestic Violence: Advocacy and Clinical Perspectives; and PTSD: Assessment, Differential Diagnosis & Treatment.

- The TREM and TARGET treatment models have been translated into Spanish. The TARGET model has also been translated into Dutch, Hebrew, and Finnish.
- Trauma groups that met the needs of people of different ethnocultural backgrounds, special needs and/or disabilities are being conducted and include Spanish-speaking, African-American women, people with HIV/AIDS, youth, and deaf and hearing impaired.
- Each agency offering trauma treatment has gender-specific groups for both men and women.

Illinois

- DVMHPI Symposium on Culture, Trauma and Domestic Violence held in January 2004.
- DVMHPI Dialogue among domestic violence programs and programs that serve refugee and immigrant communities on overlaps between political torture, refugee trauma, and domestic violence and building collaboration to better serve diverse communities.

Maine

- State Department of Behavioral and Developmental Services co-sponsored The Law, Refugee Trauma, Addictions, Recovery, Culture and Law Enforcement Conference, December 2003.

Maryland

- Any policies or services that are developed are reviewed by the Mental Hygiene Administration's Coordinator of Multi-Cultural Affairs to ensure cultural competency. Policy description available.
- Training held December 14, 2000 Sisters Surviving Trauma: Women of Color and Trauma. Addressed how the treatment needs of women of color may be different than traditional needs and how to deliver culturally sensitive services to women of color who are survivors of trauma. Training brochures and materials available.
- TAMAR Advocacy Group includes consumers from urban and rural areas and from Caucasian, Hispanic, African American, and Asian cultures. This group is consulted whenever the Department writes grants or develops new aspects of programs.

Missouri

- Division of Alcohol and Drug Abuse contracts with community providers for 12 gender specific Comprehensive Substance Treatment and Rehabilitation (CSTAR) Programs specializing in the treatment of women

and their children. The programs are required to address therapeutic issues relevant to women, including safety and domestic violence.

Nebraska

- State core competencies are gender specific.

New York

- All OMH policies and programs aim for cultural appropriateness.
- Trauma Unit directors meet periodically with the OMH Multicultural Advisory Committee (MAC).
- Transcending Trauma: Evidence-Based and Promising Practices Symposium (July 2004) is being planned jointly by the Trauma Unit Director and the Cultural Competence Coordinator. All presenters will be asked to submit descriptions of adaptations of their treatment program for diverse communities.

Oklahoma

- All services provided by facilities of the ODMHSAS are in accordance with various federal laws respecting race, gender, age, and disability. It is also the mission of ODMHSAS to promote health communities and provide the highest quality care to **all** Oklahomans.
- ODMHSAS provides numerous workshops on ethics and cultural competence yearly. Our “Cultural Competence Conference” will take place this year on December 2-3.

Oregon

- Project Network, a private non-profit agency, is part of the Legacy Health System. Primarily serves an African American population: using culturally specific domestic violence education curriculums for both men and women. Parallel services offered to both men and women. Agency uses gender-specific Evolve curriculum published by the Vera Center. TREM group for women and MTREM offered. Gender-specific parenting groups offered: women’s titled “Strengthening Multi-Ethnic Families and Communities,” Men’s group is run separately. Couple’s support group offered.

South Carolina

- State serves a large African American population: approximately 50 percent of clients. All trauma programs are sensitive to cultural issues.

Vermont

- State designated half-time mental health staff position to collaborate with refugee resettlement program on impact of trauma on refugee population.

7. Systems integration/coordination between and among systems of care serving persons with trauma histories, and including life-span perspective.

Because abuse trauma may result in multiple vulnerabilities and affect many aspects of a survivor's life, coordination across systems is essential. Integration of trauma, mental health and substance abuse is absolutely critical. Systems integration should also include the health care system, educational system, criminal justice, social services, and the full range of human services. (Goals 4.2, 4.3, 4.4: President's New Freedom Commission on Mental Health Final Report)

Alaska

- Cross-training of staff from Southeast regional school and social services systems, hospitals, mental health and substance abuse agencies in common understanding of trauma and how to respond. Use Risking Connections Curriculum. www.sidran.org.
- Alaska Mental Health Trust Authority Focus Group on Children's Issues: Planning group focused on improving the children's system of care to improve the capacity to serve children with SED within Alaska.
- Co-occurring State Initiative Grant: Multidisciplinary planning group to integrate mental health and substance abuse service delivery systems.
- Division of Behavioral Health and Substance Abuse and Mental Health Boards MOA for joint planning for FY05 (in process).
- Children's Justice Act Task Force: Multidisciplinary Task Force to address systemic issues within the service delivery system for children who are trauma survivors.

Arizona

- The statewide 24-Hour Urgent Response for children removed by Child Protection Services involves coordination between CPS and the behavioral health system to provide the assessment findings and recommendations within seven days for the court. Policy and assessment tool available.
- The Arizona Families F.I.R.S.T program involves an innovative collaboration between the community, the Department of Economic Security, the Department of Health Services, faith-based organizations and regional behavioral health authorities to provide a continuum of services to substance abusing parents who have had their children removed from the home. Annual report can be accessed at www.azdes.gov/dcyf/first/.

California

- Los Angeles County Local Expert Group responsible for services and policy planning with focus on co-occurring disorders and trauma. Includes current and former heads of LA County Departments of Mental Health and Substance Abuse, Director of Children's services, researchers, consumers and providers.

Colorado

Metropolitan Denver area

- Arapahoe House New Directions for Families (NDF) program works with Correctional system to provide substance abuse and mental health treatment using the female specific version of Strategies for Self Improvement and Change (Milkman & Wanberg, 1998) enhanced by Seeking Safety groups to women referred by probation, parole, or diversion officers. Most women referred have substance abuse charges, are having difficulty on probation, have depression and PTSD.

Connecticut

- DMHAS provides trauma-informed and trauma-specific substance abuse and co-occurring services to parents involved in the child welfare system through a collaborative program with the Department of Children and Families (Project SAFE).
- All domestic violence programs (funded by the Department of Social Services) were included in intensive trauma training and consultation at no cost.
- The Connecticut Children's Alliance (CCA) 15 Multidisciplinary Teams include representation from the disciplines of Prosecution, Child Protection, Law Enforcement, Medical, Mental Health and Victim Advocacy to work together to reduce trauma of victimization for child, evaluate for PTSD, and enhance the system's ability to respond to child maltreatment.
- Connecticut Bureau of Behavioral Health, Medicine and Education, Department of Children and Families collaborating with the juvenile justice system to develop trauma-informed, gender-specific residential and outpatient programs for girls.

District of Columbia

- Community Connection Inc. Project Hope: a Department of Mental Health School Based Program in which Community Connection trained counselors from 16 DC schools conduct G-TREM (Girls Trauma Recovery and Empowerment Model) groups with adolescent girls and youth with histories of violence. Description of program available.

Florida

- MH and SA abuse systems in three county, semi-rural district in Central Florida collaborate in cross-training and co-leading TRIAD Women's Groups addressing substance abuse, mental health, and trauma issues, cooperate on case management issues, and have developed a trauma-informed, integrated biopsychosocial assessment. Fleisher – Bond, M., Clark, C., Rich, A., Becker, M., Giard, J. (May 28, 2004) Final Report of the TRIAD Women's Project. Tri-County Human Services, Inc., Lakeland, Florida.

Hawaii

- Professionals from areas of criminal justice, mental health, and substance abuse, participated in cross training to collaborate in meeting needs of women with serious mental illness and histories of trauma who are recommended for the Hawaii County Jail Diversion Program. Gender and Trauma Specific Services Action Plan

Illinois

Chicago metropolitan area

- Chicago Domestic Violence Mental Health Policy Initiative (DVMHPI) facilitates ongoing cross-training between domestic violence and mental health agencies.

Maryland

- Maryland Department of Health and Mental Hygiene's TAMAR program is multi-system approach involving correctional, mental health, legal and judicial systems. TAMAR Children's program cross-trains staff from social services, public defenders office, state attorneys office, bench judges, parole and probation officers, AIDS administration, private non-profit agencies, employment agency.

Massachusetts

- State Leadership Council members are from state agencies of mental health, substance abuse, child welfare, public health, child care services, social services, Medicaid. Council developed toolkit and recommendations for integrating systems of care across state agencies for trauma survivors with co-occurring mental health and substance abuse disorders.
- Toolkit and article "Relational Systems Change: Implementing a Model of Change in Integrating Services for Women with Substance Abuse and Mental Health Disorders and Histories of Trauma" available.

- Governors Commission on Domestic Violence and Sexual Assault include representatives of all major service systems. Commission sponsored regional forum for all disciplines engaged in addressing trauma.

Nebraska

- Statewide Policy Summit in September, 2004, will bring together invited State Senators, representatives of Provider Groups, and Consumer Groups to focus on policy to shape a trauma informed system and to create a coercion and trauma free environment. Summit is a collaborative effort of Nebraska Advocacy Services, Nebraska Coalition of Women's Treatment, and Nebraska Department of Health and Human Services.

New York

- Building Connections project, a collaboration between the New York State Coalition Against Sexual Assault and the Mental Health Association, works with local coalitions of mental health, rape crisis, domestic violence and other service providers to share trauma resources and develop local programs.
- Mental health staff who work in juvenile justice programs are Risking Connections trained trainers and will be providing training to direct care staff
- OMH hosted an interagency meeting on mental health issues for women in the criminal justice system; trauma issues were featured prominently.
- Office of Addiction and Substance Abuse Services, Administration for Children's Services, and Office of Mental Health collaborative workgroup focused on needs of families with addiction, mental health and trauma related problems and development of protocols to meet them.

Oklahoma

- ODMHSAS has promoted the use of trauma concepts in all service areas and is developing coordination among the service areas.
- The Substance Abuse Division of the ODMHSAS requires all contracted substance abuse treatment providers who offer treatment services to women to also provide trauma counseling. The division has provided extensive training on Stephanie Covington's model for working with substance abusing women who have a history of trauma and violence.
- Currently coordinating mental health/trauma and substance abuses with domestic violence/sexual assault services. The Domestic Violence/Sexual Assault Division currently contracts with seven domestic violence/sexual assault agencies that also have a substance abuse contract to provide substance abuse services. Some of these agencies are currently working on

the development of a trauma component in their programming for children (see also under # 9).

Oregon

City of Portland

- Legacy Health System's Project Network works with child welfare, TANF and correctional systems to look at trauma and cultural significant treatment issues for African American women and men and their children.
- SAFE, Inc., a consumer/survivor-owned and –operated drop-in center, presents workshops across the state and elsewhere on trauma and re-traumatization. SAFE distributes a handbook titled: SAFE Guidelines for Implementing: the Client-Focused Oregon Trauma Policy, which promotes recovery in a respectful, non-traumatizing manner.

Pennsylvania

City of Philadelphia:

- The mayor of Philadelphia appointed a Task Force on Domestic Violence in 2003 with the mayor serving as the honorary chair and the police commissioner and Women's Law Project Executive Director serving as co-chairs. The Task Force is charged with making recommendations as to what operational policies; practices and points of accountability should exist to drive a more coordinated response on the part of the city. As a result of early assessment of needs, Major John Street allocated a million dollars to expand hotline services and shelter beds. In April 2004, Dr. Sandra Bloom presented training on trauma theory to the entire Task Force.

Rhode Island

- Kent Center for Human and Organizational Development collaborates with criminal justice, courts, juvenile justice, and school systems to address truancy and school drop-outs among traumatized abused children, prison discharge planning for adults with histories of trauma and prescreening of adults prior to involvement in criminal justice system.

South Carolina

- Some CMHC's (e.g., Charleston/Dorchester CMHC) collaborates with Substance Abuse Agency in cross training of agency staff in trauma.

Vermont

- Vermont Agency of Human Services: Trauma Policy Cluster, a multi-department and multi-discipline approach to implementing Vermont Legislative Commission on Psychological Trauma recommendations. Based on criteria outlined by Harris and Fallot in monograph "Using Trauma Theory to Design Service Systems" (New Directions for Mental

Health Services #89, Spring 2001). A Policy Cluster approach to providing services is implemented by VAHS among department leaders to integrate multi-departmental responses, break down barriers, and develop unified, coherent strategies for traumatized individuals and families in trouble. Chaired by the Commissioner of Department of Developmental and Mental Health Services, The Trauma Policy Cluster involves senior staff of Departments of Medicaid, social welfare, corrections, mental health, substance abuse, juvenile services, disaster planning, and consumers, clinicians, providers.

(www.ahs.state.vt.us/PolicyClusters/Trauma020507update.cfm)

Wisconsin

- The Wisconsin Coalition for Advocacy received a Violence Against Women Act grant to do cross training between disability organizations and sexual assault and domestic violence organizations. . Violence Against Women with Disabilities Project Cross Training Workbook and Accessibility Guide for Domestic Violence and Sexual Assault Service Providers available through WCA website at <http://www.w-c-a.org>.
- Bureau of Community Mental Health Cross Trauma Training with mental health, substance abuse, domestic violence and sexual assault organizations. Crossroads Cross Training Manual, 1999 Crossroads Conference Proceedings, and video “Meeting at the Crossroads”
- Cross-systems training using the Risking Connections model with Substance Abuse, Mental Health, Developmental Disabilities Network, Sexual Assault Coalition, Lutheran Social Services, Department of Corrections.

Wyoming

- Mental Health Division and correctional system workgroup established to recommend policy changes regarding people in prison who are symptomatic. Recognition of prior histories of trauma and re-traumatization by prison practices are among issues considered.

8. Trauma-informed disaster planning and terrorism response. Disaster planning should include clinical expertise on short and long-term trauma impacts. Mental health, trauma experts, and disaster response workers should work as a coordinated team in emergency support and ongoing interventions in the aftermath of disasters. All workers should be trained and knowledgeable about mental health trauma issues from the initial assessment through the intervention process including skills of recognizing and coping with trauma reactions. Clinicians should be trained in longer-term interventions for recognizing, diagnosing and treating those who develop PTSD or other stress responses and those whose existing history of abuse

and trauma is further exacerbated by current disaster. (Goals 5.2, 5.3: President's New Freedom Commission on Mental Health Final Report).

Alabama

- Alabama is one of 40 states that received a two-year SAMHSA all-hazards grant, which assists states in developing a plan to respond to the mental health needs of victims of manmade and natural disasters. Developing a response plan takes place in the first year of the grant with the implementation phase in the second year.
- Established an All Hazards Committee to develop a trauma-informed disaster plan. The 30-person Committee has representatives from within the Department of Mental Health and Mental Retardation, from the National Guard, from private nonprofit organizations such as the Red Cross, as well as consumers and family members. A draft of the disaster plan is available.

Alaska

- State Behavioral Health Disaster/Emergency Response Plan is currently being revised to be consistent with trauma-informed standards.

Connecticut

- After September 11, 2001, the Department of Mental Health and Addictions Services and the Department of Children and Families established the Center for Trauma Response, Recovery, and Preparedness (CTRP) in partnership with the University of Connecticut Health Center and Yale University. The CTRP's mission is to provide clinical, educational, and scientific expertise to behavioral health providers and the general public in order to enhance system capacity to promote the safety and recovery of people affected by current or future disasters. See www.ctrp.org.

Hawaii

- Michele Brooks, the state's Adult Mental Health Division Disaster Coordinator, is assisting in the implementation of a trauma-informed system.

Illinois

City of Chicago

- The Chicago Department of Public Health has a federal HRSA grant to develop citywide health and mental health response to disasters, including building capacity to recognize signs of and enhance capacity for treatment of PTSD and other complex stress responses to a traumatic event. CDPH has formed a mental health subcommittee that is taking leadership in developing a city-wide mental health response plan in conjunction with

the Office of Emergency Management, HRSA hospital-based COE grantees, the Red Cross, clergy-based programs, and other state responders (IDHS-DMH, IPS, IMHA).

- IDHS-DMH has a disaster planning program, and training across regional networks. Contact:

J.W. Holcomb
Metro Chicago Operations and Statewide Coordinator of Mental Health Disaster Resources
Department of Human Services, Division of Mental Health
Office 1229, John J. Madden Mental Health Center
1200 South First Avenue, Post Office Box 7000
Hines, IL 60141-7000
708 338 7224 office
312 636 6144 cell.

- Shortly after the events of September 11, 2001, the Illinois Psychiatric Society (IPS) convened a coalition of professional groups to investigate state and local planning for the mental health needs of Illinois citizens in the event of a disaster; thus forming the Illinois Mental Health Coalition for Disaster Response (M.H. Coalition). IPS has been participating in this group that is working to develop a network of additional mental health resources that can be activated, when necessary, during a time of disaster. The American Red Cross and other teams determined by the Illinois Department of Public Health would be the first line responders, and make referrals to the M.H. Coalition afterwards. Currently, the M.H. Coalition is developing a database of mental health professionals who are willing to donate three to six hours of their time for pro-bono sessions following a disaster. This would include psychiatrists to provide leadership, medication, and counseling when indicated. This volunteer network would ensure that Illinois citizens receive short-term mental health services in the immediate aftermath of a disaster. The Mental Health Coalition is planning awareness training for these volunteers to focus on the needs of the person in crisis as a result of a disaster. Contact person: Carol Wozniowski, Chair of the Mental Health Association of Illinois at 312 368 9070.
- Knowing that the mental health system in Illinois is understaffed and overburdened during the best of conditions, the Mental Health Association of Illinois (MHAI) believed that it was necessary to bring together a coalition to assess what plans and resources are already in place in Illinois, and determine the gaps in the system, so that Illinois can ensure that it has a fully developed plan to respond to and deal with the numerous mental health concerns that arise during and following a disaster. After the horrific events of September 11, 2001, the MHAI invited key

representatives from disaster and mental health organizations to begin the formation of the Illinois Disaster Mental Health Coalition (IL DMH Coalition). The first meeting was held in October 2001, and with MHAI continuing to spearhead and centrally coordinate the IL DMH Coalition; members continue to meet on a monthly basis.

- IL DMH Coalition members are greatly concerned with the state's disaster mental health response efforts on a statewide level, and want to upgrade and integrate existing disaster response efforts with essential mental health response efforts. The IL DMH Coalition's goal is to educate key players on the importance of disaster mental health efforts, and assist with the integration of disaster mental health into both state and local level plans. Through MHAI's membership on the Illinois Terrorism Task Force (ITTF), the IL DMH Coalition has broadened its collaborative partnerships, and continues to work with members of the ITTF to bring mental health issues to the forefront of dialogues and planning efforts. The IL DMH Coalition continues to work collaboratively with agencies and organizations across the state to continue its efforts in integrating mental health disaster response efforts into larger emergency response plans across the state.

Indiana

- The Department of Mental Health and Addiction has appointed a full-time, senior staff Director of Trauma Services and of Disaster Mental Health Services, thereby integrating expertise in traumatology with the treatment of those understood trauma aspects of the disaster. The Director of Trauma Services reports directly to the Director of the Division of Special Populations.
- The Department has formed an MD Behavioral Health All Hazards Advisory Committee, which is developing a behavioral health all hazards plan, based on the national model, which lays out preparedness as well as recovery and response actions from a behavioral health – mental health and substance abuse – perspective. The mental health and substance abuse divisions will use the plan. A coordinator with experience in trauma works with the Disaster Emergency Services division to develop a plan and to integrate responses from the perspectives of mental health, substance abuse, and trauma.
- The Department is currently looking at the state hospital disaster plans and the mental health authority disaster plans to make sure that they address the needs of individuals with trauma, mental health, and substance abuse histories.
- The MD Behavioral Health All Hazards Plan is available.

- The Department is forming a disaster mental health volunteer corps made up of licensed clinicians from local mental health boards. Clinicians are being trained to respond to three phases: the initial response to the initial impact; the acute phase; and the chronic phases; i.e., recognizing the signs of more complex and persistent trauma impacts and PTSD and how to treat those individuals who have developed longer-term symptoms.

Maryland

- Maryland is currently recruiting and training licensed behavioral health professionals for the Maryland Mental Health Volunteer Corps. The University of Maryland, Baltimore, and John Hopkins University are conducting the trainings. Trainings are in three tiers: 1) web-based orientation covering basic disaster-related terminology, definitions, and concepts; 2) acute phase covering psychological first and the short-term impacts of trauma, and 3) chronic phase covering the long-term affects of trauma such as PTSD. This phase is only open to individuals who are currently practicing psychotherapy. See www.umaryland.edu/mental_health.
- In response to the sniper incidents of 2002, the Maryland Mental Hygiene Administration received funding from SAMHSA to aid in the recovery from the event. The Sidran Foundation developed a public education campaign for the Montgomery County Mental Health Authority called “The Healing Project” that focused on PTSD and recovery. See www.montgomerycountymd.gov/mcgtmpl.asp?url=/Content/HealingProject/index.asp.
- Montgomery County Cable Television aired two programs on PTSD and the sniper event that were developed by the County’s Public Information Office and their Department of Health and Human Services. A copy of the video is available.
- TAMAR, Inc. developed trainings that targeted a wide range of first responders and crisis and treatment professionals. Topics included understanding trauma and recovery, understanding the subtleties of traumatic stress and its impact, how to recognize trauma in unexpected places, the special and unique interpersonal skills required when working with trauma survivors, and available resources. Trainings were offered to: Fire and Rescue Services, Emergency Crisis Team (A multi-agency group consisting of representatives from the Montgomery County Police, Fire and Rescue, Crisis Center, Sheriff’s Office, and police from local municipalities), crisis center, hospital emergency departments, mental health treatment professionals, both government and private providers, Montgomery County Public Schools--guidance and counseling staff--teachers and administrators, substance abuse treatment professionals, child welfare services, school-based mental health and social services programs,

child mental health services, aging and disability services and shelter, group and residential facility programs, and emergency services staff. PowerPoint available.

Massachusetts

- The Massachusetts Department of Mental Health (DMH) has had structures in place for more than 15 years to provide emergency and disaster crisis counseling to the general public during times of President or Governor-declared states of emergency, or other local, regional, or statewide catastrophic events. These structures were considerably revised and expanded following the events of 9/11/2001.
- DMH is a longstanding member of the Massachusetts Emergency Management Team, is the support agency for mental health in the State Comprehensive Emergency Management Plan, and chairs the Disaster Mental Health and Substance Abuse Services Committee. This group is made up of public and private disaster behavioral health stakeholders including public health, mainstream emergency management, voluntary organizations such as the Red Cross, and Mental Health Professional Organizations that have disaster response capabilities.
- DMH ensures that All-Hazards Disaster planning is in place for its facilities, offices, and programs. DMH has partnered with the Department of Public Health, Bureau of Substance Abuse Services (DPH-BSAS) to provide training and technical assistance in preparing All-Hazards Disaster Plans (based on the SAMHSA/NASMHPD guide) for both DMH and DPH-BSAS facilities and offices as well as provider-run programs.
- DMH has revised its existing Crisis Counseling Training Program to include evidence-influenced, trauma-informed practices; these include “psychological first aid” and specialized use of cognitive behavioral therapies. DMH and DPH management participated in a half-day workshop (by National Center for PTSD, Dartmouth, JSI and others) showcasing these practices. DMH is preparing to offer the revised training to substance abuse personnel and staff in the private MH sector, in addition to the DMH staff who historically took the training. Special modules will be developed for health personnel such as ER staff, public health nurses, primary care practitioners, and epidemiology staff. The long-term goal is to train 1,750 behavioral health responders in the state, including re-certification of the ~600 persons on the current crisis counseling roster.
- DMH works in close partnership with DPH’s CDC and HRSA cooperative agreement projects. DMH is receiving funding from DPH to develop and enhance disaster behavioral health training, surge capacity planning, risk communication, public education and behavioral health disaster response

capability. DMH is directly receiving approximately 1.3 million dollars over three years for these activities. Additional funding is being made available to DPH-BSAS for joint behavioral health disaster projects.

- DMH continues to work on shared projects with DPH-BSAS including: a disaster behavioral health public-information project entitled MassSupport that consists of a web site (www.mass.gov/eohhs/MassSupport) and a 24/7 information line, 866-237-8274; and revision of the state's behavioral health risk factor survey to include behavioral health indicator questions and analysis.
- DMH administered a FEMA-funded, crisis counseling program in response to the events of 9-11-01 entitled the MASS Counseling Network. The program, which ended in November of 2003, served more than 80,000 citizens of the state with individual or group crisis counseling, referral, and/or community education related to 9/11.
- DMH participates with DPH in planning and drills related to bioterrorist and/or health threats. DMH recently coordinated behavioral health responses to several Hepatitis-A emergency clinics following a string of infection concerns in the state. DMH is working with DPH to develop special protocols for behavioral health response to such health-related incidents as a result.

Minnesota

- Minnesota Psychiatric Society has formed a Disaster Committee, which produced a trauma-informed disaster response plan. [Plan Available](#).
- Department of Public Safety has a disaster response plan integrated into a larger plan. The plan delineates between those who are getting better after about eight weeks from the traumatic event and those who may be developing PTSD and longer-term problems.

Missouri

- The Trauma Workgroup includes a representative from the Director's Office who is involved in disaster planning.
- The Missouri Department of Mental Health Disaster Readiness unit and Saint Louis University are in the process of developing a disaster mental health curriculum. This curriculum will include information regarding the increased risk for mental health problems that persons with prior trauma have following a disaster.

Nebraska

- Received SAMHSA all hazards grant. Includes mental health response to traumatic event and includes long-term impacts.

New Jersey

- Project Phoenix implemented for survivors of September 11, 2001. Project operates a warm line and a referral line to people who specialize in PTSD.

New York

- Child and Adolescent Trauma Treatment Services (CATS) is a treatment program for children and adolescents affected by September 11, 2001. CATS was adapted from the Trauma Focused Cognitive Behavioral Treatment for Children and Adolescents (Cohen), which has documented effectiveness.
- Project Liberty, New York's mental health crisis counseling program, has implemented an enhanced services model based on a service design developed by the National Center for PTSD's Brief Intervention for Continuing Postdisaster Distress, May 2003.
- Transcending Trauma: Evidence-Based and Promising Practices Symposium (July 2004) will address treatment approaches for those developing symptoms following a disaster.
- Natural Helper project: OMH will be collaborating with the NYS Conference of Local Mental Hygiene Directors to offer training in building community resiliency by identifying and providing technical assistance and resources to natural helpers in communities.
- NYS Psychiatric Institute Anxiety Disorders Clinic provided training courses in treatment modalities for trauma survivors: Prolonged Exposure (Foa) and Traumatic Grief (Shearer). Hundreds of clinicians received this training.
- NYS OMH developed a statement of understanding with the NY Conference of Local Mental Hygiene Directors and all New York Chapters of the American Red Cross which defines the working relationship among the three organizations and their respective and complementary roles, responsibilities, and expectations during moderate and major disasters.
- Division of Trauma Studies and Services, NYSPI, completed the largest dissemination study to date in the United States, after the September 11 attack. Funded by the New York Times Foundation, the September 11 Foundation and Project Liberty, the trauma team provided training in the psychotherapy techniques of prolonged exposure and traumatic grief to more than 1,500 clinicians while researching educational models of learning psychotherapy. A follow-up study to determine how useful the training was to practicing clinicians is underway.

- NARSAD is conducting a collaborative study with Drs. Myrna Weisman and Marc Olfson from the Division of Clinical and Genetic Epidemiology and the AIM Clinic to examine the 9-11-related PTSD and depression in primary care. The following efforts are underway:
- A study comparing paroxetine and psychotherapy to psychotherapy alone in victims of terrorism and a similar study in people with chronic PTSD.
- Coordinating preparation of publications based on Project Liberty effort after the September 11 attacks.
- Consulting with Disaster Psychiatry Outreach to examine the problems being experienced by WTC site workers.
- Conducting a five-year, web-based, study of the effects of trauma and grief related to the attacks of September 11, 2001.
- Received the first donation to create The Center for the Study of Trauma and Resilience that would be the first, nonprofit entity solely devoted to the state-of-the-art research and education in the area of psychological trauma and its aftermath.

Ohio

- Homeland Security—Leadership for Ohio’s Behavioral Health Needs: A Report to Governor Bob Taft from Ohio Mental Health Director Michael F. Hogan, Ph.D., February, 2002. The report identifies three priority areas that will improve Ohio’s behavioral health care: readiness, recovery, and resiliency to terrorist events.
- The Ohio Department of Mental Health (ODMH), in conjunction with the Ohio Department of Alcohol and Drug Addiction Services (ODADAS), received a two-year SAMHSA grant to coordinate and integrate a behavioral health, including trauma reactions, response into the state and community disaster response plans. An All-Hazards Leadership Advisory Committee was formulated, including representatives of behavioral health and emergency response agencies, to assist the departments with developing a strategy and support its implementation.
- Health Resource Services Administration (HRSA) funds were also received by ODMH and were distributed to the 50 community behavioral health boards to support the development and integration of local behavioral health disaster response plans. The boards were also tasked with planning for the possible surge in services that may be necessary to symptoms of post-traumatic stress and other behavioral health symptoms.

- Communications materials regarding trauma reactions and coping mechanisms are being developed and targeted for the general public, minorities, children, elderly, and other special populations. A strategy for the dissemination of these materials is being coordinated between the behavioral health community and first responder agencies.
- ODMH and ODADAS are also working with the state's universities to develop a curriculum addressing the short and long-term psycho-social effects and the behavioral health response to traumatic community events.
- The two state departments are coordinating a statewide conference to cross train members of disaster response and behavioral health agencies to highlight these same issues.

Oklahoma

- ODMHSAS has established a disaster mental health program that provided crisis counseling and other services to persons affected by the bombing of the Murrah Federal Building in Oklahoma City in 1995. The program continued to provide services after a devastating tornado in central Oklahoma in 1999. After the attacks on the Pentagon and the World Trade Center on September 11, 2001, and again following the tornados of 2003, selected ODMHSAS publications on disaster mental health were updated. <http://ww.odmhsas.org/publicatons.htm>
- Peer counseling was implemented in ODMHSAS inpatient and outpatient settings made possible through a FEMA grant to the Oklahoma Mental Health Consumer Council after the Oklahoma City Bombing and subsequent tornados. This was the first consumer group in the nation to receive funding from FEMA.
- ODMHSAS participates on the Oklahoma Disaster Mental Health Task Force to coordinate the mental health response to disasters and is compiling a list of disaster response professionals.

Oregon

- All Hazards Behavioral Health Planning Workgroup formed and focused on statewide, trauma-informed disaster response efforts.
- Oregon is one of 30 states awarded a SAMHSA State Emergency Response Capacity Grant. The state is using Mental Health Planning Guidance for All Hazards Disasters, a joint product by Brian W. Flynn, Ed.D., in association with NASMHPD and CMHS/SAMHSA. In collaboration with the State Department of Public Health, the Workgroup is developing a behavioral health plan to address trauma-informed disaster response.

- Disaster response training is being developed at two levels: one, behavioral health professionals, and the other, community volunteers who will be trained in how to refer people for help. A curriculum is currently being developed for this training. The curriculum is a modified version of the Disaster Crisis Counseling One model developed by the University of South Carolina's Arnold School of Public Health.
- More advanced training for behavioral health professionals is also being provided. These trainings use the P-FLASH Practical Front Line Assistance for Support and Healing Model developed by Carol North, M.D.; Betty Pfefferbaum and Barry Hong, Ph.D., Washington University, St. Louis, University of Oklahoma. Training can be done as a one-day workshop for licensed practitioners or in a train-the-trainer format.
- Video of training will be available in Fall 2004; a DVD may also be produced.
- Separate trainings in above method planned for children's behavioral health issues and for primary care practitioners.

Pennsylvania

- Statewide disaster coordinator appointed. Following NASMHPD model and working with county mental health agencies as well as emergency response agencies.

Rhode Island

- The tragedy of The Station nightclub fire on February 20, 2003, affected the entire state. The Stations of Support (SOS) network was developed to meet the emotional needs of families and friends who have lost a loved one, burn survivors, survivors who escaped physically unharmed, children who have lost a parent or someone close to them, police, fire and emergency staff who helped that night and the larger community that felt this tragedy and loss. SOS is an informal network of mental health and substance abuse treatment organizations, spiritual support, burn rehabilitation services and survivor and family advocacy services. See www.stationsofsupport.org.
- Eight regional disaster teams deployed throughout the state.
- Kent County Mental Health Center provides services to schoolchildren around issues of trauma and terrorism through the United We Stand Grant. After September 11, 2001, the Center provided numerous community presentations about trauma and its relationship to terrorism. Descriptive documents available.

Vermont

- Statewide plan being developed from individual plans being drafted by 10 CMHCs.
- Advisory Committee formed consisting of representatives of first responders as well as the people who would be served. Stakeholders are examining what is being developed in mental health and the ways of improving services in case of disasters.
- Both the community mental health organizations and the Advisory Committee are working to develop a consensus on psychological early interventions. Part of this includes an assessment for both past and present trauma. Trauma survivors will be considered a resource as well as a risk population.
- Statewide disaster-response teams being created. Teams using collaboration model for both service delivery and policy development. Team members will represent various state departments in addition to private clinicians and consumers/survivors.

Wyoming

- Working with Mental Health Bioterrorism programs and examining role of the Community Mental Health care system in responding to a disaster.

9. Financing criteria and mechanisms to pay for best practice trauma treatment models and services

Funding strategies for trauma-specific services should be clearly identified, and should eliminate disparities in mental health services by improving access to evidence-based and emerging best practices in trauma treatment. Existing exclusions and barriers to reimbursement should be eliminated. Although new funds are not necessarily critical to developing a trauma-informed service system, the development of sufficient trauma-specific services to meet the treatment needs of the high percentage of clients with histories of unaddressed sexual and/or physical abuse and trauma may require creative fiscal reimbursement strategies. Attention to reimbursement and funding issues is key to a successful change strategy. (Goal 3: *President's New Freedom Commission on Mental Health Final Report*)

Alaska

- Medicaid coverage is available for an extended array of clinical and rehabilitation services including services appropriate for trauma survivors.

California

- Group trauma models funded via existing mechanisms for mental health and substance abuse services.

Connecticut:

- All training has been provided through state funding from the Department of Mental Health and Addiction Services (DMHAS).
- Adult services are paid for through state grants to providers and Medicaid.
- CT Department of Children and Families (DCF) funds parents or foster parents to work as part of the treatment team for children with the most serious trauma-related problems.
- The Children's Services system (DCF) emphasizes the cost effectiveness of providing trauma services for severely traumatized children and their families and thereby reducing the use of costlier hospitalizations, crisis care, removal from foster homes, emergency room visits, and involvement in the criminal justice system.

District of Columbia

- Efforts underway to include TREM as a Medicaid reimbursable therapy for treatment of PTSD.

Hawaii

- SAMHSA-funded jail diversion grant on the island of Hawaii. Trauma screening was included in the assessment of all potential consumers of jail diversion services.

Illinois

- Illinois' Medicaid Rule 132 workgroup has agreed to add the following assessment requirement for mental health agencies receiving state Medicaid funds: "History of current abuse/trauma (childhood sexual or physical abuse, intimate partner violence, sexual assault or other forms of interpersonal violence.)" Public commentary period completed and rule in process of being finalized

Chicago Metropolitan Area

- Chicago Department of Public Health will ensure that trauma treatment at pilot sites for domestic violence survivors and their children is available regardless of ability to pay.

Indiana

- Developing state specific hard data on trauma treatment programs through pre and post evaluation mechanism. Goal is to treat core trauma, reduce hospitalizations and curtail involvement with the criminal justice system.

Maine

- Medicaid now reimburses TREM and DBT services under section 16-17 of state MaineCare regulations.

Maryland

- Multiple sources of funding for trauma services: Maryland Health Partners authorizes individual and group trauma treatment.
- The TAMAR's Children (Trauma Addiction Mental Health Recovery) program that serves pregnant and postpartum incarcerated women and their babies. TAMAR's Children funding sources include:
 - State and local agencies provide in-kind services
 - SAMHSA Build Mentally Healthy Communities grant
 - Residential substance abuse treatment funds originating from DOJ
 - HUD shelter plus care
 - Private funding: Soros and Abell Foundations

Massachusetts

- Mental health licensed providers bill third party payers for services. As long as an individual has a DSM IV mental health diagnosis, mh providers can bill Medicaid for trauma group treatment through a managed care vendor: the Massachusetts Behavioral Health Partnership.
- The state is working on a system to bill for substance abuse services now provided through licensed mental health and substance abuse outpatient programs.
- Massachusetts has received \$3 million in federal disaster planning funds for public health funding of trauma services.

Missouri

- Services are provided by community agencies contracted directly with the Department of Mental Health. CSTAR fee-for-service/Medicaid pays for individual and group counseling and group education.
- Seeking Safety program is financed as group therapy billing under CSTAR/Medicaid.
- Certification standard language has been drafted specific to trauma services. Billing codes for individual and group trauma counseling have been created and added to the most recent state alcohol and drug abuse treatment contract. The new contract allocates \$5,000 to train all staff – from the janitor to the highest-level counselor – in trauma.

New Jersey

- Funding for trauma services under discussion at the present time.

Oklahoma

- In 2004, ODMHSAS received \$500,000 through state legislative appropriations for outpatient mental health services, primarily evaluation/assessment, referral, individual counseling, family counseling, and case management to child victims of trauma. The primary target population is children being served through domestic violence and child advocacy programs. Programs must utilize research-based models of intervention and include a program evaluation component.
- The Oklahoma Youth Center, a facility of ODMHSAS, is collaborating with two private, non-profit facilities in a shared grant award from DHHS to participate in the National Child Traumatic Stress Network (NCTSN).
- ODMHSAS is continually looking for training and services collaborations between our 29 contracted domestic violence/sexual assault programs and our mental health and substance abuse providers.

Oregon

- Applying for a three-year, \$200,000 SAMHSA grant to disseminate trauma policies and trauma-informed seclusion and restraint procedures to all facilities in the state.

Rhode Island

- Victims of Crime Act (VOCA): grant provides both counseling and case management to individuals with no insurance, who are a victim of a crime (domestic violence, victims of crime such as robbery, assault, survivors of childhood physical and/or sexual abuse); are low income; and residents of the state of Rhode Island. This grant has been received at the Kent Center for more than 10 years and is funded by the Governor's Justice Commission from a federal grant from the United States Department of Justice, Office for Victims of Crime. While priority is given to residents of Kent County, services are available on a statewide basis to clients who qualify. These clients pay no fee for counseling but are expected to pay a sliding scale for medication services after three medication management appointments.
- Victims of Trauma (VOT): This grant is funded by a Community Development Block Grant through the City of Warwick solely for residents of the city. Services include both counseling and case management for mental health and substance abuse concerns. Specifically, it targets adult survivors of childhood sexual and physical abuse, victims of domestic violence, and other traumatic situational stressors. These clients pay no fee for counseling but are expected to pay a sliding scale for medication services after three medication management appointments.

Wisconsin

- New Medicaid benefit reimburses for comprehensive community services: psychosocial case management model, skills building, individual counseling, home support, TREM, Seeking Safety.

10. Clinical practice guidelines for working with people with trauma histories.

Findings from studies, including SAMHSA’s Women, Co-Occurring Disorders, and Violence study, provide evidence that trauma treatment is effective. Several clinical approaches have been manualized and guidelines have been developed. Clinical approaches to trauma treatment should clearly identify trauma as the issue being treated, promote recovery, allow for survivors to tell their stories, include trauma-sensitive training and supervision, address secondary trauma and self-care for the caregiver, and be experienced as empowering by consumer/survivors.

Alabama

- Practice standards are included in policy statement and address the reduction of retraumatization and further victimization of individuals served by the Alabama Department of Mental Health and Mental Retardation. Policy Statement available

Alaska

- Violent Crimes Compensation Board Mental Health Treatment Guidelines. www.state.ak.us/admin/vccb.

Connecticut

- Connecticut Department of Mental Health and Addiction Services has outlined values for addressing trauma in a position paper (available upon request) and uses the practice guidelines developed by Maxine Harris, Lisa Najavits, and Julian Ford in their journal articles and manuals.

District of Columbia

Community Connections, Inc

- Trauma Recovery and Empowerment Profile (TREP) outlines 11 dimensions of recovery and menu of clinically appropriate strategies for intervening. TREP and A Menu of Strategies for Improving a Woman’s Trauma Recovery and Empowerment Profile available

Illinois

Chicago Metropolitan Area

- Agencies participating in The Domestic Violence and Mental Health Policy Initiative (DVMHPI) Intensive Trauma Training and

Implementation Program (ITTIP) have created internal working groups within their agencies to create and implement new trauma-informed standards of care.

Maine

- Guidelines For Facilities: In Response to Sexual Abuse of Vulnerable Adult Populations. Applies to all state licensed residential facilities in Maine. Guidelines available.

Maryland

- Clinical guidelines for working with trauma survivors in jail are implemented through the TAMAR program, Maryland Mental Hygiene Administration. Expanded into Co-occurring Disorders pilot program at Springfield State Hospital, and applies to both women and men.

Massachusetts

- Clinical Guidelines for working with Department of Mental Health clients with a history of trauma. www.mass.gov/dmh Included in DMH taskforce on the restraint and seclusion of persons who have been physically or sexually abused: Report and Recommendation, January 25, 1996. Available.
- Institute for Health and Recovery , Cambridge, MA, developed Principles for the Trauma-Informed Treatment of Women with Co-Occurring Mental Health and Substance Abuse Disorders, included in Developing Trauma-Informed Organizations: A Tool Kit.

Western Massachusetts

- Franklin Medical Center developed Trauma-Specific Clinical Practice Guidelines for working with patients on inpatient unit with histories of abuse and trauma.

Missouri

- Certification Standards for Alcohol and Drug Abuse Programs includes standards of care for treatment of clients with histories of trauma. Standards document available.

New York

- Children's programs in state psychiatric centers are working with psychiatric center clinical leaders and national experts to design a trauma treatment program, based on existing evidence-based practices, to be implemented and evaluated. Currently in development.
- New York State OMH Evidence-Based Practices initiative identifies eight areas of focus, one of which is treatment for PTSD and trauma-based disorder. New York launched an evidence-based practices conference and

“Winds of Change” science to practice campaign. (Campinello, et. al, 2002).

- Presenting Transcending Trauma: Evidence-Based and Promising Practices Symposium, July 2004, to provide information to state and local providers and service recipients.

Oklahoma

- The Domestic Violence/Sexual Assault Division of the ODMHSAS is committed towards working with the mental health and substance abuse system in developing the clinical practice guidelines for working with people with trauma histories.

Oregon

- Guidelines for Chemical Dependency and Mental Health Services for Co-occurring Mental and Substance Use Disorders incorporate trauma in program policy and procedures, service delivery criteria, documentation, and staff competencies and training.

Rhode Island

Kent County Center for Human and Organizational Development

- worked with consumers and providers in the Coalition for Abuse Recognition and Recovery (CARR) to establish Guidelines for Working With Trauma Survivors

South Carolina

- For clinical guidelines refer to: The Expert Consensus Guideline Series: “Treatment of Post Traumatic Stress Disorder”, by Foa, Davidson and Frances. Supplement in Journal of Clinical Psychiatry.
www.psychguides.com/ptsdgl.pdf

11. Procedures to avoid retraumatization and reduce the impacts of trauma

A statewide effort should be made to reduce or eliminate any potentially retraumatizing practices such as seclusion and restraint, involuntary medication, etc. Training should cover dynamics of retraumatization and how practice can mimic original sexual and/or physical abuse experiences, trigger trauma responses, and cause further harm to the person. Specific policies should be in place to create safety, acknowledge and minimize the potential for retraumatization, assess trauma history, address trauma history in treatment and discharge plans, respect gender differences, and provide immediate intervention to mitigate effects should interpersonal violence occur in care settings.

Alabama

Revised policy on Seclusion and Restraint details strategies for staff to work with clients to avoid use of seclusion and restraint.

Alaska

- Inpatient Quality Standards at www.state.ak.us
- Child Advocacy Centers, DHSS Program 61, www.gov.state.ak.us/omb/Audit04/dhss_61.pdf.

Arizona

- State Department of Health Services policy QM2.4: Reporting and Monitoring of the Use of Seclusion and Restraint applies to all clients served through the Division of Behavioral Health Services staff and institutions.
- The Division of Behavioral Health Services medical director led a campaign that included monitoring, implementation meetings, and extensive training, to greatly reduce the number of seclusions and restraints.

California

Los Angeles County

- PROTOTYPES: Agency-wide trainings on avoiding retraumatization through trauma-sensitive procedures using A Trauma-Informed Approach to Human Services (Harris, Fallot)

Colorado

Denver Metropolitan area

- Arapahoe House uses The Trauma-Informed Principles, a document modified from the work of the WCDVS (Women Co-occurring Disorders and Violence Study) providing guidelines for trauma-informed safe service system, throughout its agency.

Connecticut

- State Policy on Seclusion and Restraint includes Patient Personal Safety Preferences form and risk assessment and applies to all state-operated facilities including mental health and substance abuse facilities, hospitals, and all residential facilities. Does not apply to private, non-profits.
- State hospital staff are trained in understanding the impact of trauma and the positive therapeutic value of de-escalation techniques to avoid the need for restraint and seclusion. Many units at CT Valley Hospital are restraint and seclusion free. Those that use restraint and seclusion have minimal hours and aspire to becoming R/S free.

- Over the past four years, the use of R/S has declined by 50 percent: www.dmhas.state.ct.us/infobriefs/index.htm.
- Riverview State Hospital for Children has implemented procedures with major reduction in use of restraint.
- Juvenile Corrections Facility has restraint and reduction initiative underway.

District of Columbia

- Community Connections Agency has applied its model of Using Trauma Theory to Design Service Systems to every aspect of its agency to provide safety and avoid re-traumatization.

Illinois

- Domestic Violence Mental Health Policy Initiative hosted training on creating safe, non-retraumatizing trauma-informed services (Harris, Fallot) and milieus (Bloom).

Indiana

- Restraint and Seclusion Policy available. At each hospital, patient family education on restraint and seclusion is done at the time of admission. Client's history with trauma seclusion and restraint is assessed and gender-specific interventions planned.

Maine

- Department of Behavioral and Developmental Services: Policy Regarding the Prevention of Seclusion and/or Restraint Informed by the Client's Possible History of Trauma. Applies to all clients (adults, adolescents and children) supported directly by BDS staff and institutions. (Mental Health, Mental Retardation, Substance Abuse). De-escalation Form # MRO 255 RI.
- Personal Safety Form for BDS Facilities/Staff: Guide to gathering information with clients for development of strategies to de-escalate agitation and distress. Used in conjunction with Trauma Assessment Form.
- Consumer Advisory Board of the Tri-County Mental Health Services Pilot Project in Rumford conducts staff training on re-traumatization using In Their Own Words: Trauma Survivors and Professionals They Trust Tell What Hurts, What Helps, and What is Needed for Trauma Services and On Being Invisible in the Mental Health System. Staff vicarious traumatization addressed by training using Vicarious Traumatization and Burnout Survey Report by Mary-Louise Gould.

Maryland

- Procedures for avoiding re-traumatization developed by the Department's TAMAR project have been implemented in jails and in community follow-up agencies. New projects have been developed with special application for women in jails who are pregnant.
- Taskforce studying gender-specific services and development of single sex units at state hospitals. Committee developing policy to implement trauma-oriented restraint policy for all psychiatric hospitals. Policy goals include: ensuring that all patients feel safe, expanding trauma treatment services to all State hospitals, and providing trauma training for all hospital staff.
- Correctional staff trained in techniques to avoid triggering and re-traumatization.

Massachusetts

- Massachusetts DMH Restraint and Seclusion Philosophy Statement includes large section on impact of traumatizing environments on staff and clients. March 2004. www.mass.gov/dmh
- Massachusetts DMH Task Force on Restraint & Seclusion of Persons with Histories of Physical and Sexual Abuse: Report and Recommendations (1996), Carmen et.al, including Clinical Guidelines regarding DMH Clients with a History of Trauma and Trauma Assessment. Available.
- Individual Crisis Prevention Plan: a tool developed by clients and clinicians to address de-escalation planning and to identify triggers, warning signs and behavioral strategies. Applied to all populations in continuing care, acute inpatient and intensive residential treatment programs, e.g.:
The Adolescent Safety Zone Tool developed with adolescent clients,
The Safety Tool for Younger Children, an individual child-friendly tool using picture and age appropriate strategies.
www.mass.gov/dmh.
- State has continued to move forward on a statewide child and adolescent restraint reduction/elimination effort with an alternative focus on strengths-based care. As a result, seclusion and restraint have plummeted in acute and continuing care inpatient programs across the state. Best practice training and technical assistance offered by DMH. Providers must develop yearly strategic plans and present annually at a Provider Presentation Forum. Result: trauma-sensitive, strengths-based approaches being used.

- Cambridge Hospital Children’s Unit has adopted Ross Greene’s collaborative, problem- solving approach on its unit. Adopted supportive/strength-based skills teaching and learning model with a result that no restraints were used in a month.
- NASMHPD National Technical Assistance Center curriculum has three trauma-specific modules:
Neuro-biological and psychological effects of trauma
Trauma-informed care
Trauma-informed tools.

This module has been implemented at the Worcester and Tewksbury State Hospitals. Massachusetts staff are founding faculty for this training and train nationwide.

Minnesota

- Guidelines for assignment to intensive behavior care units in the Anoka-Metro Regional Treatment Center and the Willmar Regional Treatment Center, intentionally separate individuals with known histories of trauma from those with known histories of traumatization.
- Each of the state-operated services, in-patient hospitals has a detailed, specified plan for reduction of seclusion and restraint. Outcome measures are recorded and show significant decline in seclusion and restraint.

Missouri

- Department Operation Regulations (DOR) rewritten to reduce seclusion and restraint; new policy will be implemented in state psychiatric hospitals. The new DOR requires “Administration of an instrument chosen by the facility to collect information about the consumer’s history of exposure to traumatic events, including physical and sexual abuse,” such as the form from the Massachusetts Department of Mental Health Task Force on the Restraint and Seclusion of Persons who have been Physically or Sexually Abused, as presented at the first NASMHPD Summit of State Psychiatric Hospitals. Missouri’s acute psychiatric facilities are incorporating “Use of an instrument or form that collects systematic information about stimuli or situations that typically increase the individual consumer’s degree of agitation, activities or interventions that are typically calming when the consumer is agitated and the consumer’s history of restraint or seclusion in psychiatric settings.” Provides a tool – when coupled with JCAHO-required questions regarding histories of abuse – for clinicians to explore trauma-related issues.

Nebraska

- Nebraska is one of two states chosen by SAMHSA as a pilot site for a training guide entitled Roadmap to a Restraint-Free Environment for Persons of All Ages. The Lincoln Regional Center was chosen as the public facility and Natchaug Hospital in Mansfield Center, Connecticut, was chosen as the private pilot site. A total of 16 states/facilities expressed interest in being a pilot test site.
- The training is consumer centered and was given to approximately 30 employees of the Lincoln Regional Center, March 31 – April 2, 2004. LRC is in the process of sharing pre-training and post-training restraint data with SAMHSA to determine the impact of the program. Several LRC staff were evaluated before the training and are in the process again post-training on perceptions of their knowledge, attitudes, beliefs, and use of alternatives to seclusion and restraint. The training materials will be revised, based on data and feedback from participants, and distributed to states nationwide.
- The National Association of Consumer/Survivor Mental Health Administrators provided all training materials. SAMHSA's Center for Mental Health Services contracted with the Association to evaluate the draft training guide.

New Hampshire

- New Hampshire Hospital: Restraint and Seclusion guidelines.
- Nursing Data Base Assessment (trauma-informed).
- Kim Mueser at the New Hampshire-Dartmouth Psychiatric Research Center, Department of Psychiatry, Dartmouth Medical School, evaluating PTSD reactions to illness and its treatment. Identifies three types of trauma exposure – psychotic symptoms themselves; coercive treatment such as handcuffs, etc; and exposure to others with psychotic symptoms. Developing intervention to minimize chances of developing a PTSD syndrome after these experiences. Article: Treating the trauma of first episode psychosis: A PTSD perspective, Journal of Mental Health, (2003) 12, 2 103-108.

New Jersey

- Administrative Bulletin to Reduce Seclusion and Restraint: a formal policy of the Division of Mental Health, applies to all state psychiatric hospitals.
- New Jersey continues its efforts to avoid re-traumatization of consumers through the reduction and elimination of seclusion and restraints. New Jersey also plans to review current policies and procedures in order to ensure that they adequately and appropriately

address the mental health system's responsibility to protect persons with mental illnesses who also have histories of trauma.

- Executive staff of both the Division of Mental Health Services and state hospitals attended a national conference on trauma as it pertains to re-traumatization in the area of seclusion and restraints. Model replicated in New Jersey and similar training conducted by experts in the fields of trauma, seclusion and restraint for all state hospitals. Use of seclusion and restraints in state hospitals being monitored and a reduction in use of restraints and seclusion has been shown. Quality Assurance document available

New York

- New York Trauma-informed seclusion and restraint policy. (To request a copy, please contact NYS OMH Bureau of Policy, Regulation and Legislation, 518-473-6945).

Ohio

- Statewide Training: Creating Violence Free and Coercion Free Mental Health Treatment Environments, July 2-23, 2004, Columbus. National Technical Assistance Center for State Mental Health Planning (NTAC), technical assistance grant.
- Ohio Administrative Code 5122-26-16, Special Treatment and Safety Measures. (Used for certifying community mental health service providers). Staff shall have appropriate training prior to commencing use of special treatment and safety measures. Training will address the identification and assessment of use of individual-specific contraindication for their use, including a history of physical or sexual abuse. (Effective 4/16/01).
- Ohio Administrative Code 5122-2-17, Seclusion, Restraint and Other Special Treatment and Safety Measures Used in Behavioral Healthcare Organizations, (used in state hospitals). Special attention to be paid to patients who, due to past experiences of abuse, may experience the use of restraint as a recapitulation of past trauma. Documentation substantiating the clinical rationale for seclusion or restraint use must indicate that the physician considered both the benefits and risks of their use. (Effective 7/15/02).
- ODMH Policy I-04, Inappropriate Actions by Staff Toward Patients/Clients, including Abuse and Neglect. Establishes a policy for staff concerning: inappropriate/unauthorized/unethical personal interactions and emotional relationships with any patients/clients, patient's/client's family members or patient's/client's significant

others. Applies to all ODMH staff, including employees, volunteers, consultants, students and contractors. (Effective 3/8/02).

Oklahoma

- Participation in NASMHPD's Initiative for Reduction of Seclusion and Restraint. The pilot site, Griffin Memorial Hospital (adult civil inpatient behavioral health), with current efforts focused on policy revision and implementation and introduction of recovery concepts to consumers and staff. The project includes collaboration with Oklahoma Youth Center's project in sharing information to train staff in trauma-informed concepts and reduction of seclusion and restraint at both facilities.
- Contract with Oklahoma Mental Health Consumer council to provide WRAP (Wellness Recovery Action Plan) training to adult mental health consumers for illness self-management (outpatient and inpatient facilities).
- Crisis Intervention Training provided to local law enforcement and Mental Health Recovery Training provided to prison personnel includes concepts to decrease re-traumatization.
- Consumer Provided Support Groups in Prisons utilizing WRAP (Wellness Recovery Action Plan), DBSA (Depression and Bi-polar Support Alliance), and IOOV (NAMI's "In Our Own Voice") models.
- Sexual Assault Response Team/Sexual Assault Nurse Examiners program to reduce the re-traumatization associated with sexual assault exams.

Oregon

- Statewide Initiative Partnership for Best Environments for Supporting Success in Treatment (BESST): Since 1992, the state and Child & Adolescent Residential Psychiatric Programs (CHARPP) have worked in partnership to continuously improve the quality of treatment to children and families. The BESST initiative seeks to create violence and coercion-free environments to reduce and ideally eliminate the use of seclusion and restraint by improving staff training and supervision; implementing trauma-sensitive care; and enhancing and expanding data collection and monitoring efforts, including positive process and outcome indicators. Initiative is linked to training for behavioral health staff dealing with response to disasters and to experience generally in dealing with clients. PowerPoint available.
- Trauma Policy and Seclusion and Restraint Mission Statement issued by Department. Available.
- Trauma Policy Advisory Committee (TPAC) provides training and technical assistance to providers across the state.

- NASMHPD National Technical Assistance Center August 2003 regional training on reducing seclusion and restraint attended by state delegation: hospital system, acute in-patient program, and children and adolescent residential and day treatment providers organizations. Significant number of programs in state are implementing policies on restraint reduction as a necessary and first step to implement trauma policy.
- Salem Hospital: Acute psychiatric inpatient unit has implemented the Sanctuary Model and has eliminated restraint in its facility. Provides consultation to other facilities across the state.
- SAFE, Inc, a consumer-owned and operated drop-in center, presents workshops across the state on trauma and re-traumatization. SAFE distribute a handbook entitled: SAFE Guidelines for Implementing: the Client-Focused Oregon Trauma Policy, which promotes recovery in a respectful, non-traumatizing manner.
- Project Network, a program of Legacy Health System in Portland, Oregon: examining procedures for avoiding re-traumatization in substance abuse treatment. Training on trauma and motivational interviewing.

Pennsylvania

- State OMHSAS has adapted a non-seclusion/restraint policy for state psychiatric hospitals. Information available at <http://www.dpw.state.pa.us/omhsas/omhleadingway.asp>.

Rhode Island

- Kent Center for Human and Organizational development: series of trainings for staff and community members using a Trauma-Informed Model with an emphasis on providing a safe environment and reducing re-traumatization.

South Carolina

- Seclusion/Restraint Policy Draft available.
- Department of Mental Health Workgroup trained by the National Executive Training Institute is revising policies and procedures and implementing training curriculum for in-patient staff to increase trauma sensitive services and avoid re-traumatization of clients.

Wisconsin

- Department of Health and Family Services is working on a state administrative directive for seclusion and restraint reduction. Directive would apply to state hospitals as well as community services.
- Division of Disability and Elder Services has organized a workgroup focused on reduction of seclusion and restraint.
- Draft document on Best Practices for Crisis Incidents Emergency Detention prepared by state Crisis Network. Collaboration between the sheriff's department, police, county human services association, and Department of Health and Family Services.
- Recommendations regarding seclusion and restraint of individuals with histories of trauma are included in Wisconsin Workgroup on Trauma's Draft Recommendations to the Bureau of Community Mental Health.

Wyoming

- Seclusion and Restraint Policy. Sensitivity to past and recent trauma is built into all practices and procedures including physical examinations, dressing and undressing, transporting consumers, seclusion and restraint. Policies cross reference with accreditation body. Data available on reduction in restraint and seclusion techniques. Written documents available.
- Statewide staff training on identifying behaviors that may come from traumatic experience and providing safe environment for consumers. Awareness of how restrictive environment may cause re-traumatization.
- Training for staff on how to conduct an investigation from a client regarding abuse by a state employee without re-traumatizing client.

12. Rules, regulations and standards to support access to evidence-based and emerging best practices in trauma treatment.

Licensing, regulations, certification, and contracting mechanisms should all reflect a consistent focus on trauma. They should be modified periodically to conform to developments in knowledge of evidence-based and emerging best practice and to promote provision of and access to trauma-informed and trauma-specific services. (Goals 5.1, 5.4: President's New Freedom Commission on Mental Health Final Report)

Connecticut

- Commissioner's Policy Statements:
- #22A Seclusion Utilization
- #22B Restraint for Behavioral Management
- #22E Behavioral Management in the Outpatient and Community Settings
- #22F Patient Personal Safety Preferences for Preventing and Managing Behavioral Dyscontrol

- Preferred Practices Initiative

Florida

- Baker Mental Health Act includes regulations on recommended interventions and protections for the rights of people with mental illness. Stipulates trauma assessment.

Maine

- Rules currently under revision will strengthen existing requirement to reduce use of restraint or time-out in mental retardation settings and to include a specific evaluation for the presence of trauma-related issues in the development of treatment plans that may include intrusive procedures.

- Licensing rules are being developed to bring all services regulated by state Department of Behavioral and Developmental Services into a common level of compliance. Included in these rules are assessment standards that require steps to identify both the presence of trauma and any self-soothing or self-calming techniques developed by the person receiving services. The rules further require that treatment plans recognize and support these techniques and to develop and implement treatment plans that ensure this recognition and support.

- State Medicaid regulations have been modified so that trauma-specific services are reimbursable.

Massachusetts

- DMH Regulations effective January 1, 1998, requiring that all in-patients be asked about trauma history, and that staff develop approaches and strategies to reduce use of restraint and its traumatic impact on clients with a trauma history. Regulations apply equally to all public and private inpatient facilities that are operated, licensed or "contracted for" by DMH. Included in Massachusetts Dept of Mental Health Licensing and Operational Standards for Mental Health Facilities. (104CMR 27.00) Accompanied by Clinical Guidelines www.mass.gov/dmh.

- The Child and Adolescent Restraint Reduction Initiative (September 2000 – present) includes all acute (licensed) and continuing care (state-operated

and contracted) and intensive residential treatment programs serving children and adolescents in Massachusetts. Demonstrates how state mental health authority can use its role as a change agent to provide direction and improve clinical care environments for children and adolescents. See Child and Adolescent Inpatient Restraint Reduction: A State Initiative to Promote Strength-Based Care. LeBel et.al, (2004). Article available.

- Massachusetts Department of Public Health Bureau of Substance Abuse Services Fiscal Year 2004 Request for Response: Terms and Conditions and Standards of Care for the Alcohol and Other Drugs Service System. Winter 2003. Requires all contract agencies be trauma-informed and provide access to trauma-specific services. Available at: <http://MassCHIP.state.ma.us>; <http://www.state.ma.us/dph/bsas>.

Minnesota

- Requirements for implementing ACT team and other evidence-based treatment models.

Missouri

- Trauma Contract Language. State has added two billing codes – one for trauma individual counseling and one for trauma group education. Request for Proposal (RFP) template will apply to future contracts: Stipulates a percentage of money must be spent on specific trauma services e.g. \$5,000 year to train entire staff. Requirements to address trauma are delineated throughout RFP, e.g. in outcomes, specific services, and in separate section.
- Certification Standards for Alcohol and Drug Abuse Programs are amended to include trauma specific language; revised to include precise wording in standards to change behaviors including guiding principles, safety, training of personnel, etc.

New Hampshire

- Goal 1-3 of State Mental Health Plan: Recognize through practice that the experience of trauma is common in the lives of people served within the public mental health system.

Objectives:

- Assure assessment of trauma and trauma history is included as part of comprehensive assessment for persons seeking mental health services.
- Incorporate best practices for treatment of trauma survivors.
- Provide continuing staff and peer education for treatment of trauma-related disorders.
- Minimize restrictive/coercive measures that have traumatic effects on consumers.

- State Contracts with CMHCs Exhibit A state that the development of the Individual Service Plan (ISP) shall also address trauma-related issues, if the provision of those services is deemed medically necessary.

New York

To request a copy of any of the policies listed below, please contact NYS OMH, Bureau of Policy, Regulation and Legislation: 518-473-6945.

- Trauma-informed Seclusion and Restraint Policy.
- Trauma Response Policy requires that staff who are injured on the job receive support and assistance with physical treatment and referral to supportive counseling as needed.
- Safe and Therapeutic Environment Program Policy provides standards for eliminating or reducing the incidence of violence in state psychiatric centers through risk management efforts.
- Training for state psychiatric center risk managers on investigating sexual assault presented in collaboration with the New York State Police Domestic Violence and Sexual Assault trainers. In 1997, this program was presented to over 350 state staff.
- Manual for Clinical Risk Management: Guidelines for Investigation and Management of Incidents in OMH Licensed Facilities includes a chapter on investigating allegations of sexual assault and abuse. (To request a copy, please contact NYS OMH Bureau of Quality Management, 518-474-6587.)
- Some state psychiatric centers have implemented the Assaulted Staff Assistance Program, (Flannery), which has been demonstrated to reduce the level of violence on psychiatric in-patient units.

Oklahoma

- The ODMHSAS position paper is currently in development. Once completed, the process to move along in the following direction: Position Paper → Clinical Guidelines → Rules/Regulations.
- In 2003, ODMHSAS' Oklahoma Youth Center partnered with two other private non-profit organizations (Family and Children Services of Tulsa and Domestic Violence Intervention Services) and was awarded a four-year grant from the U.S. Dept. of Health and Human Services. This public/private collaboration is the first of its kind for the National Child Traumatic Stress Network (NCTSN). All of these three sites will not only serve as places of research, but as opportunities for the implementation

and dissemination of effective evidence-based treatments for those children and teens who have experienced trauma.

- In 2003, University of Oklahoma Health Sciences Center's Child Study Center/Center on Child Abuse and Neglect also received an award from the U.S. Department of Health and Human Services and was designated as a Category II (Intervention Development and Evaluation Center) site.

South Carolina

- Quality Improvement Audit tool to ensure that trauma screening in CMHCs are universally in effect.
- Formal Mechanism requiring Quarterly Report on trauma-related specific goals, activities, accomplishments, and dates from trauma initiative pilot sites. Format is PDCA: Plan, Do, Check, Act. Plans call for PDCA format to be expanded to all CMHCs in the state with activities summarized in Quarterly Reports.

Vermont

- White Paper on supporting evidence-based practices. Describes 3 levels of EBP.

Wisconsin

- Rules and regulations around nursing homes and hospitals regarding restraint and seclusion policies.

Wyoming

- Department Certification and Re-certification process includes trauma requirements.

13. Research, needs assessment, surveys, data to explore prevalence and impacts of trauma, assess status of services, and support more rapid implementation of evidence-based and emerging best practice trauma treatment models.

Data on interpersonal abuse trauma prevalence and impacts, service utilization and need, trauma treatment intervention outcomes related to recovery and resilience, and satisfaction with trauma services should be regularly collected and should be used as part of ongoing quality improvement and planning processes. (Goals 5.1, 5.4: President's New Freedom Commission on Mental Health Final Report)

National involving multi-state sites:

The Women, Co-Occurring Disorders and Violence Study (WCDVS), October 1998 to September 2003, was initiated by the Substance Abuse and Mental Health Services Administration's (SAMHSA) three centers – the Center for Substance Abuse Treatment (CSAT), The Center for Substance Abuse Prevention (CSAP), and the Center for Mental Health Services (CMHS). This initiative also included a Children's Subset Study (funded by CSAT).

- The goal of the WCDVS was to generate knowledge on the effectiveness of comprehensive, integrated service models for women with co-occurring disorders and histories of trauma.
- The goal of the WCDVS Children's Subset Study was to generate knowledge on the effectiveness of a trauma-informed service intervention model for children of women with co-occurring disorders and histories of trauma. Specifically, the goal of this sub-study was to develop and test the effectiveness of a trauma-informed, age-appropriate intervention model for children (ages 5-10) of women with these histories.
- During Phase One of the WCDVS, (1998-99), the 14 women's study sites were involved in the development of integrated, trauma-informed service intervention models to be tested in Phase Two. During Phase Two, (2000-2003), nine of the 14 original women's study sites and one coordinating center were involved in the implementation and evaluation of the intervention models developed.
- A quasi-experimental research design comparing intervention groups with usual care groups was utilized.
- Findings from the WCDVS indicate a positive result for women who participated in the interventions developed for the WCDVS. In particular, interventions that included an integrated counseling component that addressed treatment issues related to trauma, mental health, and substance abuse, seemed to be most effective at reducing subsequent mental health and trauma-related symptoms and in sustaining short-term reductions in substance use. In the Children's Subset Study, children who participated in the experimental intervention showed significant positive change in emotional and behavioral strengths as compared to those receiving "usual care" services.

California

- Two sites of the Women, Co-Occurring Disorders and Violence Study located in the state:

PROTOTYPES, Culver City, PROTOTYPES, Children and Family Futures, a large multi-services agency providing residential, outpatient, and day treatment services for substance abuse, mental health, HIV/AIDS, and domestic violence to women and children in Los Angeles County.

- Key service components: PROTOTYPES implemented an adapted version of Seeking Safety, a cognitive-behavioral group therapy for women with post-traumatic stress disorder and substance abuse issues. In addition, an array of other treatment activities and services are provided, including on-site medical, mental health, substance abuse, and educational groups, as well as educational, vocational, and employment services. A comprehensive parenting skills program, sensitive to the issue of substance abusing parents and 1:1 parenting support are offered.

San Joaquin County Mental Health Services and Office of Substance Abuse: Allies, a WCDVS project, was provided within a county substance abuse and mental health system in northern California. This enhanced service model was implemented within five substance abuse treatment programs (residential, outpatient, and methadone maintenance) and the outpatient mental health services.

- Key service components: Allies implemented Seeking Safety (see PROTOTYPES, above), trauma-informed, integrated case management (with a strengths-based focus), and trauma-informed parenting classes to augment existing services (other psycho-educational groups, individual counseling support). Seeking Safety groups were facilitated primarily by Allies staff members funded as a part of the research, with some co-facilitation (and later facilitation) by other County providers. Seeking Safety facilitators provided integrated group case management as a part of the curriculum and individual case management as needed. Substance abuse counselors received clinical supervision to assist them in providing trauma-informed, integrated case management for their clients. Although not an aspect of the study, Allies also implemented the Trauma Recovery and Empowerment Model (TREM) for women interested in more in-depth psycho-educational groups.

Colorado

- New Directions for Families, Thornton, a comprehensive residential and outpatient substance abuse treatment program that serves women and children including services for women with co-occurring disorders and trauma in the Denver metropolitan area.

- Key service components: program provides up to four months of intensive residential treatment including trauma-specific services plus an educational group addressing family violence, parenting skills, treatment for co-occurring disorders, and employment preparation, placement and retention services. Residential treatment is followed by four-month, outpatient continuing care.
- As part of a SAMHSA-sponsored, Multi-State Study of Mental Health Service Utilization by Trauma Victims, data sets provided by the child protection agencies in Colorado were analyzed to determine the rate at which these young people were served by public community mental health programs. Results indicate that, overall, 14 percent of young people identified by the state child agency as having been abused and/or neglected were served by the public mental health system. Children under seven years of age were substantially less likely to receive community mental health services than young people in the 7-12 or 13-17 age groups (nine percent versus 17 percent and 20 percent). Girls were less likely to be served than boys.
- The study also examined the trauma experienced by refugees as a result of their experiences before, during or after relocation. A Denver database describing individuals whose Medicaid eligibility was based on refugee status was analyzed and found that utilization of community mental health services for children under 18 years of age were substantially higher than utilization rates for any adult age group (30 percent vs. three percent, five percent, and nine percent for adult males; and 30 percent vs. 2 percent, four percent and six percent for adult females).

Connecticut

- Through the DMHAS Research Division and in collaboration with the University of Connecticut Health Center Department of Psychiatry, the following on-going projects guide Department thinking about how to approach trauma treatment:
- Clinical Feasibility Study: Consultation with teams of front-line clinicians interested in trauma-related services from two community mental health agencies and three community substance abuse treatment agencies led to the successful adaptation, pilot testing for clinical feasibility, and refinement of a manualized treatment model (TARGET) over a 12-month period (Ford, 1999). Target Manual.
- Assessment Study: Funded by DMHAS and the University of Connecticut Health Center, this study involves an intensive interview assessment of trauma history, PTSD, disorders of extreme stress, other psychiatric, addictive, and medical illnesses, resilience and positive

adaptation, and health care utilization in women and men in community mental health treatment for severe and persistent mental illness – including hearing impaired, Spanish-speaking and African-American clients. Results used to assist in determining criteria for the selection of trauma treatment models. (Ford, Fournier, Moffit, 2001). [Article available.](#)

- [Randomized Controlled Trial:](#) A three-year, SAMSHA-funded randomized controlled trial of the TARGET treatment model versus trauma sensitive usual care is ongoing in three outpatient substance abuse treatment facilities (Frisman & Ford, 2000). [PowerPoint available.](#)

District of Columbia

One of the Women, Co-Occurring Disorders and Violence Study sites located in the district: District of Columbia Trauma Collaboration Study:

- Two multi-service centers (including Community Connections, the lead agency) offer mental health, trauma, and substance abuse services for women with co-occurring disorders and histories of abuse in Washington, D.C.
- Key service components: Integrated Trauma Service Teams (ITSTs) emphasize the development of key skills in trauma recovery and empowerment. [Trauma Recovery and Empowerment Model \(TREM\)](#) groups and the accompanying self-help workbook are the core trauma interventions. Additional groups address substance abuse and trauma, parenting, domestic violence, and spiritual resources for recovery. Peer-run programs include activities at a Women’s Support and Empowerment Drop-In Center.

Florida

One of the Women, Co-Occurring Disorders and Violence Study sites located in the state: Triad Women’s Project, Central Florida:

- A substance abuse prevention, intervention and treatment agency and local mental health provider are partnering to offer services in rural Florida.
- Key service components: Triad has developed a 16-session, trauma-specific group intervention that addresses the interaction of substance abuse, mental health and violence, and also emphasizes cultural differences. An integrated trauma-informed case management system was also developed. Both the group and the case management model are manualized. The project’s peer-run group provides on-going

community-based support for women once they have completed the Triad trauma group.

- SPARCC Project: See web site above. Contact hills@fmhi.usf.edu

Illinois

City of Chicago

- The Domestic Violence Mental Health Policy Initiative conducted a needs assessment with 16 domestic violence agencies and 55 community mental health and social service agencies (47 percent return rate) regarding trauma and domestic violence: 18 agencies (nine OMH funded) completed a baseline trauma self-assessment as a part of an ongoing evaluation of an Intensive Trauma Training and Implementation Program to address adult and child trauma in the context of domestic violence. The CDPH Pilot project will also be evaluated for agency, provider, and survivor-level changes.

Indiana

- Department of Mental Health and Addiction funded a statewide survey of 251 clinicians serving people with severe mental illness (SMI) in community support programs, to identify barriers to the diagnosis and treatment of PTSD and other trauma-related problems. Most clinicians did not feel competent to effectively treat these problems. Competence/confidence and belief in utility of intervention were positively related to the percentage of clients with whom trauma and PTSD had been discussed, documented in the charts, and addressed directly in treatment. Clinicians need training that develops skills and knowledge as well as conveys the value of addressing PTSD and other trauma-related problems in people with SMI. Article available: Barriers to Assessment and Treatment of Posttraumatic Stress Disorder and Other Trauma-Related Problems in People with Severe Mental Illness: Clinician Perspectives, Community Mental Health Journal, Vol. 40, No. 1, February 2004.

Kentucky

- As part of a SAMHSA-sponsored, Multi-State Study of Mental Health Service Utilization by Trauma Victims, hospital discharge data was analyzed in Kentucky. It provided basic demographic information for individuals with a diagnosis of Posttraumatic Stress Disorder. The study found that this group of individuals had a higher rate of community mental health service utilization than any other group examined in this project to date. Overall, 55 percent of those who received this diagnosis in a general hospital had received community mental health services the same year. Community health services utilization was highest for young people under 18 years of age (68 percent for boys and 70 percent for girls) and decreased, for both

genders, to 21 percent of men and 46 percent of women in the 50 + age group.

Maine

- Tri-County Mental Health Services adapted an adult trauma-screening tool for use with families and children. Draft of adapted screening tool available. Children are in targeted case management, a Medicaid service. State Department of Behavioral and Developmental Services will select sample from children's assessment data and examine the impact of trauma history on child functional outcomes.
- The Influence of Childhood Trauma on Public Mental Health Service Use and Expenditures: Preliminary Findings (February 2004). Study used Maine Medicaid to investigate the extent to which the histories of childhood trauma influence public mental health service use and expenditures for children and youth. Further analysis will look at the use of health and medical services and expenditures for the group of children who have experienced trauma and those who reported they had not. Child functional outcomes for the two groups will be compared over time. PowerPoint available. Manuscript of study being written for publication.
- Final Report: Trauma-Informed Pilot Project at the Rumford Unit of Tri-County Mental Health Services by Community Connections (May 2003) summarizes the plans, activities, and evaluation of a project designed to implement a trauma-informed approach to services at Tri-County. From August 2001 to May 2003, senior staff at Community Connections (a private, non-profit human services agency based in Washington, D.C.) consulted with the Rumford/Tri-County administrators and staff, offered continuing education programs related to trauma, and evaluated key program outcomes. Administrators, clinicians and consumers voiced virtually unanimous support for the initial plans and, after nearly two years, reiterated their strong convictions about the value of trauma-informed services. Results of the program evaluation support the effectiveness of the Rumford program in enhancing consumers' overall daily functioning; reducing mental health symptoms and physical health concerns; strengthening consumer safety and decreasing the use of intensive services such as in-patient hospitalization and crisis interventions. Consumers report, in both qualitative and quantitative surveys, very high levels of satisfaction with the overall program, and specifically, with the trauma-informed changes in service delivery.
- Impact of Untreated Trauma on Public Treatment Costs for Individuals with Severe Mental Illness (2000) Using Medicaid Claims data from 1996 to 2001 on 1,397 Class Members (past and present patients at the

Augusta Mental Health Institute). Projected Completion of findings: Fall 2002. Study in collaboration with the Nathan Kline Institute. Report on methodology and preliminary findings available now.

- Trauma Advisory Groups Needs Assessment of Survivors and Professionals: Written description of process and focus group questions.
 - In Their Own Words: Trauma Survivors and Professionals They Trust Tell What Hurts, What Helps, and What is Needed for Trauma Services (1997) Report on Trauma Advisory Group's findings.
- Survey of Maine Mental Health Service Providers regarding Trauma Training and Service Needs: Questionnaire.
- Maine Mental Health Services Provider Survey Report: Trauma Training and Service Needs (1997).

Maryland

- Research Project with TAMAR's Children Program. Looking at the effectiveness of the Circle of Security intervention on at-risk mothers and infants in building healthy attachments. Findings will be reported in early 2006.

Massachusetts

Three sites of the Women, Co-Occurring Disorders and Violence Study:

- Boston Consortium of Services for Families in Recovery, Boston, a city health department based integrated system of services housed within three substance abuse treatment modalities: outpatient counseling, methadone maintenance and residential treatment serving primarily Latina and African American women in metropolitan Boston.

Key service components: women enrolled in substance abuse treatment programs will receive an enhanced intervention that includes TREM groups, trauma-informed Family Strengthening Groups and Family Reunification Groups, Consumer Survivor and Recovery Leadership Trainings and Economic Planning Groups developed specifically for women with co-occurring disorders.

- Women Embracing Life and Living (WELL), Cambridge, three dually licensed mental health and substance abuse providers servicing women with co-occurring disorders in eastern Massachusetts.

Key service components: WELL offers an adapted version of Seeking Safety, in conjunction with C/S/R facilitated mutual help groups and the Nurturing Families program, a parenting intervention designed to increase the capacity of parents to heal the parent-child relationship from the impact of substance abuse, mental illness and trauma. Women receive resource and care advocacy and coordination from integrated care facilitators and all sites receive integrated supervision from a clinical expert and cross trainer.

- Franklin County Women's Research Project, Greenfield, a collaboration between mental health and domestic violence service providers serving women with co-occurring disorders in rural Massachusetts.

Key service components: Three women's drop-in centers serve as the focal point of the intervention and offer peer resource advocates, trauma recovery groups using the Addiction and Trauma Recovery Integration Model (ATRIUM) and opportunities for consumer involvement.

Department of Mental Health

- Universal Trauma Assessment (computerized medical record) applicable to all DMH-operated programs. All licensed and contracted inpatient programs must assess patients for trauma on admission (by regulation.)

Department of Public Health Bureau of Substance Abuse Services

Assessment for trauma is required of all Alcohol and Other Drugs Services System providers under Fiscal Year 2004 Request for Response Terms and Conditions and Standards of Care.

- All women's residential substance abuse treatment programs incorporate a brief assessment for trauma in their regular intake process, screening and assessment tools.

Western Massachusetts

- Adaptation and enhancement of DMH Trauma Assessment by Franklin Medical Center. Eastspoke inpatient unit and partial hospitalization program, gathers more comprehensive information on an individual's trauma experience, history, and needs.

Nebraska

- University of Nebraska of Omaha in conjunction with Women's Coalition developed survey for consumers and professionals on assessment and treatment of trauma.

New Hampshire

- Cognitive-Behavioral Treatment of PTSD in Severe Mental Illness: Results of a Pilot Study, American Journal of Psychiatric Rehabilitation (In Press). There is a documented need for standardized treatments of posttraumatic disorder (PTSD) in people with severe mental illness, but no interventions have been shown to be effective for this population. To address this need, researchers at New-Hampshire-Dartmouth Psychiatric Research Center, Department of Psychiatry, Dartmouth Medical School, and Department of Psychology, Indiana University at Purdue, developed a 12-16 week individual cognitive-behavioral treatment (CBT) program for PTSD. The program includes psychoeducation, breathing retraining, and cognitive restructuring, with treatment closely coordinated with clients' community support treatment teams. A pilot study was conducted and included clients with PTSD and SMI (such as schizophrenia or bipolar disorder) to evaluate the safety, feasibility, and preliminary clinical effectiveness of the program. Retention rate in the treatment was 86 percent with no serious adverse clinical events reported. Clinical outcomes were good, with reductions in PTSD diagnoses, based on the Clinician Administered PTSD Scale (CAPS) from 100 percent at baseline to 64 percent at post-treatment and 50 percent at three-month follow-up. Clients also experienced significant reductions in the affect subscale (depression and anxiety) of the Brief Psychiatric Rating Scale (BPRS) from baseline to three-month follow-up. The results support the feasibility and potential clinical effectiveness of the CBT program for PTSD in the SMI, and suggest that the intervention should be evaluated in a randomized clinical trial.
- Cognitive-Behavioral Treatment for PTSD in People with Severe Mental Illness: Three Case Studies, American Journal of Psychiatric Rehabilitation (In Press). In-depth examination of three case studies of clients with severe mental illness (SMI) and post-traumatic stress disorder (PTSD) who participated in a recently developed cognitive-behavioral treatment program. Each client had PTSD, and a DSM-IV Axis I diagnosis (one bipolar disorder, two schizoaffective disorder), as well as multiple other problems that would ordinarily have resulted in exclusion from established cognitive-behavioral programs for PTSD (e.g., substance dependence, suicidal ideation, cognitive impairment, psychotic symptoms, acute psychosocial stressors). All clients were able to complete the program, and all demonstrated significant improvements in PTSD, with two out of three no longer meeting criteria for PTSD at the 3-month follow-up. Clients also showed modest improvements in other psychiatric symptoms. These case studies, combined with the results of a larger pilot study of the treatment program, demonstrate the feasibility of the program, and suggest that PTSD can be effectively treated in persons with SMI.

- Interpersonal Trauma and Posttraumatic Stress Disorder in Patients with Severe Mental Illness: Demographic, Clinical and Health Correlates, Schizophrenia Bulletin (In Press). Study evaluates the prevalence and correlates of posttraumatic stress disorder (PTSD) in persons with severe mental illness. Standardized assessments of interpersonal trauma and PTSD were conducted in 782 patients with severe mental illness receiving services in one of five inpatient and outpatient treatment settings. Analyses examined the prevalence of PTSD, and demographic, clinical, and health correlates of PTSD diagnosis. Results: The overall rate of current PTSD in the sample was 34.8 percent. For demographic characteristics, the prevalence of PTSD was higher in patients who were younger, white, homeless and unemployed. For clinical and health variables, PTSD was more common in patients with major affective disorders (compared to schizophrenia-spectrum disorders), alcohol use disorder, more recent psychiatric hospitalizations, more health problems, more visits to doctors for health problems, and more non-psychiatric hospitalizations over the past year. Conclusion: The results support prior research documenting the high rate of PTSD in patients with severe mental illness and suggest that PTSD may contribute to substance abuse, psychiatric and medical comorbidity, and increased psychiatric and health service utilization.
- A Cognitive-Behavioral Treatment Program for Posttraumatic Stress Disorder in Persons with Severe Mental Illness, American Journal of Psychiatric Rehabilitation (In Press). Clients with severe mental illness (SMI) such as schizophrenia and bipolar disorder have high rates of exposure to trauma over their lives, and are at sharply increased risk for the development of posttraumatic stress disorder (PTSD). However, at present there are no validated treatments of PTSD in the SMI population. Researchers at Dartmouth and the National Center for Posttraumatic Stress Disorder in White River Junction, Vermont, review the research on trauma and PTSD in clients with SMI, summarize findings on treatment of PTSD in the general population, followed by the considerations one must examine in the development of a treatment program for clients with SMI. Dartmouth and NCPSD program is then described, which is based primarily on the principles of cognitive restructuring and involves treatment closely integrated with the ongoing provision of comprehensive services for the SMI. Researchers conclude with a description of how common challenges of working with clients with SMI are handled in the treatment program, including substance abuse, cognitive impairment and psychosis.
- At New Hampshire Hospital, testing the use of computerized assessment to screen for trauma exposure and PTSD in acute admissions and provide psycho-education and triage for those with post-traumatic symptoms.

- At multiple regional mental health centers, conducting a randomized clinical trial of an individual. 12-16 session cognitive- behavioral treatment for PTSD for people with another severe mental illness.
- Pilot study of a 21-session, group-based cognitive-behavioral intervention for symptoms of PTSD in clients with severe mental illness was conducted at a regional mental health center. Groups continue to be provided. Educational video “Recovery From Trauma” available

New York

- All New York State psychiatric centers routinely screen for trauma histories and perform targeted assessments as needed.
- Child and Adolescent Trauma Treatment Services (CATS), a treatment program for children and adolescents affected by 9/11, conducts comprehensive trauma assessments.
- Children’s program in state psychiatric centers are working with psychiatric center clinical leaders and national experts to design a trauma treatment program, based on existing evidence-based practices, to be implemented and evaluated. Currently in development.
- One site of the Women, Co-Occurring Disorders and Violence Study: Palladia’s Portal Project, New York, N.Y., a large, multi-service agency providing residential and outpatient mental health and substance abuse services primarily to African American and Latina women.

Key service components: Women receive an enhanced trauma treatment program coordinated by a Women’s Treatment Specialist which includes a clinical assessment, Seeking Safety groups, and two sets of peer-led support groups focusing on parenting and safety skills.

Ohio

- ODMH has funded the following research projects:
- Long series of projects under the direction of Mark Singer, Ph.D., Case Western Reserve University, that first established the link between youth exposure to violence and PTSD symptoms. Dr. Singer also testified before the National Governor’s Association meeting regarding his findings.
- “Group Therapy for Survivors of Childhood Sexual Abuse Who Are Labeled Severely Mentally Disabled,” by Maryhelen Kreidler, EdD, RN,

University of Akron. Results proved that SMD women with this kind of trauma can make significant improvement with long-term group therapy.

- “Exposure to Violence and Aggressive Behavior in Youth with Psychiatric Disturbances,” Michele Knox, Ph.D., and colleagues at the Medical College of Ohio.
- “Factors Predicting Revictimization and Resilience in Child Sexual Abuse Survivors,” Elizabeth Frenkel, Ph.D., Miami University.

Oklahoma

- ODMHSAS Oklahoma Youth Center has contracted with an outside agency, Q2, to conduct a needs assessment and surveys of staff, patients, and family or caregivers on perceptions of treatment at the hospital to measure outcomes of appropriate trauma-focused interventions.
- Utilizing evidence/research based models and program evaluations are required components of mental health services for children with trauma. These components will assist ODMHSAS in identifying effective interventions and best practice models for Oklahoma.

Pennsylvania

City of Philadelphia

- The PVS (Poverty, Violence and Substance Abuse) Disaster Pilot, conducted by the Philadelphia Women’s Law Project and funded by a grant from the city of Philadelphia to evaluate treatment for pregnant, parenting, substance abusing women. Information gathered via focus groups, interviews and multiple meetings from consumers and all systems and professional disciplines involved in the delivery of services. Extensive review of the professional literature including over 700 articles focused on interrelatedness of substance abuse with trauma and violence. Findings included poverty, domestic violence, sexual assault and substance abuse as recurrent and concurrent themes in the lives of women in the city’s health, social service, and criminal justice systems. Final Report includes recommendations to the City and a literature review by Sandra Bloom, M.D. Trauma was identified as central to all other issues. Report and Literature review by Dr. Bloom *The PVS Disaster: Poverty, Violence and Substance Abuse in the Lives of Women and Children*, are available from the Women’s Law Project.

South Carolina

- Trauma Within The Psychiatric Setting: A Preliminary Empirical Report, Administration and Policy in Mental Health, Vol. 30, No. 5, May 2003. NIMH-funded study examines men and women with a history of psychiatric hospitalization who were attending one of five mental health center clinics in South Carolina.

- Study provides initial empirical support for concerns raised by consumer and advocacy groups that the psychiatric setting often can be a frightening and/or dangerous environment. In general, the study results indicate that mental health consumers have experienced a number of traumatic, humiliating, or distressing events during their hospitalization. In addition, results indicate that consumers are adversely affected by these experiences. The results also provide a strong basis for the need to further investigate the issue of sanctuary trauma and sanctuary harm. Subjects were affected not only by practices already considered to be harmful (i.e. restraints), but a number of other experiences also contributed to the feeling of being unsafe, helpless and frightened. Although 91 percent of subjects reported experiencing at least one negative hospital experience and 70 percent had experienced three or more negative hospital events, few subjects had ever been asked about these events by mental health staff. Research indicates that the assessment of any type of trauma history is lacking in public mental health clinics, let alone the assessment of events occurring within the psychiatric setting.
- Trauma History Screening in a Community Mental Health Center, Psychiatric Services, Vol. 55, No. 2, February 2004. Researchers affiliated with the trauma initiative department of the South Carolina Department of Mental Health and with the Department of Psychiatry and Behavioral Services at the Medical University of South Carolina assessed the lifetime prevalence of traumatic events among consumers of a community mental health center by using a brief trauma-screening instrument. The study also examined the relationship between trauma exposure and physical and mental health sequelae and determined whether the routine administration of a trauma screening measure at intake would result in increased diagnoses of posttraumatic stress disorder (PTSD) and in changes in treatment planning in a practice setting. A total of 505 out of 515 consumers who presented to the CMHC consecutively were surveyed from May 1, 2001 to January 31, 2003. Data from the initial assessment on trauma exposure and on rate of PTSD diagnosis were examined, and a chart review was conducted on 97 cases (19 percent) to determine the extent to which CMHC services addressed trauma-related problems.

Results of the study indicated that 460 consumers (91 percent) had been exposed to one or more traumatic life experiences. The number of traumatic events was negatively correlated with physical and mental health functioning on the 12-item Short-Form Health Survey. (SF-12). Subjects with a history of sexual abuse scored significantly higher on the SF-12, reflecting poorer physical and mental health. Although the rate of PTSD diagnosis increased after implementation of the trauma-screening instrument, the rates of actual PTSD treatment services provided did not change.

Conclusions: This study strongly suggests that screening for trauma history should be a routine part of mental health assessment and may significantly improve the recognition rate of PTSD. However, much work remains to be done in implementing appropriate treatment.

- Treatment Development Grant: NIMH funded, three-year project, ending December 2005, on CBT Treatment for PTSD Among Consumers with SMI. Based on this project, article, Cognitive-Behavioral Treatment for PTSD in Severe Mental Illness, published in the Journal of Psychiatric Practice. Treatment groups starting; manual being developed.
- SCDMH quality improvement audit tool in place to ensure that trauma assessment is in place at all CMHCs.
- Formal Mechanism requiring Quarterly Report on trauma-related specific goals, activities, accomplishments, and dates from trauma initiative pilot sites. Format is PDCA: Plan, Do, Check, Act. Plans call for PDCA format to be expanded to all CMHCs in the state with activities summarized in Quarterly Reports.
- Survey of adequacy of assessment and clinical services in SCDMH centers and hospitals: Summary of findings.
- Study of trauma history and PTSD diagnosis from intake, summary of findings.

Vermont

- As part of a SAMHSA-sponsored, Multi-State Study of Mental Health Service Utilization by Trauma Victims, data sets provided by the child protection agencies in Vermont was analyzed to determine the rate at which these young people were served by public community mental health programs. Results indicate that, overall, 24 percent of young people identified by the state child agency as having been abused and/or neglected were served by the public mental health system. Children under seven years of age were substantially less likely to receive community mental health services than young people in the 7-12 or 13-17 age groups (14 percent versus 29 percent and 28 percent) Girls were less likely to be served than boys.
- The Multi-State Study also analyzed databases that recorded individuals treated for injuries in hospital emergency rooms. The analysis included both unintentional injury and injury that was the result of assault. More than 20 percent of the assault victims, but only

7 percent of victims of unintentional injury, received community mental health services during the same year. Women and children were significantly more likely to receive community mental health services than men (29 percent and 30 percent vs. 11 percent for assault victims, and 10 percent and eight percent vs. four percent for unintentional injury.)

- The Multi-State-Study also analyzed the database of the Vermont Center for Crime Victims Services to determine whether crime victims who may have experienced trauma utilized the mental health system. The database provided basic demographic information on all adult service recipients. For the analysis, adults, ages 18 and over, who were victims of domestic violence, sexual assault, or other assault, were selected for analysis.
 - Research indicates that more than 10 percent of these crime victims received community mental health services in Vermont in 2003. Women were significantly more likely to receive mental health services than men (14 percent vs. 6 percent). Among women, participation in mental health programs for individuals aged 50 and older was substantially less than younger women (6 percent vs. 15 percent and 16 percent). Among men, however, participation in mental health programs for individuals aged 50 and older was substantially greater than for younger men (22 percent vs. 7 percent and 0 percent).
- The study also examined the use of the community mental health system by refugees who were traumatized before, during, or after their relocation. The Vermont Refugee Resettlement Office and the Health Department refugee health program provided data. In Burlington, the highest utilization rate of the community mental health system was for women in the 50 + age group (23 percent vs. eight percent to nine percent for children and younger women, respectively). The highest utilization rate for men in Burlington was in the 35-49 year age group (18 percent vs. four percent to eight percent for boys and other men respectively).

Wisconsin

- Executive Summary available of Forging New Partnerships With Women Report. Needs assessment in terms of the prevalence of trauma; random sample of those who received mental health and/or substance abuse treatment in the public sector. Trauma prevalence identified at 91 percent.

14. Trauma screening and assessment.

All adults and children who enter the system of care, regardless of which “door” they enter, should be screened for abuse and trauma at or close to admission. People with a positive response to the screen should have a trauma assessment as an integral part of the clinical picture, to be revisited periodically and used as a part of all treatment, rehabilitation, and discharge planning. Clients with trauma histories should be informed about and referred to quality, trauma-informed and trauma specific services and supports.

Alabama

- Trauma and Abuse Policy and Universal Assessment Instrument. Used upon admission to all state facilities and residences serving adults, children and adolescents. Training in the Trauma Policy and in trauma assessment procedures for all staff responsible for assessment and treatment.

Alaska

- Alaska Screening Tool. Includes questions about trauma symptoms. Used by substance abuse treatment providers statewide in substance abuse and mental health programs for adults and in substance abuse residential treatment programs for adolescents. If symptoms are related to trauma, a trauma-informed treatment plan is developed and individual is referred to trauma-informed services if available.
- Trauma Symptom Inventory. Psychological Assessment Resources, 1995. A comprehensive trauma assessment used by clinicians when a person is referred for trauma treatment and medication treatment.
- Alaska Screening Tool: screening for dual diagnosis and traumatic brain injury. www.state.ak.us.

Arizona

- Statewide implementation of the 24-Hour Urgent Response for children removed by Child Protection Services ensures that the behavioral health system rapidly looks at the trauma to the child, assesses the child and the caretaker resources, and arranges to meet their immediate and treatment needs to lessen the impact of the traumatizing event. Policy and assessment tool available.

California

- PROYPES (Los Angeles County) uses standardized screening and assessment of trauma history and symptoms developed as part of the WCDVS research study for women with co-occurring disorders and

histories of trauma. They now train other agencies in California in the use of the assessment tools.

Colorado

- Arapahoe House in Metropolitan Denver uses a standardized assessment instrument to assess a broad range of problems including trauma. Questions are asked regarding history of physical and sexual abuse and domestic violence. Tool available.
- Colorado state mandated Infectious Disease, Medical and Behavioral Screen to identify HIV and infectious illness risk, is modified to be trauma-informed and sensitive to persons with histories of sexual and physical abuse. Screen available.

Connecticut

- Clinical staff throughout the state has been trained to conduct brief screenings for trauma history and PTSD. Screening forms available.
- Trauma screening has been adapted for Project SAFE, to screen parents involved in the child welfare system who are suspected of having substance abuse problems. Screening forms available.

Department of Children and Families (DCF)

- Assessment for trauma history of mothers involved in Project SAFE. When trauma identified it is integrated into treatment. Instruments available.
- DCF has placed staff in three girl's detention centers to identify girls' mental health needs and histories of trauma, and to plan services for them to be recommended to the court and ordered by the judge. Evaluation and report forms available.

District of Columbia

Community Connections

- All new intakes are asked a series of questions related to trauma as part of the standard intake process in which 9 areas are assessed. Intake form available
- QI checks to see that treatment plans and treatments delivered are those suggested by Responses to intake questions.

Florida

- State Mental Health Act (Baker Act) recommends every individual consumer be screened for a history of trauma. This is part of state regulations.

- An Integrated BioPsychosocial Assessment includes questions about trauma, mental health and substance abuse and is used in substance abuse and mental health agencies in a three county area.

Hawaii

- Hawaii County Jail Diversion Program was one of three programs selected by the GAINS Center for Gender Specific and Trauma Sensitive training. Staff from criminal justice, mental health and substance abuse developed an Action Plan which recommended a brief screening be implemented for those enrolled in the Jail Diversion Program. Trauma-informed instruments are under review.
- AMHD QOLI-VB form includes questions about the extent of victimization among individuals served at CMHCs and POS provider agencies. Form available

Illinois

- State Medicaid Rule Change: Illinois' Medicaid Rule 132 workgroup has agreed to add the following assessment requirement for mental health agencies receiving state Medicaid funds: "History of current abuse/trauma (childhood sexual or physical abuse, intimate partner violence, sexual assault or other forms of interpersonal violence.)" Public commentary period completed and rule in process of being finalized
- Illinois Department of Human Services, Division of Mental Health, is working with the Domestic Violence Mental Health Policy Initiative (DVMHPI) to develop screening tools and assessment processes for identifying and responding to child exposure to violence and trauma. Four community mental health centers in Chicago are piloting the tools.
- Domestic Violence, Trauma and Safety Assessment Tool for adults, developed by DVMHPI, is used by 19 state funded mental health and domestic violence agencies.
- Chicago Department of Public Health, Division of Mental Health computerized intake form includes "danger *from* others' as well as "danger *to* self and others. Policy and Procedures Manual incorporates questions about current abuse and lifetime trauma, and assesses domestic violence/safety. Intake form and Policy Manual available.

Indiana

- Screening for children placed in foster care, as of July 1, includes questions about violence and trauma, and referred for further assessment and treatment when indicated.

Maine

- Uniform Assessment Tool for Adult Mental Health incorporates brief assessment for trauma. Implemented throughout adult mental health system including state-operated and contracted agencies, community hospitals and state institutions. Tools available.
- Uniform Assessment Tool for Children/Adolescent Mental Health incorporates trauma.

Tri-County Community Mental Health Services (former Pilot Project)

- Adult Trauma Screening Questionnaire, Introductory Information and Guidelines for Administration created by clinicians and consumers as part of DBS/Tri-County Community Mental Health Services pilot project to develop trauma-informed system of services. (See Section 15). Used now throughout larger organization and in other agencies. Documents available.
- Trauma Screening tool adapted for use with families, youth and children. Collaboration with DBS to pilot instrument in Medicaid targeted case management program. Data will be used to look at impact of trauma history of children's functional outcomes.
- TREP (Trauma Recovery and Empowerment Profile, Community Connection) is used as part of every consumer assessment. Looks at 11 domains of coping skills and is accompanied by skills building exercises for each domain. (Workbook, Community Connections)
- Self-Awareness and Recovery Profile, developed by Tri-County MHC, uses two psychological assessment tools: the Trauma and Attachment Belief Scale, and the Emotional Quotient Inventory. Piloted in one unit as pre-post improvement indicator for a Wellness Recovery Action Group (WRAP, Copeland) and a Trauma Recovery and Empowerment Group (TREM, Community Connections). Indicates strengths and opportunities for growth in areas of self-safety, trust, self-esteem, intimacy and control.

Maryland

- Universal Intake form for DHMH Mental Hygiene Administration incorporates questions about trauma.
- All individuals coming into jails in 11 Maryland correctional facilities and in Springfield State Hospital are assessed for trauma through the Mental Hygiene Administration's TAMAR program. Two assessment instruments are used: a brief intake form and if indicated, a comprehensive trauma assessment form

- A Self-Report Scale is given to all inmates and patients asking 6 questions about trauma. They may choose to fill out and place in mailbox for a trauma specialist working in the facility, indicating if they want to receive trauma counseling.
- Bessel vanderKolk's Trauma Assessment Packet (including a trauma assessment questionnaire, the Dissociative Experiences Scale, and the Davidson scale) is used. Trauma specialists use a variety of assessment techniques that may include the use of the use of the Trauma Center Assessment Package. The Package includes: TAQ, SIDES, Trauma Center PTSD Symptom Scale, & Trauma Focused Initial Adult Evaluation. Other assessments may include: Briere's Trauma Symptom Inventory and the DES.

Massachusetts

Department of Mental Health

- Universal Trauma Assessment (computerized medical record) applicable to all DMH- operated programs. All licensed and contracted inpatient programs must assess patients for trauma on admission (by regulation).

Department of Public Health Bureau of Substance Abuse Services

- Assessment for trauma is required of all Alcohol and Other Drugs Service System providers under Fiscal Year 2004 Request for Response Terms and Conditions and Standards of Care.
- All women's residential substance abuse treatment programs incorporate a brief assessment for trauma in their regular intake process, screening and assessment tools.

Boston

- Boston Consortium of Services for Families in Recovery – Boston Public Health Commission developed and implemented co-occurring disorders screening tool used for all admissions to substance abuse treatment services.

Western Massachusetts

- Adaptation and enhancement of DMH Trauma Assessment by Franklin Medical Center Eastspoke inpatient unit and partial hospitalization program gathers more comprehensive information on individuals trauma experience, history and needs.

Missouri

- Department of Mental Health appointed a committee to review best practice trauma assessment instruments for implementation in service system.

Nebraska

- Women's Complex Trauma Screen is used with both mental health and substance abuse clients in state facilities and appropriate trauma services are accessible if indicated.

New Hampshire

- The NH State Mental Health Plan Goal 1-3 states “Recognize through practice that the experience of trauma is common in the lives of people served within the public mental health system,” and set an objective to “Assure assessment of trauma and trauma history is included as part of comprehensive assessment for persons seeking mental health services.”
- A brief trauma history questionnaire, and the PTSD Checklist (PCL) a 17 item self-report measure based on the DSM-IV criteria for PTSD (Blanchard), are used to screen all admissions to Manchester Mental Health Centers and admissions to the New Hampshire Hospital
- Screening and Assessment instruments used in a pilot study implemented at a Community Mental Health Center in NH and a Veterans Administration Hospital in Vermont, of a Cognitive-Behavioral Treatment Program for clients with PTSD and Severe Mental Illness (e.g. schizophrenia or bipolar disorder). Instruments included: the PTSD Checklist (PCL) (Blanchard et al) a self-report measure; the Trauma History Questionnaire-Revised (THQ-R) (Green, Mueser) and the Revised Conflict Tactics Scale (CTS2) (Straus et al) used to assess for trauma history; the Clinician Administered PTSD Scale (CAPS) (Blake et al). (See Section 13: Research).
- Standardized assessments of interpersonal trauma and PTSD conducted with 782 patients with severe mental illness receiving services in five inpatient and outpatient treatment settings across four states, including NH. Standardized instruments for trauma history included: the Sexual Abuse Exposure Questionnaire (SAEQ) (Rodriguez et al) to assess childhood sexual assault; three questions combining the most severe items from the violence subscale of the Conflict Tactics Scales (CTS) (Straus) to assess child physical assault; physical assault and sexual assault subscales of the Revised Conflict Tactics Scales (CTS2) (Straus et al) to measure assault in adulthood and over the past year; the PTSD Checklist (PCL) (Blanchard et al) to assess PTSD.
- Self-administered, computer assisted interview for both acutely ill and community support clients to gather information on trauma history and PTSD symptoms. Interview brief, easily understood, gives rapid feedback to clients and providers while maintaining a sense of privacy. Used in inpatient and community mental health settings.

New York

- All state psychiatric centers conduct trauma screening using forms of their own design. Examples of brief screens and nationally validated symptom assessment forms (PTSD Checklist and Trauma Symptom Checklist for Children) have been circulated. Screening forms are available from the Trauma Unit.
- Starhill Treatment facility, a 385-bed, drug treatment facility for men and women in NYC, operated by Palladia, Inc., uses instruments from the WCDVS adapted for inner city population involved in criminal justice system with active drug use and trauma histories. WCDVS trauma assessment instruments looked at lifetime trauma history, current trauma exposure, and interpersonal trauma severity using the Life Stressor Checklist-Revised (LSC-R) (Wolfe et al), and assessed trauma-related symptom severity using the Post-traumatic Stress Diagnostic Scale (PDS) (Foa et al)

Ohio

- Solutions for Ohio's Quality Improvement and Compliance (SOQIC), is a statewide initiative within the mental health system dedicated to improving quality, reducing costs and ensuring compliance with federal requirements. Among multiple areas of work, current emphasis is being placed on the creation of a standardized clinical documentation forms set. Current proposed Diagnostic Assessment forms for both adults and children/adolescents contain data fields on abuse history and traumatic stress.
- All state operated facilities have begun to implement Violence Free and Coercion Free reduction plans, which are inclusive of providing trauma informed care. Facilities have strengthened the initial assessment process (nursing and social work assessments) to identify individual who are at greater risk when secluded or restrained. Trauma related issues are addressed throughout the treatment process. Debriefing activities include potential trauma of the actual restraint and addressed by clinical staff.

Oklahoma

- ODMHSAS Oklahoma Youth Center staff currently chairs a subcommittee of the Residential Treatment Center Working Group of the NCTSN. The task of the subcommittee is to select the most appropriate trauma assessment to use in a residential setting and the best manner in which to conduct them and subsequently to incorporate them into treatment planning.

- Griffin Memorial Hospital's team for implementation of the NASMHPD Reduction of Seclusion and Restraint project is reviewing the trauma screening and assessment tools included in the curriculum for consideration in a future phase of the project.
- The Substance Abuse Services Division currently utilizes Stephanie Covington's model for working with women. The model included screening and assessment for trauma.

Oregon

- Legacy Health System Project Network in Portland, Oregon has incorporated trauma assessment into their comprehensive mental health and substance abuse assessment.

Pennsylvania

- Luzerne County Domestic Violence Task Force Trauma Workgroup is reviewing multiple trauma assessments for adaptation and use across all systems in Luzerne County serving children, including John Briere's brief assessment used in the courts and child welfare system: Trauma Symptom Checklist For Children (TSCC, TSCC-A) www.johnbriere.com

Rhode Island

- The Kent Center for Human and Organizational Development's intake package used with all clients includes several questions regarding trauma. Staff responsible for intake screening and assessment must be trauma-informed.

South Carolina

- Detailed Trauma and PTSD screening instruments implemented for adults and children. Assessment in place for seven (out of 17) Mental Health Centers, and two hospitals. Two additional mental health centers will begin assessing for trauma this fiscal year. (2004 – 05)
- Adult Intake Packet includes a Trauma Assessment, and the PTSD Checklist, a brief assessment for trauma symptoms, National Center for PTSD.
- An Interview for Children: Traumatic Events Screening Inventory (TESI-C) includes 16 items that survey the domains of potential traumatic experiences. The National Center for PTSD. Dartmouth Child Trauma Research Group.
- Parent Questionnaire (TESI-P), includes questions about child and about self. The National Center for PTSD. Dartmouth Child Trauma Research Group

- Trauma Symptom Checklist for Children, by John Briere, Ph.D. and Psychological Assessment Resources, Inc. www.johnbriere.com
- Department of Mental Health Quality Improvement procedure audits when each mental health center implements a trauma assessment to ensure trauma screening is universally in effect.

Vermont

- Universal screening for trauma as part of standard intake for all Departments within the Vermont Agency of Human Services. Draft available
- Assessment tool and procedures for use are in development

Wisconsin

- Trauma is included in assessment of all adults with serious mental illness in community support programs.
- Best Practice Recommendations for Screening and Assessment of Trauma, includes suggested interview techniques and special considerations for assessing people with cognitive, physical, and psychiatric disabilities, and older adults, lesbian/gay/bi-sexual transgendered persons, refugee and immigrant women, and men. Available as part of the Trauma Workgroup Report, Attachment 2.

Wyoming

- Screening and Assessment at Wyoming State Hospital includes a Trauma Assessment Form. Special attention to sensitivity and basic knowledge of trauma on part of interviewer is emphasized

15. Trauma-informed services and service systems.

A “trauma-informed” service system and/or organization is one in which all components of the system have been reconsidered and evaluated in the light of a basic understanding of the role that violence plays in the lives of people seeking mental health and addictions services. A “trauma-informed” organizational environment is capable of supporting and sustaining “trauma-specific” services as they develop. A basic understanding of trauma and trauma dynamics, including that caused by childhood or adult sexual and/or physical abuse, should be held by all staff and should be used to design systems of services in a manner that accommodates the vulnerabilities of trauma survivors and allow services to be delivered in a way that will avoid retraumatization and facilitate consumer participation in treatment. (*Trauma-informed service systems increase capacity to address Goals 2, 3, 4 and 5 in the President’s New Freedom Commission on Mental Health Final Report*)

Alaska

- Due to pervasive and cultural multi-generational impacts of trauma in the native Alaskan community, Southeast Alaska Regional Health Consortium (SEARHC) programs and all mental health and addictions programs associated with SEARHC in the region are trauma informed.
- Basic understanding of trauma across services, agencies and groups is developed through use of Risking Connections curriculum as cross-training tool. Also results in tearing down of boundaries between groups and working better together
- Community Care Alternatives Project (CMHS Jail Diversion Targeted Capacity Expansion Program).

Arizona

- Arizona Families F.I.R.S.T. provides services within 24 hours to substance abusing parents who have had their children removed from their home. Annual report can be accessed at www.azdes.gov/dcyf/first/.

California

San Joaquin County Mental Health Services: A specialty mental health program, Allies II, provides trauma-informed case management for seriously mentally ill clients. Transitional age youth and those recently released from incarceration are a priority.

Los Angeles County: PROTOTYPES

- Use of trauma-informed model “Using Trauma Theory to Design Service Systems” to examine and change agency procedures and programs to be trauma-sensitive and avoid retraumatization.
- All staff receives orientation and on going updated training to interact with women with co-occurring disorders and trauma. Consumer trauma survivors involvement in planning, training evaluation and service delivery keeps all services trauma-informed. DVD of orientation produced by December, 2004.

Colorado

Metropolitan Denver

- Arapahoe House is working toward services, policies and procedures for the entire organization being trauma-informed using Trauma Informed Principles, guidelines developed by the WCDVS.

Connecticut

Department of Mental Health and Addictions Services

- Connecticut has developed a statewide network of trauma services within the mental health and addictions system. The capacity to address the long-term effects of trauma through identification, education, and individual and group treatment has increased significantly over the past three years. To date, more than 200 trauma treatment groups have been conducted. Leadership is also emerging at the provider level that is now helping to maintain the momentum of this initiative.
- Trauma Center of Excellence (Trauma COE) is now being selected from one of the agencies participating in the Trauma Initiative. The agency designated as the Trauma COE will be the one that has adopted (and is willing to further enhance) institutional policies, clinical practices, and a clinical culture that addresses the needs of trauma survivors with co-occurring mental health and addiction disorders. With assistance from a CSAT technical assistance grant, the Trauma COE will develop a blueprint for achieving system change in both a trauma and recovery framework and will become a clinical and teaching model in the state. Application form, Trauma COE description and RFQ available

Department of Children and Families

- Hired Expert Trauma Specialist and Trauma Clinical Team to ensure all services for children provided through the Department and its contracting agencies (see Section 16) are trauma-informed, including the following programs:
- Program for subset of children experiencing most difficulty RFP issued to provide specialized support for approximate 2,000 out of 20,000 youngsters in children's system who are incurring severe difficulties, getting expelled from foster homes, in crisis, in emergency rooms, hospitals, juvenile justice system. These are the most severely traumatized children and adolescents who did not get the right kind of help when they were younger and are having a hard time stabilizing and recovering. Well funded, intensive, highly skilled Family and Children Support Teams will provide long term support of these children and their biological, foster and/or adoptive families to assist children in succeeding in family, school and recreational life. Foster parents will be trained and paid to be part of treatment team. Intervention will support children in their home settings.
Projected cost effectiveness in long run. RFP available
- Gender Specific Services for Girls in Juvenile Justice System: Department is developing multi-faceted approach to ensure gender specific, trauma based and family based services are provided to girls regardless of which "door" they use to enter the system: Children and Families, Child Protective Services, Criminal Justice, or Mental

Health. Girls have histories of abuse and trauma, problems with families, aggressive behaviors, psychiatric difficulties, substance abuse, history of running away, refusing to go to school, staying out late at night. Family frequently can no longer keep at home. DCF has funded development of following programs:

- Court liaison system: DCF liaison in every family court to focus on girls in detention who judge determines to be in need of services. Girls are linked to specialized gender specific and trauma based services and residential programs. RFP available.
- Community Partners in Action: a reception and assessment program for delinquent girls. RFP available
- Juvenile Justice Intermediate Evaluation (JJIE): court-ordered intensive, outpatient, multidisciplinary mental health trauma-informed assessment of court-involved children who are detained, at high-risk for being detained or who have been released from detention. Description available
- Natchaug Hospital Girls Residential Treatment Program for “paroled” adolescent girls who have psychiatric difficulties and problems with substance abuse RFP available.
- Stepping Stone Residential Program, a secure facility for adolescent girls designed to meet treatment, education and vocational needs. Will provide DBT and trauma recovery services. RFP available.
- Touchstone Residential Program, also serving adolescent girls referred to DCF by juvenile justice system. Will provide DBT and trauma recovery services. RFP available.
- Outpatient Continuum: DCF staff in each residential center to identify girls’ mental health needs, histories of trauma, and to plan services for them which are then recommended to the court and ordered by the judge. Juvenile Justice Intermediate Evaluation is used at each center.
- Juvenile Justice Intermediate Evaluation (JJIE): court-ordered intensive, outpatient, multidisciplinary mental health trauma-informed assessment of court-involved children who are detained, at high-risk for being detained or who have been released from detention. Description and form available.

District of Columbia

- Community Connections Inc. Co-Directors created and published monograph “Using Trauma Theory to Design Service Systems” based

on experience integrating understanding about trauma into agency's core service programs. The model takes a systems change approach, using A Self-Assessment and Planning Protocol to ensure all levels of the organization, staff, services and programs have understanding of trauma, its sequelae, and the impact of trauma in shaping a consumer's response to subsequent experience.

- Trauma issues are introduced to all staff, including administrative staff, residential and vocational counselors, substance abuse counselors, and case managers, through brief orientation and training using curriculum and Women Speak Out, a video of women sharing their lived experiences with abuse and trauma. Monograph, Protocol, Curriculum and Video available. Trauma-informed services include:
- Trauma-Informed Assertive Community Treatment (ACT) Team, a modification of the general ACT model to include 1) integration of a trauma-informed service approach in all team activities and 2) increased accessibility to trauma-specific service interventions. For women only. Description available
- Sisters Empowering Sisters: a leadership council where women are trained to be their own primary service deliverers, learning how to access vital services such as energy assistance programs and housing vouchers, and then help other women. Description available
- Women's Empowerment Center: a safe and caring environment where abused women can drop in, unwind and be supported by one another in their recovery. Women have been or are homeless, substance abusers and suffering from mental illness, but the common thread is extensive history of trauma and abuse. Center is operated by consumer/survivors who run educational groups and welcome new consumers, introducing them to opportunities for trauma recovery available at Community Connections. Description available
- Parenting Skills groups using 2 manualized interventions: The Impact of Early Trauma on Parenting Roles, addressing the impact trauma has on women's efforts to parent, and Parenting at a Distance, on the specific parenting issues faced by women who are not able to be the full-time custodial parent for their dependent children. A third intervention A Trauma Informed Approach to Parenting Skills from book Trauma Recovery and Empowerment: A Clinicians Guide, is also used. Manuals and book available
- Domestic Violence Group Intervention. Assists women to break the cycle of abuse. Leaders Manual available

- HIV and AIDS Psycho education and support groups using group treatment intervention and manual Trauma Issues Associated with HIV Infection. Manual available
- Spirituality in Trauma Recovery group, addresses spiritual and religious resources for empowerment and recovery. Manual available
- Trauma-Informed Addictions Treatment, a psycho-educational group intervention. Manual available
- Residential services and housing support services based on a trauma-informed perspective. See Trauma-Informed Approaches to Housing, chapter in Using Trauma Theory to Design Service Systems

Illinois

Chicago Metropolitan Area

- The Domestic Violence and Mental Health Policy Initiative works with 10 state-funded community mental health agencies and nine domestic violence organizations to implement trauma-informed service systems using the Risking Connection training model and Harris and Fallot's work on Trauma Informed Systems, "Using Trauma Theory to Design Service Systems". DVMHPI is also working more intensively with three CDPH mental health centers and three domestic violence programs to develop and implement trauma-informed services.

Indiana

- Indiana Division of Mental Health and Addiction, Office of Consumer Affairs provides the trauma-informed WRAP (Wellness, Recovery and Action Plan) self help and group model for dealing with physical and emotional symptoms as well as addictions.

Maine

- Model trauma-informed service system Pilot Project. Department of Behavioral and Developmental Services (BDS) supported implementation and evaluation of a pilot project in one unit (Rumford) of Tri-County Mental Health Services, a major mental health agency serving rural and semi-rural counties. Community Connections, Inc., provided consultation throughout the project. Overall goal, based on pilot outcomes, was to develop trauma-informed service systems in mental health agencies and facilities across the state of Maine.
- This systems change approach used criteria from "Using Trauma Theory to Design Service Systems", to effect administrative commitment to change, universal screening for trauma histories, staff training and consultation, hiring and human resource practices, review of policies/procedures, involvement of consumer advisory team in all aspects of change process, modification of existing services, implementation of

trauma-specific services, and development of model trauma-informed services system for replication throughout the state.

- Organizational and Statewide Expansion of Pilot Project Effectiveness of model led to implementation throughout the larger Tri-County organization of services, introduction to the Maine State Association of Mental Health Service Providers and adaptation of the model in three more of Maine's largest community mental health centers. Evaluation results showed increased overall functioning, skills development and consumer satisfaction; decreased mental health symptoms, physical health concerns and use of hospitalizations and crisis services. Project implementation is described in Department's "Plan for Improving Behavioral Health Services for Persons with Histories of Trauma" and in agency workbook and materials. Evaluation Report and Appendices available.

Trauma informed activities, services include:

- Administrative commitment involving Tri-County agency's executive director, program director, director of fiscal operations, human resources director, management team, and board of directors;
- Orientation of all management and staff in core assumptions of a trauma-informed approach to service delivery. Curriculum available
- Staff training and consultation in use of trauma screening questionnaire, introduction to Self-Assessment and Planning Protocol,
- Basic Training Curriculum for all staff including: Risking Connection Curriculum (Sidran), Women Speak Out Video tape (Community Connections), In Their Own Words: Trauma Survivors and Professionals They Trust Tell What Hurts, What Helps, and What Is Needed for Trauma Services (Jennings/Ralph), Using Trauma Theory to Design Service Systems (Harris/Fallot), What is Trauma (Sidran), and On Being Invisible in the Mental Health System (Jennings).
- Organizational assessment and planning using the Trauma-Informed Services Self-Assessment and Planning Protocol; (Community Connection)
- Adopt Trauma-Informed Philosophical Statement for organization (Tri-Co MHC)
- Trauma Screening Questionnaire and Guidelines developed by consumer/providers and implemented throughout agency. (Tri-Co MHC)
- Consumer Satisfaction Survey modified with Consumer Advisory Team to include 5 additional questions related to violence and trauma (Tri-Co MHC)
- Use of Trauma Recovery and Empowerment Profile (TREP) to assess individual recovery skills in coping effectively with the impact of emotional, physical and/or sexual abuse. Skills building exercises to address specific needs taken from A Menu of Strategies for Improving

a Woman's Trauma Recovery and Empowerment Profile and adapted to men as well (Community Connections)

- Modification of Hiring practices to recruit trauma-sensitive staff and to incorporate trauma-specific questions into interviews of all prospective employees;
- Personnel Policies related to violence such as workplace threats and domestic violence, and including attention to secondary trauma and self-care for caregivers using The Challenge of Caring: The Voice of Caregivers in Maine: Vicarious Traumatization and Burnout Survey Report (BDS)
- Review and modification of procedures for Intake, Assessment, Service/Treatment Planning, Outreach Crisis Intervention and Stabilization
- Consultant Team of staff and consumers to assist Tri-County administration, core service units and other state contracted agencies to implement trauma-informed model

Maryland

- Risking Connection Model, a framework for understanding and working with individuals with mental health and/or substance abuse problems who are survivors of childhood abuse, is implemented for both women and men in the correctional system including 12 correctional facilities and one state hospital, and in the agencies serving these individuals during incarceration or hospitalization after their release. Curriculum and Manual.

Massachusetts

- Self-assessment, principles and guidelines in the Massachusetts State Leadership Council's Toolkit for Developing Trauma-Informed Organizations are used by State and Provider agencies to respond to state requirement that all contract agencies be trauma-informed and provide access to trauma-specific services. (See Section 12) Toolkit available.
- English and Spanish curricula for the following group interventions developed and available through Rita_Nieves@bphc.org: Spanish cultural adaptation of TREM; Economic Success in Recovery: An educational group curriculum for women in recovery; Exito Con Mi Dinero y Mi Recuperacion: Un curriculo educativo y grupal para mujeres en recuperacion; Pathways to Family Reunification and Recovery: An educational group curriculum for women in recovery; Caminos Para la Reunificacion y la Recuperacion; Women's Leadership Training Institute: An educational group curriculum for women in recovery; Instituto de Entrenamiento para Mujeres Lideres en Recuperacion: Un curriculo educativo y grupal para mujeres en recuperacion.

Western Massachusetts

- Wellness Recovery Action Program (WRAP) is facilitated by peer-trained, peer-facilitators throughout the region. The Survivor’s Project and the Turner’s Falls Women’s Resource Centers train peer facilitators to conduct groups.

Minnesota

Anoka-Metro Regional Treatment Center: Ananda Project

- Trauma-Informed Dialectical Behavior Therapy: for multiply-diagnosed, difficult-to-treat clients, usually with histories of severe trauma; used to treat clients who are demonstrating out-of-control behaviors that interfere with standard treatments for individuals with trauma histories. Intensively trained team that teaches and consults with both state-operated and community-based agencies to increase community capacity to treat clients with Borderline Personality Disorder and other trauma-related disorders within their home counties/cities. Service delivery plan and updated work plan are available.

New York

- Some State and locally operated programs in New York are using Dialectical Behavioral Therapy (Linehan).

Ohio

- ODMH medical staff are working on “Drug Use Guidelines/Protocols” to be used as early intervention and during crisis intervention. Use of prescribing guidelines in light of the newer meds and the need for early intervention to reduce physical interventions. Hospitals are using monitoring interventions/data to develop clinical practice guidelines.

Pennsylvania

City of Philadelphia

- Institute for Safe Families (ISF) RADAR for Mental Health: Five years ago, ISF formed a working group of mental health professionals to adapt RADAR for use by behavioral health providers. RADAR for Mental Health is both an assessment and intervention tool for detecting and intervening in family violence situations. This tool is informed by trauma theory and the Transtheoretical Model of Behavior change. During the past four years, ISF has trained and continues to train psychiatric residents, social workers, drug and alcohol counselors and family violence service providers on use of this tool. Providing these trainings has brought to light the hesitancy of domestic violence advocacy organizations to refer their clients for mental health services because of the lack of expertise of most mental health providers in understanding family violence dynamics. With this in mind, a partnership has been formed to address the need for increased training of psychiatric residents and other mental health

practitioners. ISF is currently seeking funding to support a training program.

- The Clinical Network on Men and Violence: ISF and the Delaware Valley Community Health (DVCH) programs formed a clinical network to develop and support more services for men who are violent, particularly economically disadvantaged and Spanish-speaking men. The goal: form a batterers' intervention group for poor Spanish-speaking men and build skills and competency among mental health providers who work with men. Twenty mental health providers trained in the Duluth Model. They then met regularly and received trauma-informed supervision of their clinical work with men and families. ISF convened a group of primary care providers to develop RADAR for Men. This tool is informed by trauma theory and is being presented at a national conference on Healthcare and Domestic Violence in October 2004. DVCH recently completed a prevalence study that looked in part at the relationship between depression and anxiety disorders (including PTSD) and exposure to violence. Trauma-informed behavioral health services are fully integrated into the delivery of primary medical care at DVCH.
- Women Against Abuse (WAA), Domestic Violence Shelter, Women Against Abuse Legal Center and Sojourner House: WAA operates the only women's domestic violence shelter in Philadelphia and also operates Sojourner House, a transitional living center for victims of domestic violence. WAA is creating a trauma-informed system for women and children in its care. Retreats and trainings on the trauma-informed approach have been held with the entire staff and board of directors; trauma-focused SAGE group are being held at the shelter for women and children; the clinicians at the shelter are receiving regular supervision with a specialist in trauma-informed treatment.
- Interim House, a women's residential and outpatient substance abuse program, recognized the need to become trauma-informed based upon program research data that indicated more than 90 percent of its clients had suffered significant trauma and abuse as children and/or adults. In 2002, Interim House implemented a yearlong, agency-wide training on the SAGE model. Trainings were held monthly and included all staff. The program incorporated gradual changes to the program structure that reflected the core principles of safety, affect management, grief, and emancipation. Changes were administrative as well as clinical.
- Philadelphia Department of Juvenile Probation and the Philadelphia Family Court system have both participated in courses in trauma theory and treatment by Dr. Sandra Bloom. Non-profit agencies in the city that have contracted with Dr. Bloom to become trauma-informed include:

Lutheran Settlement House; Family Support Services; Family Parenting Network.

Luzerne County

Luzerne County Domestic Violence Task Force (DVTF) Trauma Sub-Committee Workgroup has established guidelines and actions steps for making all systems trauma-informed. Powerpoint Presentation: Luzerne County Domestic Violence Task Force: Developing a Coordinated Community Response to Trauma.

- Trauma sub-Committee is working with Dr. Sandra Bloom to develop a community based model employing a trauma-informed method for creating or changing organizational cultures in order to more effectively provide a cohesive context within which healing from psychological and social traumatic experience can be addressed. Leadership Training manual and Institute in development.

Rhode Island

- Kent County Center for Human and Organizational Development services are trauma informed. All staff have been trained in DBT, including clinical, support and administrative staff. A common language around trauma issues exists throughout the agency due to wide exposure and education around DBT skills. For 9 years staff have regularly attended agency sponsored trauma conferences with national trauma experts. They receive monthly staff training from the Sexual Assault and Trauma Resource Center. They recently received training and are implementing the Harris/Fallot model “Using Trauma Theory to Design Service System” throughout their agency and its services. Description of trainings; conference brochures. See Models
- To sustain a high level of trauma-informed practice, The Kent Center works continually to train as many staff as possible, both within its organization and in other organizations throughout the state, initiating a state wide intensive training program on EMDR through the Council for all State CMHCs and training in Critical Incident Stress Management across the state.
- Kent Center Court Clinic Program. Established in the Kent County courthouse. Service is trauma-informed. Clinical evaluation and referral of clients who would benefit from a behavioral health alternative to incarceration or who treatment should be provided in conjunction with incarceration. Evaluation for trauma history and referral to trauma-specific services where indicated.

- Warwick Truancy Program for children and youth from elementary to senior high school who are in need of counseling services due to truancy, absences and/or discipline issues. Service is trauma-informed. Assessment looks at history of abuse and trauma and referrals are made for trauma-specific counseling if indicated.
- Coalition for Abuse Recognition and Recovery (CARR), a group of consumers and professionals, designed a system of care for Kent Center, established criteria for consumer friendly programs, and performed community education and training on trauma issues.

Vermont

- Statewide Trauma-Informed Service System continues to be implemented throughout the Vermont Agency for Human Services (AHS), based on model and criteria outlined in monograph “Using Trauma Theory to Design Service Systems”. Training and consultation in the model was conducted by Community Connections for 150 AHS senior managers from Departments of Mental Health, Social Welfare, Aging and Disabilities, Health, Corrections, Vocational Rehabilitation, Social Services and Child Welfare.
- The Vermont Trauma Policy Cluster has developed an overall implementation plan and plans for each Department (Mental Health, Social Welfare, Aging and Disabilities, Health, Corrections, Vocational Rehabilitation, Social Services and Child Welfare) to address need of trauma survivors. Document available
- The Self-Assessment and Planning Protocol is being piloted to analyze the present system and its services at the Office of Mental Health Services, at one Community Mental Health Center and a at Vocational Rehabilitation program. Needed changes will be identified based on assessment results and further analysis will be conducted at other agencies.
- A trauma-orientation training was piloted for direct care workers and supervisors at a local level, in housing, vocational rehabilitation, welfare, juvenile, corrections, public health, mental health, and substance abuse services. It will also be used for the disaster response team.

Wisconsin

- Risking Connection curriculum in a variety of modalities and tailored to different populations is used as an overarching framework for building trauma-informed services in Wisconsin. Series of trainings across the state have been conducted by Sidran Institute and by Wisconsin professionals and consumers who had themselves received training.

Wyoming

- All services are trauma-informed through ongoing staff training. Existing programs such as DBT and other groups incorporate trauma. Written materials
- Ongoing training of employees in recognizing when behaviors come from experiences of trauma, how a restrictive environment may in itself be traumatizing, how all practices must be sensitive and empathic to the consumers experience of trauma and how that has impacted him or her, recognizing and understanding the impact of constant “mini-insults” over time, and how one might re-traumatize a person inadvertently.

16. Trauma-specific services, including evidence-based and emerging best practice treatment models.

Services designed specifically to treat the actual sequelae of sexual or physical abuse and other psychological trauma should be available in adequate numbers to serve the population and should be accessible to all consumers. As part of recent research studies (See Section 13) including the *SAMHSA Women, Co-Occurring Disorders and Violence study*, several emerging best practice trauma treatment models have been manualized and proven to be both cost effective and effective in reducing symptoms. These best practice models should be implemented by state mental health systems to treat trauma. Health technology and tele-health should be used to make these programs accessible for individuals in remote areas or in underserved populations. Although program models may vary widely, all should be recovery-oriented, emphasize voice and choice, and be fully trauma-informed. In addition, because of the numbers of trauma survivors with co-occurring disorders, trauma treatment programs should provide integrated trauma, mental health and substance abuse services. (*Goals 2.1; 3; 4.3; 5.2; 6.1 President’s New Freedom Commission on Mental Health Final Report*)

Alaska

- South East Alaska Regional Community Health Service (SEARHC) provides individual counseling for clients by clinicians with expertise in trauma treatment and expert clinical trauma consultation to clinicians in the Southeast region.
- Tele-Behavioral Health Program serves eight remote villages and the town of Sitka. Provides trauma-specific training and consulting to services system via Telecommunication Service Model. (HRSA 330 Expansion Grant for Telebehavioral Health)

California

San Joaquin County Mental Health Services and Office of Substance Abuse

- Allies II is a specialty outpatient mental health program funded through a SAMHSA block grant to the state. The program services adult women and men who have co-occurring serious mental health and substance abuse disorders and trauma histories. Allies II is modeled after the intervention used for the SAMHSA WCDVS San Joaquin study site (1998-2003). Trauma-specific services are provided to women and men, including individual case management services, Seeking Safety groups, and individual trauma therapy.
- Seeking Safety groups are provided in outpatient mental health services, residential substance abuse treatment and narcotic treatment programs. Services are available to men and women with diagnoses of serious mental illness and/or substance abuse who have trauma histories. Group facilitators have been trained by the curriculum's author, Lisa Najavits, Ph.D., or by experienced mental health clinicians.
- The Recovering Families parenting curriculum is embedded as a standard service offered in many substance abuse treatment programs throughout the country. This trauma-informed curriculum was developed as a part of the Allies WCDVS. While Recovering Families builds on the prior existing San Joaquin County OSA parenting curriculum, it is based in great part on the work of Bavolek and Dellinger-Bavolek (1985) and the Institute for Health and Recovery (2001). This 13-week parenting curriculum was designed to blend discussions and activities around parenting issues particular to parents with co-occurring disorders and trauma histories, with sessions focusing on specific parenting skills. Recovering Families, approved by the Child Welfare Unit Chief of Child Protective Services, was piloted in the community prior to full implementation and is well received by both participants and parenting instructors.

Los Angeles County: PROTOTYPEs Women's Center in Sonoma provides integrated treatment for substance abuse, mental health, trauma and HIV/AIDS to women in Los Angeles County. Trauma specific services were developed as part of PROTOTYPE's participation as one of nine intervention sites across the country for the SAMHSA WCDVS study. Several publications describing these services and their outcomes for clients are or will be available through PROTOTYPE. Trauma-specific services include:

- Seeking Safety Groups for battered women with substance abuse and or mental health problems as well as domestic violence, at STAR house shelter.

- Seeking Safety Groups for women with severe and persistent mental health and substance abuse disorders and histories of trauma in I-CAN, a mental health program.
- Model 10-week trauma-specific skills-building group intervention for children of mothers in treatment at PROTOTYPES for co-occurring disorders and histories of violence.
- Individual and group therapy sessions teach parenting skills and techniques. Experiential classes focus on mother/child bonding and relationship building. These services increase awareness of the impact of co-occurring disorders and trauma on children, expand knowledge of child development needs, and strengthen mother-child bonds.

Colorado

Metropolitan Denver

- Trauma Recovery and Empowerment Model (TREM) has been modified for use in a residential setting and is used in the New Directions for Family's residential program for Latino, African American, Native American and Caucasian women with co-occurring disorders and histories of trauma.
- Seeking Safety model modified and integrated into the Strategies for Self Improvement and Change (Milkman & Wanberg, 1998) curriculum and is used in an outpatient female offender program run by Arapahoe House. Women referred by probation, parole, or diversion officers. The majority has depression and PTSD, substance abuse problems, and histories of trauma. Consultation in the modification process is available.

Connecticut

Connecticut Department of Mental Health and Addiction Services includes both mental health and substance abuse service systems and has implemented best practice, trauma-specific treatment models tailored for both populations. Two state hospitals and 28 state-operated and private non-profit mental health and addiction treatment agencies have participated in year-long, on-site, training and consultation in identification and treatment of trauma. Over 200, ongoing trauma treatment groups are implemented throughout the state in the state mental health and substance abuse system. State/agency agreement, information and manuals on the treatment models, and information on the training models are available.

Each agency has implemented one or more of the three following emerging best practice treatment models in trauma:

- Seeking Safety: Lisa Najavits: Designed to treat trauma and substance abuse at the same time. It focuses on coping skills to help clients achieve safety in their behavior, thinking, and relationships. Its 25 topics can be flexibly conducted in any order, including: *Compassion, Asking for Help, Setting Boundaries in Relationships, Detaching from Emotional Pain (Grounding), Taking Good Care of Yourself, and Creating Meaning*. It is present-focused, and can be used for group or individual treatment. It has achieved positive results in four outcome trials (with women, men, women in prison, and minority women.). See www.seekingsafety.org
- TARGET Trauma Adaptive Recovery Group Education and Therapy ~ Julian Ford: Ph.D. A strengths-based approach to education and therapy for trauma survivors who are looking for a practical approach to recovery. The goal is to help trauma survivors understand how trauma changes the body and brain's normal stress response into an *extreme survival-based alarm response*, which can become PTSD. TARGET teaches a practical seven-step approach, **FREEDOM**, to changing the PTSD alarm response into personal and relational empowerment that promotes lasting recovery from trauma. TARGET has been adapted to assist people with various types of traumatic experiences (acute trauma, acute or chronic mental illness, domestic violence, addiction) and in different developmental stages (adults, parents, children, adolescents.) See www.PTSDfreedom.org.
- TREM Trauma Recovery and Empowerment Model ~ Maxine Harris, Ph.D.: A three-part psycho educational group model focusing on skill-building, trauma education, the development of an understanding of the responses to trauma, and group cohesion or support. Each session is built around one of 33 topics and includes experiential and culturally diverse exercises. The model has achieved an 80 percent retention rate with women who attend at least 75 percent of the sessions. There are separate versions of TREM for men and women that are highly gender specific. TREM is appropriate for consumers with mental health, co-occurring, or addictive disorders.
- Trauma Center of Excellence: Department in conjunction with SAMHSA Center for Substance Abuse Treatment (CSAT) designating single agency to become Trauma Center of Excellence with goal of implementing emerging best trauma treatment practices in each region of the state. Selected agency must have adopted and be willing to further enhance its institutional policies, clinical practices and organizational culture to address trauma as a core treatment issue for clients with co-occurring psychiatric and addiction disorders and to incorporate clinical issues around trauma with recovery principles. Will serve as model for integrating trauma-informed and trauma-

specific services throughout all agency programs and will operate as center for training other agencies. CSAT will provide technical assistance and additional training. Application form and TCE description available.

Department of Children and Families

- Expert Trauma specialist reports directly to Chief Operating Officer and works with Specialized Clinical Team and trauma experts from Victims of Violence and University of Connecticut Department of Psychiatry to develop policy paper and action plan and to oversee implementation of trauma informed and trauma responsive system of care for all children served by the Department in child protective services, behavioral health care for children and families, and juvenile justice system.
- Trauma Clinical Team; Led by Trauma Specialist, team of four clinicians with specialties in education, child development, and other disciplines will provide ongoing case consultation and follow-up, promote understanding of behaviors from trauma perspective, increase effectiveness of interventions related to traumatized children of all ages, and affect sustainable change in all aspects of children's service system.

District of Columbia

Community Connections Inc. provides comprehensive trauma-informed mental health, addiction and residential services, and trauma-specific treatment services, to residents of District of Columbia and Montgomery County, Maryland.

- Trauma-Informed Assertive Community Treatment (ACT) Team , a modification of the general ACT model to include 1) integration of a trauma-informed service approach in all team activities and 2) increased accessibility to trauma-specific service interventions. For women only. Description available
- Sisters Empowering Sisters: a leadership council where women are trained to be their own primary service deliverers, learning how to access vital services such as energy assistance programs and housing vouchers, and then help other women. Description available
- Project Hope: A DC Department of Mental Health School-based program pairing Community Connection clinicians and school counselors to co-lead G-TREM groups for adolescent girls and youth with a history of trauma and violence. Every girl who completes the G-TREM program is given the book "The Twenty-Four Carat Buddha and Other Fables, by Maxine Harris. Project Hope provides basic

education about the impact of trauma to those who work with teens in the academic and urban community. [Project Hope Description available](#). [G-TREM manuals for adolescent girls ages 12 – 14, and for adolescents and young women ages 15 – 18 available](#). [Twenty-Four Carat Buddha available](#)

- [Intensive Trauma Services Team](#): women who have experienced sexual or physical abuse in childhood or adulthood receive integrated and fully trauma-informed clinical services. Staff specially trained to address issues related to PTSD disorders. [Description available](#)
- [Women’s Empowerment Center](#): a safe and caring environment where abused women can drop in, unwind and be supported by one another in their recovery. Women have been or are homeless, substance abusers and suffering from mental illness, but the common thread is extensive history of trauma and abuse. Center is operated by consumer/survivors who run educational groups and welcome new consumers, introducing them to opportunities for trauma recovery available at Community Connections. [Description available](#)
- Gender-specific [TREM](#) and [M-TREM](#) model (Trauma Recovery and Empowerment and Mens Trauma Recovery and Empowerment) groups are offered for men and women consumers who have experienced abuse and violent victimization during their lives. Self-Help manual [“Healing the Trauma of Abuse: a Women’s Workbook”](#) by Mary Ellen Copeland and Maxine Harris, is used as part of the Women’s TREM program. [Manuals and materials available](#)
- S-TREM, a self-help model combining TREM with “Healing the Trauma of Abuse: a Women’s Workbook”
- [Parenting Skills](#) groups using 2 manualized interventions: [The Impact of Early Trauma on Parenting Roles](#), addressing the impact trauma has on women’s efforts to parent, and [Parenting at a Distance](#), on the specific parenting issues faced by women who are not able to be the full-time custodial parent for their dependent children.
- [Domestic Violence](#) manualized group treatment intervention. [Manual available](#)
- [HIV and AIDS Psycho education and support group](#) using group treatment intervention and manual [Trauma Issues Associated with HIV Infection](#)
- [Spirituality in Trauma Recovery](#) group, addresses spiritual and religious resources for empowerment and recovery. [Manual available](#)

- Trauma-Informed Addictions Treatment, a psycho-educational group intervention. Manual available

Florida

Polk, Highlands, Hardee Counties

- TRIAD Women’s Group model, manualized, trauma-specific psychoeducational skills- based group intervention developed as part of WCDVS study, now used in local substance abuse and mental health agencies, inpatient and residential facilities and jails in large three-county area (Polk, Highlands, Hardee) in semi-rural, central Florida. Hispanic, African American and Caucasian women with histories of trauma, and substance abuse and/or mental health problems. Triad Women’s Project Group Facilitator’s Manual available.
- TRIAD Girls Group model implemented at two sites for adolescent girls with substance abuse problems and abuse and violence issues. Triad Girls’ Group Treatment Manual available.
- Wisdom of Women, Inc. A peer support group for women affected by substance abuse, mental illness, and trauma. Draws on traditional peer support group models with modifications sensitive to the women.

Illinois

Chicago Metropolitan Area

- The Domestic Violence and Mental Health Policy Initiative is working with 10 state-funded community mental health agencies and nine domestic violence organizations to implement trauma-informed and trauma-specific services utilizing the Trauma Recovery and Empowerment Model (TREM), and the Sanctuary model. Majority of agencies integrate TREM and Risking Connection training material into agency assessment, in-service trainings and individual practice.
- TREM groups are being conducted in several programs. See Models
- Chicago Department of Public Health (CDPH), Division of Mental Health Centers of Excellence Pilot Project: CDPH creating “Centers of Excellence” on trauma and domestic violence at 3 geographically distributed community mental health centers each partnered with a participating DV program. Trauma services for women and children include rapid access to mental health/trauma treatment services for DV clients and referrals to DV programs for MH clients. Evaluation by CDPH’s department of epidemiology with goal of expansion to all 11 CDPH clinics.

- Heartland International FACES (Family, Adolescent and Child Enhancement Services,) is a program of Chicago Health Outreach, a community-based health organization providing services to disenfranchised individuals and families in Chicago. The program enhances the quality of life for refugee children, adolescents and families by providing culturally and linguistically appropriate, comprehensive, mental health services for individuals suffering from trauma-related distress or emotional stress exacerbated by the refugee experience.
<http://www.heartland-alliance.org>
- The Marjorie Kovler Center for the Treatment of Survivors of Torture, a program of Chicago Health Outreach and a partner of the Heartland Alliance for Human Needs and Human Rights, provides holistic, community-based services in which survivors work together with staff and volunteers to identify needs and to overcome barriers to healing. Comprehensive services include: mental health and primary health care, a wide range of social services, interpretation and translation, and legal referral.

Indiana

- WRAP (Wellness, Recovery and Action Program) used as part of Office of Consumer Affairs services.
- Group therapy for PTSD and traumatized individuals is offered at the State Hospital.

Maine

- Model trauma-informed system of services. Pilot project implemented and evaluated in one unit of Tri-County Mental Health Services, a major mental health agency serving rural and semi-rural counties. Now expanded to encompass the entire organization with pilot unit acting as internal consultants. Model intervention from “Using Trauma Theory to Design Service Systems” (See Section 15 Trauma Informed Services and Service Systems) Trauma-specific services provided include TREM groups for women, M-TREM groups for men, WRAP for consumers, EMDR, Individual Trauma Counseling
- Statewide Trauma Telephone Support Line provides 24 hour, 365 days a year coverage to adults and adolescents with histories of sexual abuse trauma who have serious mental health or addiction problems. Special training for these Level 2 Calls. Service supported by BDS in collaboration with the Maine Coalition Against Sexual Assault. Description document, Program Standards,
- Trauma Clinical Consultation Service. Department funds available regionally to all providers serving public mental health clients, to purchase

trauma clinical consultation service on an as needed, fee-for-service basis.
Description document available

- Trauma Recovery and Empowerment Model (TREM) psychoeducational Groups for Women offered through local centers of Maine Coalition Against Sexual Assault, ACT team at Maine Medical Center, and multiple mental health and substance abuse agencies throughout the state.
- Trauma Recovery and Empowerment Model (M-TREM) psychoeducational groups for men Offered through local centers of Maine Coalition Against Sexual Assault, and a variety of community mental health agencies.
- Maine Trauma Providers Listserve: a vehicle for dialogue between and among providers, educators, researchers, and others involved in trauma treatment and/or training in the state of Maine. Sponsored by Counseling Services Inc. Purpose, directions and guidelines available.

Maryland

TAMAR Program. Maryland Department of Health and Mental Hygiene, Mental Hygiene Administration, Division of Special Populations. TAMAR Program (Trauma, Addiction, Mental health And Recovery), in partnership with Maryland Correctional Administrators Association, provides clinical services for male and female inmates who have serious mental illness, co-occurring substance use disorders, and histories of violence and trauma. Services provided in 10 county detention centers, one city detention center, the women's prison, and one state hospital. Recidivism rate dropped from approximately 39 percent to 3 percent. The TAMAR Program was developed as part of the SAMHSA WCDVS study (1998-2003) Trauma-specific services include:

- Trauma clinical specialists, trained in Risking Connection, work in each facility and provide group and individual trauma therapy, assessments, education of correctional staff, aftercare linkage. A variety of trauma treatment techniques including EMDR are offered.
- Advocacy and Peer Support Groups using Growing Beyond Survival: A Self-Help Toolkit for Managing Traumatic Stress in groups and on own, and The Essence of Being Real: Relational Peer Support for Men and Women Who Have Experience Trauma as a guide for forming and running support groups. Groups implemented for incarcerated women who are pregnant in TAMAR's Children Program, for women and men during incarceration or hospitalization, and in community agencies.
- TAMAR's Children Project, a trauma and attachment based residential program serves pregnant and post partum incarcerated African American

and Caucasian women and their babies. Women have histories of severe trauma, substance abuse and mental health problems, and are often defensive and hardened. Working with the courts, judges and correctional facilities, women are admitted into the program at the 3rd trimester of their pregnancy. They are provided trauma group therapy, symptom management, mental health and substance abuse treatment, and participate in the model attachment-based intervention “Circle of Security” (COS). After delivery, women return to residence for 6 months and are then assisted to find housing. They continue in Circle of Security groups for 6 months after discharge. Attachment evaluation of babies at 12 months (2005)

- TAMAR Trauma Treatment Groups, manualized trauma-specific group intervention combining psycho-educational approaches with expressive therapies and designed for women and men with histories of trauma in correctional system. Groups offered in detention centers and in some communities. Trauma Treatment Manual available

Massachusetts

State Department of Public Health/Bureau of Substance Abuse Services
supports:

- Seeking Safety trauma groups in residential treatment, outpatient and drug court settings statewide. Groups for men and for women. Manual available.
- TREM (Trauma Recovery and Empowerment Model) groups are in approximately 35 residential treatment settings across the state, for women, women and children, and family shelter programs. Manuals available.
- Nurturing Families Parenting Groups for women and children in recovery from substance abuse, mental illness and trauma. Offered in outpatient substance abuse treatment settings statewide. Curriculum available.
- Helping Women Recover: Group approach to addressing trauma and addiction, used by substance abuse programs to facilitate groups and for individual use. Curriculum available.
- Well Recovery peer-run mutual help groups for women in recovery from substance abuse, mental illness and trauma. Several agencies. Manual offers guidance for consumers wishing to establish groups.
- BCSFR (BPHC) developed a cultural adaptation and Spanish translation of TREM for Latinas.

Western Massachusetts

Western Massachusetts Department of Mental Health, Western Massachusetts Training Consortium, Inc, and two drop-in/resource centers (Survivor's Project in Greenfield MA, and Turners Falls Women's Resource Center, in Montague, MA continue to offer trauma services developed through participation as one of the nine WCDVS study sites. (1998-2003): Services include:

- The Survivor's Project and the Turner's Falls Women's Resource Centers provide four core elements (safe space, trauma groups, peer resource advocacy and opportunities for valued roles), addressing each step in the recovery and growth model developed as part of the WCDVS site in Franklin County.
- ATRIUM (Addictions and Trauma Recovery, Integration Model), a trauma-specific group model integrating body-mind-spirit. Offered for women in substance abuse recovery with histories of trauma and mental health problems at two resource centers. Peer co-facilitators trained and supervised by experience group facilitator lead the groups.
- Peer-run, peer-driven groups are the focus of activities at the resource centers, and include The Writer's Way, Your Surviving Spirit (Miller on exploring spirituality) , Wellness Recovery Action Program (Copeland). Using their lived experience, facilitators integrate trauma-specific, trauma-informed exercises and insights into the curriculum. Groups are also available on a rotating basis on Reikki, song writing, theater arts, and writing. Guidelines for Developing Peer-Run Peer Driven Groups are available.

Missouri

- Seeking Safety Groups are implemented in several substance abuse programs, especially in the CSTAR specialized program for women and children. Manual.

Nebraska

- Seeking Safety groups offered in 4 substance abuse treatment agency-run programs: Santa Monica's Women's Program, The Bridge Women's Program, Dual Disorder Women's Program and Seekers of Serenity.

New Hampshire

- 2 different models of a Cognitive Behavioral Therapy approach for PTSD in people with serious mental illness are currently implemented in New Hampshire. A 21-week group format of the program, the Trauma Recovery Group, is offered at the Greater Manchester Mental Health Center. An individual format of the program is implemented by the NH

Dartmouth Psychiatric Research Center as part of a controlled trial at several regions throughout the state. Both the individual and the group approaches focus mainly on relaxation exercise, psychoeducation about trauma and its effects, and cognitive restructuring to address unhelpful thoughts, beliefs and behaviors related to trauma. Participants in groups show substantially greater improvement in PTSD and Depression than people participating in fewer sessions or dropping out. Gains maintained in 3 month assessment. Assessment instrument, Group Facilitation Manual and Educational video tapes available

New Jersey

- Collaborate with UMDNJ (University of Medicine and Dentistry of New Jersey) to implement and study an Evidence Based Practice model, Illness Management and Recovery, in selected pilot sites. Curriculum is focused on consumer goals as way to better cope with symptoms (including PTSD and other trauma-based symptoms), live healthier life styles and accomplish goals. Uses motivational interviewing and cognitive behavioral approaches. Model in CMHS Toolkit.

New York

- Children and Adolescents Trauma Services (CATS) program was developed in New York State, adapted from Cohen's Trauma Focused Cognitive Behavioral Therapy for Children and Adolescents, for children and adolescents affected by the World Trade Center disaster. This program is currently being pilot tested at seven sites in New York City.
- State and locally operated programs in New York are using national models:
 - Growing Beyond Survival: A Self-Help Toolkit for Managing Traumatic Stress, Vermilyea
 - Sanctuary Model, Bloom
 - Seeking Safety, Najavitz
 - Trauma Recovery and Empowerment Model (TREM) and Men's-TREM, Harris
- Trauma Drop-In Group, developed in New York State, is a manual for a low intensity, low demand group for trauma survivors as a first step in the trauma treatment and recovery process. Manuals are available from the NYS OMH Trauma Unit at nominal cost from the NYS OMH Printing and Design Services, fax 518-473-2684.

Two residential substance abuse treatment facilities in NYC have adapted and implemented trauma services as an outcome of the WCDVS Portal Project site.

The Starhill Treatment facility, a 385-bed drug treatment facility, operated by Palladia, Inc., for men and women has implemented:

- A Women’s Track, provides trauma assessment and offers an “island of safety” where the women can discuss trauma issues.
- Seeking Safety group trauma treatment model for women, modified for setting and addressing literacy barriers.
- Men’s group trauma clinical intervention using Seeking Safety model.

Dreitzer Women and Children’s Treatment Center, operated by Palladia, Inc., serving 25 women with co-occurring disorders, domestic violence and criminal justice issues, each admitted with one child between birth and age three.

- Group and individual treatment approach addresses past sexual and physical abuse trauma drawing from Seeking Safety.

Three residential settings for children in New York State have implemented the Sanctuary Model, with an NIMH research project based in one of the centers.

Ohio

- National Child Traumatic Stress Network (NCTSN). This network, currently comprised of 54 centers across the country, is being funded by SAMHSA and the U.S. Department of HHS. Its mission is to raise the standard of care and improve access to services for traumatized children, their families and communities throughout the United States. Three of the 54 centers are located in Ohio:
 - Cullen Center for Children, Adolescents, and Families combines the treatment capabilities of the Toledo Children’s Hospital and the front-end delivery strengths of the Lucas County Children’s Advocacy Center. Together, both entities provide group, individual, and family counseling, advocacy and other support services to children and teens who experience violence, abuse and other traumatic events.
 - The Children Who Witness Violence Program provides immediate 24-hour trauma response services to children and families who have been referred by police officers in participating communities in the greater Cleveland area. Police officers refer families who are involved in domestic or community violence by calling a community mental health service provider crisis line. A crisis intervention specialist is assigned to the family, makes contact with them within one to two hours, and schedules an initial visit. Goals of the initial response are to 1) stabilize the crisis situation and provide immediate trauma intervention; 2) assure the safety of the child witness and the family; and 3) begin a comprehensive assessment of the child and family system. After the initial intervention and assessment phase, the child and family may be

referred to an appropriate agency for up to six months of follow up services.

- Trauma Treatment Replication Center is part of the Mayerson Center for Safe and Healthy Children, a child abuse evaluation, treatment, and research center located in Children's Hospital Medical Center, Cincinnati. It focuses on acquiring expertise in the replication of child treatment models in community settings. Its goal is to transfer evidence-based child and adolescent trauma treatments from their developers to community-level providers.

Oklahoma

- The ODMHSAS Oklahoma Youth Center is exploring recovery-oriented and evidence-based practices such as Real Life Heroes, Sanctuary, SPARC/Enhancing Resilience, etc., to be implemented to address trauma and related issues in their care of children and youth.

Oregon

- Trauma-based Sanctuary Model (Sandra Bloom M.D.) implemented at Salem General Hospital Acute Psychiatric Inpatient Unit. Model universally applicable for all patients. Has almost eliminated use of seclusion and restraint and other coercive measures. Based on positive outcomes, consultations are being provided to 4 additional organizations and all state hospitals across the state to implement the Sanctuary Model.
- Project Network, a program of Legacy Health System in Portland, Oregon, serves African American women and men within the context of their history and culture. Trauma-specific services include:
 - Evolve: a culturally specific domestic violence group intervention model developed in two separate curriculums, one for women, one for men. All participants are African American, have histories of violence and trauma, co-occurring disorders, involvement with the criminal justice system. Half are from the specialized parole division. The model is unique in that it involve the woman's partner, recognizing the minority cultural imperative for many women to stay with their partners. Description and Curriculum available
 - TREM groups for women and M-TREM groups for men. See Models
 - Parenting groups: one for mothers and one for fathers, using Strengthening Multi-Ethnic Families and Communities, a CSAP model curriculum. Addresses the traumatic intergenerational impact of slavery. (Post-Traumatic Slave Syndrome)

Pennsylvania

Luzerne County Human Services has initiated a Taskforce on Domestic Violence to develop a coordinated community response to trauma that considers the importance of both a trauma-informed system and trauma-specific services.

- A community based Trauma Sub-Committee was formed involving private and public sector advocacy groups, clergy, service agencies, health care, private practitioners, agency staff, courts, law enforcement, social services and hospital unit, with the goal of developing, promoting and supporting coordinated community-wide service system responsive to any adult or child who may experience overwhelming stress resulting from abuse, interpersonal violence or other traumatic life events.
- Following recommendations of the NASMHPD Position Statement on Services and Supports to Trauma Survivors, a series of trainings and consultations took place in the SAGE and Sanctuary Models (Dr. Sandra Bloom), an action plan is being developed for implementation by public and private sector mental health and mental retardation, drug and alcohol, children and youth, and aging programs, Best practice treatment models are being reviewed and recommended, and specialized trauma treatment programs have been established in some public and private agencies.

Rhode Island

Kent County Center for Human and Organizational Development offers trauma-informed and trauma-specific services. For nine years staff have regularly attended agency sponsored trauma conferences with national trauma experts. They receive monthly staff training from the Sexual Assault and Trauma Resource Center. Trauma-specific services include:

- Trauma-specific individual and group counseling
- Victims of Crime Program and Victims of Trauma Program. Persons with no insurance can receive trauma-specific services through these programs. Description of Programs

South Carolina

- Treatment of PTSD is included in therapeutic services offered by seven of 17 Mental Health Centers across the state. Individual and group therapy follows the trauma-informed, cognitive-behavioral treatment model.

Wisconsin

- Trauma psychoeducational groups for consumers, co-taught by consumers and providers, are provided by New Partnership for Women, Inc. in five counties across the state. A curriculum and manual include: 1) understanding effects of trauma, 2) symptom self-management, 3) meeting

basic needs, and 4) self-advocacy. The groups are funded by state grant. New Partnerships for Women Consumer Curriculum available through npw@choiceonemail.com.

- Adolescent Trauma Treatment Programs and developed by Mental Health Center of Dane County, Madison, through a federal grant for the SAMHSA National Child Traumatic Stress Network initiative. Curriculum available.

Wyoming

- Women's Issue Group if formed in the Department of Psychology to focus on trauma.

If you are interested in obtaining more information about the activities, programs and resources described in this document, contact the appropriate individual(s) from the following organizations and state offices.

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